

Summary

Regional Incident Survey Team (RIST) Summary

Western-0901-Other

Regional Incident Survey Teams (RIST)

RISTs gather information for the National Hazardous Materials Fusion Center. RISTs are composed of individuals from around the country who are skilled and experienced in hazardous materials (hazmat) response or experienced in the hazmat industry. RIST members are part of a team invited by a local jurisdiction or state authority to conduct a survey of an incident response of interest and record information from the responder's perspective. In no case is the data intended to be used to criticize or condemn response actions, but rather to share lessons learned and smart practices with other emergency responders who may face a similar response.

Incident Type

Exposure

Container

None

Hazardous Material

Carbon monoxide (gas)

Overview

This incident originated as an Advanced Life Support (ALS) medical alarm with an attempt to provide dispatcher-assisted Cardiopulmonary Resuscitation (CPR). Initial units dispatched included one engine company, E7, (a captain, engineer, and firefighter) and one ALS medic unit (one paramedic and one Emergency Medical Technician [EMT]) from a private ambulance company. Upon arrival, the first-arriving engine company found one adult on the front porch in some apparent lethargy. Another adult directed them to the victim located in the bathroom of the residence. The patient was removed to the living room where they began resuscitation efforts, which included CPR and the use of an Automatic External Defibrillator (AED). The crew noticed the odor of exhaust in the house so the officer began opening windows for natural ventilation. The E7-firefighter, designated to operate the AED, noticed that the E7-engineer, who was performing CPR, appeared to be fatigued. When asked if he would like to switch positions, the E7-engineer agreed. When the change was initiated, the E7-engineer stood up and appeared to be stumbling around.



The ALS unit arrived on scene with one paramedic and one EMT. They witnessed the E7-engineer stumbling around and it appeared that he was “going down.” The ALS unit also reported smelling a strong odor of exhaust. It was communicated that this may be a carbon monoxide issue and all members left the structure.

Lessons Learned

- Acute exposure to high levels of carbon monoxide may not manifest the same signs and symptoms as with exposures to lower doses.

- All personnel potentially exposed to a hazardous atmosphere should receive a medical evaluation.
- Early access to a carbon monoxide monitor or some type of multi-gas detector may be a key factor in recognizing potential exposure hazards before becoming incapacitated or overcome representatives of all agencies at one location.
- Interoperable communications between law enforcement, fire, and Emergency Medical Services (EMS) are essential to the effective management of a shared incident.

For more information on this and other incidents visit the National Hazardous Materials Fusion Center at <http://www.hazmatfc.com/>