# Medical Unit Leader
# S-359

## Trainee Workbook
**March 2000**
**NFES 1930**

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 regrading 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

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# CONTENTS

Medical Unit Leader, S-359

Unit 0 - Introduction

UNIT OBJECTIVES:

1. Discuss administrative requirements of the course.

2. Introduce instructors, course coordinator, and trainees.

3. Present course objectives.

4. Explain course process and develop expectations.

5. Give an overview of the medical unit and the role of the Medical Unit Leader.

I. COURSE ADMINISTRATION

A. Lodging and transportation needs

B. Ground rules

- Breaks
- Starting and ending times
- Lunch
- Smoking policy

C. Facilities

- Restrooms
- Vending machines, coffee, etc.
- Messages, telephone use, computer use, etc.

II. INTRODUCTIONS

A. Introduce the instructor cadre, including course coordinator, and any guests.

B. Have trainees introduce themselves or each other.

## III. COURSE OBJECTIVES

The following objectives provide the framework for what will be taught throughout the course. The sequence of units is arbitrary. As a Medical Unit Leader you will need to continually evaluate, supervise, coordinate, document, etc. Together these duties comprise the role of the Medical Unit Leader.

A. Arrive at the incident properly equipped, gather information to assess the assignment, and begin initial planning activities of a Medical Unit Leader.

B. Coordinate with other units and sections to assist in accomplishing the overall objectives of the medical unit.

C. Plan, staff, and organize the medical unit to meet the needs of the incident in a safe and efficient manner.

D. Explain how to efficiently manage the medical unit.

E. Describe the elements used to evaluate the medical unit staff's performance of quality patient assessment and care.

## IV. EVALUATION

This course consists of a series of exercises, unit quizzes, and a final exam. The exercises and unit quizzes will not be graded; they will be discussed by the entire class after completion.

The final exam is closed book and requires a passing score of 80%.

A course evaluation should be completed by each trainee before they leave the training session. These evaluations will be used as a tool for analysis and future course improvements.

## V. COURSE OVERVIEW

A. This course requires approximately 20 hours for presentation.

B. Performance based training system

The Wildland and Prescribed Fire Qualification System Guide, PMS 310-1, is a "performance based" system in which the primary criterion for qualification is individual performance as observed by an evaluator using approved standards.

The Position Task Books (PTBs) are the primary tool for observing and evaluating performance. They contain the "approved standards" in the form of tasks which have been established by experts from all National Wildfire Coordinating Group (NWCG) agencies and geographical areas of the United States, tested on wildland fire incidents and approved by NWCG.

PTBs are 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.

Prior to attending this course, the individual trainee should have been issued a Position Task Book (PTB) by their supervisor for the position of the Medical Unit Leader.

This task book will ensure that each trainee is evaluated on the job. To become fully qualified for the position, the trainee must have each task in the task book signed off.

## VI. EXPECTATIONS

## VII. THE ROLE OF THE MEDICAL UNIT AND THE MEDL

A. Role of the medical unit

1. Provides medical support for incident personnel.

   - In some cases only for medical emergencies

   - Most typically for non-urgent care as well as medical emergencies

     - Goal for non-urgent care is to assess and treat patients for return to duty while screening for those that need to be transported to higher level care.

2. Some all-risk incidents; e.g., hurricanes, earthquakes, require patient care for victims of the disaster. These services function within the operations section, not the logistics section.

B. Role of the MEDL

1. Be an effective MEDL.
Attributes:

- Focus on managing the medical unit, not providing patient care.
- Focus on incident personnel health and welfare.
- Flexible
- Team player
- Effective communicator
- Skilled listener
- Patience
- Problem solver
- Sensitive to cultural and gender diversity

2. Staff and stock medical unit appropriate to incident needs.

3. Establish procedures

   - for medical emergencies.

   - for non-urgent medical problems.

4. Administer medical unit/supervise staff.

   - Establish work periods.

   - Assign work duties.

   - Manage unit documentation.

   - Evaluate staff.

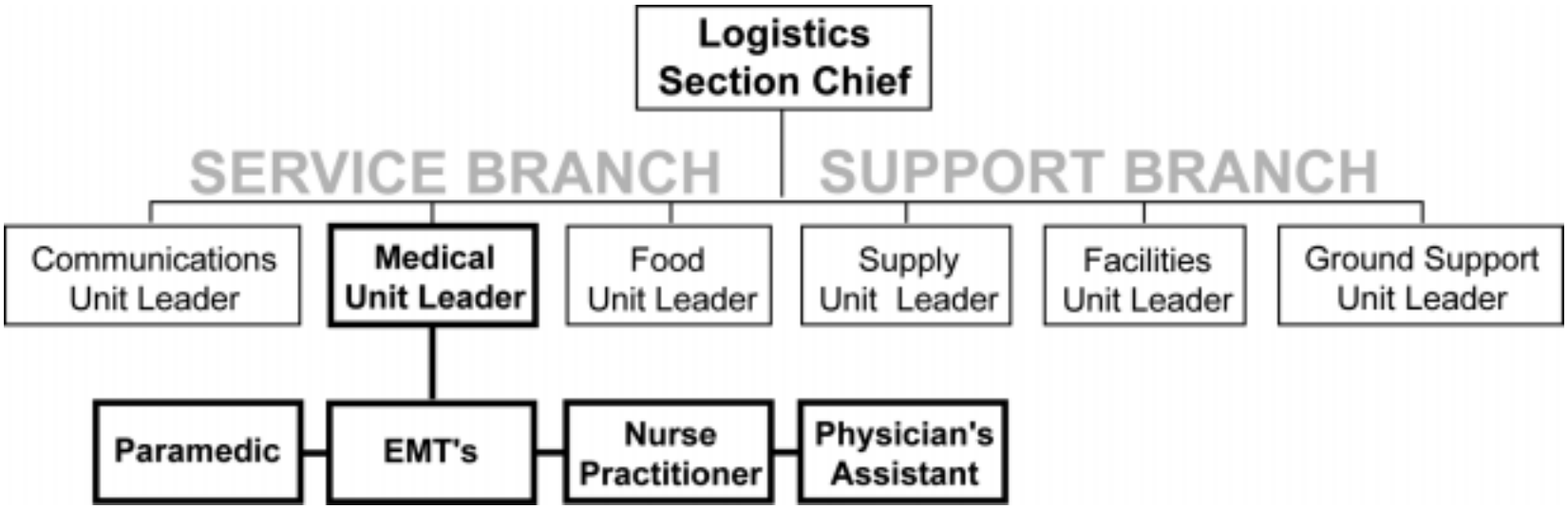
   The MEDL is required to evaluate assessment and care provided by medical unit personnel who may have higher level qualifications or skills; e.g., nurses, physician's assistants, paramedics.

