In-Station Training

TM 25-26 Difficulty Breathing

Author

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Purpose

Some incidents turn out to be exactly what you are dispatched to, others do not. It is important to consider the fixed and variable factors available when dispatched, with continual review and revision of situation assessment as additional information becomes available.

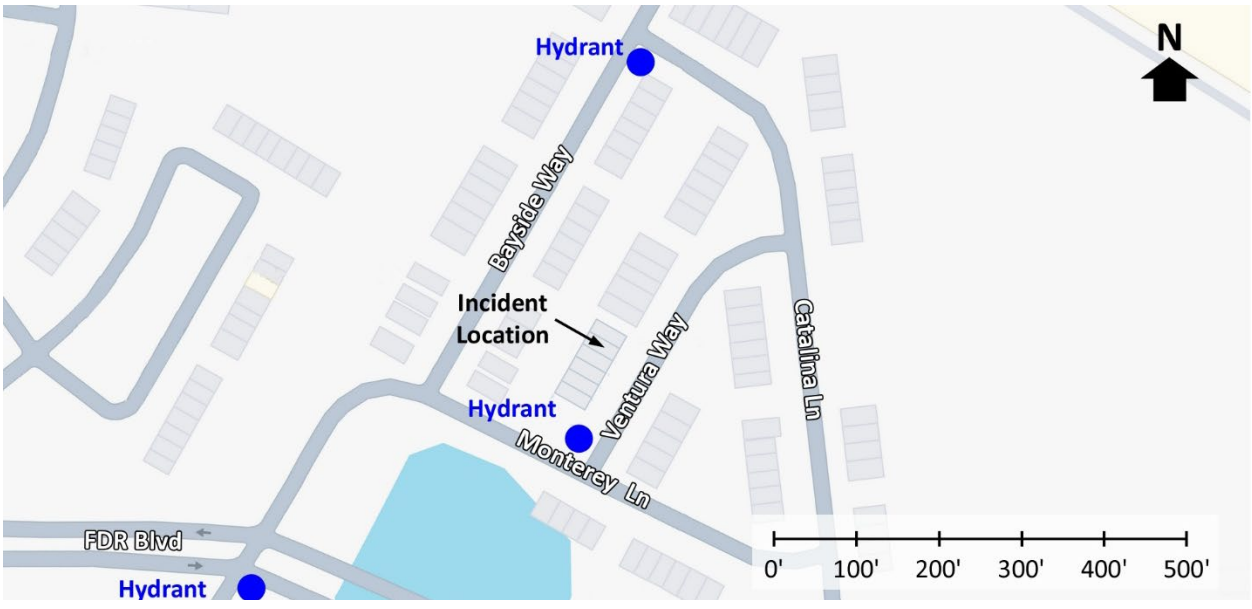
Learning Outcomes

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

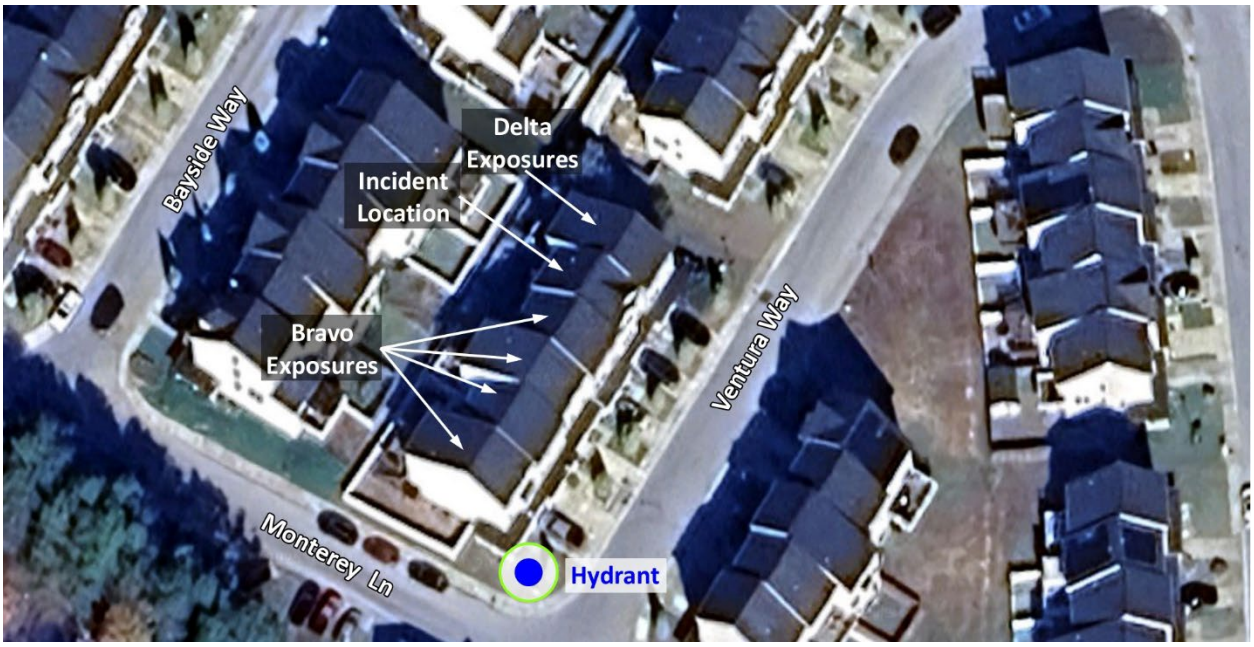
This incident involved a medical response for difficulty breathing at 22719 Ventura Way in California, Maryland, on Saturday, May 17, 2025, at 03:56 (BayNet Breaking News Desk, 2025; Southern MD News Net, 2025; & Nicol, 2025). Review the map and photos (Figures 1-3) to gain an understanding of the building and area involved.

