

# **Medical Unit Leader**

## **S-359**



**Field Reference Guide**

**March 2000**

**NFES 2588**





CERTIFICATION STATEMENT

on behalf of the

NATIONAL WILDFIRE COORDINATING GROUP

*The following material has been approved for use by the National Wildfire Coordinating Group and all its working teams. The material is approved for interagency use and is known as:*

**Medical Unit Leader, S-359  
Certified at Level I**

Member NWCG and Training Working Team Liaison

Date 3/9/2000

Chairperson, Training Working Team

Date 3/9/2000

## Description of the Performance Based System

The Wildland Fire Qualifications System is a “performance based” qualifications system. In this system, the primary criteria for qualification is individual performance as observed by an evaluator using approved standards. This system differs from previous wildland fire qualifications systems which have been “training based.” Training based systems use the completion of training courses or a passing score on an examination as a primary criteria for qualification.

A performance based system has two advantages over a training based system:

- Qualification is based upon real performance, as measured on the job, versus perceived performance, as measured by an examination or classroom activities.
- Personnel who have learned skills from sources outside wildfire suppression, such as agency specific training programs or training and work in prescribed fire, structural fire, law enforcement, search and rescue, etc., may not be required to complete specific courses in order to qualify in a wildfire position.

1. The components of the wildland fire qualifications system are as follows:

- a. Position Task Books (PTB) contain all critical tasks which are required to perform the job. PTB's have been designed in a format which will allow documentation of a trainee's ability to perform each task. Successful completion of all tasks required of the position, as determined by an evaluator, will be the basis for recommending certification.

IMPORTANT NOTE: Training requirements include completion of all required training courses prior to obtaining a PTB. Use of the suggested training courses or job aids is recommended to prepare the employee to perform in the position.

- b. Training courses and job aids provide the specific skills and knowledge required to perform tasks as prescribed in the PTB.
- c. Agency Certification is issued in the form of an incident qualification card certifying that the individual is qualified to perform in a specified position.

2. Responsibilities

The local office is responsible for selecting trainees, proper use of task books, and certification of trainees, see the Task Book Administrators Guide 330-1 for further information.

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Comments regarding the content of this publication should be directed to: National Interagency Fire Center, National Fire & Aviation Training Support Group, 3833 South Development Avenue, Boise, Idaho 83705. email: [nwcg\\_standards@nifc.blm.gov](mailto:nwcg_standards@nifc.blm.gov)

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Additional copies of this publication may be ordered from: National Interagency Fire Center, ATTN: Great Basin Cache Supply Office, 3833 South Development Avenue, Boise, Idaho 83705. Order NFES #2588.



## **PREFACE**

This field reference guide has been developed by an interagency development group with guidance from the National Interagency Fire Center, National Fire and Aviation Training Support Group under the authority of the National Wildfire Coordinating Group. The development group consists of:

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## **INTRODUCTION**

Medical Unit Leader Field Reference Guide is a guide designed to help individuals perform the duties of a Medical Unit Leader (MEDL). The MEDL is responsible to the logistics section chief/service branch director (if assigned), for managing activities within the medical unit. This guide should serve as a “how to” tool and a handy reference to assist the MEDL in performing tasks associated with the position.

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NFES 2588



## **ASSEMBLE MEDICAL UNIT LEADER KIT**

(This is an administrative kit and does not include medical supplies.)

Individual will be able to function for the first 48 hours of the incident with the items that are in the individual kit. Kit will be transportable according to agency weight limitations. Refer to National Mobilization Guide for weight limitations on kit.

Suggested items:

- Fireline Handbook, PMS 410-1
- Interagency Incident Business Management Handbook, PMS 902 Handbook
- NWCG NFES Catalog, Parts 1 & 2, PMS 449-1
- Medical Unit Leader Field Reference Guide
- Medical Plan, ICS-206
- General Message, ICS-213
- Unit Log, ICS-214
- Daily Summary, Field First Aid Station\* (*See pp. A-3 thru A-5.*)
- Medical Unit Record of Issues\* (*See p. A-7.*)
- Patient Evaluation Log\* (*See p. A-9.*)
- Employee's Notice of Injury and Claim for Continuation of Pay/ Compensation, CA-1
- Employee's Notice of Occupational Disease, CA-2
- Authorization for Examination and/or Treatment, CA-16

- Agency Provided Medical Care Authorization/Medical Report

*NOTE: CA-1, CA-2, CA-16, and APMC forms are the ultimate responsibility of the finance section, but may be carried by the MEDL to expedite the process when necessary.*

- Crew Time Report, SF-261
- Emergency Equipment Shift Ticket, OF-297
- Other agency/area specific medical forms
- Medical supply catalogs (if available)
- Paper, pencils, pens, large marking pens
- Duct tape, flashlight, small calculator, alarm clock, calendar

*\*Forms are not available from all caches, but are included in 100 person and/or 500 person kits.*

Items to acquire en route to incident include a phone book and map of the area.

## **OBTAIN COMPLETE INFORMATION FROM DISPATCH**

- Incident name
- Incident order number
- Agency specific funding code; i.e., “P” code or fire number
- Request number; i.e., “O” number
- Reporting location and time
- Transportation arrangements
- Incident phone contacts
- Radio frequencies (if available)
- Type and size of incident
- Assigned incident commander’s name
- Weather - current and predicted

## **ARRIVAL AT ASSIGNED LOCATION**

- Locate check-in
- Check in according to agency guidelines
  - Within acceptable time limits
  - With proper resource order number (“O” number)
  - With proof of incident qualifications; e.g., red card
  - With personal gear and MEDL kit

**OBTAIN BRIEFING FROM LOGISTICS SECTION**  
**CHIEF/SUPERVISOR**

Briefing information may include:

- Work space
- Ordering process
- Work schedule
- Policies and operating procedures
- Assigned contractors (ambulance, etc.)
- Resources committed, ordered, and/or en route
- Current and anticipated situation
- Expected duration of assignment/incident
- Safety hazards
- Timekeeping procedures
- Emergency procedures
- Incident Action Plan (much important information can be obtained from the IAP.)

## **GATHER INFORMATION ABOUT THE INCIDENT**

- Incident personnel
- Incident area
- Projections
- Safety concerns, hazards, and injury/illness trends

## **GATHER INFORMATION ABOUT SERVICES AND CAPABILITIES IN THE LOCAL AREA**

- Fire departments/ground ambulance agencies
- Hospital
- Clinics
- Air ambulance
- Additional medical providers; e.g., dentists, podiatrists, optometrists

**DETERMINE PERSONNEL NEEDS CONSIDERING  
THE FOLLOWING:**

- Gender mix
- Skill level mix; e.g., EMT-basic, paramedic
- Language skills
- Scope of practice
- Basic/advanced; e.g., EMT-basic/paramedic, nurse/medical doctor
- Line qualified with proper personal protective equipment (PPE)
- Number of remote camps
- Proper coverage for each operational period (work/rest ratios)
- Track length of commitment of medical unit staff

**DETERMINE MEDICAL SUPPLY & EQUIPMENT NEEDS**  
**CONSIDERING THE FOLLOWING SOURCES:**

- 24 person kit (crew kit)
- 100 person kit (initial aid station)
- 500 person kit (includes litter, oxygen, trauma)
- Mobile medical unit
- Local purchase/mail order

Other common supplies and equipment to consider:

- Preventative medications; e.g., vitamins
- Bleach
- Oxygen (if not provided in the kits)
- Litters
- Disposable towels
- Dr. Scholls type insert pads (size men's large - can be cut)
- Defibrillator
- Intravenous supplies
- Epinephrine
- Advanced Life Support (ALS) drugs
- Environmental treatments

### **DETERMINE FACILITY NEEDS**

- Shelters - tents, yurts, cabins, available buildings, rental truck, tent fly
- Tables & chairs - for MEDL, compensation specialist, patient care area, and outside the unit for waiting area
- Cots - at least one for the medical unit and several for the rest area/quarantine room
- Portable toilet - one placed near the medical unit (but not too close)
- Hand washing station
- Generator and lights

### **DETERMINE COMMUNICATION NEEDS**

- Radios - command and logistics nets
- Phone - cellular or land line

### **DETERMINE TRANSPORTATION NEEDS**

- Vehicles for medical staff
- Vehicle(s) and driver(s) for patient transport
- Ambulance or rescue vehicle

**PLACE INITIAL ORDERS USING  
GENERAL MESSAGE, ICS-213** *(See p. A-11.)*

- Use a separate ICS-213 for each kind of request. Personnel are ordered as overhead “O”, supplies are “S” items, and equipment, such as ambulances, are “E” items.
  
