

**THE USAir/SKYWEST CRASH
ONE YEAR LATER:**

**A view of the
medical
group
operations**

- BY -

ALAN R. COWEN

Everything appeared normal as USAir, Flight 1493 (Boeing 737) came in for a landing. The weather conditions were excellent -- crystal clear in fact. USAir touched down on runway 24 left, landing heading west from the east. Tires squealed as they touched the runway.

Flight 1493 was a non-stop flight that left Columbus, Ohio at 1615 hours and was scheduled to land at 1811 hours, Los Angeles time. Everything was going as expected and on schedule.

At about the same time, a much smaller aircraft, Flight 5569, a Fairchild Metroliner III, was in position preparing to take off. An air traffic controller directed the SkyWest commuter plane onto the runway to prepare for takeoff.

The Boeing 737 touched down at approximately 135 miles per hour. At about five seconds after touch down, passengers became aware of a terrible crunch as the 737 hit something at approximately 105 to 110 miles per hour.

The Boeing 737 had touched down and landed about 700 - 750 feet prior to the collision.

At impact, passengers reported seeing showers of sparks and a ball of fire shoot by the windows.

Suddenly, there was hysteria on board, with some passengers deducing that the 737 had struck something. "Stay down, stay down", came out over the intercom.

All 12 person on the Metroliner were dead in an instant. The Metroliner was in a takeoff position approximately 2,000 feet from the beginning of the runway, and had been static in that position for one minute and twenty seconds before impact.

The Boeing USAir 737 struck the smaller commuter plane from the rear, crushing it totally in a heartbeat, killing all 12 passengers and crew members. The commuter was then pinned under the much larger 737, and dragged

along underneath until it crashed into an abandoned fire station.

Upon impact of the 737 jet into the fire station, a tremendous fireball resulted. Passengers were violently thrown about within the aircraft. People began to become hysterical and all lights went out. Within seconds, thick smoke filled the cabin and panic resulted.

Los Angeles International Airport

Los Angeles International Airport (LAX) is the third largest in the country, handling over 600,000 landings and takeoffs yearly. Nearly 100 aircraft per hour are managed by LAX. The airport is made up of 3500 acres in the western portion of Los Angeles. There are four east/

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west runways.

Two of the runways are north of a central terminal, two are south. LAX enjoys an excellent safety record, considering more than 900 million passengers have utilized the airport within the last 45 years. In nearly 50 years, this incident is only the second accident with fatalities involving a commercial carrier.

The fire

Fire entered the cabin immediately after impact, and rapidly moved inside. This was fueled by the oxygen feeding the fire from severed lines for the crew. Upon opening of the emergency exits, fresh air increased the intensity of the fire, feeding on the oxygen within the environment and eating the cabin interior. Products of combustion filled the cabin area. The USAir 737 had 83 passengers and a crew



Photo by Dale Harris/Department of airports

of six; the SkyWest Metroliner had 10 passengers and a crew of two.

The plan

The Task Force Commander, Mike Wigfield picked up the "red phone" at Fire Station 80, also known as Crash 80, one of two fire stations on the grounds of LAX. Red phones are located at the Operations Control Division (Dispatch Center) airport operations, airport tower, Los Angeles PD and the Coast Guard.

Crash 80's response is immediate. In this case, Crash 80 only was aware that a USAir Boeing 737 had a problem in landing of the aircraft; there was a fire and it crashed into old fire station 80, the old location of Crash 80 prior to 1980. As it was, Task Force Commander Wigfield, the most experienced airport captain, was serving his tour of duty on Feb. 1.

Fire was within the passenger compartment before the 737 finally stopped. Initially, four airport crash apparatus responded to the crash site, enabling the firefighters to quickly spray foam on the ground in the immediate area, allowing both an egress of safe passageway for rescue work, as well as limiting vapors from escaping from the fuel. Within one and a half minutes of the crash, foam was being applied. As a result of the quick action of the firefighters, surviving occupants of the 737 had a safe passageway to exit the aircraft.

Passengers began to exit the 737 immediately. Approximately 40 exited on the right side, above the wing, while others exited the left side and still others managed to exit from the right front door area.

