



Event Type: Serious Injury at Workstation

Date: July 28, 2020

Location: Wellston Guard Station
Cadillac-Manistee Ranger District
Huron-Manistee National Forests

The Story—and Lessons—from a Serious Injury at a U.S. Forest Service Workstation

by
Ben Wagner, Manistee Zone AFMO
Huron-Manistee National Forests

The individual's thumb was barely attached to his hand.

Background

The Cadillac-Manistee Ranger District of the Huron-Manistee National Forests recently moved from a leased office facility in the city of Manistee, Michigan to an agency-owned complex in the community of Wellston, located approximately 25 miles east of Manistee.

Employees have been moving into a recently renovated facility that historically was home to the Chittenden Nursery on the south side of Highway M-55. The Wellston Guard Station, warehouses and boneyard are located on the north side of M-55 at this same location.

The Guard Station side of the District compound is home to two seasonal employee residences and several warehouses utilized by multiple program areas to store equipment. District fire staff share a small fitness building/facility with other programs as part of this compound.

*His thumb was caught and pinched where the mower deck mounts to the front of the tractor.
The individual—now trapped and unable to reach his radio or phone just a few feet away—
yelled for help.*

What Happened

On the morning of Tuesday July 28, three fire employees from the District Engine Crew were PT-ing in the Wellston Guard Station fitness building. A fourth fire employee made his way to an adjacent warehouse and began working on a riding lawn mower/tractor with a detached mower deck. The tractor was not running and was parked in the warehouse.

During the course of lifting and moving the mower deck, the individual's thumb was caught and pinched where the mower deck mounts to the front of the tractor. The individual—now trapped and unable to reach his radio or phone just a few feet away—yelled for help.

The Engine Crew, having finished PT, was nearby with the Captain and Assistant Captain responded to these cries for help. They lifted the mower deck off the ground, relieving the weight that had trapped the individual's thumb—and immediately recognized the severity of the situation.

Need the Trauma Bag Off the Engine

The individual's thumb was barely attached to his hand. The Assistant Captain immediately called 911. The Captain ran to the bunkhouse to alert his EMT crewmember who had just finished PT-ing and called me. He told me that John Doe is hurt and has cut his thumb off and needs me to bring the engine over from the Chittenden side of the complex as they need the trauma bag that is kept on board.

At that time, Chief 2 and I were standing together near the engine bay. I jumped in the engine and we both proceeded to the accident site. Along the way, I passed the Wildland Fire Module housed at Chittenden. I considered flagging down their EMT. But knowing we had an EMT on scene, decided against involving more people than necessary at this time.

Start Transport to Manistee Immediately

We arrived to find the patient standing outside the warehouse with his hand wrapped in a towel. The EMT immediately grabbed the trauma bag from the engine and started checking the patient's vitals. We helped the patient to the back seat of the engine. The EMT said his vitals were good but requested that we start transport to Manistee immediately.

I confirmed that 911 had been called and EMS was en-route. I asked the Assistant Captain to make his way out to M-55 to flag down the ambulance on foot. We were considering starting transport in the engine to the hospital, but then decided against it once we heard sirens right down the road. I started documenting times and events.

At 1015 hours, Chief 2 and I agreed that he would contact the Forest Duty Officer (DO). I then contacted the District Ranger and asked him to bring our Support Services Specialist as a Hospital Liaison over to follow the ambulance. They both showed up in less than five minutes.

Basic Life Support Ambulance Arrives

Chief 2 advised that the Forest DO had an alternate Hospital Liaison identified if needed. At 1016, the local Basic Life Support (BLS) ambulance arrived on scene. I inquired where they were taking the patient. Initially, they thought it would be Cadillac, Michigan (30 miles east). But then confirmed it would be Traverse City (50 miles north).

When I inquired about an Advanced Life Support (ALS) intercept, they stated that was in the works and they would initiate transport on M-37 northbound until they met the southbound ALS ambulance coming from Traverse City.

The patient requested that we hold off on any emergency contact notifications, saying he preferred to do them himself.

At 1021, the Wildland Fire Module Superintendent, housed on the Chittenden (south) side of the complex texted me, offering their assistance if needed.

At 10:25, the BLS ambulance departed the scene with the patient and our EMT on board. Our Chief 2 and our Hospital Liaison followed in separate rigs.

At 10:30, I notified our Dispatch Center to place the engine out of service until further notice. From this point on, I exchanged multiple calls with the Forest DO, Chief 2, and the Hospital Liaison. I confirmed again with the Hospital Liaison that the patient was denying any request for the agency to make emergency notifications or contacts. The Hospital Liaison confirmed that this was accurate.

The patient was checked into his own room in the Emergency Department 1152. At approximately 1430, he was heading into surgery.

Afterward

After the ambulance left, I did a quick debrief with the Captain, Assistant Captain, District Ranger and the Forest Safety Officer who had arrived to investigate the site and ensure that everything involved was cleaned properly.