Figure 1. Map of the Incident Area



Note: Adapted from Google. (2025a). [Map, 22719 Ventura Way, California, MD]. https://bit.ly/4k9hBmc.

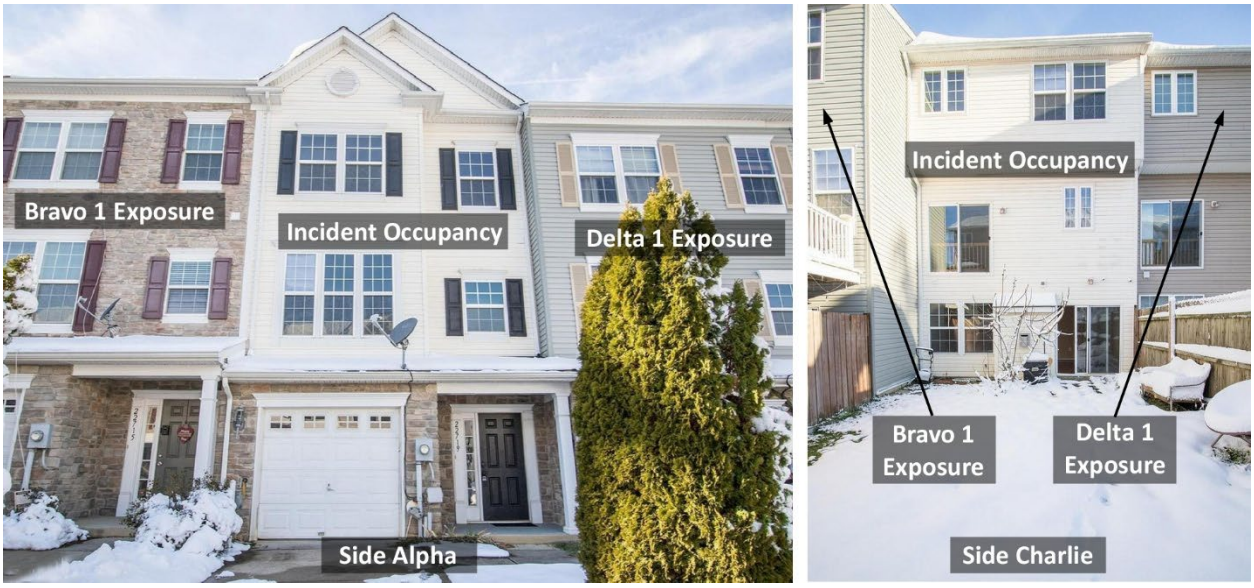
Figure 2. Aerial View



Note: Adapted from Google. (2025b). [Aerial view 22719 Ventura Way, California, MD]. https://bit.ly/3TAfb46.

The closest hydrant is at the intersection of Ventura Way and Monterey Lane. In addition, there are other hydrants in the area as illustrated in Figure 1.

Figure 3. Sides Alpha and Charlie



Note: Adapted from Redfin. (2022). 22719 Ventura Way, California, MD 20619. https://bit.ly/44EHDss.

The temperature is currently 66° F with wind from the south at 8 mph (Weather Underground, 2025). **You are an engine company officer**. It is Saturday, May 17th, and you have been dispatched along with a medic unit for difficulty breathing at 22719 Ventura Way at 03:56. Your engine has four-person staffing[1].

