



# COMBATTING THE BLUE THREAT

## COMMANDANT'S SAFETY ACTION CAMPAIGN

### Marine Suffers Heat Stroke; Falls Out of Hike

#### From the Director...

Ask yourself: What can I do to decrease the risk? Do I have the knowledge and experience, and the willingness and courage to make a smart decision? Do I have the authority to make the decision? Who else needs to know?

We all need to apply Risk Management and most often, time critical risk management during all activities on- or off-duty. It is vital that we understand our role in identifying risks and make decisions at the appropriate level.

**Combatting the Blue Threat:** Marines at every level need to use risk management techniques in ALL aspects of life – on- and off-duty, at home and when deployed. Think about it, discuss it, DO it.

### Risk Management 5-4-3 On- and Off-Duty

Every week we lose Marines and Sailors because of injury or death caused by mishaps - nearly all of these mishaps are preventable. While we have made significant strides reducing the severity and frequency of ground mishaps, aviation and off-duty mishaps continue to shatter the lives of far too many Marines, Sailors, and their families.



#### 5 STEPS



#### 4 PRINCIPLES

- 1 Accept risk when the benefit outweighs the cost.
- 2 Accept no unnecessary risk.
- 3 Anticipate and manage risk by planning.
- 4 Make risk decisions at the right level.

#### 3 LEVELS

- 1 **In Depth**
  - Time available
  - Strategic long-term planning
  - Complex operations (new equipment, new logistics, new training curriculum)
- 2 **Deliberate**
  - Limited time
  - Planning operations (OpOrd)
  - Procedures and response plans (SOP, LOI, etc.)
- 3 **Time Critical**
  - No time
  - Immediate response to unexpected events / changes to the plan
  - On-the-run mental/verbal review of situation

# FY18 FATALITIES

as of 30 July 2018

Aviation

5

Ground On-Duty

4

Car

13

Motorcycle

12

Other

9

TOTAL

43

*Numbers in fatality categories are subject to change based on final disposition of investigation.*



## Conditioning Hike Casualty

A Marine Corporal recently transferred from an overseas duty station to my CONUS-based unit. Within three weeks of joining the unit, he was sent to a temporary assignment duty (TAD) for two weeks. He returned for three weeks and executed tasks that prevented him from participating in platoon events regularly, like physical training. Half-way through a 6-mile hike, he fell behind and failed to complete the hike. When our leadership asked when he had last hiked, they learned **he had fallen out of a 7-mile hike approximately two months before transferring.** The Corporal's leadership instructed him to maintain daily conditioning, and then assigned him TAD for another two weeks. When he returned, we were scheduled to conduct a 10-mile hike the following week; it was the middle of July.

Marines who are under-performing, particularly those under-performing physically, may be more prone to failure in unsafe ways requiring additional controls.

That morning, before the hike, unit leadership checked weather conditions and realized the recent heat wave was going to impact the WBGT flag conditions. With a start time of 0500, "GREEN" was the projected flag condition for the start of our 10-mile hike, but flag conditions that morning were "YELLOW" and there was a risk of flag conditions potentially becoming "RED" later in the day. The hike was still considered to meet "GO" criteria; however, leadership decided to monitor personnel closely and implement more frequent "halts", if necessary.

We stepped-off and **during the initial one-minute equipment check the Marine's camelback hose become stuck. He didn't inform leadership and the issue wasn't addressed, leaving him without a personal water source for much of the hike.** During the last mile of the hike, he started feeling dizzy. One of the NCOs observed him and immediately took him out of the formation. As he began to take a knee, he lost consciousness, and we removed both his pack and tactical vest. We relocated him to the safety vehicle, and the corpsman treated him for heat stroke. His core temperature registered 108 degrees and by now, he lost consciousness. The corpsmen gave him CPR, and we took him to the hospital where he was admitted to the emergency department. All of this happened within ten minutes of the Marine falling out of the hike!

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After leaving Training and Education Command the year prior, the commanding officer applied unit training management concepts and procedures. The current conditioning hike program began with multiple 3-5 mile hikes in the morning hours. The unit is aware of flag conditions and has access to Wet Bulb Globe Temperature (WBGT) readings, and the unit's S-3 posts them prior to every training evolution. A deliberate risk assessment is created and the following hazards identified:

- Environmental - temperature, humidity, and route surface
- Fatigue
- Lack of hydration
- Wildlife
- Size of load and improper use of equipment
- Marines not acclimated to local climate
- Other individual, physical conditions (i.e., poor diet and/or nutrition, lack of or not enough rest, improper equipment preparation)

The initial risk assessment code (RAC) was 4-Minor, prior to controls being implemented. Standard Operating Procedures dictated the following controls:

- At least one corpsman and safety vehicle at all training evolutions
- All Marines fill up a water source and have access to it, with additional water available in the safety vehicle
- Leadership/corpsman safety checks during each halt
- Standardized equipment packing list
- Safety brief the day before

With controls implemented, the evolution was deemed a RAC 5-Negligible and the information was disseminated approximately two weeks before the hike.

The end state of RM is mission success and preservation of assets, both human and machine.



**Did You Know? RISK MANAGEMENT IS THE INTERSECTION OF LEADERSHIP, STANDARDIZATION, AND VIGILANCE.**

# What Would You Do?

**Consider this:**

- How could additional supervision have mitigated some of these other hazards?
- Were enough controls implemented?
- How could a leader have better developed and remediated this Marine?
- What decision-making affected this outcome?
- Would Marines in this situation be more likely to push themselves into unsafe conditions to avoid future failure and embarrassment?

While we all expect Marines to meet a certain standard, sometimes they fall short. Managing risk is a continuous process that must be planned, supervised, and adjusted accordingly as the situation develops. It is a product of in-depth risk management (law, policy, and orders), deliberate planning (formal risk assessment), and time-critical risk management.

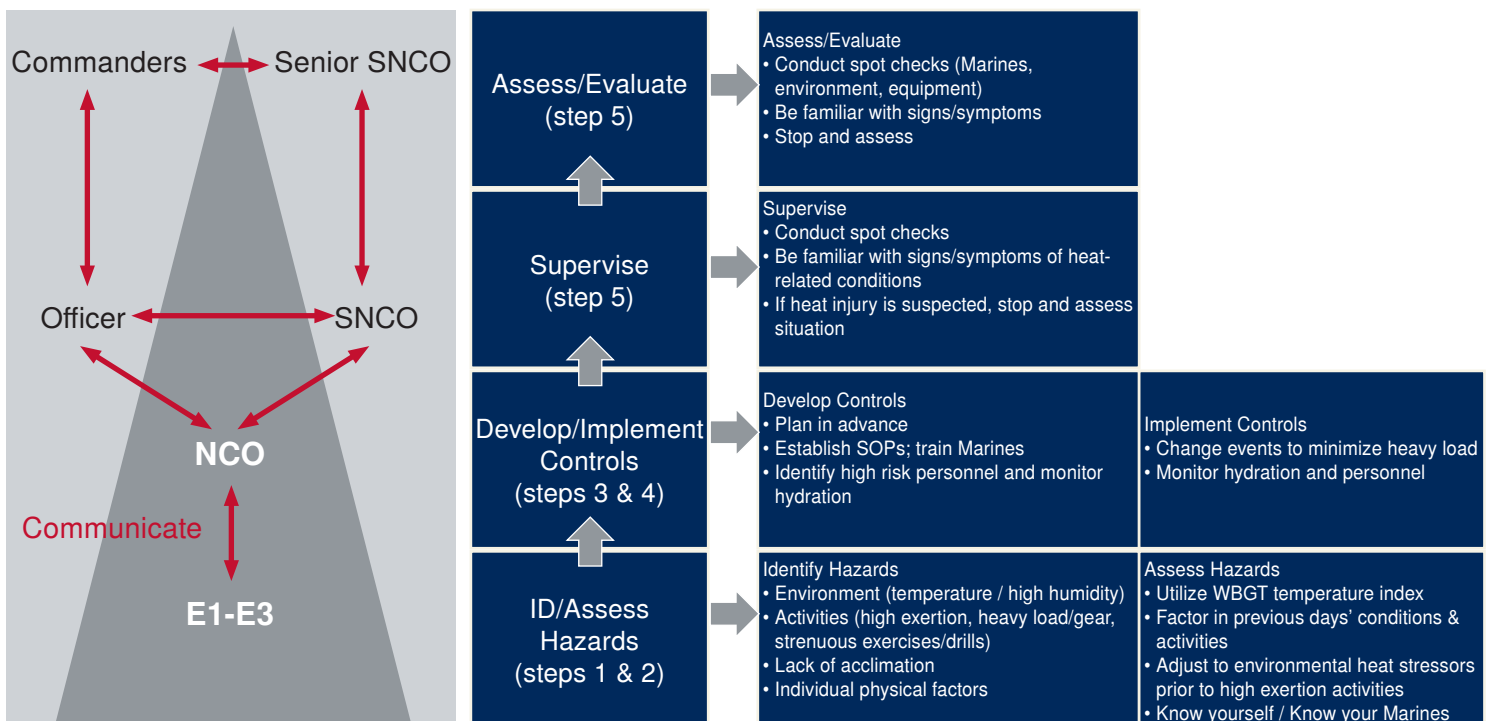
**Identify the Hazards:**

- Previous History
- Equipment Malfunction
- Fitness for Duty

**Heat Related Injuries/Fatalities**  
(last 5 years)

	Injuries	Fatalities
Marines	328	4
Civ Marines	14	0

**Perfomanced-Based Risk Management Application**



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# FY18 MISHAPS

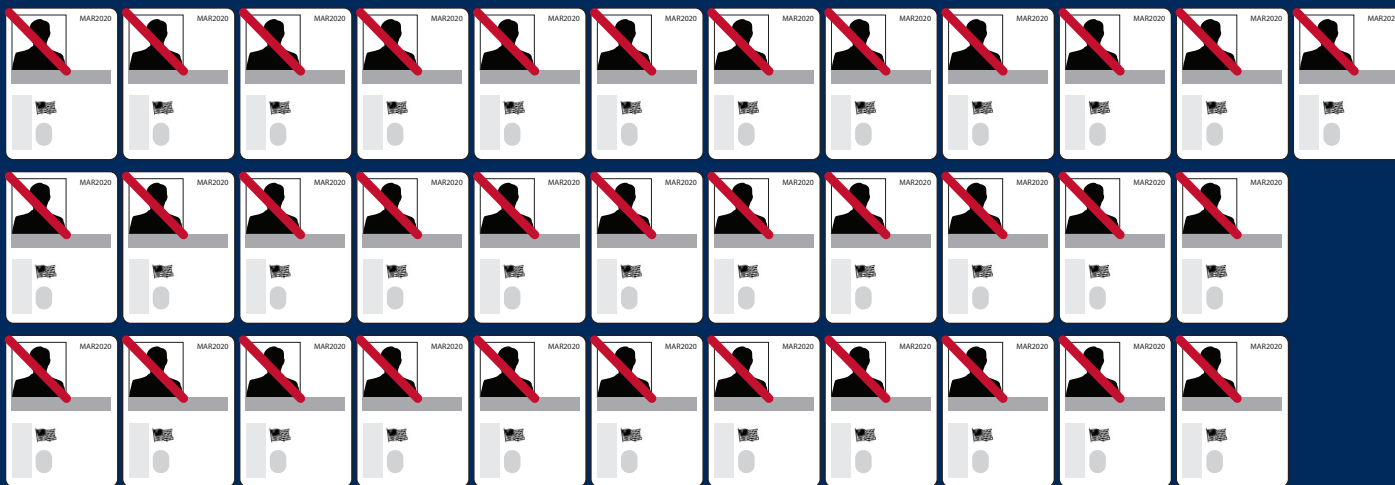
## OFF-DUTY

**13 CLASS A MV-4 (CAR) MISHAPS** resulted in the deaths of thirteen Marines.

**11 CLASS A MV-2 (MOTORCYCLE) MISHAPS** resulted in the deaths of twelve Marines.

**9 CLASS A OTHER MISHAPS** resulted in the deaths of eight Marines.

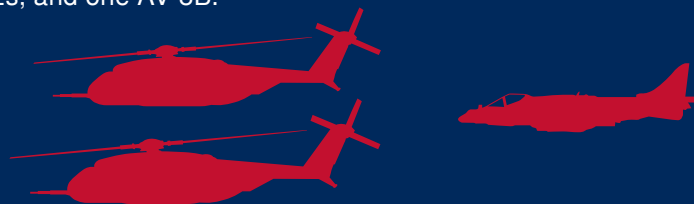
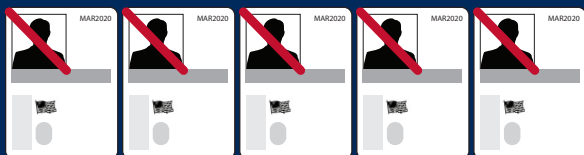
**1 CLASS A PEDESTRIAN MISHAP** resulted in the death of one Marine.



## AVIATION

### 4 CLASS A MISHAPS

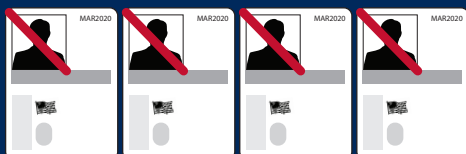
Resulted in the loss of four Marines, one Sailor, two CH-53Es, and one AV-8B.



## GROUND

### 4 CLASS A MISHAPS

Resulted in the loss of four Marines.



*Numbers in fatality categories are subject to change based on final disposition of investigation.*

# SIGNIFICANT EVENTS

21 June to 30 July 2018

## AVIATION

### FATALITIES

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### INJURIES

•

### OTHER

•

## GROUND

### FATALITIES

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### INJURIES

- 2018-06-28 **Class C OPS TRNG:** SOI WEST, Camp Pendleton, CA. While conducting night land navigation performance exam, SNM **fell off a cliff approximately 30' into a riverbed**. SNM suffered lacerations, three cracked ribs, a fractured pelvis, and lacerations to the spleen.

### OTHER

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# SIGNIFICANT EVENTS

21 June to 30 July 2018

## OFF-DUTY

### FATALITIES

- 2018-06-30 **Class A OTHER:** 4th LAR, Oceanside, CA. SNM was **struck by a vehicle while crossing Interstate 5** and was pronounced deceased at the scene.
- 2018-07-04 **Class A OTHER:** MARCORDET, Ft Leonard Wood, MO. SNM was **swimming in a river and drowned** after being swept downstream by the current. SNM's body was recovered 7/5.
- 2018-07-14 **Class A MV2:** VMM 264, Jacksonville, NC. SNM was riding a **motorcycle and struck another vehicle**. SNM was pronounced deceased at the scene of the accident.
- 2018-07-20 **Class A OTHER:** 6th COMM BN, New York City, NY. SNM's jet ski collided with another jet ski ridden by another Marine. SNM died after unsuccessfully undergoing surgery to stop **internal bleeding**.
- 2018-07-22 **Class A Other:** AAS BN, CATC Camp Fuji, Japan. SNM was found unresponsive in barracks room. CPR was performed until emergency personnel arrived. **Cause of death is unknown** at the time of this report

### INJURIES

- 2018-06-27 **Class C REC:** MALS 24, Honolulu, HI. SNS was hospitalized with **multiple injuries** including a broken ankle, multiple lacerations on both feet, and a large bump on the spine. SNS underwent emergency surgery due to internal bleeding.
- 2018-07-01 **Class C PED:** TRAINING COM, Tuscaloosa, AL. An SNM on leave was **struck by a vehicle after walking into oncoming traffic**. SNM suffered a fractured skull, injury to the brain (bleeding), lacerated liver, collapsed lung, broken tibia, broken jaw, and body abrasions. SNM is currently in a coma but in stable condition.
- 2018-07-05 **Class C REC:** VMA 214, Yuma, AZ. Attempting to stop a dog from knocking a child into a fire pit, an SNM tripped and fell, knocking the fire pit over. SNM sustained **3rd degree burns over 8.5% of his body**.
- 2018-07-07 **Class C FALL:** 1/6, Shaw AFB, SC. SNM **fell from the 3rd deck of a residence** after an altercation with his brother. SNM suffered spinal fractures, pulmonary contusion, a scalp laceration, and bilateral subdural hematoma.

### OTHER

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