I then made my way back to the office to initiate the CA-1 documentation process. On the walk back, I called Chief 2 to discuss evening/overnight plans for the patient and Hospital Liaison. I was concerned with duty day limitations for our Hospital Liaison and just general burnout from sitting in the hospital all day.

We discussed options, including relief drivers to get our employees back from Traverse City as well as a vehicle better suited for a post-operation patient to ride in than a standard cab pickup truck. We set a trigger point of 1400 to reassess timeframes needed to get relief drivers and vehicles back to Traverse City. I set a timer on my phone and started the CA-1 process.

AAR Held with Entire Engine Crew

Chief 2 called to request that I place some COVID decontamination cleaning materials outside the warehouse so he could clean his rig upon his return after visiting a populated hospital. When he returned, he placed our UV decontamination light in the cab of his vehicle to illuminate for 30 minutes.

I spoke with the Hospital Liaison as she was working with a contact at the Albuquerque Service Center (ASC) who provided her an email address for medical documentation. She informed me that if all went according to plan, the patient should be released this afternoon/evening.

Chief 2 and I completed an AAR with the entire Engine Crew and departed for the Baldwin office to finalize the CA-1 with full internet and fax capability.

Once we arrived, I spoke again with the Hospital Liaison. She informed me that the doctor was advising that the patient should not be left alone for 24 hours after anesthesia. I asked Chief 2 if we could get a hotel for the individual and a roommate for the night. This would allow the patient to rest without having to ride in a vehicle for an hour-and-a-half after surgery—while also providing for the 24-hour monitoring.

Chief 2 ran this through the Forest DO and we received the green light. I contacted the crew EMT and asked him to look into hotels and inquired about his willingness to return and RON (rest overnight) with the patient in Traverse City. He confirmed his availability, we secured a room, pre-paid for dinner and sent him back to Traverse City with a vehicle that would be more comfortable for the patient.

I finished the CA-1 and faxed it to ASC (and followed-up with additional medical documents the next day). By 1900 on the evening of this medical incident, both the patient and crew EMT were eating pizza in their hotel room. The Hospital Liaison returned home that evening.

Lessons and Points to Consider

- ❖ Incident Within an Incident training paid off. The crew leapt to action based on their previous training and skills.
- ❖ EMT capacity at the crew level provided immediate Basic Life Support patient care. Having an EMT on site and a trauma bag provided a higher-level of care than possible with a standard wall-mounted District first aid kit.
- ❖ Continuity of care. The crew EMT provided initial care and then rode with the patient to the hospital. Not only did this assist with physical treatment, it also provided a familiar face in the back of an ambulance during a stressful time.
- ❖ COVID awareness matters. Without all the pre-planning and discussing/sharing lessons regarding managing for social distancing during a medical incident, I may have been more inclined to immediately request assistance from the Wildland Fire Module folks when I first responded. This could have inadvertently exposed more people than necessary to direct/close proximity contact with each other and EMS workers.

- ❖ The UV decontamination light was a useful tool. After visiting a busy and populated city/Level 2 Trauma Center and circulating among multiple EMTs and hospital staff, it was nice to be able to place that in a vehicle and let it do the work for us while we focused on finishing the administrative side of patient care.
- ❖ Working in an office without a landline, internet, or fax capacity is a legitimate obstacle to getting the required documentation completed and submitted in a timely manner.
- ❖ Working on a project alone should be discouraged. Even though that initial task of working on the riding lawn mower/tractor may not have required two people to complete, we quickly found out how isolated someone can be—even in one of our own facilities. Had the crew not been PT-ing nearby, John Doe could have been trapped there for several hours, unable to reach his phone or handheld radio located just a few feet away. A second person provides an immediate lifeline for help if needed.
- ❖ The individual was wearing leather firefighting gloves at the time of the accident. Although the thumb was nearly severed completely off, these gloves may have helped minimize the amount of blood that was present and may have helped provide some level of protection.
- ❖ Immediate access to a designated Hospital Liaison with an alternate identified in the same time frame was immensely helpful. This took the “scrambled feeling” out of the situation and immediately clarified roles and responsibilities. The Hospital Liaison did her job which freed me up to focus on employee care/debrief at the home unit, CA-1 submission, and planning out the next 12-24 hours, along with the multitude of other unrelated problems/issues that surface daily.
- ❖ The ability to provide a hotel room overnight immediately mitigated several potential issues:
 - Post anesthesia patient monitoring for 24 hours.
 - Transport back to the home unit and duty day limitations given the unknowns surrounding post-operation time frames.
 - Patient well-being and sense of agency support: John Doe commented to me when I spoke to him that night that it meant a lot that the hotel and dinner were already taken care of for him and he had people with him the whole time.
 - Time to get the right people and right vehicle for the task. The crew EMT found a vehicle that provided a more comfortable ride for the patient to ride home in.

The RLS was submitted by:

**Ben Wagner
Manistee Zone AFMO**

Do you have a Rapid Lesson to share?
Click Here:

[Share
Your Lessons](#)