## VIII. THE MEDICAL UNIT LEADER IN ICS

A. The MEDL is not typically designated as a primary member of an incident management team and is ordered as a single resource if needed.

B. The MEDL is supervised by the logistics section chief/service branch director. *(See p. 9 for logistics section organizational chart.)*

# Logistics Section Organizational Chart



Medical Unit Leader, S-359

Unit 1 - Gather Information About the Assignment

UNIT OBJECTIVES:

At the completion of this unit, the trainee will be able to:

1. List five forms in a MEDL kit and describe the importance of the kit.

2. Explain the importance of the briefing with the logistics section chief and list six topics that should be covered during this briefing.

3. List six items of information found in the Incident Action Plan (IAP) and describe their significance to the MEDL.

## I. ASSEMBLE MEDICAL UNIT LEADER KIT.

Kit will be assembled and prepared prior to receiving an assignment.

The kit is necessary to have upon arrival at the incident because:

- Supplies and forms may not arrive immediately.
- Some supplies are not readily available at all incidents.
- Some supplies are difficult to find.

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.

Suggested items:

- Fireline Handbook, PMS 410-1
- Interagency Incident Business Management Handbook, PMS 902
- NWCG NFES Catalog, Parts 1 & 2, PMS 449-1
- Medical Unit Leader Field Reference Guide
- ICS-206, Medical Plan
- ICS-213, General Message

- ICS-214, Unit Log

- Daily Summary, Field First Aid Station

- Medical Unit Record of Issues

- Patient Evaluation Log

- CA-1, Employee's Notice of Injury and Claim for Continuation of Pay/ Compensation

- CA-2, Employee's Notice of Occupational Disease

- CA-16, Authorization for Examination and/or Treatment

- 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.*

- SF-261, Crew Time Report

- OF-297, Emergency Equipment Shift Ticket

- 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

## II. GENERAL INFORMATION

The following are general tasks to accomplish in preparation for arrival and check in at an incident. Through experience and knowledge, the individual should have accomplished these tasks prior to attending this class.

- Obtain complete information upon initial activation.

- Gather information to assess the incident assignment.

- Arrive at the incident and check in.

- Establish and maintain a positive interpersonal and interagency working relationship.

- Provide for safety and welfare of assigned personnel.

## III. OBTAIN BRIEFING FROM LOGISTICS SECTION CHIEF/ SUPERVISOR

An initial briefing with the logistics section chief/supervisor is important for gathering information for effective operation of the medical unit.

Examples of information that may be obtained from these briefings include:

- Work space
- Ordering process
- Work schedule
- Policies and operating procedures
- Assigned contractors (ambulance, etc.)
- Resources committed
- Resources ordered and/or en route
- Current and anticipated situation
- Expected duration of assignment/incident
- Safety hazards

- Timekeeping procedures

- Emergency procedures

All information may not be available from the logistics section chief/supervisor. The individual is responsible for asking pertinent questions.

## IV. INCIDENT ACTION PLAN (IAP)

A. Obtain a copy of the IAP as soon as possible.

The IAP is important for gathering information for effective operation of the medical unit. A copy may be obtained from your supervisor.

B. The following information, pertaining to the MEDL, can be gathered from this document.

- Incident objectives from ICS-202

- Organizational assignments and chain of command from ICS-203

- Clock hours for current operational period

- Number of operational personnel and assignment for current operational period from ICS-204

- Safety concerns from Safety Message

- Current and predicted weather from Fire Behavior Forecast and Weather Forecast

- Frequency assignments from ICS-205

- Medical information from ICS-206

- Air operations information from ICS-220

- Resource locations; e.g., helibase, helispot, base/camp from Incident Map

- Travel routes from Transportation Plan or Incident Map

## UNIT 1 QUIZ

1. Which of the following forms should be carried in a MEDL kit. (Choose all that apply)

   A. ICS-206, Medical Plan
   B. ICS-220, Air Operations Summary
   C. ICS-214, Unit Log
   D. Daily Summary, Field First Aid Station
   E. ICS-213, General Message
   F. OF-289, Property Loss or Damage Report
   G. Medical Unit Record of Issues
   H. SF-94, Statement of Witness
   I. Patient Evaluation, First Aid Field Station Log

2. It is important to bring a MEDL kit to the incident because:

   A. the incident may not have sufficient medical supplies and equipment.
   B. the incident may not have tents or other shelter for the unit.
   C. the supply unit will not have alarm clocks.
   D. personal items must be brought by you and some supplies, like forms, may not arrive immediately.

3. One reason you should brief with the logistics section chief/supervisor is to determine current and anticipated situations. (True or False?)

4. The briefing with the logistics section chief/supervisor is the time to determine policies and operating procedures for the unit. (True or False?)

5. List six items of information found in the Incident Action Plan (IAP) that are significant to the medical unit.

6. Which form(s) in the IAP is the MEDL responsible for filling out? Which others will the MEDL have input into?

## Unit 2 - Establishing and Maintaining the Unit

UNIT OBJECTIVES:

At the completion of this unit, the trainee will be able to:

1. Given a scenario, determine resource requirements for the medical unit and place the initial order.

2. Given an exercise, determine whom the MEDL will coordinate with to establish and maintain the medical unit.

3. Identify two operational procedures the MEDL will establish for the medical unit.

4. List two items of information the MEDL will exchange during service branch/logistics section planning activities.

I. DETERMINE RESOURCE REQUIREMENTS FOR THE MEDICAL UNIT AND PLACE THE INITIAL ORDER

A. Gather the following information about the incident to determine resource requirements.

1. Incident personnel

- Number of personnel assigned can be determined from:

  - Resources unit

  - IAP

  - Operations section (Certain crews/engines may have members that have medical skills; they may or may not be in the position to lend assistance; i.e., type 1 crews usually have EMT's assigned.)