Time starts now! Answer the first eight 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 the first eight questions.

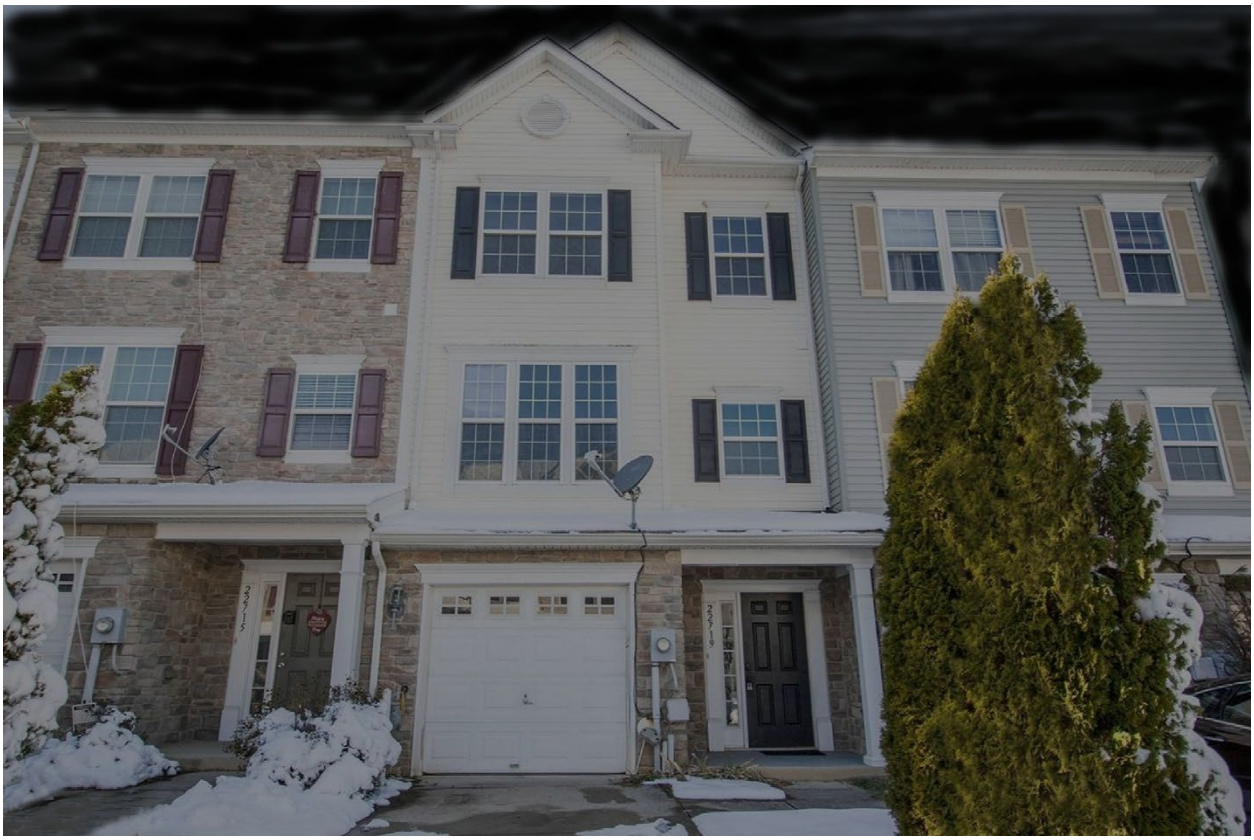
1. What critical factors would you consider when dispatched and during response? What conversations would you have with your crew during response?

You hear an advanced life support ambulance go en route. You will arrive first, approaching from the southeast on FDR Boulevard. The medic unit will arrive from the same direction shortly after you.

While responding, the dispatcher advises you are responding to a 50-year-old male who is conscious and alert with severe difficulty breathing and anxiety. Examine Figure 4, illustrating conditions on arrival (no video is available for this incident).

[1] In this 10-Minute Training engine and ladder companies have four-person staffing. If your deployment and staffing is different, use the resource assignment and staffing typical for your agency.

Figure 4. Conditions on Arrival



Note: Adapted from Adapted from Redfin. (2022). 22719 Ventura Way, California, MD 20619. https://bit.ly/44EHDss.

2. State your initial radio report (IRR) exactly as you would transmit it to dispatch (note that for a medical response this may simply be "arrived" on the mobile data computer (MDC) or a simple report that you have arrived).

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?