When the aircraft struck the old fire station, the estimated speed was 50 miles per hour plus. Firefighters assessed the pilot and became painfully aware that little could be done for him. The co-pilot was luckier in that he was alive, but unable to self-extricate himself due to bi-lateral leg fractures. He was pulled out of the window by three firefighters.

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The interior of the aircraft was engulfed in fire and the dead were in the aisles. Shortly, all live passengers were off the aircraft and firefighters knocked down the fire.

Medical group operations

Paramedic Supervisor Marc Segal was within two minutes of LAX, and upon arrival, set up the Medical Group which handled the 68 crash survivors. Segal was to manage triage, immediate and delayed care holding areas, morgue and transportation officer duties.

Upon my arrival as the EMS Bureau Commander, and entering the airport area, I drove adjacent to runway 24 left, and in doing so, noticed objects on the runway which I quickly realized were human body parts. I arrived at the Medical Command Post at approximately 1830 hours, and it was obvious that the medical operation was running very smoothly, the result of many drills at LAX.

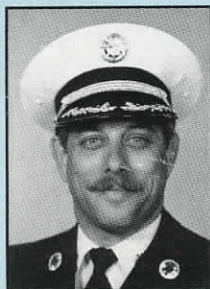
EMS 4 (EMS supervisor, district 4 commander) Marc Segal was dispatched at 1813 hours. He set up a Medical Group command post, utilizing Rescue Ambulance 5 to open communications with the Medical Alert Center (MAC) as well as setting up the triage and are holding areas. A request by the Medical Group for the following additional resources was then initiated:

- 5 additional paramedic rescue ambulances.
- 10 private ambulances
- 2 LAFD air ambulances
- 1 air ambulance from UCLA Medical Center
- 2 task forces for additional manpower
- 1 HERT (Hospital Emergency Response Team);
- And an additional EMS supervisor and a separate tactical channel for Medical Group Operations.

Paramedic III Rick Aceves advised Paramedic Supervisor Segal that communications were opened up with Daniel Freeman Hospital who acted as liaison with the Medial Alert Center. Status of beds for the closest 10 surrounding hospitals was obtained, including burn centers.

All patients in the triage area who could walk without pain were transported by LAX busses to Terminal 1; this being a triage and control measure in order to minimize the "walking wounded" exposure to the sights,

Alan R. Cowen is the Chief Paramedic Commander in the Bureau of Emergency Medical Services of the Los Angeles City Fire Department, and a member of the CSFA EMS Committee.



sounds and smells of the crash area. Rescue 865 accompanied the patients to Terminal 1 for additional evaluation and identification. This left 11 patients in the care holding areas.

Members of Fire Station 66 assumed the responsibilities of Transportation Control. Ambulance staging was set up using firefighters to function as Rescue Ambulance Drivers, thus enabling paramedics to concentrate on patient care.

A medical supply cache stored at LAX arrived and was utilized at the care holding areas. This included backboards, blankets and additional medical supplies.

Battalion Commander Dennis Willahan (Battalion 13) arrived and together with Paramedic Supervisor Segal, coordinated the EMS effort in controlling the Medical Group. An additional paramedic supervisor arrived, Steve Johnson, who was directed to coordinate the Care Holding Areas and assist in transportation control.

LAFD air ambulances were used to transport two critical patients. A Hospital Emergency Response Team (HERT) arrived and was directed to report to Terminal 1 for additional triage/treatment.

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Paramedic Supervisor Steve Johnson and Assistant EMS Bureau Commander David Thompson supervised the activities at Terminal 1 and were joined by Battalion 13.

In total, 10 hospitals provided 36 critical care beds and an adequate number of minor care beds. One hospital offered as many beds as needed for those patients with minor injuries. A total of 25 patients were transported to area hospitals; all but two went by ground ambulance. The most seriously burned were transported by LAFD air ambulance to Harbor/UCLA Medical Center and UCLA Medical Center trauma centers respectively. Air transport times were two to three minutes.

Of the 57 patients that were moved from the crash site to Terminal 1, 14 required definitive care at local emergency rooms.

In all, this air crash claimed 34 lives; 22 on the USAir plane and 12 on the SkyWest plane. 68 people survived this tragic crash and 25 patients were transported to six hospitals. But for the actions of the first firefighters who responded, many more people would have surely perished. The remainder were assessed by hospital emergency response teams (physicians and nurses) and subsequently released.

Of the 68 people who survived the crash, 11 were transported from the crash site to area hospitals and 57 people were removed to terminal 1, whereupon 14 of those were taken to hospitals!

The Los Angeles City Fire Department has in place a nationally recognized stress/management system, headed by Russell Boxley, Ph.D. Dr. Boxley arrived on scene and reported to the incident commander where he received an overview of operations. He also performed individual stress consultations and assessments on LAFD personnel's readiness for continued duty.

In addition, the department's stress management coordinator, Paramedic III Michael Kwiatkowski had organized a team of ten LAFD debriefers at a nearby fire station on standby.

Dr. Boxley personally consulted with all fire captains on first-in companies and many of the firefighting and Medical Group personnel. Critical incident intervention would be brief and educative in nature, due to the intensity and scope of the incident/event. Rescue ambulance personnel received defusing by stress management team members. A defusing was conducted with paramedics at a hospital where a patient suffered from burns to 100 percent of his body and when an IV was unable to be started.

The LAFD Stress Management Program worked for a month with personnel in an effort to reduce the emotional impact of this event on department personnel.

One of the most important aspects of our



Photo by Dale Harris/Department of Airports

Stress Management Program is pre-incident education, where department members are taught about the early signs of traumatic stress, how to identify these signs and what to do to successfully cope with their consequences. This is done at morning line-ups through wellness newsletters and periodic meetings. Department bulletins delineate the availability of the Stress Management Program to its members, and how to assess them.

The following are components of the Stress Management Program:

● **On-scene consultation**

On scene, the department and team members work with the command staff on monitoring the personnel involved in the incident. Suggestions are presented to the incident commander to further reduce the impact of traumatic stress symptoms. This also includes direct individual observations.

● **On-Scene Team Defusing/Demobilization**

Small group intervention, where work units are able to emotionally stabilize during a small team meeting/intervention, in order to return to normal service as quickly as possible. This is done by the department psychologist and team members.

● **Quarters defusing**

Upon return to their station, crews attend a brief meeting to review what occurred and the associated impact. This is less structured than debriefing, and serves as a prelude back to service. This meeting allows team members to assess the psychological impact of the event.

● **Pre-Incident Stress Inoculation**

This is done to prepare departments to better deal with the challenge of stressful work (i.e. body identification and removal, etc.). This is best done by educating members as to the nature and impact of what they are about to do, to see, to smell and to hear. Its goal is to reduce the occurrence of potential post-trau-

matic stress reactions.

● **Debriefings**

A structured group that emphasizes and is conducive to the ventilation of emotions and other reactions to a critical event. A debriefing allows for confidential sharing of experiences of personnel to assist members in dealing and understanding the stress generated by the event. Debriefing occurs from 24 hours to one month post-incident.

● **Evaluation**

A confidential questionnaire distributed to all involved personnel to assess impact of the event, and to allow for suggestions for future stress management operations.

● **Follow-up**

Dr. Boxley continues to monitor member's reactions to this incident. The Stress Management Team was involved prior to, during and post air crash. On-scene consultation and formal defusing for day one equalled 20 and for day three equalled 70; stress inoculation evaluation for day two equalled 45 and on day three equalled 70. 157 members participated in debriefings.

Incident Command

The Medical Group performed in an exemplary manner. This is in no small part due to the highly professional command staff that was on scene. Deputy Chief Davis R. Parsons, the on-call Deputy Department Commander assumed command of the incident and provided direction to LAFD resources.

Deputy chief Donald F. Anthony, Commander of the Bureau of Fire Suppression and Rescue also responded to the crash and provided additional support in commanding the incident.

The overall leadership, administration and management of resources which culminated in a favorable conclusion was provided by Donald O. Manning, the LAFD Fire Chief. ■