

Rapid Lesson Sharing

Event Type: Medical Emergency During Travel Status

Date: June 25, 2017

Location: Rocky Mountain Region

What do you do when “IT” Happens?

And if you’re wondering if you really need to fill out an emergency contact card, read this RLS.

NARRATIVE

The Dispatch Zone had just recently put together a Type 2 Initial Attack Crew to go support a large prescribed fire project in the Region. There were multiple vehicles traveling to this incident with several crew members in each vehicle. They were well into their travel status when this medical incident happened.

A crew member who was a passenger in one of the vehicles, began having a seizure.

While the other passengers tried to keep the seizing firefighter as safe as possible, the vehicle’s driver was able to get the vehicle pulled over into a safe location.

A phone call was immediately made to 911 requesting an ambulance to respond to their location. Next, a call was made to their home unit’s Duty Officer who instructed them to move toward the seizing firefighter’s medical response as quickly as possible and meet the ambulance part way.

The crew recognized that they were in relatively close proximity to a town that had a hospital. At this same time, the firefighter stopped seizing, was conscious and was breathing. The crew elected to self-transport the firefighter to the hospital and cancelled the 911 request for the ambulance.

Quick Notification of Key Individuals

Within minutes of receiving the initial call, the Duty Officer was quickly deescalating the operational tempo by notifying key individuals who could assist. These resources were: the Dispatch Center, the Forest Duty Officer, the Line Officer, and the Forest Risk Manager. The quick notification of these key individuals ensured that all appropriate medical response and notifications were being made in a timely manner.

Calling the right people can quickly deescalate the operational tempo of an emerging incident.

The Forest Risk Manager quickly sent out a group text of all pertinent information to key individuals—to ensure that everyone was receiving the same information.

Dispatch notified an additional Duty Officer on the south end of the Dispatch Zone to have a Hospital Liaison meet the firefighter at the hospital. The local Duty Officer was able to work with his staff to send two additional firefighters to the hospital to provide peer support.

Firefighter’s Emergency Contact Card Provides Key Information

As the group arrived at the hospital, the firefighter started suffering from a second seizure.

The attending medical staff was asking the crewmembers a variety of questions about the firefighter, including health history questions, date of birth, etc. The crewmembers were unable to answer many of these questions.

About this same time, the local Duty Officer had pulled the firefighter's emergency contact card and was notifying the family. In short order, the family was in contact with the attending medical staff and was able to provide them with critical information.

Shortly after the injured firefighter's arrival, the Hospital Liaison arrived at the hospital and had a briefing with the crewmembers. Once all of the information had been shared, the crewmembers were released and were able to tie-in with the rest of their Type 2 IA Crew.

Peer Support Group Selection

The Hospital Liaison stayed in place until the Peer Support Group arrived about three hours later. A conscious decision was made when selecting this peer support team to select an EMT and Advanced First Aid trained group. This was done so that when the firefighter was released to return home, the firefighter would be under the watchful eye of higher-trained medical personnel.

*Who should you select
to be on your peer
support group?*

The firefighter remained in the hospital overnight for observation and was released the following morning. Currently, the firefighter is back on the local unit performing "light duty" and is doing well.

LESSONS

- ✓ Don't underestimate the importance of filling out emergency contact cards. Supervisors, Line Officers, and Duty Officers should have quick access to these in the event of an emergency.
- ✓ Situations like these can be complex and fast-paced. If you are responsible for these type of incidents: have key phone numbers readily available; know who you can lean on for help; and create a contact group for information sharing. All of this preparation can reduce operational tempo and allow for critical decision making.
- ✓ Having a Hospital Liaison and Peer Support Group available at the medical facility are important, particularly when you are away from home. Build those relationships with others who may be outside of your local unit.

Discussion Points to Consider

- ✓ Once 911 has been notified, should they continue enroute while you are self-transporting or should they be cancelled?
- ✓ Does your unit have a medical incident flow chart to follow for situations like this?
- ✓ Does your unit have designated liaisons who are familiar with the processes that are involved?

**This RLS was submitted by:
Local Duty Officer and Forest Risk Manager**

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