Upon entering the townhouse, you locate the patient in a third-floor bedroom. The 50-year-old male is experiencing severe difficulty breathing and is extremely anxious. As you begin patient assessment, the medic unit arrives, and the medics join you on the third floor. The patient's pulse and respiratory rate are elevated, and their blood pressure is below normal. The medics place the patient on oxygen and continue assessment, placing the patient on a cardiac monitor to obtain a 12-lead electrocardiogram.

After being on scene for approximately 15 minutes, several members of your crew report that they are dizzy and are beginning to have a headache.

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

If one of your task orders was to perform atmospheric monitoring, you obtain a reading of 21% oxygen (O_2), 0% of the lower explosive limit (LEL), 500 ppm of carbon monoxide (CO), and 0 ppm of hydrogen sulfide (H_2S). In the process of performing atmospheric monitoring, your crew discovers a second adult male on the first floor who is in cardiac arrest. This patient is removed from the townhouse and your crew begins cardio pulmonary resuscitation (CPR)

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

The following questions are based on upgrading the resource determination to include **a minimum of** two additional engines, a ladder company, two additional medic units, and a command officer.

6. Ladder 1 arrives and advises that they are Level 1 at FDR Boulevard and Monterey Lane. State the tactical assignment you would give them exactly as you would transmit it.

7. Engine 2 arrives and reports that they are Level 1 at FDR Boulevard and Monterey Lane. State the tactical assignment you would give them exactly as you would transmit it.

8. Based on observed and 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 eight before answering the next six questions. Give some thought to what cues, patterns, or anomalies (differences from conditions that you would anticipate) inform your answers.

9. What was the problem?

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

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

12. Was it reasonable to believe that the Main Fire Occupancy was occupied?

13. Was there searchable space?

14. If you believed it was reasonable that the building was occupied and there was searchable space, what could you do about it?

Six members of the first arriving engine and ambulance were flown by medical helicopters to a hospital with a hyperbaric chamber and one firefighter, a sheriff's deputy, and one civilian patient from the incident occupancy were transported to a local hospital. The carbon monoxide (CO) resulted from a car running in the garage of the incident occupancy (discovered later in the incident).

15. Does your agency monitor the presence of CO on medical responses? Is this routine practice for all medical incidents or is it based on reported signs and symptoms. Given the dispatch information presented in this 10-Minute Training, would your company have monitored for the presence CO? Why or why not?

The following questions are based on actual incident circumstances and actions taken by the companies operating at this incident. Listen to the first 30:00 of the incident audio (ScanMD Fire & Rescue Solutions, 2025) Note that this audio includes dispatch and tactical talk groups and is not in real time as it has been edited to remove blank airtime. **Listening to the incident audio takes considerable time, but provides significant insight into this incident.**

16. How might the exposure of the member of the first arriving engine and medic unit and particularly the initial incident commander (IC #1) have impacted incident operations?

The company officer of Tower 9 assumed command from IC #1 (Rescue Engine 92) and assigned Engine 32 as "Bravo Exposures" and Tower 9 as "Delta Exposure".

17. Were the tactical orders provided to Engine 32 and the crew of Tower 9 by IC #2 (Tower 9) clear? Using the task, location, and objective (TLO) format restate tactical orders to these two companies to clearly identify what tasks needed to be performed at what location and to meet what objectives.

18. A short time later in the incident IC #2 (Tower 9) assigned Engine 32 as the "Vent Group" and Rescue Engine 92 as "EMS Group" with no further information provided. What additional information should be provided when assigning the role of group supervisor and what challenges do company officers face when functioning in this role (particularly when companies are operating in the hazard zone)?

19. The resource determination escalated incrementally over the course of the incident. How did this reflect the incident commander's understanding of the nature and scope of the incident?

20. How might incident operations have been impacted by the delay (over 30 minutes) in response of one or more command officers.

Additional Learning: Read the Blue Card *Hazmat Tactical Guideline-Carbon Monoxide* (n.d.) and East County Fire and Rescue *Standard Operating Guideline (SOG) 4.6.2 Hazmat Response-Carbon Monoxide Incidents* (2024) and review your own standard operating guidelines that relate to this type of incident.

Given the impact of carbon monoxide poisoning of the members of the first two companies operating at this incident, responders worked diligently to overcome the challenges presented by this incident. This 10-Minute Training examined several potential lessons that could be learned, but there could be more insights that could be drawn from listening to the incident audio. Reflect on what your takeaways are and discuss how these insights would impact your actions at a similar incident with the members of your crew.

References

BayNet Breaking News Desk (2025). *Breaking: Lexington Park carbon monoxide death | one dead, others hospitalized.* Retrieved June 22, 2025, from https://bit.ly/4edcf7d,

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