April 2018

Operational Awareness BACKGROUND

The claimant is a 50 year-old Chief of a volunteer fire department. While attempting to fight a residential structure fire, he sustained severe injuries while falling down the basement stairs. The Chief was the first person on the scene at the structure. Upon arrival, he saw visible smoke coming from the structure. The occupants were standing outside and advised smoke was emanating from the basement. The Chief immediately proceeded into the structure to identify the seat of the fire. He was not wearing any self-contained breathing apparatus and did not have the protection of a hose line.

While the Chief descended the stairs to the basement, he lost his footing, and fell, striking his head and arm on the concrete floor. His helmet was dislodged in the fall as there was a failure to effectively use the chin strap. The Chief managed to radio incoming units that he had fallen and requested the assistance of EMS. When EMS and fire department personnel arrived, the Chief was extracted from the structure fire, and later transported to the nearest hospital for treatment and evaluation of his injuries. The injuries were serious in nature and included a closed fractured skull and open fracture of the left arm. Surgery was required for the left arm and the skull fracture required extensive medications, diagnostic testing, and neurological follow up. Hospitalization extended for 2 weeks. The Chief was completely disabled for a period of 36 weeks, and while a transitional work release was given, he was unable to return to his full-time employment as a general contractor for another 16 weeks. After reaching maximum medical improvement, he was assigned a 10% permanent partial disability rating to the skull and a 20% permanency rating to his left, non-dominant arm. The Chief is no longer an active participant within the volunteer fire department.

INVESTIGATION AND DAMAGES/INJURY

The Chief's actions, although admirable, jeopardized his own life and safety as well as other first responders. The department had an established set of guidelines for structural fires which the claimant failed to follow. In violating department policy and operating outside the scope of his responsibilities as the incident commander, he created an unsafe working environment.

CIRMA LIABILITY ASSESSMENT

CIRMA accepted this case as a compensable Workers' Compensation claim. There were no other responsible third parties from whom to pursue subrogation.

As a best practice departments should:

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KEY RECOMMENDATIONS

1. Review and follow policies and procedures:

- a. The Chief Officer and Incident Commander should have completed an assessment of the scene for evaluation of risk vs. benefit. Since all of the occupants were safely out of the structure, no attempt should have been made to enter the structure until additional department resources arrived on scene.
- b. The NFPA standard related to 2-IN / 2-OUT and proper scene staffing levels would have eliminated the Chief's entry to the structure. A complete 360-degree scene would have helped in the decision making process.
- c. Command structure. Maintain a command and control presence while assuring all safety parameters of the operation are followed.
- 2. Training Records: Ongoing training should be conducted to cover department policies and policies, as well as any and all safety protocols. Leadership training should be required for executive level officers. Training attendance should be document in personnel records.
- **3. Personal Protective Equipment (PPE):** Appropriate attire PPE should have been used in this situation when entering an IDLH atmosphere, including use of Self Contained Breathing Apparatus (SCBA) and proper securing of the helmet.

Questions on this topic? Ask your Supervisor or contact your CIRMA Risk Management Consultant at (203) 946-3700.



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