2. Incident area

- Base and remote camp locations can be determined from:

  - Situation unit

  - Facilities unit

- Distance from medical facilities and resources; e.g., ground and air ambulance, can be determined from:

  - Expanded dispatch

- Local agency dispatch

- Local agency resource advisor

- Local Emergency Action Plan

- Local fire protection district

• Access to remote camps and work sites can be determined from:

- Air operations branch

- Ground support unit

- Operations section

• Incident size and topography can be determined from:

- Situation unit

- Operations section

3. Projections

• Duration and size can be determined from:

- Operations section

- Planning section

- Fire behavior analyst (FBAN)

• Complexity, e.g., urban interface, air operations, can be determined from:

- Operations section

- Planning section

4. Safety concerns, hazards, and injury/illness trends can be determined from:

• Safety officer

• Operations section

• Local agencies and authorities

• Previous medical personnel

• Logistics section chief/supervisor

B. Gather information about services and capabilities in the local area.

Local agency dispatch may have phone numbers for medical and emergency facilities. The MEDL should make contact with these facilities and providers.

1. Fire departments/ground ambulance agencies

- Local EMTs available?
- EMTs available for assignment?
- Does the department transport patients?
- Does the department have a unit available for assignment?
- Advanced Life Support/Basic Life Support Unit?

2. Hospital

- Emergency room? Staffed 24 hours/7 days per week?
- Level of trauma care? Burn Unit? Cardiac Unit?
- Number of patients they will accept?
- Helipad?
- Biohazard disposal?

3. Clinics

   - Walk in or by appointment only?

   - Hours?

4. Air ambulance

   - Is it available through hospital?

   - Will it meet incident needs? Or does medical unit need to utilize and provide medical staff for incident helicopter?

5. Additional medical providers; e.g., dentists, podiatrists, optometrists

C. Determining what to order

1. Medical unit personnel

   The majority of patients the medical unit will see have minor medical problems. In many areas of the country EMTs are used to provide minor and emergency medical care. There are resources with specific training for the broad spectrum of medical problems. The MEDL needs to staff the unit with appropriately trained and qualified personnel.

*Note: Incident Medical Specialist is an interagency program in several geographic areas developed to provide medical care on incidents. IMS personnel are EMT basic, at a minimum, but work under additional protocols established by a physician advisor in their geographic area. Their standing orders may differ from EMS. IMS are often dispatched as a team and may come when you order a 500 person kit in certain areas.*

- Consider the following when ordering medical personnel
  - Gender mix
  - Skill leve 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) for medical personnel that will be used on the fire line
  - Number of remote camps
  - Proper coverage for each operational period (work/ rest ratios)

- Track length of commitment of medical unit staff.

*The 2-1 work rest ratio and length of commitment can be referenced in the Interagency Incident Business Management Handbook (NFES# 3139) - CHAPTER 10 - 12.6; requirements may differ between federal and non-federal agencies.*

2. Medical supplies and equipment *(See pp. 47-50 for kit contents.)*

*Note: All kits should be inventoried for completeness upon their arrival at an incident.*

- First aid kit
  - 24 person (crew kit)
  - 100 person (initial aid station)
  - 500 person (includes litter, oxygen, trauma; can be ordered nationally but stocked only in certain geographic areas.)
  - Mobile medical unit
  - Local purchase/mail order

- Other common supplies and equipment

  If you are buying items locally, try and purchase as many items as possible individually packaged for ease of distribution.

- Preventative medications; e.g., vitamins

- Bleach

- Oxygen (if not provided in the kits)

- Litters (may be able to order from local fire departments or medical facility).

- Disposable towels

- Dr. Scholls type insert pads, size men's large (can be cut)

• Special needs

- Defibrillator

- Intravenous supplies

- Epinephrine

- Advanced Life Support (ALS) drugs

- Environmental treatments; e.g., poison plants, snakes, bugs

*Note: Must have someone qualified to use the defibrillator and intravenous supplies, and to dispense medication for them to be of use to the medical unit.*

- Additional Forms

3. Facilities

- Shelters, tables, chairs, cots
- Portable toilets
- Hand washing station
- Generator, lights
- Shelter for patient rest area

4. Communications

- Radios (command, logistics nets)
- Phone (cellular, land line)

5. Transportation

- Vehicles for medical staff

- Vehicle(s) and driver(s) for patient transport

- Ambulance or rescue vehicle

D. Place initial order.

1. All orders will be placed on General Message Forms, ICS-213s through established incident procedures.

   - Use a separate ICS-213 for each kind of request. Personnel are ordered as overhead "O", supplies are "S" items, and equipment, such as an ambulances, are "E" items.

2. 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)

     - Be specific with amounts, sizes, unit of issue, brand names, generic names, etc.

   - Any special billing requirements

   - Whom to notify when item is delivered

- Delivery points

- Name and position of requesting party

- Authorized approval

## II. INTERACT AND COORDINATE WITH APPROPRIATE INCIDENT PERSONNEL

### A. Command staff

1. Coordinate with safety officer.

   - Medical Plan, ICS-206
     Safety officer is responsible for reviewing and signing the ICS-206.

   - Injury and illness trends

   - Status of patients

   - Safety hazards

2. Coordinate with information officers.

   - Information for media (if requested)

B. Operations section

1. Coordinate with operations section chief.

   - Roles in medevac (MEDL vs. operations taking the lead)

   - Number of line EMTs needed per division

2. Coordinate with division/group supervisors.

   - Safety hazards

   - Access

   - Information on crews; e.g., if many members of a crew are sick they may be able to be sent home.

   - Supervision/location of EMTs on line

3. Coordinate with air operations.

   - Procedures for medevac; e.g., staging trauma equipment for quick deployment, written emergency procedures

   - Aircraft that will be used for medevac

   - Helispot locations (latitude/longitude)

C. Planning section

1. Coordinate with resources unit.

   - EMTs on crews

   - Number of personnel on incident

2. Coordinate with situation unit.

   - Incident and other maps

3. Coordinate with demobilization unit.

   - Demobilization of incident personnel for medical reasons

   - Demobilization of medical unit personnel/staff

4. Coordinate with documentation unit.

   - Photocopy and fax service

   - Unit Log, ICS-214 submission

5. Coordinate with human resource specialist.

   - Symptoms of critical incident stress gathered by medical unit personnel/staff

   - Incidents regarding civil rights issues

D. Logistics section

1. Coordinate with facilities unit.

   - Recommend location of medical unit (consider access).

   - Recommend location for adequate hygiene; e.g., handwashing stations located near dining area and portable toilets.

   - Obtain map of sleeping location for crews in base and remote camps.

   - Shelter needs for the unit; e.g., tents, cots, tables, chairs, generators

2. Coordinate with supply unit.

   - Ordering resources

   - Obtaining miscellaneous camp supplies; e.g., trash bags

3. Coordinate with communications unit.

   - Establish communication procedures.

     - Assigned frequencies

     - Monitor radio for medical emergencies (command channel).

- Emergency procedures

- Ordering batteries, radios, cell phones, land lines

4. 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. 51 for Medical Facility Transport flow chart.)*

   - Ensure drivers have knowledge of incident area.

5. Coordinate with food unit.

   - Illness trends; e.g., diarrhea

   - Storage of cold wraps

   - Special dietary considerations

E. Finance/administration section

1. Coordinate with time unit.

- Where and how often to turn in:

  - Crew Time Reports

  - Emergency Equipment Shift Tickets

2. Coordinate with compensation/claims unit.

- Documentation

- Patient follow-up

- Location of personnel

## III. ESTABLISH OPERATIONAL PROCEDURES FOR THE MEDICAL UNIT

A. Medical evacuation procedures

This example is included in the 500 person kit.

The MEDL will need to develop a medical evacuation plan. (Medical emergency procedures will be identified on the ICS-206, Block 8.) The major elements to consider in the plan are:

1. Communication

a. Determine whom to coordinate actions with:

- Communications unit
  - Will MEDL or radio operator (RADO) manage radio traffic during an emergency?
- Operations section
- Safety officer
- Others as needed; e.g., ground support, air operations

b. Designate frequency to be used during an emergency.

c. Notify receiving medical facility of incoming patient.

2. Transportation

- Determine appropriate mode of transportation. The MEDL will need to consider all emergency resources in the general area; e.g., resources assigned to the incident, local agency resources, military resources.

*Additional information on establishing medical procedures can be referenced in the Fireline Handbook, Chapter 5-Firefighter Safety and also in the Interagency Incident Business Management Handbook, Chapter 60-Accident Investigation and Reporting.*

*(See pp. 53-54 for Medevac from the Line flow charts.)*

B. Mass Casualty Incident (MCI) Plan - **an emergency with a larger number of victims.**

Review incident management team's major medical emergency plan. If there is not one, prepare procedures to be used in the event of a mass casualty incident. During a mass casualty incident the medical unit may serve as the temporary treatment station for the "walking wounded" while critical patients are being transported.

In addition to the medical emergency procedures consider the following:

1. Communication

   a. Determine whom to coordinate actions with:

      - Incident commander
      - Logistics section chief
      - Safety officer
      - Others as needed

   b. In conjunction with the communications unit designate frequencies to be used in the event of a major emergency.

      - Command net
      - EMS channel
      - Law enforcement

- Search and rescue

c. Notify area medical facilities of incoming patients.

2. Triage

- Determine location.

- Send medical personnel to scene.

- Assure that scene is safe.

- Identify triage coordinator.

- Determine the numbers and the severity of injured.

3. Transportation

a. Evacuate critical patients.

- Coordinate with air operations.

- Coordinate with dispatch for area air ambulance.

b. Treat and transport non-critical patients.

- Coordinate with ground support.

- Coordinate with dispatch for additional ground ambulances. Consider needed transportation resources (incident and non incident) for rapid response and evacuation of seriously ill or injured personnel.

C. Non-urgent transport *(See p. 55 for Non-Emergency Patient flow chart.)*

1. Documentation

   - Needs to accompany patient.

2. Communication

   - Notify supervisor.

   - Notify medical facility or make appointment if appropriate.

3. Transportation

   - Brief driver.

   - Scheduled shuttle or as needed.

   - If appropriate, send EMT with patient; e.g., patient status may deteriorate, patient needs oxygen administered.

D. Patient return from medical facility *(See p. 57 for Patient Return from Medical Facility flow chart.)*

1. Patients will return in one of three categories (fully operational, light duty or demobilization).

   - All patients must first check in at medical unit upon return to incident.

   - Documentation accompanying patient will be reviewed by medical unit and passed on to compensation/claims unit.

   - Supervisor will be notified of patient status by ICS-213, radio, or cellular phone.

2. In addition to the above the following will be done:

   - Fully operational

     - Return to assignment (MEDL may need to arrange for transportation to line.)

   - Light duty

     - Review release information and health care provider's instructions with patient.

     - Coordinate with patient's supervisor and/or other units/sections to set up work assignments.

     - Establish reevaluation schedule.

- Obtain patient's assigned/sleeping location.

• Demobilization

- Complete ICS-213 and submit to demobilization unit (include: patient name, crew name, "demobilization is for medical reasons," and place to which patient is being demobilized).

- If extended time until demobilization is anticipated, obtain patient's location and establish check in schedule.

E. Biohazard disposal procedures

Establish procedures with local medical facility; if compensation is required coordinate with finance section.

***Note: Biohazardous waste must not be returned in kits to fire caches. Most caches do not have facilities for proper disposal, and to return waste risks exposure to warehouse personnel. Biohazardous waste should be disposed of locally in proper receptacles; e.g., sharps containers and red bags, at an appropriate facility such as a hospital.***

## IV. EXCHANGE INFORMATION AND RECOMMENDATIONS DURING THE SERVICE BRANCH/LOGISTICS SECTION PLANNING ACTIVITIES.

The logistics section chief may request the MEDL to attend incident meetings/briefings.

A. Providing information

- Prevention and maintenance information; e.g., vitamins available in medical unit, come to the medical unit before your symptoms get bad.

- Medical unit status

- Medical unit capabilities

- Trends

B. Gathering information

- Status of other logistic section units

- Logistics section chief may share information from planning meetings/briefings.

# NFES 1604: FIRST AID KIT, 24-PERSON W/INSECT MEDICATION

Loc: NRK, RMK, PFK, SFK, CA, NWK, SAK, NEK, GBK WT: 3 lb (1.36kg) CU: .16 ft (.005m)
6545-00-656-1094/GSA $78.41

| QTY | NFES | DESCRIPTION |
|---|---|---|
| 20 PK | | acetaminophen tablets |
| 3 EA | | adhesive tape |
| 2 EA | | antiseptic kit |
| 20 PK | | aspirin tablets |
| 2 EA | | bag, bio-hazard, disposal |
| | | bandages |
| 16 EA | | butterfly closures |
| 1 EA | | calamine lotion |
| 1 EA | | contents list |
| 4 EA | | elastic |
| 1 EA | | elastic support |
| 1 EA | | eye irrigation sol. |
| 2 EA | | face shield |
| 1 EA | | first aid manual |
| 1 EA | | forceps |
| 2 EA | | gown/apron, protective |
| 1 EA | | insect sting |
| 1 EA | | insect sting med. |
| 2 EA | | instant cold pack |
| | | instructions |
| 12 EA | | knuckle adhesive |
| 6 PR | | latex gloves |
| 2 EA | | microshield, barrier, mouth to mouth |
| 2 EA | | moleskin |
| 2 EA | | muslin |
| 2 EA | | patient ID tag |
| 1 EA | | pencil |
| 1 EA | | resuscitator |
| 1 EA | | scissors |
| 4 EA | | towelette, antimicrobial skin wipes |
| 3 EA | | trauma dressing |
| 40 EA | | woven adhesive |

# NFES 1760: FIRST AID KIT, 100-PERSON

Loc: NRK, RMK, PFK, SFK, NWK, SAK, NEK, GBK — WT: 46 lb (20.87kg) CU: 3.1 ft (.09m)

NFES reviews kit contents 2000/implement changes 2001 — $354.20

| QTY | NFES | DESCRIPTION |
|---|---|---|
| 1 PG | | absorbent, cotton |
| 5 PG | | ointment, Providone- iodine |
| 1 EA | | bag, biohazard |
| 5 EA | | bag, small paper, #4 |
| 100 EA | | bag, ziplock, 2" x 2" |
| 1 BX | | bandage, adhesive knuckle form cut |
| 6 EA | | bandage, elastic, 3" x 4.5 YD |
| 1 BX | | bandage, elastic, 1" x 3" |
| 6 EA | | bandage, gauze, 2 ply, 3" x 5 YD |
| 2 EA | | bandage, triangular, 37" |
| 4 EA | | battery, flashlight, size D, 1.5 volt |
| 1 EA | | guide, first aid pocket |
| 1 EA | | brush, scrub, surgical |
| 1 EA | 0338 | carton, fiberboard, 37" x 18" x 7" (pulaski) |
| 6 BX | | Chloraseptic throat lozenges (18/BX) |
| 1 EA | 0771 | clipboard, 9" x 12-1/2" |
| 1 EA | | compress, cold |
| 2 BT | | cream, lotion, calamine |
| 1 TU | | cream, Tolnafnate |
| 1 BT | | decongestant, Jenac (rep. Coriciden "D") |
| 25 EA | | depressor, tongue, wood |
| 5 EA | | dressing, field, first aid, 4" x 7" |
| 6 BT | | eye drop, Visine |
| 6 BT | | eye wash, Dacroise |
| 1 EA | 0069 | flashlight, general service |
| 12 CN | | foot powder, 1.5 oz |
| 1 EA | | forceps, splinter |
| 10 EA | 1615 | form, First Aid Field Station Log |
| 20 EA | 1672 | form, Patient Log |
| 100 EA | | gloves, latex, examination |
| 1 BX | | Kaoline Pectin |
| 1 KT | | kit, eye dressing (4 pd: 2 left, 2 right) |
| 2 EA | | label, "biohazard", small |
| 50 TU | | lipbalm, individual |
| 24 EA | | lotion, hand, sun blocker, 1 ½ oz. |
| 5 EA | | mask, disposable, face w/ eye shield & ties |
| 1 EA | | mask, pocket w/oxygen inlet |
| 1 EA | | medihaler, (Primatene Mist) |
| 12 PG | | moleskin, 3-3/8" x 7" |
| 1 EA | | nippers, toenail |
| 2 TU | | ointment, Bacitracin |
| 2 TU | | ointment, Tetracaine |
| 1 TU | | ointment, zinc oxide |
| 2 EA | | pad, heating, disposable |
| 1 BX | | pad, non-adherent, 2" x 3" |
| 1 PG | | pin, safety (12/pg) |
| 1 PR | | scissor, paramedic |
| 1 PG | | sheath, thermometer |
| 1 BT | | soap, 2 oz (Dial) |
| 2 EA | | splint, cardboard, long, 24", leg |
| 50 EA | | sponge, surgical, 4" x 4" |
| 1 BT | | Sudafed |
| 1 BT | | tablet, antacid |
| 2 BT | | tablet, aspirin |
| 2 BT | | tablet, pain relief, non-aspirin |
| 1 BX | | tablets, Pepto Bismol |
| 1 BX | | tampons, 8 or 10/bx |
| 6 RO | | tape, adhesive, 1" x 5 YD |
| 4 RO | | tape, athletic, 1 ½" |
| 2 EA | | thermometer, oral, with case |
| 2 BX | | tissue, facial, 2-ply |
| 1 JR | | Second Skin |
| 100 EA | | towelette, antiseptic (Benzal Konium) |
| 4 RO | | underwrap, athletic |

# NFES 1835: FIRST AID STATION, FIELD, 500+ PERSON

Loc: NRK, PFK, SFK, NWK WT: 610 lb (276.69kg) CU: 24.69 ft (.7m)
STATION MUST BE RETURNED TO NORTHERN ROCKIES CACHE FOR REFURBISHMENT $3,234.55
NFES reviews kit contents 2000/implement changes 2001

| QTY | NFES | DESCRIPTION |
|---|---|---|
| 1 KT | | Kit, Unit I - Medical Supplies |
| 1 KT | | Kit, Unit 2 - Utility Pack |
| 1 KT | 1617 | Kit, First Aid Station, Unit 4 - Litter Set |
| 1 KT | 1727 | Kit, First Aid Station, Unit 6 - Trauma |
| 1 KT | 1728 | Kit, First Aid Station, Unit 7 - Oxygen Therapy Unit |
| 1 KT | | Kit, Unit 8 - Utility Pack |
| 1 KT | | Kit, First Aid |

# NFES 1617: FIRST AID STATION UNIT 4, LITTER SET KIT

Loc: NRK
NFES reviews kit contents 2000/implement changes 2001 $535.39

| QTY | NFES | DESCRIPTION |
|---|---|---|
| 1 EA | 0441 | blanket, bed, wool, 66" x 84" |
| 1 EA | | blanket, emergency, 58" x 90" |
| 1 EA | | case, carrying for S.K.E.D. |
| 1 EA | | carabiner, 4" or 5", D Lucking style |
| 1 EA | | Kedrick extraction device with straps |
| 1 EA | | litter, instruction sheet |
| 1 EA | | litter, S.K.E.D. |
| 1 EA | | rope, let down, 25', 3/4" |
| 2 EA | | straps, S.K.E.D. |

# NFES 1728: FIRST AID STATION UNIT 7, OXYGEN THERAPY

Loc: NRK
NFES reviews kit contents 2000/implement changes 2001 $636.66

| QTY | NFES | DESCRIPTION |
|---|---|---|
| 2 EA | | airway, pharyngeal, adult, small |
| 2 EA | | airway, pharyngeal, adult, large |
| 2 EA | | cannula, nasal |
| 1 EA | | case, unit seven |
| 2 EA | | cylinder, oxygen, "D" |
| 1 EA | | flowmeter, w/pressure regulator and yoke adapter |
| 1 EA | | hose, oxygen |
| 1 EA | | mask, disposable, oxygen, adult size |
| 2 EA | | mask, non-rebreathing |
| 1 EA | | mask, pocket, w/oxygen inlet |
| 4 EA | | o-rings, oxygen unit |
| 1 EA | | resuscitator |
| 1 EA | | wrench, oxygen |

# NFES 1727: FIRST AID STATION UNIT 6, TRAUMA KIT

Loc: NRK WT: 22 lb (9.98kg) CU: 1.5 ft (.04m)

NFES reviews kit contents 2000/implement changes 2001 $496.32

| QTY | NFES | DESCRIPTION |
|---|---|---|
| 1 EA | | airway, nasal |
| 1 EA | | airway, pharyngeal, adult, small |
| 1 EA | | airway, pharyngeal, adult, large |
| 1 EA | | bag, biohazard |
| 6 EA | | bandage, compress, 4" x 4" |
| 6 EA | | bandage, gauze, 2 ply, 3" x 5 YD |
| 6 EA | | bandage, triangular |
| 1 EA | | blanket, space combat casualty, fluorescent orange & silver |
| 1 EA | | cannula, nasal |
| 1 EA | | case, medical, trauma |
| 1 EA | | collar, Philadelphia, medium |
| 1 EA | | collar, Philadeiphia, large |
| 3 EA | | compress, cold |
| 1 TU | | Dextrose |
| 4 EA | | dressing, field, first aid, 4" x 7" |
| 1 BT | | eye wash, Dacroise |
| 1 EA | | flashlight, disposable, eye examining |
| 1 EA | | forceps, 5-1/2" |
| 1 EA | | gauze, non-adhering dressing |
| 6 EA | | gloves, latex, examination |
| 1 EA | | gowns, disposable, open back |
| 1 EA | | hose, oxygen |
| 4 EA | | Kerlix, 6 ply, 4½ x 4 |
| 1 KT | | kit, eye dressing (4 pd: 2 left, 2 right) |
| 2 EA | | label, Biohazard, small |
| 3 EA | | mask, disposable, face w/eye shield & ties |
| 1 EA | | mask, disposable, oxygen, adult size |
| 1 EA | | medihaler, (Primatene Mist) |
| 1 EA | | oxygen, small cylinder |
| 1 PD | 0448 | pad, writing, DI-5A or equal |
| 1 EA | 0767 | pencil, mechanical |
| 2 PG | | pin, safety (12/pg) |
| 1 EA | | mask, pocket, w/oxygen inlet |
| 1 EA | | regulator, fixed flow |
| 1 EA | | scalpel, curved tip |
| 1 PR | | scissors, paramedic |
| 1 EA | | sheet, burn, 72" x 108" |
| 1 BT | | solution, saline, 500 ML |
| 1 EA | | sphygmomanometer |
| 2 EA | | splint, wire mesh, 3 ¼" x 30" |
| 12 EA | | sponge, surgical, 4" x 4" |
| 1 EA | | stethoscope |
| 3 RO | | tape, adhesive, 1" x 5 YD |
| 1 EA | | tourniquet |

# 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.

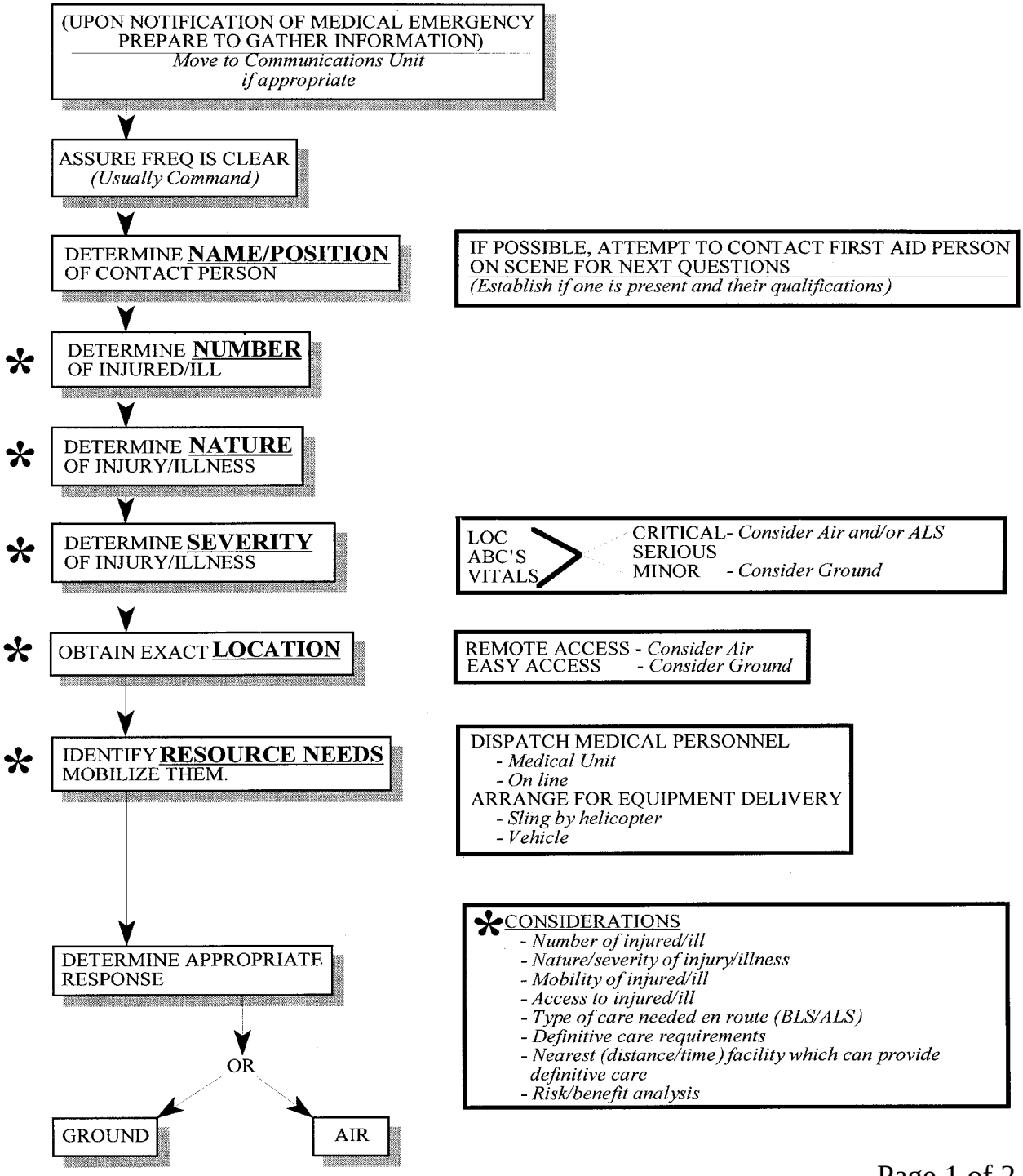
## RETURN

- **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: | |
| | |
| | |
| | |

# 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 | *Incident Aircraft* ..... | *IAC* |
| NON-INCIDENT | *Other Agency Aircraft* ..... | *OAA* |
| | *EMS* ..... | *EMS* |
| | *Military* ..... | *MIL* |