- Orders documented on a General Message must be legible and contain the following information:
  - Request date/time and date/time needed
  - NFES numbers (if available)
  - Detailed description of items(s) (amount, sizes, unit of issue, brand name, generic name, etc.)
  - Special billing requirements
  - Whom to notify when item is delivered
  - Delivery points
  - Name and position of requesting party
  - Authorized approval

## INTERACT AND COORDINATE WITH APPROPRIATE INCIDENT PERSONNEL

### □ **Command staff**

- Coordinate with safety officer.
  - Medical Plan, ICS-206
  - Injury and illness trends
  - Status of patients
  - Safety hazards
  
- Coordinate with information officers.
  - Information for media (if requested)

### □ **Operations section**

- Coordinate with operations section chief.
  - Roles in medevac
  - Number of line EMTs needed per division
  
- Coordinate with division/group supervisors.
  - Safety hazards
  - Access
  - Information on crews
  - Supervision/location of EMTs on line
  
- Coordinate with air operations.
  - Procedures for medevac
  - Aircraft that will be used for medevac
  - Helispot locations (latitude/longitude)

### □ **Planning section**

- Coordinate with resources unit.
  - EMTs on crews
  - Number of personnel on incident

- Coordinate with situation unit.
  - Incident and other maps
- Coordinate with demobilization unit.
  - Demobilization of incident personnel for medical reasons
  - Demobilization of medical unit personnel/staff
- Coordinate with documentation unit.
  - Photocopy and fax service
  - Unit Log, ICS-214 submission
- Coordinate with human resource specialist.
  - Symptoms of critical incident stress gathered by medical unit personnel/staff
  - Incidents regarding civil rights issues

□ **Logistics section**

- Coordinate with facilities unit.
  - Recommend location of medical unit (consider access).
  - Recommend location for adequate hygiene.
  - Obtain map of sleeping location for crews in base and remote camps.
  - Shelter needs for the unit
- Coordinate with supply unit.
  - Ordering resources
  - Obtain miscellaneous camp supplies; e.g., trash bags
- Coordinate with communications unit.
  - Establish communication procedures.
  - Ordering batteries, radios, cell phones, land lines
- Coordinate with ground support unit.
  - Vehicles assigned to medical unit
  - Transportation of patients to medical facilities
  - Access and drop points

- Brief drivers on procedures when transporting patients to medical facility. (*See p. A-13.*)
- Ensure drivers have knowledge of incident area.
  
- Coordinate with food unit.
  - Illness trends; e.g., diarrhea
  - Storage of cold wraps
  - Special dietary considerations
  
- **Finance/administration section**
  - Coordinate with time unit.
    - Where and how often to turn in Crew Time Reports and Emergency Equipment Shift Tickets
  
  - Coordinate with compensation/claims unit.
    - Documentation
    - Patient follow-up
    - Location of personnel

## **ESTABLISH OPERATIONAL PROCEDURES**

- Emergency Medical Plan (Medevac Plan) (*See pp. A-15 thru A-26.*)  
Include in, or attach to, the Medical Plan, ICS-206.
  - Communication
  - Transportation
- Mass Casualty Incident (MCI) Plan
  - Communication
  - Triage
  - Transportation
- Non-urgent medical transport (*See p. A-27.*)
  - Documentation
  - Communication
  - Transportation
- Patient return from medical facility (*See p. A-29.*)
  - Fully operational
  - Light duty
  - Demobilization
- Biohazard disposal

## **EXCHANGE INFORMATION DURING LOGISTICS SECTION MEETING**

- Providing information
  - Prevention and maintenance information
  - Medical unit status
  - Medical unit capabilities
  - Trends
  
- Gathering information
  - Status of other logistics section units
  - Logistics section chief may share information from planning meetings/  
briefings.

## **ORGANIZING THE MEDICAL UNIT**

Consider the following when organizing the unit:

- Location
  - Near crew sleeping area
  - Close to communications unit
  - Near path to shower unit
  - Quiet and shade
  - Adequate drainage
  - Away from dusty roads
  - Well marked/signed
- Area for private examinations/consultation
  - Separated from main medical unit; e.g., screened area utilizing tent fly or black plastic, tarps, separate room in building.
- Area for patient rest/quarantine
  - Separated from main medical unit; e.g., separate tent, separate building.
- Organize treatment areas.
  - Set up supplies for foot care in one place, for ear/nose/throat examinations in another area, etc.

- Organize equipment and supplies in a user friendly manner. Keep items separated from foot traffic to avoid “shopping”.
  - Shelving made from boxes, wood or kits
  - Shelves labeled to identify location of supplies for quick access
  - Most common items near front
  - Organize like remedies and supplies from head to toe.
- Spaces for documentation, record keeping, and communications
  - Medical Unit Leader
  - Compensation for injury specialist
- Close access to handwashing and bathrooms
  - Ask for designated handwashing station.
  - Ask for designated portable toilet.
- Adequate trash containers at appropriate locations
- Arrange eating area for medical unit personnel if unable to leave unit.
- Security
  - Inventory control
  - Someone from the medical unit staff may need to sleep in unit.

## MANAGING THE MEDICAL UNIT PERSONNEL

- Brief and keep personnel informed and updated.
- Establish time frames and schedules.
  - Medical unit personnel assignments may not coincide with the incident operational periods.
  - Assignments will be staggered to meet the high demand periods.
- Making assignments
  - Bases and remote camps
  - Line
  - Transporting (personnel to accompany shuttle)
  - Helibase
  - Roving
- Monitoring assignments
  - Quality of patient care
  - Completeness of documentation
  - Following proper procedures
- Review and approve time.
  - Crew Time Reports
  - Emergency Equipment Shift Tickets

- Promote team work.
  - Encourage communication.
  - Hold staff and safety meetings.
  - Provide positive reinforcement and constructive feedback.
  
- Provide direction and discipline.
  - Ensure that all trainees have tied-in with the training specialist assigned to the incident as early as possible.
  - Deal with problem situations immediately.
  - Adjust assignments as needed.
  - Discuss problems one-on-one.
  - Involve human resource specialist for problems within medical unit as necessary; e.g., sexual harassment, communication problems.
  
- Ensure improper actions involving contract personnel are resolved or reported.

## **PREPARE AND UPDATE MEDICAL PLAN**

*(See pp. A-31 thru A-33.)*

**Block 1** - “Incident Name”

**Block 2** - “Date Prepared”

**Block 3** - “Time Prepared”

**Block 4** - “Operational Period”

- Depending on the incident situation this block may show that the plan is in effect for one operational period or multiple operational periods; e.g., 0600-1800, “continuous,” “all operational periods”.

**Block 5** - “Incident Medical Aid Stations”

- Name and location
  - Base
  - Camps
  - Also can be used to show names and locations of medical personnel on line, staged at a helibase, with an ambulance, etc.
- Skill levels
  - Indicate paramedics at appropriate aid stations.
  - Also can be used to show other skill levels of personnel at identified aid stations.

**Block 6** - “Transportation”

- A - Ambulance Services
  - Name, address, emergency contact number (don’t assume 911 is always the correct phone number - it is not available in all parts of the country.)
  - Skill levels

- B - Incident Ambulances
  - Name and location
  - Skill levels

**Block 7 - “Hospitals”**

- Name and address
- Travel time
- Phone (will need emergency room phone number here)
- Helipad
- Burn center

**Block 8 - “Medical Emergency Procedures.”**

Space allotted on form is usually insufficient; an additional page may be added behind the ICS-206 for more detailed procedures. This will include:

- Notifying MEDL.
  - Nature of injury/illness
  - Number of injured/ill
  - Location of patient(s)
  - Treatment being administered
  - Medical personnel at scene/needed
  - Medical supplies and equipment at scene/needed
- Emergency communications.
  - Declare medical emergency.
  - Clear frequency (command net).
  - Re-establish normal communications when appropriate.
- Evacuation.
  - Appropriate transportation (air or ground) will be coordinated with operations section and air operations branch.
- Considerations.
  - Remember to establish and communicate procedures for handling medical emergencies on the entire incident; e.g., in camp, en route to line.

**Block 9** - “Prepared By (Medical Unit Leader)”

**Block 10** - “Reviewed By (Safety Officer)”

- After the form is completed, the safety officer will review and sign.

*Provide completed form to the planning section for inclusion in the Incident Action Plan.*

*Pay attention to established time frames for submission of the completed form.*

## **EVALUATE STAFF'S PERFORMANCE OF PATIENT ASSESSMENT**

- What to evaluate
  - Were proper assessments performed; does staff know what is going on with patients?
    - Were correct questions asked?
    - Were sufficient questions asked?
    - Was mechanism of injury evaluated?
    - Was emergency/non-emergency status determined?
    - Was method of evacuation determined appropriately?
  
- How to evaluate
  - Review documentation.
  - Direct observation
  - Communication with staff

## **EVALUATE STAFF'S PERFORMANCE OF PATIENT CARE**

- What to evaluate
  - Were treatments provided within established protocols?
  - Were treatments appropriate to patient complaint?
  - Was care provided in a supportive, helpful manner?
  
- How to evaluate
  - Review documentation.
  - Direct observation
  - Communicating with staff
  - Patient feedback

## DOCUMENTATION

- General Message Form, ICS-213
  - Records official correspondence.
  - Used for ordering resources.
  - Used to request non-emergency transportation.
  - Copies are disbursed as follows:
    - Yellow and pink submitted to recipient.
    - White retained by sender.
    - Pink returned to sender when reply is issued.
  
- Unit Log, ICS-214
  - Lists unit staff for operational period.
  - Identifies major events for operational period.
  - Submit to documentation unit after each operational period.
  - Can be photocopied and retained in the medical unit for reference.
  
- Patient Evaluation (*See pp. A-35 thru A-38.*)
  - Used for serious medical complaints.
  - Records patient assessment findings.
  - Documents patient's trends (vital signs).
  - Documents treatment and disposition (transported ground/air, established return time to medical unit).

- Requires signature of medical unit person who performed assessment and treatment - very important but often omitted.
  - Distribution of form:
    - Accompanies patient to medical facility.
    - Retained by medical unit.
- Medical Unit Record of Issues (*See pp. A-39 thru A-41.*)
- Used for less serious medical complaints.
  - Documents items issued by medical unit.
  - Documents medical complaints.
  - Requires initials of medical unit person who performed assessment and treatment - often initialed by wrong person.
  - Used to track incident medical trends.
  - Submitted at end of incident to documentation unit.
- Daily Summary (*See p. A-43.*)
- Records number of medical complaints by category.
  - Documents number of patients transported.
  - Used to track incident medical trends.
  - Submitted at end of incident to documentation unit.

- Incident Summary
  - Documents number of medical complaints by category.
  - Documents number of patients transported.
  - Documents critical medical emergencies.
  - Documents problems among staff in medical unit operations.
  - Documents total patient visits for entire incident.
  - Submitted at end of incident to the safety officer and documentation unit.
  
- Agency specific forms

## **DEMOBILIZATION**

- Identify excess unit resources
  - Determine who or what is excess.
  - Determine when resources will be excess.
  - Reevaluate and verify excess resources throughout the duration of the incident.
  
- Evaluate performance of staff
  - Discuss performance with individual(s).
  - Complete Incident Personnel Performance Rating, ICS-225, if required. This form is typically required for all trainees. (*See p. A-45.*)
  - Verify and document completed items in position task book as needed.
  - Maintain accuracy and fairness.
  
- Receive demobilization instructions from the logistics section chief/supervisor.
  
- Brief staff on demobilization procedures and responsibilities.
  - Post copy of Demobilization Plan.
  - Emphasize and adhere to rest and release requirements listed in the Demobilization Plan.

- Considerations for supply/equipment demobilization:
  - Sharps (needles or scalpels) and biohazardous materials should be disposed of by medical unit personnel at nearest medical facility, not returned with kit.
  - Oxygen bottles must be empty for transport on aircraft.
  - Gather supplies/equipment from helibase and other locations.
- Submit required information to the documentation unit leader.
  - Individual Personnel Performance Ratings, ICS-225
  - Daily and incident documents
- Document lost/damaged equipment on agency specific forms.
  - Provide copies of forms to the documentation unit and to the issuing agency.
- Brief replacement personnel.
  - Supplies/equipment inventory
  - Medical personnel
  - Incident information from IAP and briefings
  - Medical unit information
  - Contractors
- Ensure that incident and agency demobilization procedures are followed.
  - If required, complete Demobilization Check-Out Form, ICS-221 and turn in to the designated unit. (*See p. A-47.*)

# APPENDIX A

## FORMS



## FIELD FIRST AID STATION DAILY SUMMARY

Fire Name \_\_\_\_\_ Date \_\_\_\_\_

Geographic Area and Unit (Park, Forest, District, etc.) \_\_\_\_\_

Medical Unit Leader \_\_\_\_\_

Other staff \_\_\_\_\_

Total # of aid station visits this day \_\_\_\_\_

Total # of patient evaluations completed this day \_\_\_\_\_

Total # of patients transported to a medical facility this day \_\_\_\_\_

### BLISTERS (not from burns)

Toe	Heel	Top of Foot	Sole of Foot	Side of Foot	Finger	Palm	Ankle
-----	------	-------------	--------------	--------------	--------	------	-------

### LACERATIONS (cuts)

Hand	Finger	Arm	Abdomen	Chest	Back	Leg	Foot	Head	Face
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### ABRASIONS (scrapes)

Hand	Finger	Arm	Abdomen	Chest	Back	Leg	Foot	Head	Face
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### CONTUSIONS (bruises)

Hand	Finger	Arm	Abdomen	Chest	Back	Leg	Foot	Head	Face
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### RESPIRATORY SYSTEM

Congested Nose	Runny Nose	Congested Lungs	Sinus	Sore Throat	Cough	Cold	Smoke Inhalation	(      )
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BURNS (blistering MAY result)

Thermal	Chemical	Electrical	Airway	( )
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TEETH

Chipped Tooth	Broken Fillings	Abcess Tooth	Tooth Ache	( )	( )	( )
---------------	-----------------	--------------	------------	-----	-----	-----

SPRAINS

Ankle	Finger	Wrist	Elbow	Knee	Toe	Shoulder	( )	( )
-------	--------	-------	-------	------	-----	----------	-----	-----

EYE

Dryness	Smoke Irritation	Foreign Objects	Blunt Trauma	Scratch	Burn	Contact Lens Problem	( )
---------	------------------	-----------------	--------------	---------	------	----------------------	-----

STOMACH

Stomach Cramps	Indigestion	Nausea	Blunt Trauma	( )	( )
----------------	-------------	--------	--------------	-----	-----

POISONS

Ingested	Inhaled	Injected	Absorbed	Animal	Plant	( )
----------	---------	----------	----------	--------	-------	-----

FRACTURES

Arm	Shoulder	Ankle	Hip	Leg	Hand	Finger	Wrist	Skull	Spine
-----	----------	-------	-----	-----	------	--------	-------	-------	-------

BITES & STINGS

Mosquito	Spider	Bee	Fly	Snake	Animal	( )
----------	--------	-----	-----	-------	--------	-----

MISCELLANEOUS

Dry Lips	Dry Skin	Athletes Foot	Sore Feet	Back Strain	Sore Arms	Splinter/Where? ( )
----------	----------	---------------	-----------	-------------	-----------	------------------------

MISCELLANEOUS

Ear Ache	Head Ache	Dislocated Shoulder	Fever	Ingrown Toenail	Hangnail	Sore Callous
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MISCELLANEOUS

Rash	Muscle Ache	Allergic Reaction	Constipation	Diarrhea	Pneumonia	Yeast Inf.
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OTHER

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SUMMARY OF ISSUES

Certain products can have a "like-product" substituted. A "like-product" has a different common or brand name, but has the same ingredients or use.

Number of doses, individual items issued, or treatments, as is applicable. (Return visits for the same treatment are recorded EACH time).

_____ Acetaminophen (Tylenol)	_____ Alka-Seltzer
_____ Anbesol (tooth)	_____ Antacid (any brand)
_____ Antiseptic Soap	_____ Aspercream
_____ Aspirin	_____ Bacitracin
_____ Bag Balm	_____ Band Aid (knuckle)
_____ Band Aid (rectangular)	_____ Benadryl (diphenhydramine)
_____ Ben Gay (ointment or ICY/HOT etc.)	_____ Betadine (liquid)
_____ Betadine (ointment)	_____ Betadine (pads)
_____ Blanket (space)	_____ Bonine (meclizine)
_____ Calamine Lotion	_____ Chap Stick (or any lipbalm)
_____ Chlo-Amine Tablets	_____ Cold Pack (chemical)
_____ Coriciden "D"	_____ Cotton Tipped Swab
_____ Debrox Drops (ear)	_____ Elastic Bandage (like ACE)
_____ Epinephrine (injectable)	_____ Eye Dressing (gauze)
_____ Eye Wash (non-medicated solution)	_____ Flourescein Strip
_____ Foot Powder (medicated)	_____ Foot Powder (non-medicated)
_____ Gauze (4x4, 4x3, 2X2, etc.) (non-adherent)	_____ Gauze (large "field-dressing")
_____ Gauze (roll, any size)	_____ Hot Pack (chemical)
_____ Hydrocortisone Cream	_____ Hydrogen Peroxide
_____ Ibuprofen, 200 mg. pills (like Advil)	_____ Kaopectate (kaolin/pectin)
_____ Lotion, Hand (without sunscreen)	_____ Midol
_____ Medi-Haler, Epinephrine	_____ Metamucil
_____ Moleskin	_____ Mylanta
_____ Nasal Canula	_____ Nasal Spray (non-medicated)
_____ Nasal Spray (medicated, like neo-synephrine)	_____ Oxygen
_____ Neosporin (ointment)	_____ Polysporin (ointment)
_____ Pepto Bismol	_____ Povodine Iodine (ointment)
_____ Povodine Iodine (liquid)	_____ Robitussin DM
_____ Povodine Iodine (pads)	_____ Sanitary Pad
_____ Safety Pins	_____ Skin Closure Strips
_____ Second Skin	_____ Splint (rigid, 24" long)
_____ Splint (finger)	_____ Sunscreen
_____ Sudafed or Pseudoephedrine	_____ Tampons
_____ Suppositories (hemorrhoidal)	_____ Tape (athletic)
_____ Tape (medical, all kinds)	_____ Throat Lozenges (non-medicated)
_____ Tetracaine	_____ Tolnaftate (ointment)
_____ Throat Lozenges (medicated, cepastat, cepacol, etc.)	_____ Towlettes
_____ Tolnaftate (liquid)	_____ Under Wrap
_____ Tolnaftate (powder - may be spray)	_____ Vitamin C (pills)
_____ Triangular Bandage	_____ Zinc Oxide
_____ Visine	
_____ Vitamins (multiple)	
_____	
_____	







**MEDICAL UNIT PATIENT EVALUATION LOG**

Patient Name: \_\_\_\_\_ Patient Home Unit: \_\_\_\_\_ Case No. \_\_\_\_\_

Fire Name: \_\_\_\_\_ Incident # \_\_\_\_\_

Name of Camp: \_\_\_\_\_ Crew Name: \_\_\_\_\_ Crew Boss: \_\_\_\_\_

Assigned Camp Location: \_\_\_\_\_ CA-1 Completed: Yes  No

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Division Assignment or Work Area: \_\_\_\_\_

Age: \_\_\_\_\_ Sex:  M  F Symptom or Complaint: \_\_\_\_\_

Remarks: \_\_\_\_\_

PATIENT'S CONDITION LOCATION:  Aid Station  Line  Other \_\_\_\_\_

Level of Consciousness CHECK IF PRESENT:  
 Alert/Oriented  Breathing Difficulties  Cyanosis  Convulsions  
 Confused/Disoriented  Total Obstructed Airway  Allergies  Shock  
 Unresponsive  Respiratory Arrest  Nausea/Vomiting  Other: \_\_\_\_\_  
 D.O.A. at Scene Remarks: \_\_\_\_\_

MEDICAL HISTORY: \_\_\_\_\_

Vital Signs: \_\_\_\_\_ Time \_\_\_\_\_ : \_\_\_\_\_  
 \_\_\_\_\_ B.P. \_\_\_\_\_ : \_\_\_\_\_  
 \_\_\_\_\_ P. \_\_\_\_\_ : \_\_\_\_\_  
 \_\_\_\_\_ R. \_\_\_\_\_ : \_\_\_\_\_  
 \_\_\_\_\_ T. \_\_\_\_\_ : \_\_\_\_\_

Ⓡ Pupils Ⓛ  
 Equal  Equal   
 Unequal  Unequal

SIGNS AND SYMPTOMS SUGGEST:  
 Major Trauma  Swelling  
 Spinal Injury  Deformity  
 Head Injury  Poisoning  
 Minor Trauma  Burn: \_\_\_\_\_ : \_\_\_\_\_ % of Body  
 Cardiac Condition  Other --- Details Below

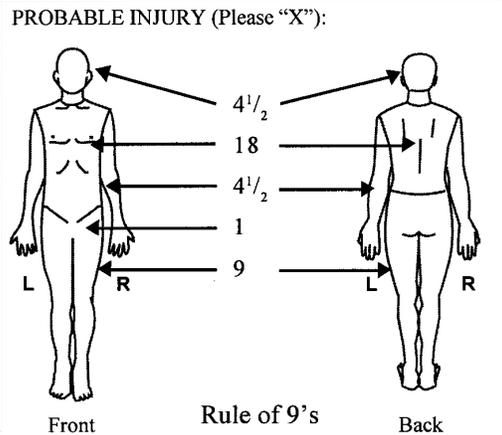
SUSPECTED INJURY/ILLNESS: \_\_\_\_\_

CARE RENDERED:  
 At Scene En Route  
  Airway Cleared/Maintained  
  Airway Used  
  Oxygen - Rate \_\_\_\_\_  
  Artificial Respiration  
  CPR Initiated - Time: \_\_\_\_\_  
  Burn Treated  Wet  Dry  
  Bleeding Controlled  
  Neck/Spine Immobilization  
  Extremity Splints/Traction  
  Other: \_\_\_\_\_

TREATMENT: \_\_\_\_\_

MEDICATION: \_\_\_\_\_

REMARKS: \_\_\_\_\_



CHANGES IN CONDITION NATURE OF SERVICE

At Scene En Route  
 Improved   
 Unchanged   
 Worsened   
 Cardiac Arrest

Treated and Transported  CA<sup>1</sup> Recommended  
 Treated, not Transported  Treatment Refused  
 Other: \_\_\_\_\_

REMARKS: \_\_\_\_\_

TYPE OF TRANSPORTATION:  
 Air  Ground  EMT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



# EQUIPMENT ORDER

★U.S.GPO:1992-0-790-801

## GENERAL MESSAGE

<b>TO:</b> Supply		POSITION	
<b>FROM</b>	T. Scovil	<b>POSITION</b>	Logistics Section Chief
<b>SUBJECT</b>	Medical Unit Equipment Order	<b>DATE</b>	8/28/xx 1930

MESSAGE:

Please order the following for the medical unit:

1 ea. Ambulance (with two paramedics)

Delivered to the medical unit at ICP by 8/28/xx at 2200

SIGNATURE/POSITION

T. Scovil

REPLY

Ambulance will be arriving at ICP at 2200 8/28/xx with two paramedics.

<b>DATE</b>	<b>TIME</b>	<b>SIGNATURE/POSITION</b>
8/28/xx	2000	M. Seals

213 ICS 1/79  
NFES 1336

PERSON RECEIVING GENERAL MESSAGE KEEP THIS COPY

**(SENDER:)** REMOVE THIS COPY, FOR YOUR FILES



# MEDICAL FACILITY TRANSPORT

## FOR DRIVERS TRANSPORTING PATIENTS TO A MEDICAL FACILITY

### **BEFORE LEAVING CAMP**

INCIDENT NAME:		PHONE/FREQ:	
MEDICAL UNIT:		PHONE/FREQ:	
LOCAL DISPATCH:		PHONE/FREQ:	

- ❖ To contact fire – call the incident directly by phone or radio; or, call the local dispatch office, which will contact the incident.

MEDICAL FACILITY:		PHONE:	
LOCATION:			

PHARMACY:		PHONE:	
LOCATION:			

### **TRANSPORT**

- ❖ Be available to transport patient until admitted into a medical facility or returned to medical unit. If any questions arise, call the incident or incident medical unit for instructions.
- ❖ Transport patient to pharmacy to obtain medications if necessary.

### **RETURN**

- ❖ **Always check in at the medical unit first upon returning to incident.**
- ❖ If patient is admitted to a medical facility, driver should return documentation from the medical facility to the incident medical unit.
- ❖ If patient is released from the medical facility to return to work or to be demobilized, bring patient to the incident medical unit.

SPECIAL INSTRUCTIONS:	



# **MEDICAL EVACUATION PLAN**

This is an example only.

GROUND EVACUATION PLAN

VEHICLE TO BE USED AS AMBULANCE \_\_\_\_\_

DRIVER OF VEHICLE OR PERSON RESPONSIBLE \_\_\_\_\_

PERSON PLANNED TO ACCOMPANY INJURED \_\_\_\_\_

OTHER QUALIFIED PEOPLE \_\_\_\_\_

AREA HOSPITAL LOCATION, INCLUDING ROUTE AND ROAD CONDITIONS.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Consider using "Medical Facility Transport" form)

AIR EVACUATION PLAN FOR INDIVIDUAL AIRCRAFT

TYPE OF AIRCRAFT AVAILABLE \_\_\_\_\_ AIRCRAFT NUMBER \_\_\_\_\_

MAXIMUM EXPECTED DENSITY ALTITUDE \_\_\_\_\_

MINIMUM PROBABLE PAYLOAD \_\_\_\_\_

PLANNED EVACUATION PAYLOAD \_\_\_\_\_

AMBULANCE CONFIGURATION \_\_\_\_\_

PLANNED PERSONNEL TO ACCOMPANY INJURED \_\_\_\_\_

OTHER QUALIFIED PERSONNEL \_\_\_\_\_

NOTIFICATION LIST

The Incident Medical Specialist Manager will notify the following people in order:

1. (SERVICE BRANCH DIRECTOR). Service Branch Director will be responsible  
LOGISTICS SECTION CHIEF For notifying the medical facility, agency  
dispatcher, transportation, or Air Operations  
Director, as necessary.

NAME: \_\_\_\_\_

Date and time of notification \_\_\_\_\_

2. PLANNING SECTION CHIEF. Will be responsible for PIO or FIO, Incident  
Commander and Forest Supervisor  
notifications, if necessary.

NAME: \_\_\_\_\_

Date and time of notification \_\_\_\_\_

3. FINANCE SECTION CHIEF. Will notify Compensation Claims Unit for  
injury officer to follow-up with necessary  
paper work.

NAME: \_\_\_\_\_

Date and time of notification \_\_\_\_\_

4. OPERATIONS SECTION CHIEF. for information.

NAME: \_\_\_\_\_

Date and time of notification \_\_\_\_\_

DISPATCH LIST FOR THE LINE OR EVACUATION

1. NAME OF PERSON ORDERING \_\_\_\_\_

JOB TITLE \_\_\_\_\_

PERSON'S AREA/POSITION \_\_\_\_\_

2. NUMBER OF PEOPLE INJURED \_\_\_\_\_

3. EXTENT OF INJURIES, IF KNOWN \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. LOCATION OF INJURED OR ACCIDENT SITE \_\_\_\_\_

5. NAME OF CREW INVOLVED OR IN THE AREA \_\_\_\_\_

## INJURY/FATALITY PROCEDURES

### SERIOUS INJURY

1. Give first aid - call for medical aid and transportation if needed.
2. Do not release victim's name except to authorities, nor use on radio until next of kin is notified.
3. Do not allow unauthorized picture taking or release of pictures.
4. Notify Incident Commander who will:
  - a. Assign a person to head evacuation, if necessary, and stay with the victim until under medical care. In rough terrain, at least 15 workers will be required to carry a stretcher.
  - b. Assign person to get facts and witness statements and preserve evidence until investigation can be taken over by the Safety Officer or appointed investigating team.
  - c. Notify the Agency Administrator.

### FATALITY

1. Do not move body. Try to establish positive identification.
2. Do not release victim's name except to authorities, nor use on radio until next of kin is notified.
3. Do not allow unauthorized picture taking or release of pictures.
4. Notify Incident Commander who will:
  - a. Assign person to carry on investigation until relieved by agency investigating team.
  - b. Notify Agency Administrator and report essential facts. The Agency Administrator will notify proper authorities and next of kin as prescribed by agency regulations.
  - c. If requested, assist authorities in transporting remains. Mark location of body on ground. Note location of tools, equipment or personal gear.

The next four pages have sample forms that should be filled out for each incident. If more forms are needed you can get them duplicated.

One copy will remain with the fire records and you will need to make one copy and return to the IMS Program at the AFD in Missoula.

SUGGESTED DISPATCH PLAN FOR THE LINE OR EVACUATION

(this information supplemented by the "IMS Medivac from the Line Operational Flow Chart")

All line overhead, task force/strike team leaders and above, have the authority to activate the medical evacuation plan or request medical aid on the line. They should have first-hand information on the injury or accident or state that they do not when ordering assistance.

Incident Medical Specialist personnel will be dispatched if an EMT is not on the scene at time of notification.

The Incident Medical Specialist Manager or Assistant is responsible for the evacuation. The Service Branch Director will be responsible for ordering necessary transportation, assistance and medical facility notification.

The overhead ordering evacuation or medical aid on the line must provide the following information:

1. Name, job title and position of the person ordering.  
(Example: Pete Smith, Strike Team Leader, Division C)
2. Number of people injured.
3. Extent of injuries, if known.
4. Location of injured or accident site.
5. Name of crew involved or in the area.

Incident Medical Specialist CHAIN OF COMMAND

NAME: \_\_\_\_\_

SERVICE BRANCH DIRECTOR OR LOGISTICS SECTION CHIEF

NAME: \_\_\_\_\_

Incident Medical Specialist Manager

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_

ASSISTANT

ATTENDANT

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_

TECHNICIAN

TECHNICIAN

NAMES OF EMT'S AVAILABLE:

CREW NAME

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

MEDICAL EVACUATION AND Incident Medical Specialist OPERATION PLAN  
(NFES 1880)

General instructions:

1. Any injuries that occur in camp or on the line will be reported to the Incident Medical Specialist Manager immediately after first aid is rendered.
2. Any injuries that require evacuation from the fire will be given priority. A qualified medical person will accompany the victim to the medical facility if necessary.
3. Ground transportation will be provided by the Logistics Section. Incident air will be provided by Operations
4. The Incident Medical Specialist Manager will be responsible for notification of all Incident Team members.
5. Incident Medical Specialist Manager or Incident Medical Specialist Assistants will be available on a 24-hour basis to respond to accidents and/or injuries and to provide security for the Medical Unit from time of dispatch until demob of the Unit and the kit's return to the Northern Rockies Fire Cache.
6. The chain of command for implementation of medical assistance or medical evacuation on the line will be Firefighter to Crew boss to Task Force/Strike Team Leader (possibly to Division/Group Supervisor), who will communicate by the most direct method possible to the Incident Medical Specialist Manager. The Incident Medical Specialist Manager will begin appropriate notification according to the approved plan.
7. Chain of command for the Incident Medical Specialist Manager.

INCIDENT COMMANDER

LOGISTICS SECTION CHIEF

(SERVICE BRANCH DIRECTOR) Rarely filled

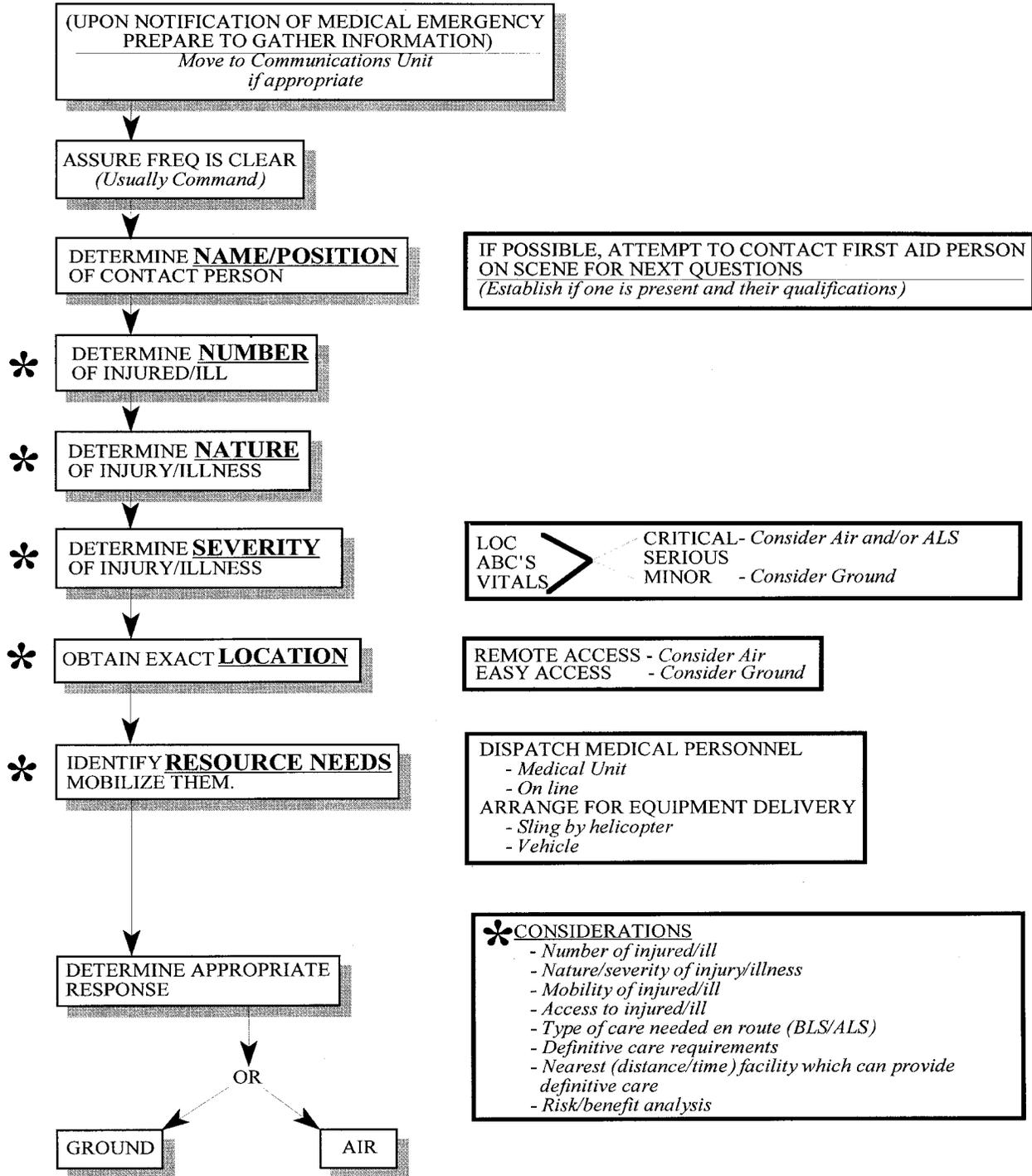
MEDICAL UNIT LEADER

Incident Medical Specialist Manager



# OPERATIONAL *FLOW CHART*

## MEDEVAC FROM THE LINE



# DECISIONAL CONSIDERATIONS

## MEDEVAC FROM THE LINE

### AIR RESOURCE SELECTION

The following are some considerations when deciding from what SOURCE to request air support for an ill or injured patient, AFTER THE DECISION TO TRANSPORT BY AIR HAS BEEN MADE.

#### AIR TRANSPORT SOURCES

INCIDENT	<i>Incident Aircraft</i> .....	<i>IAC</i>
	<i>Other Agency Aircraft</i> .....	<i>OAA</i>
NON-INCIDENT	<i>EMS</i> .....	<i>EMS</i>
	<i>Military</i> .....	<i>MIL</i>

#### \* MOBILITY OF PATIENT

Patient can move/be moved to helispot - *Consider IAC, EMS, OAA*  
 Patient cannot move/be moved helispot - *Consider MIL, some EMS*

#### \* ACCESS TO PATIENT

Good access - *Consider IAC, EMS, OAA*  
 Poor access - *Consider MIL, some EMS, some OAA and/or IAC*

#### \* NEED FOR ALS IN FLIGHT

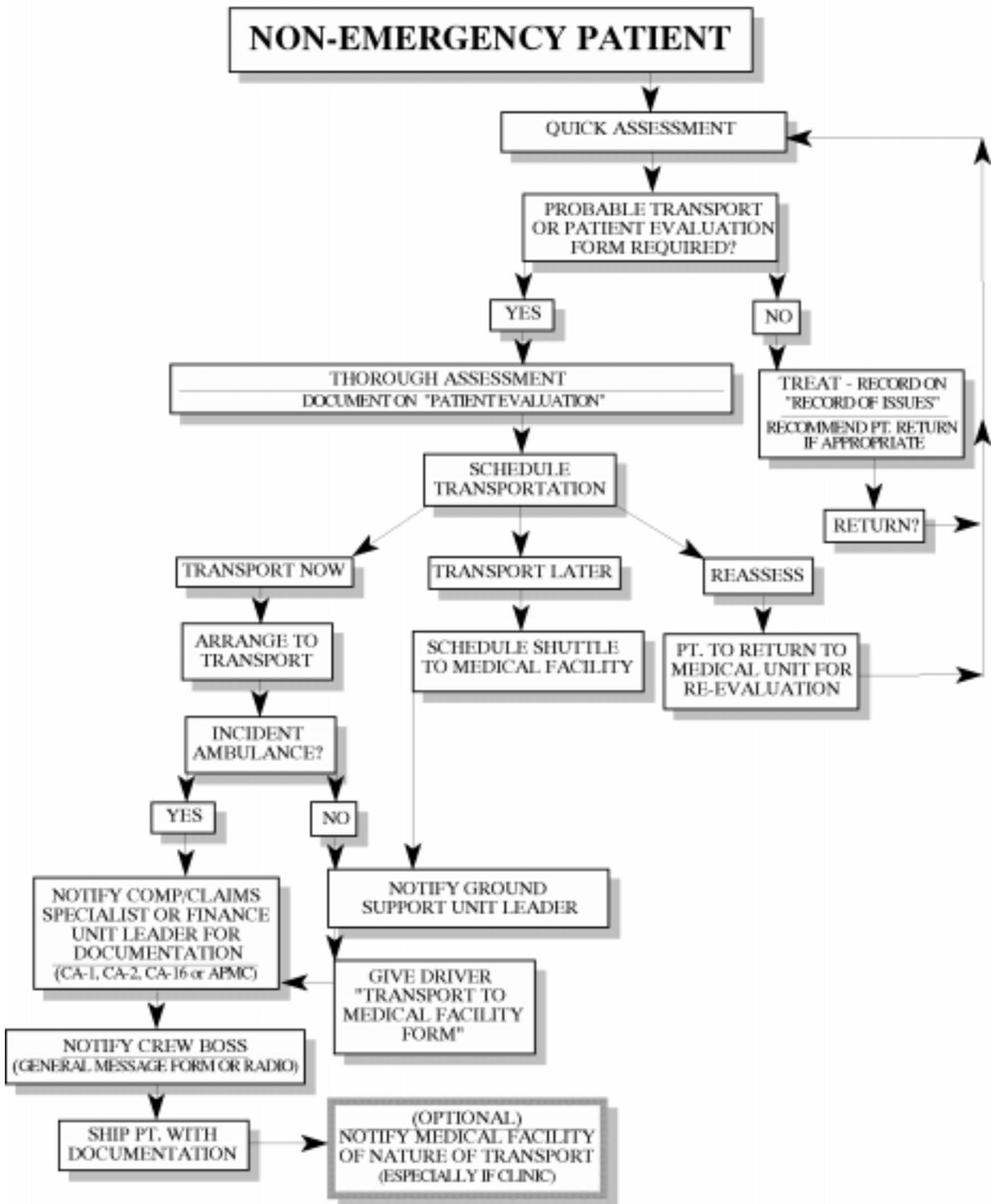
Need ALS - *Consider EMS, MIL*  
 Do not need ALS - *Consider IAC, OAA*

#### \* TRANSPORT TIME

Response time  
 Flight time to scene  
 Time to definitive care

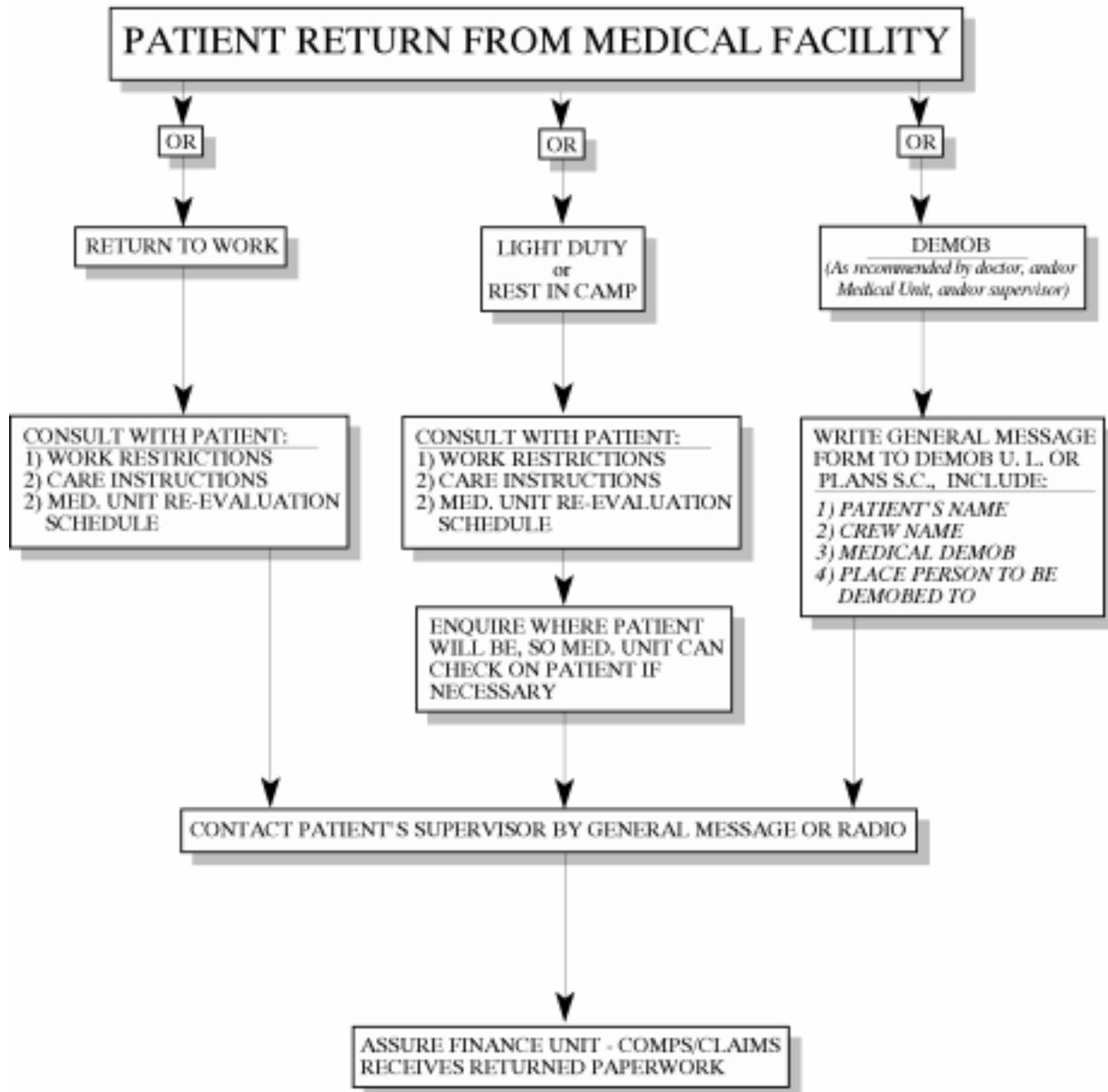
Require shorter transport time - *Consider IAC*  
 Longer transport time necessary because of one of the considerations - *Consider as indicated above*

# OPERATIONAL *FLOW CHART*





# OPERATIONAL *FLOW CHART*









<b>MEDICAL PLAN</b>	<b>1. INCIDENT NAME</b> Timpanogos Incident	<b>2. DATE PREPARED</b> 8/28/xx	<b>3. TIME PREPARED</b> 2330	<b>4. OPERATIONAL PERIOD</b> 8/29/xx 0600-1800				
<b>5. INCIDENT MEDICAL AID STATIONS</b>								
<b>MEDICAL AID STATIONS</b>	<b>LOCATION</b>			<b>PARAMEDICS</b>				
				YES	NO			
Timpanogos	ICP			X				
	Note: Skill Level							
	2 EMTB							
	1 Nurse Pract.							
<b>6. TRANSPORTATION</b>								
<b>A. AMBULANCE SERVICES</b>								
<b>NAME</b>	<b>ADDRESS</b>	<b>PHONE</b>	<b>PARAMEDICS</b>					
			YES	NO				
Devens EMS	1833 Woodgrove	911	X					
Heartflight	76558 Circle Dr., Salt Lake City	911	X					
Athens EMS	383 Main	911	X					
Airlife	16225 Lily, Devens	911	X					
<b>B. INCIDENT AMBULANCES</b>								
<b>NAME</b>	<b>LOCATION</b>			<b>PARAMEDICS</b>				
				YES	NO			
Devens EMS	Timpanogos ICP			X				
<b>7. HOSPITALS</b>								
<b>NAME</b>	<b>ADDRESS</b>	<b>TRAVEL TIME</b>		<b>PHONE</b>	<b>HELIPAD</b>		<b>BURN CENTER</b>	
		AIR	GRND		YES	NO	YES	NO
Devens General	16225 Lily, Devens	12min	40min	(801)236-5240	X			X
Salt Lake Memorial	76558 Circle Dr. SLC	22min	75min	(801)770-2845	X		X	
<b>8. MEDICAL EMERGENCY PROCEDURES</b>								
1. Notification - fireline personnel to DIVS - DIVS to medical unit.								
2. Onsite personnel provide emergency first aid until paramedics arrive.								
3. Critical care patients - plan on air evacuation; others use ground transport unless roadways are blocked.								
4. Ground transport to helispots or hospital; use Devens EMS ambulances.								
5. All burn victims will be transported by air to Salt Lake City.								
206 ICS 8/78	9. PREPARED BY (MEDICAL UNIT LEADER) /s/ You R. It			10. REVIEWED BY (SAFETY OFFICER) /s/ J. Cramer				

NFES 1331



## PATIENT EVALUATION LOG

### OVERVIEW

There are usually four basic reasons a patient evaluation is filled out:

- 1) Patient is transferred for further medical care; e.g., clinic, hospital, dentist; the form acts as documentation and as a “trip report”.
  - 2) Patient is given medications usually prescribed by a physician; e.g., Epinephrine from Ana-kit.
  - 3) Any injury, illness, or medical condition that requires a CA-1, CA-2, or Agency Provided Medical Care (APMC) form to be filled out.
  - 4) Any injury, illness, or medical condition that results in restricted duty or lost time.
- \* The form is similar to most trip reports.
  - \* Try to remember to put patient’s SSN and DOB on the top of the Patient Evaluation (not asked for on the form, but helpful to note on top of the form). It often is needed and cuts down on hunting around for that information later.
  - \* If a patient comes in feeling bad, but not bad enough to be pulled off the line, you may want to start a Patient Evaluation just to document the patient’s progress; getting better or getting worse.
  - \* If you have started one form and need more space, use another. Use the same case number.
  - \* A copy of the form is sent with a transport patient to the receiving medical facility.

**IF IT ISN’T WRITTEN DOWN, IT DIDN’T HAPPEN!!!!**

**MEDICAL UNIT PATIENT EVALUATION LOG**

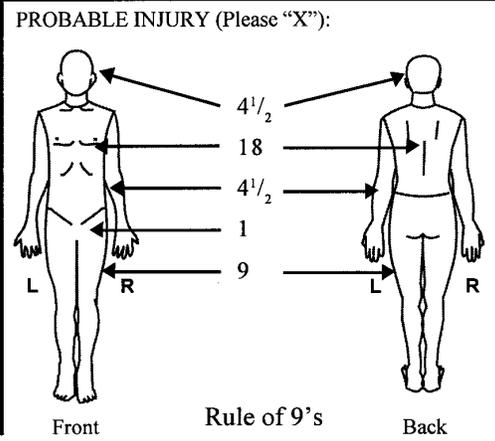
Patient Name: \_\_\_\_\_ Patient Home Unit: \_\_\_\_\_ Case No. 1  
 Fire Name: \_\_\_\_\_ Incident # 2  
 Name of Camp: 3 Crew Name: \_\_\_\_\_ Crew Boss: \_\_\_\_\_  
 Assigned Camp Location: 4 CA-1 Completed: Yes  No   
 Date: \_\_\_\_\_ Time: 5 Division Assignment or Work Area: 6  
 Age: \_\_\_\_\_ Sex:  M  F Symptom or Complaint: \_\_\_\_\_  
 Remarks: \_\_\_\_\_

**PATIENT'S CONDITION** 7 LOCATION:  Aid Station  Line  Other \_\_\_\_\_  
 Level of Consciousness \_\_\_\_\_ CHECK IF PRESENT:  
 Alert/Oriented  Breathing Difficulties  Cyanosis  Convulsions  
 Confused/Disoriented  Total Obstructed Airway  Allergies  Shock  
 Unresponsive  Respiratory Arrest  Nausea/Vomiting  Other: \_\_\_\_\_  
 D.O.A. at Scene Remarks: \_\_\_\_\_

**MEDICAL HISTORY:** 8  
 \_\_\_\_\_  
 \_\_\_\_\_  
**Vital Signs:** \_\_\_\_\_ Time \_\_\_\_\_ : \_\_\_\_\_  
 \_\_\_\_\_ : \_\_\_\_\_ B.P. \_\_\_\_\_ : \_\_\_\_\_  
9 P. \_\_\_\_\_ : \_\_\_\_\_  
 \_\_\_\_\_ : \_\_\_\_\_ R. \_\_\_\_\_ : \_\_\_\_\_  
 \_\_\_\_\_ : \_\_\_\_\_ T. \_\_\_\_\_ : \_\_\_\_\_  
 (R) Pupils (L)  
 Equal  Equal   
 Unequal  Unequal   
 Remarks: \_\_\_\_\_

**SIGNS AND SYMPTOMS SUGGEST:**  
 Major Trauma  Swelling  
 Spinal Injury  Deformity  
 Head Injury  Poisoning  
 Minor Trauma  Burn: \_\_\_\_\_ : \_\_\_\_\_ % of Body  
 Cardiac Condition  Other --- Details Below  
**SUSPECTED INJURY/ILLNESS:** 10  
 \_\_\_\_\_  
 \_\_\_\_\_

**CARE RENDERED:**  
 At Scene En Route  
  Airway Cleared/Maintained  
  Airway Used  
  Oxygen - Rate \_\_\_\_\_  
  Artificial Respiration  
  CPR Initiated - Time: 12  
  Burn Treated  Wet  Dry  
  Bleeding Controlled  
  Neck/Spine Immobilization  
  Extremity Splints/Traction  
  Other: \_\_\_\_\_  
**TREATMENT:** 13  
 \_\_\_\_\_  
**MEDICATION:** 14  
 \_\_\_\_\_  
**REMARKS:** 15  
 \_\_\_\_\_



**CHANGES IN CONDITION** **NATURE OF SERVICE**  
 At Scene En Route  
 Improved   
 Unchanged   
 Worsened   
 Cardiac Arrest   
 Remarks: \_\_\_\_\_  
 Treated and Transported  CA<sup>1</sup> Recommended  
 Treated, not Transported  Treatment Refused  
 Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**TYPE OF TRANSPORTATION:** 16  
 Air  Ground  EMT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## SPECIFIC NOTES ON FORM

#1 “Case No.” -- Medical unit assigns case numbers sequentially; e.g., “C-3”; Finance assigns “M” numbers sequentially; e.g., “M-2.” Both numbers should be indicated here. Medical unit may fill out a precautionary Patient Evaluation and not transport a person. Finance only assigns M numbers to persons who require further care or medications/supplies to be purchased; i.e., where charges will be accrued.

#2 “Incident #” -- Number assigned to this particular incident; e.g., NM-SNF-123.

#3 “Name of Camp” -- Location of this form’s information; e.g., name of incident base, camps, if patient is encountered in a camp situation.

#4 “Assigned Camp Location” - location of camp where patient sleeps.

#5 “Time” -- Time the form is being initiated. If time accident happened or illness is perceived is substantially different than when form is initiated, the former information should go under “Remarks” in this section.

#6 “Division Assignment...” -- Indicate division, sector or unit patient works . If location of accident or illness is different than where patient works, the former information should go under “Remarks” in this section.

#7 “Location” -- Location where form is initiated.

#8 “Medical History” -- Allergies, chronic or current illness or injury, and medications (Rx or OTC) currently taking should be indicated in this section.

#9 “Vital Signs” -- Four columns given for vital signs. Top column indicates time each set of vital signs was taken. If more columns are needed indicate in “Remarks” or on additional Patient Evaluation.

#10 “Suspected Injury/Illness” -- Your best guess at diagnosis (this is NOT an EMT skill!). If unsure, indicate that.

#11 Columns given for indicating BLS care given “At Scene” and “En Route.”

#12 Time care is rendered would be helpful and could be indicated to the right of the explanatory text.

#13 “Treatment” -- Care given not listed in the columns can be indicated here.

#14 “Medication” -- Were any medications given? Indicate time.

#15 “Remarks” -- Under remarks in the last section is where the final outcome of the patient can be indicated; e.g., demob, restricted or light duty, return to duty. If other documentation gets lost this helps to document why folks get sent home or reasons for changing their job assignments.

#16 EMT signature (care provider) and date are too often left blank, please fill them in every time.

## MEDICAL UNIT RECORD OF ISSUES

### OVERVIEW

You are required, as a minimum, to document the use of medications (give the quantity used) on the “Medical Unit Record of Issues.” Any medication, including aspirin, that is given in response to a complaint, must be documented for your own protection. A true “issue”, when someone requests a medication without specifying a complaint, such as to resupply a first aid kit, is less critical, since your action cannot be construed as prescribing a treatment.

- \* Record of Issues documents all visits to the medical unit, chief complaint, and treatment provided (items issued).
- \* Some groups do a dot tally for some less critical items such as foot powder and lip balm. Others record everything that goes through the medical unit.
- \* Be somewhat specific when filling out the complaint, coincide with daily summary categories if possible; this gives more accurate records at the end of the incident and fire season.
- \* This form is a good place to watch to see if a single crew is showing up more than others. The safety officer looks for this also.
- \* Submitted to the documentation unit (plans) as part of the incident package; usually at the end of the incident.



## SPECIFIC NOTES ON THE FORM

#1 “Camp Name” -- Location of this form’s information; e.g., name of incident base, camps.

#2 “Date” and “Time” -- Date and time of encounter.

#3 “Name” -- Name of patient.

#4 “Unit/Crew” -- Patient’s unit or crew.

#5 “Complaint” -- List all complaints, use more than one line if necessary.

#6 “Int.” -- Initials of medical unit person providing care. Not always the person marking the entry on the form. (Sometimes it is most efficient to have one person keeping up on the paperwork as others deal with patients.)

#7 “Issue/Medication” -- Medication or supplies issued; e.g., band-aid, moleskin. Also care rendered if not explained by medication or supplies issued.

#8 “Names of Medical Team” -- Full names for initials reference.



## DAILY AND INCIDENT SUMMARIES

Daily Summaries allow for documentation of medical unit activity on a daily basis. This is useful for tracking and trend recognition.

Incident Summaries document activity for the entire incident and allow for an end-of-incident report.

### DAILY SUMMARY OVERVIEW

- \* Summary of what types of injuries/illnesses were seen in the medical unit.
- \* Summary of medications and supplies used in the medical unit.
- \* List of all people transported to a medical facility.
- \* Important information for the safety officer. Was a certain area of the incident responsible for more injuries/illnesses? Is any one crew more susceptible to injury/illness?
- \* Blisters and sore muscles are common at the start of an incident. As an incident and the season wears on, respiratory problems become a bigger problem.
- \* Usually completed during mid-day the day following. As medical unit personnel arrive on the incident, it may be found that there may be sketchy documentation of early events.

### INCIDENT SUMMARY OVERVIEW

- \* Total of all the Daily Summaries.
- \* Safety officers usually want a copy of this for the close out meeting.
- \* Medical Unit Leader (MEDL) may write up an additional report on how the medical unit worked and general impressions of how crews held up. Usually will make special note of any true emergency evacuations.



INCIDENT PERSONNEL PERFORMANCE RATING				INSTRUCTIONS: The immediate job supervisor will prepare this form for each subordinate. It will be delivered to the planning section before the rater leaves the fire. Rating will be reviewed with employee who will sign at the bottom.															
THIS RATING IS TO BE USED ONLY FOR DETERMINING AN INDIVIDUAL'S PERFORMANCE																			
1. Name				2. Fire Name and Number															
3. Home Unit (address)				4. Location of Fire (address)															
5. Fire Position				6. Date of Assignment From:                      To:				7. Acres Burned				8. Fuel Type(s)							
9. Evaluation																			
Enter X under appropriate rating number and under proper heading for each category listed. Definition for each rating number follows: 0— Deficient. Does not meet minimum requirements of the individual element. DEFICIENCIES MUST BE IDENTIFIED IN REMARKS. 1— Needs to improve. Meets some or most of the requirements of the individual element. IDENTIFY IMPROVEMENT NEEDED IN REMARKS. 2— Satisfactory. Employee meets all requirements of the individual element. 3— Superior. Employee consistently exceeds the performance requirements.																			
Rating Factors				Hot Line				Mop-Up				Camp				Other (specify)			
				0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
Knowledge of the job																			
Ability to obtain performance																			
Attitude																			
Decisions under stress																			
Initiative																			
Consideration for personnel welfare																			
Obtain necessary equipment and supplies																			
Physical ability for the job																			
Safety																			
Other (specify)																			
10. Remarks																			
11. Employee (signature) This rating has been discussed with me												12. Date							
13. Rated By (signature)				14. Home Unit				15. Position on Fire				16. Date							



# DEMOBILIZATION CHECKOUT

1. INCIDENT NAME/NUMBER	2. DATE/TIME	3. DEMOB. NO.
4. UNIT/PERSONNEL RELEASED		
5. TRANSPORTATION TYPE/NO.		
6. ACTUAL RELEASE DATE/TIME	7. MANIFEST YES NO NUMBER _____	
8. DESTINATION _____	9. AREA/AGENCY/REGION NOTIFIED NAME _____ DATE _____	
10. UNIT LEADER RESPONSIBLE FOR COLLECTING PERFORMANCE RATING		
11. UNIT/PERSONNEL YOU AND YOUR RESOURCES HAVE BEEN RELEASED SUBJECT TO SIGNOFF FROM THE FOLLOWING: (DEMOB. UNIT LEADER CHECK ✓ APPROPRIATE BOX)		
<p><u>LOGISTICS SECTION</u></p> <p><input type="checkbox"/> SUPPLY UNIT _____</p> <p><input type="checkbox"/> COMMUNICATIONS UNIT _____</p> <p><input type="checkbox"/> FACILITIES UNIT _____</p> <p><input type="checkbox"/> GROUND SUPPORT UNIT _____</p> <p><u>PLANNING SECTION</u></p> <p><input type="checkbox"/> DOCUMENTATION UNIT _____</p> <p><u>FINANCE/ADMINISTRATION SECTION</u></p> <p><input type="checkbox"/> TIME UNIT _____</p> <p><u>OTHER</u></p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p>		
12. REMARKS		
<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		

