

Rapid Lesson Sharing

Event Type: Medical Incident Reporting Lessons

Date: September 3, 2015

Location: Pacific Northwest Region



“Most people freeze the first time they run through the 9-line, so we want their first time to be practice.”

NARRATIVE

The 2015 fire season in the Pacific Northwest (Oregon and Washington) saw thousands of firefighters deployed and more than one million acres burned. There have been many accidents requiring medical transports and medevacs. In addition, a number of lessons associated with reporting medical emergencies have emerged.

Here are four key lessons regarding the reporting of medical emergencies:

1. “Drill, Drill, Drill”

One Incident Management Team shared what they advocate as a best practice for getting firefighters familiar with the Medical Incident Report commonly known as the “9-line,” (on pages 108-09 in the IRPG) which is common to medical plans on large fires in the Pacific Northwest in 2015:

“On Washington Team 4, it’s policy that when things are slow on the fire, we have people practice the 9-line on their Divisions. We do this in a number of ways. Sometimes we will have personnel on Divisions practice using the 9-line on Tac, talking to their DIVS. One person calls in: ‘This is a practice scenario,’ and goes through the 9-line. This person then hands the radio off to the next person, one after another. Sometimes we’ll have them call ICP. Sometimes we do a more complex scenario and have medical personnel respond to the location.

Most people freeze the first time they run through the 9-line, so we want their first time to be practice. The 9-line is in the IRPG and it’s always the last page of our Team’s IAP. But when people are under pressure, they can have trouble finding it. If they haven’t trained with it, they tend to stumble.

We’ve found it makes a difference: We had a minor injury this morning and the communications went very smoothly.”

Lessons on Drilling

- ✓ If you practice your medical protocol during slow times, it pays off. Medical responses go more smoothly.
- ✓ If you engage in 9-line or other medical training: Make sure your radio traffic makes it clear that it’s a scenario and *not* a real-deal holyfied emergency.

2. “Too Much of a Good Thing?”

Personnel on another fire expressed concern that the 9-line was being over-used. Several incidents of uncomplicated bee stings—described as “green” incidents that didn’t require additional support or

Medical Incident Report			
<small>Use items and through time to communicate situation to communications/dispatch.</small>			
1. CONTACT COMMUNICATIONS/Dispatch Ex: “Communications, Div. Alpha. Stand-by for Priority Medical Incident Report.” (If life threatening request designated frequency be cleared for emergency traffic.)			
2. INCIDENT STATUS: Provide incident summary and command structure			
Nature of Injury/Illness		Describe the injury (Ex: Broken leg with bleeding)	
Incident Name:		Geographic Name — Medical / Ex: Treat Manlow Medical)	
Incident Commander:		Name of IC	
Patient Care:		Name of Care Provider (Ex: EMT Smith)	
3. INITIAL PATIENT ASSESSMENT: Complete this section for each patient. This is only a brief, initial assessment. Provide additional patient info after completing this 9-Line Report. See page 100 for detailed Patient Assessment.			
Number of Patients:	Male/Female	Age	Weight
Conscious?	<input type="checkbox"/> YES	<input type="checkbox"/> NO — MEDEVAC	
Breathing?	<input type="checkbox"/> YES	<input type="checkbox"/> NO — MEDEVAC	
Mechanism of Injury: (What caused the injury?)			
Lat / Long (Datum WGS84) Ex: N 47° 42.43' N W 123° 01' 24"			
4. SEVERITY OF EMERGENCY, TRANSPORT PRIORITY			
SEVERITY		TRANSPORT PRIORITY	
<input type="checkbox"/> URGENT-RED Life threatening injury or illness. Ex: Unconscious, difficulty breathing, bleeding severely, 2°-3° burns more than 4 palm sizes, heat stroke, disoriented.		Ambulance or MEDEVAC helicopter. Evacuation need is IMMEDIATE.	
<input type="checkbox"/> PRIORITY-YELLOW Serious injury or illness. Ex: Significant trauma, not able to walk, 2°-3° burns not more than 1-2 palm sizes		Ambulance or consider air transport if at remote location. Evacuation may be DELAYED.	
<input type="checkbox"/> ROUTINE-GREEN Not a life threatening injury or illness. Ex: Sprains, strains, minor heat-related illness		Non-Emergency. Evacuation considered Routine of Convenience.	
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The Medical Incident Report is in the Incident Response Pocket Guide (IRPG) on page 108, just inside the back cover.

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Item 4 communicates transport priority with the well-known three color triage system.

medical transport—were reported via the incident command channel. At least one Division Supervisor expressed concern that medical incidents of this nature should not warrant the time it takes to report them via a command channel.

Lessons on When to Report:

- ✓ Incident personnel and action plans should provide guidance to line personnel as to how and when medical incidents should be reported—as well as what reporting tools should be used.
- ✓ Field personnel should closely monitor the status of medical events and remain aware to the possibility that conditions can deteriorate from a “green incident”—which might not warrant reporting, use of a 9-line, or medical transport—to a “red incident” which will almost certainly require all of these response elements.

3. “No 9-line? No Incident-Within-an-Incident? What the *&#;!?”

During one of the many recent stump-hole/ ash pit burn injuries, Incident-Within-an-Incident (IWI) protocols were not implemented and no 9-line report was relayed. Why?

The injured crewmember had quick access to a crew EMT. In addition, a line EMT (FEMT) and Advanced Life Support Ambulance were nearby. Also, a Task Force Leader and Division Supervisor were in the area in case they *did* need to implement IWI protocols and run through the 9-line with communications.

When Team members discussed the medical response, some concern was raised that IWI protocols and the 9-line weren’t used. Given the resources on scene and the nature of the injury, others felt that the incident was handled perfectly.

The lesson in this example is perhaps the most important of all of those discussed here:

- ✓ **Having the right resources—in this case EMTs and ALS—at the right place is essential for effective medical response.**

4. Putting Medical Protocols on the Back of IAP’s Last Page

Another possible IMT best practice: Some Teams put the 9-line on the back page of their IAP—right where it’s also located in the IRPG. In this way, people on their fires always know where to find it. In an emergency, it’s easy to get to.

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Special thanks to Ray Hershey, Washington Team 4;
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Pacific Northwest Wildfire
Coordinating Group

EMERGENCY PLAN

INCIDENT WITHIN AN INCIDENT

ON SCENE SUPERVISOR

In the event of an accident or medical incident of any size, your primary responsibility is to ENSURE that the victim(s) receive prompt and effective Triage, Treatment and Transportation.

- Conduct size-up of the incident (nature of accident, number type of resources involved, latitude and longitude location); notify incident communications center and supervisor, request assistance as needed.
- Order and coordinate medical and support response to the accident.
- Evaluate special needs (law enforcement, haz mat, etc.).
- Clear the command frequency if medical emergency; coordinate with incident communications and air attack for air medical transportation needs.
- Preserve and photograph the scene for accident investigation.
- Remain aware of surroundings and the status of the main incident (delegate personnel to monitor the main fire) to ensure safety of medical treatment personnel.
- Until relieved, supervise and manage all personnel involved at the incident scene.
- ENSURE THE MEDICAL INCIDENT REPORT (NINE LINE) IN THE INCIDENT ACTION PLAN IS BEING USED AND FOLLOWED.

An example of an Incident Management Team Incident-Within-an-Incident (IWI) protocol.

Have you ever been part of a medical incident or emergency on the fireline?

Have you ever had to communicate a medical emergency on the line?

What are your lessons from these experiences?

Click this button to share them:

