In-Station Training

TM 26-03 Unconscious Person

Author

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Purpose

Situation awareness is a specific type of sensemaking that is essential in response to emergency incidents. Sometimes things are what they appear to be on the surface, but in other cases they are not. ICs need to consider counterfactuals (what ifs) that may indicate that the situation is different than originally anticipated.

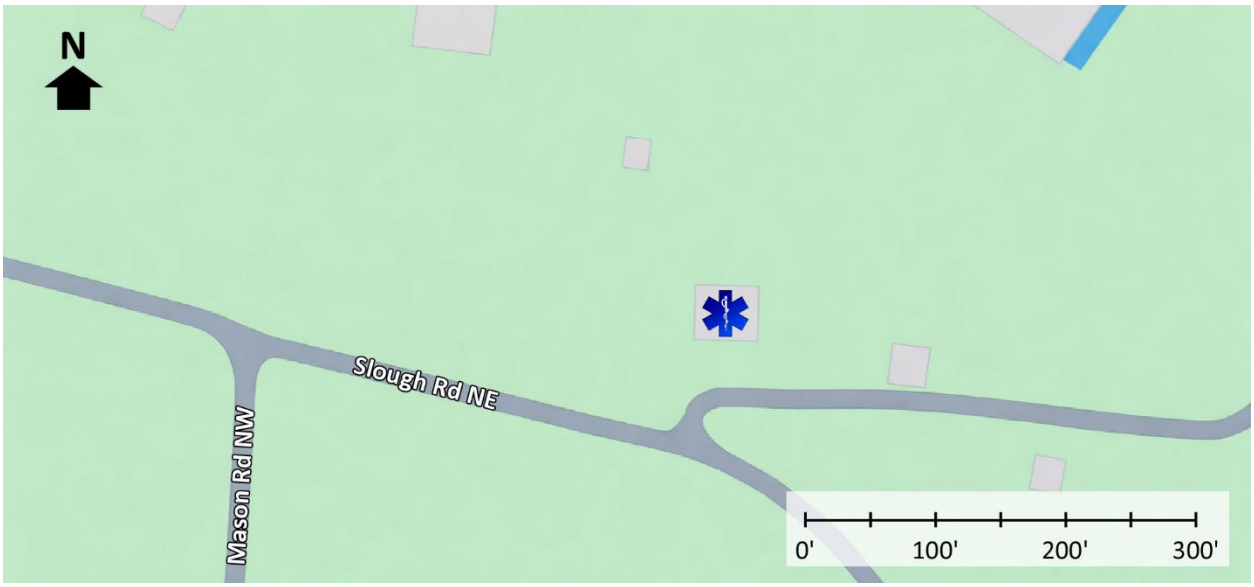
Learning Outcomes

Firefighters and officers perform an effective size-up, select an appropriate strategy, and implement tactics based on the strategic decision-making model.

Conducting the Drill

This incident involved a medical emergency at 9202 Slough Road NW in Bloom Township, Ohio on Thursday, December 18, 2025, at 09:33 (Lancaster Eagle-Gazette, 2025; WSYX ABC 6, 2025; Company Commander, 2025; & Broadcastify, 2025a-2025e). Review the map and photos (Figures 1-5) to gain an understanding of the building and area involved.

Figure 1. Map of the Incident Area



Note: Adapted from Google. (2025a). [Map, 9202 Slough Road NW, Bloom Township, OH]. Map data ©2025 Google. https://bit.ly/44TrZsD.

Figure 2. Aerial View

Note: Adapted from Google. (2025b). [Aerial view 9202 Slough Road NW, Bloom Township, OH]. Imagery © Google, Imagery © Airbus Maxar Technologies, Map Data © 2025. https://bit.ly/4q8XqaX.

Figure 3. Side Alpha

Note: Adapted from Google. (2024a). [Street view 9202 Slough Road NW, Bloom Township, OH]. ©2025 Google. https://bit.ly/4jmRbxs.

Figure 4. Alpha/Delta Corner

Note: Adapted from Google. (2024b). [Street view 9202 Slough Road NW, Bloom Township, OH]. ©2025 Google. https://bit.ly/3KWMwG0.

Figure 5. Side Charlie

Note: Adapted from Google. (2024c). [3d aerial view 9202 Slough Road NW, Bloom Township, OH]. ©2025 Google. https://bit.ly/4bjiLK3. [2d image created by in ChatGPT 5.2] Open Ai, (2025).

Bloom Township is on the outskirts of the Columbus, Ohio metro area. Slough Road NW is a largely semi-rural to low-density suburban, with residences on larger lots and agricultural parcels nearby. The immediate area includes single-family homes and open land. Homes in this area are predominantly

owner occupied. (Open AI, 2025f). There is a low frequency of fire and emergency medical incidents in this area of the community.

The temperature is currently 46° F with wind from the southeast at 9 mph. (Weather Underground, 2025). It is Thursday, December 18th and you are dispatched along with a medic unit to 9202 Slough Road NW, for an unconscious person at 09:33. Your engine has four-person staffing[1]. **You are the officer of the engine company**.

Time starts now! Answer the first seven questions within the next 10 minutes. Decide and put your answers in the form of communication you would have with your crew, other companies, and the first arriving command officer. Save discussion for after answering these questions.

Immediately after you are tapped out, dispatch advises that the patient is not breathing and the incident is being upgraded, adding a second engine and a command officer. The second engine has four-person staffing[2] Dispatch provided a second update, that cardiopulmonary resuscitation (CPR) is in progress.

1. What critical factors would you consider when dispatched and during response? What conversations would you have with your crew during response?

You anticipate the medic unit will arrive several minutes before you. The second arriving engine will arrive approximately five minutes after you arrive, followed by the command officer.

Medic 1 advises dispatch that they have arrived, and a short time later provides an update report that the patient is in cardiac arrest.

[1] If your staffing and deployment is different, use your own resource assignment and staffing.
[2] If your staffing and deployment is different, use your own resource assignment and staffing.

Figure 6. Conditions on Arrival

Note: Adapted from Google. (2024a). [Street view 9202 Slough Road NW, Bloom Township, OH]. ©2025 Google. https://bit.ly/4jmRbxs.

2. State your initial radio report (IRR) exactly as you would transmit it to dispatch (don't overcomplicate this, it's a medical call).

Medic 1 advises that they do not need any additional emergency medical services (EMS) equipment, only your personnel to assist with resuscitation.

3. What specific actions would you take (as the company officer) immediately upon arrival and exiting the apparatus and what task orders would you give your crew?

As you enter the house, your carbon monoxide monitor goes into alarm, and you observe the reading illustrated in Figure 7. The three-person crew of Medic 1, the patient, and three family members are inside the house.

Figure 7. Conditions at the Door on Side Alpha

Note: Adapted from image created by Open AI (2025).

4. Would you change the action you are taking or modify the assignments given to your crew? If so, what task orders would you provide?

5. State your follow up report exactly as you would transmit it to dispatch.

6. Engine 2 arrives and reports that they are Level 1 on Slough Road NW. State the tactical assignment you would give them exactly as you would transmit it.

7. Based on anticipated effectiveness of your tactical operations, state your conditions, actions, and needs (CAN) report that you would provide to the first arriving command officer as part of command transfer to IC #2.

Reflect on your strategic decision-making and responses to questions one through seven before answering the next six questions. Think about what cues, patterns, or anomalies (differences from conditions that you would anticipate) informed your answers.

8. What was the problem?

9. What was getting in the way of achieving your tactical priorities?

10. Was there anything in this incident that could have hurt or killed you (right now)?

11. Was it reasonable to believe that the building was occupied?

12. Was there searchable space?

13. If you believed it was reasonable that there was searchable space, what could you do about it?

In the actual incident, Medic 551 (four person staffing) and Engine 182 (automatic aid) were dispatched for an unconscious person. Shortly after units went enroute, Medic 552 (three person staffing) cleared another incident and responded to the incident. Medic 551 canceled the automatic aid engine. (Broadcastify, 2025a).

Bloom Township medic units are equipped with two self-contained breathing apparatus (SCBA) (Bloom Township Fire Department 2025a & 2025b) and each member is issued a single gas carbon monoxide (CO) monitor. The CO monitor issued to the first member of Medic 551 to enter the house was broken and awaiting replacement (WSYX ABC 6). The crew of Medic 551 began resuscitation inside the house but began to experience headache and nausea within approximately 5 minutes after entering the home.

After the arrival of Medic 552, Medic 551 requested that dispatch add an engine to the response and reported that they had high levels of CO inside the house (Broadcastify, 2025b).

Medic 552 requested two additional ambulances due to crew members experiencing symptoms of CO poisoning and advised that the house had been evacuated. Dispatch added an engine along with the ambulances. Chief 550 arrived and took command, ordering two additional ambulances. The incident

continued to escalate over approximately 60 minutes, as additional patients (fire department and civilian) were identified.

By the end of the incident, the original patient was declared deceased at the scene and 10 other people (seven Bloom Township personnel and three relatives of the original patient) were transported to the hospital for treatment of carbon monoxide (CO) poisoning (WSYX ABC 6).

14. Do you normally carry a CO monitor when responding to medical emergencies? If not, at what point in this incident do you think you would have recognized the potential for toxic exposure?

15. How might incident operations have differed if the first arriving resource had been able to identify the presence and concentration of CO in the house?

16. What factors influence an individual's response to carbon monoxide?

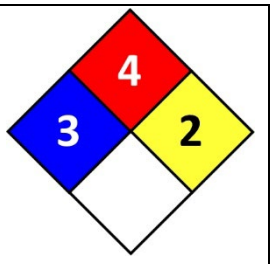
17. After resolving the immediate medical emergency, what actions could companies take to stop the release of carbon monoxide and create a tenable atmosphere inside the house?

Additional Learning: Carbon Monoxide (CO) is produced by the process of incomplete combustion of organic materials. Common sources include vehicle exhaust, cooking appliances, hot water heaters (gas or oil), and heating equipment (gas, oil, solid fuels).

Review *Hazmat Tactical Guideline-Carbon Monoxide Responses* (Blue Card, 2025) and your agency's standard operating guideline (SOG) or typical work practices (if you don't have a CO response SOG) for response to CO incidents with the members of your crew.

Table 1 provides an overview of the characteristics and physiological effects of CO.

Table 1. Characteristics & Physiological Effects of Carbon Monoxide

<table>
<tr><td colspan="3">Product Name (UN/NA ID)
Carbon Monoxide (1016)</td><td>Formula
CO</td><td>NAERG
Guide 119</td><td rowspan="2"> 
</td></tr>
<tr><td colspan="5">Description
Colorless, tasteless, odorless gas.</td></tr>
<tr><td>Molecular Weight
28.01</td><td>Vapor Density
0.97</td><td>Specific Gravity
n/a (gas)</td><td colspan="2">Vapor Pressure
>35 atm</td><td>Ionization Potential
14.01 eV</td></tr>
<tr><td>Solubility
2%</td><td>Flash Point
n/a (gas)</td><td>LFL
12.5%</td><td colspan="2">UFL
74.0%</td><td>Ignition Temperature
1128° F (608.8° C)</td></tr>
<tr><td>TLV-TWA (ACGIH)
25 ppm</td><td>STEL (15 min)
200 ppm</td><td>IDLH
1200 ppm</td><td colspan="3">Routes of Entry
Inhalation</td></tr>
<tr><td colspan="6">Physiological Effects
Chemical asphyxiant, attaches to hemoglobin which has 210 times greater affinity for CO than O_2. Effects are persistent and are cumulative.</td></tr>
<tr><td colspan="6">Symptoms of Exposure
Acute exposure: The signs and symptoms of acute exposure to carbon monoxide may include headache, dizziness, lassitude (weakness, exhaustion), confusion, hallucinations, tachypnea (rapid respiration), flushing, nausea, vertigo, irritability, cyanosis, syncope (unconsciousness), depressed S-T segment of electrocardiogram and in persons with preexisting heart disease and atherosclerosis, angina (chest pain) and leg pain.
200 ppm - Slight headache within two to three hours with loss of judgment
400 ppm - Frontal headache within one to two hours with loss of judgment
800 ppm - Dizziness, nausea, and convulsions within 45 min; insensible within 2 hours
Chronic exposure: repeated exposures to carbon monoxide poisoning may cause persistent signs and symptoms, such as anorexia, headache, lassitude, dizziness, and ataxia.</td></tr>
<tr><td colspan="6">Other
The American Society of Heating, Refrigeration, and Air Conditioning Engineers (ASHRAE) has established 9 ppm as a voluntary standard for maximum residential concentration of carbon monoxide (ASHRAE, 2013).</td></tr>
</table>

Note: Characteristics and physiological effects of carbon monoxide references included the *NIOSH Pocket guide to chemical hazards.* (NIOSH, 2020). And *Emergency response guidebook* (DOT, 2020)

Review the function and operation of the atmospheric monitoring equipment on your apparatus with the members of your crew. Discuss monitoring strategies for gases that have a vapor density like air (carbon monoxide), that are lighter than air (natural gas or methane), and those that are heavier than air (propane). Keep in mind that gas concentrations can vary based on elevation or location within an enclosed area.

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