---

* **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*

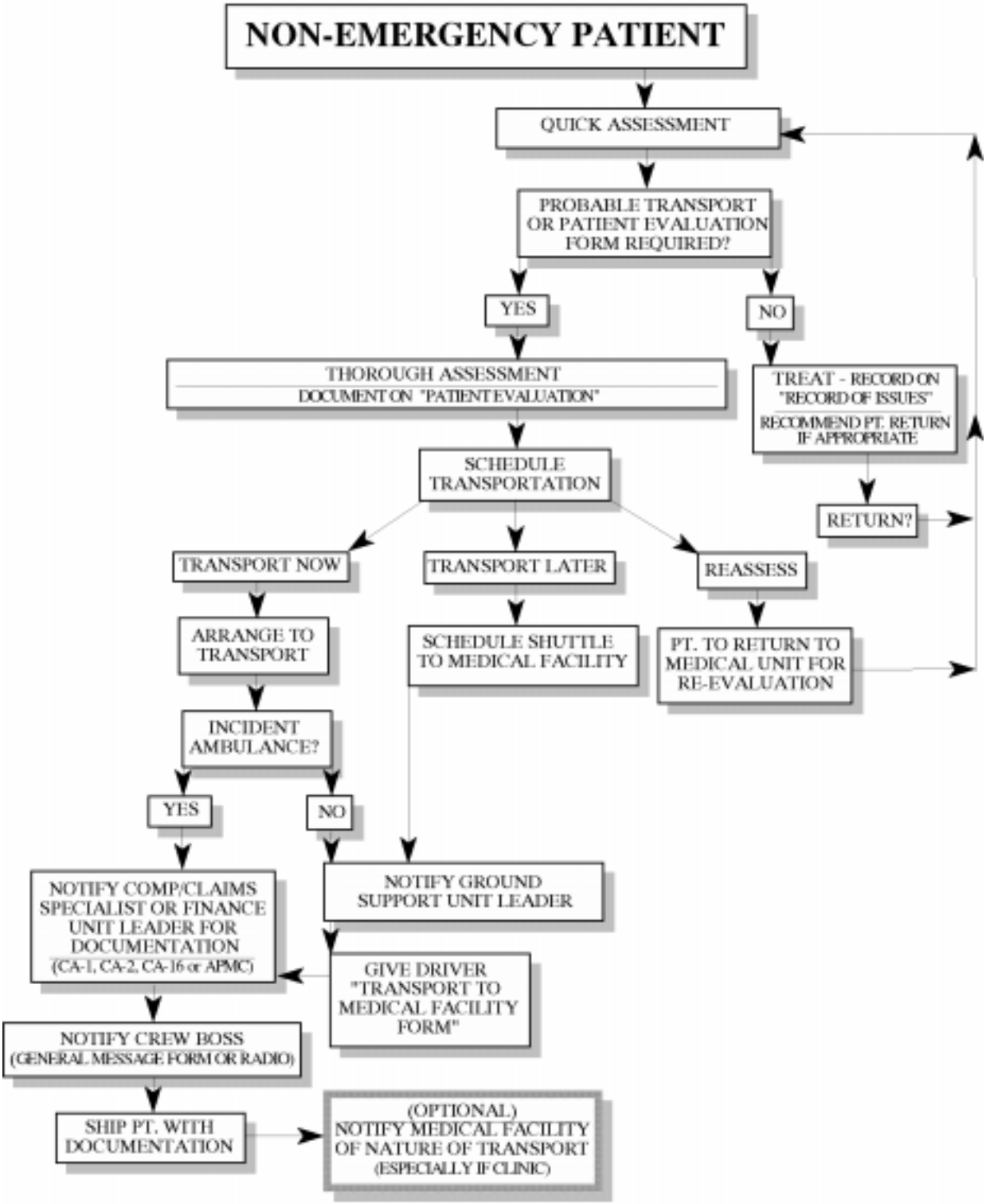
* **NEED FOR ALS IN FLIGHT**

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

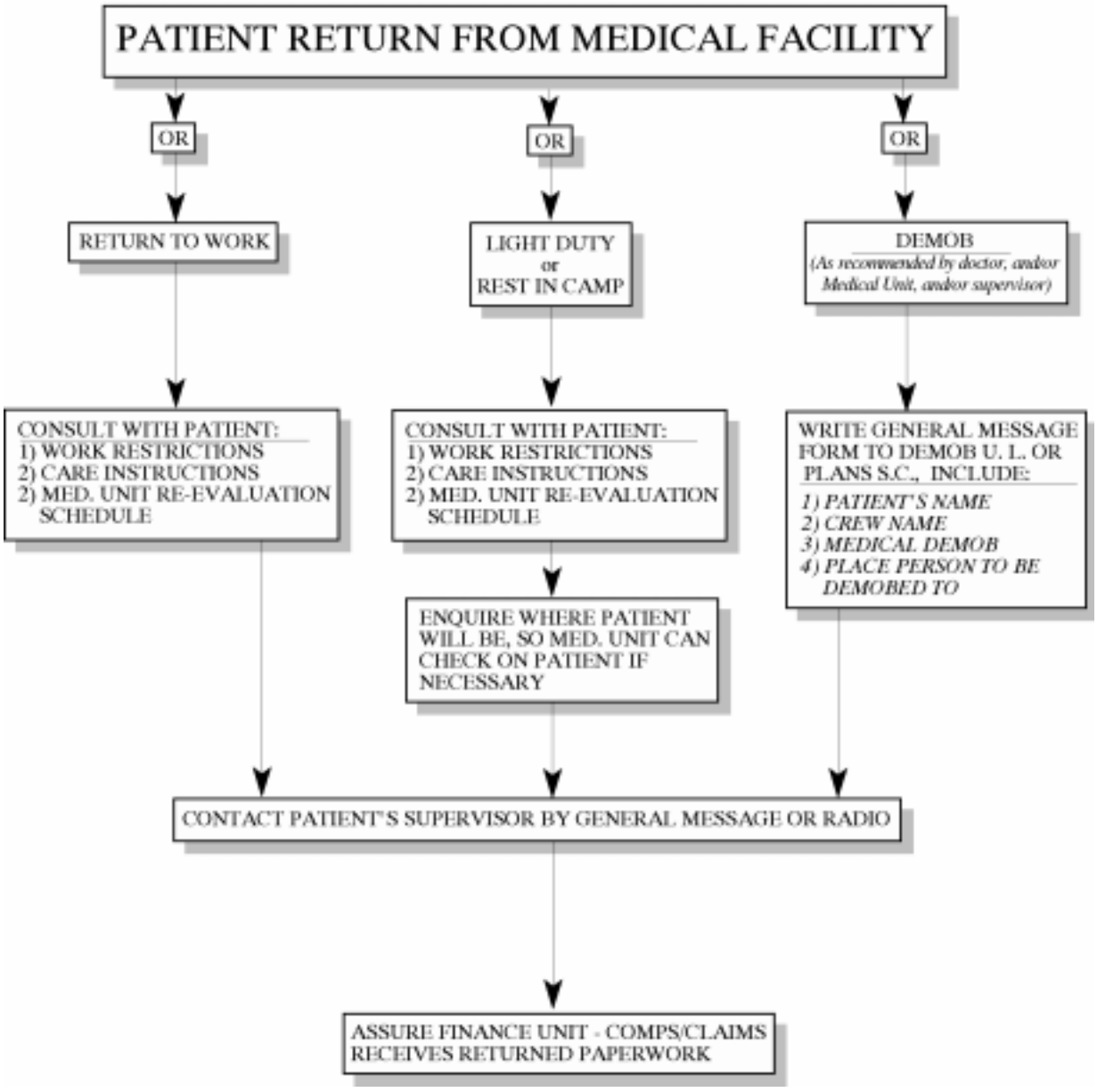
* **TRANSPORT TIME**
- Response time
- Flight time to scene
- Time to definitive care

| | |
|---|---|
| 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*



## UNIT 2 EXERCISE

**PART 1**

*Identify which incident personnel or outside entities you would coordinate with in each of the following situations. Some may require communication and coordination with multiple entities.*

1. Several crew members come into the medical unit with minor medical complaints but are also showing similar signs of mental and emotional stress. You find out from one of them that a fellow crew member was killed on a recent incident.

2. You find out from a crew boss that Division G, a remote division with poor access, does not have direct radio communication with incident base.

3. The medical unit has seen several people with symptoms attributable to food poisoning in the last 24 hours.

4. You need to find out travel routes from remote divisions of the incident to the hospital in case of a medical emergency. You need to make a photocopy for the medical unit.

5. The safety officer asks you about some events in relation to a serious accident which occurred on your incident. You want to review your Unit Log already submitted because you can't remember the particulars.

6. You find out that your incident will be setting up a separate camp location feeding and sleeping approximately 200 people. You have the needed staff to set up a satellite medical unit, but you must coordinate for a shelter, tables, chairs, etc.

7. You inadvertently drive the medical unit vehicle over a tent stake puncturing a tire.

8. A firefighter comes into your tent with a tooth that was broken eating the corn nuts in the lunches.

9. You need batteries for your unit radio.

10. A firefighter returns from a medical facility with a doctor recommendation to be sent home.

11. A female firefighter comes into the medical unit and divulges that she was molested by another firefighter on the incident.

12. The fire is being demobilized but there is a firefighter from the incident still in the hospital.

**PART 2**

*For each of the following situations indicate whom you would coordinate with and what additional resources may need to be ordered.*

Medical unit has treated 12 cases of foot blisters requiring Second Skin and Moleskin. Other common complaints include: headache, indigestion, chapped lips, sore feet, several minor strains and sprains of ankles and knees, minor lacerations and abrasions, several cases of hay fever, and four coughs/sore throat/congestion - two of which were running high fevers.

The division supervisor from Division C calls in on the radio to alert you that a firefighter has been hit by a rolling rock and seriously injured near the division A/C break. No helispots had been identified for the division.

You hear that additional resources have been ordered for the incident.

Operations places a camp at the Alpine Summer School in Aspen Grove. Ten crews, three engine strike teams, and miscellaneous overhead will overnight in that camp.

Medical Unit Leader, S-359

Unit 3 - Organize and Supervise the Unit

UNIT OBJECTIVES:

At the completion of this unit, the trainee will be able to:

1. Identify five important considerations when organizing the medical unit.

2. List four tasks required of the MEDL in managing medical unit personnel.

3. Given a scenario, prepare an effective Medical Plan, ICS-206.

## I. ORGANIZING THE UNIT

Consider the following when organizing the unit:

### A. Location

- Base
  - Near crew sleeping area
  - Close to communications unit
  - Near path to shower unit
  - Quiet and shade
  - Adequate drainage; e.g., during heavy rain may need ground cover
  - Away from dusty roads
  - Well marked/signed
- Remote camps
  - Access to helispot
  - Shade
  - Terrain

B. 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.

C. Area for patient rest/quarantine

- Separated from main medical unit; e.g., separate tent, separate building.

D. Organize treatment areas; e.g., ear/nose/throat area separated from feet area.

E. Organize equipment and supplies in a user friendly manner. Keep items seperated from foot traffic to avoid “shopping”.

- Shelving; e.g., kit boxes, wood, cardboard

  - Labeling

- Most common items near front

- Organize like remedies and supplies from head to toe.

F. Spaces for documentation, record keeping, and communications

- Medical Unit Leader

- Compensation for injury specialist

G. Close access to handwashing and bathrooms

- Ask for designated handwashing station.

- Ask for designated portable toilet.

H. Adequate trash containers at appropriate locations

I. Arrange eating area for medical unit personnel if unable to leave unit.

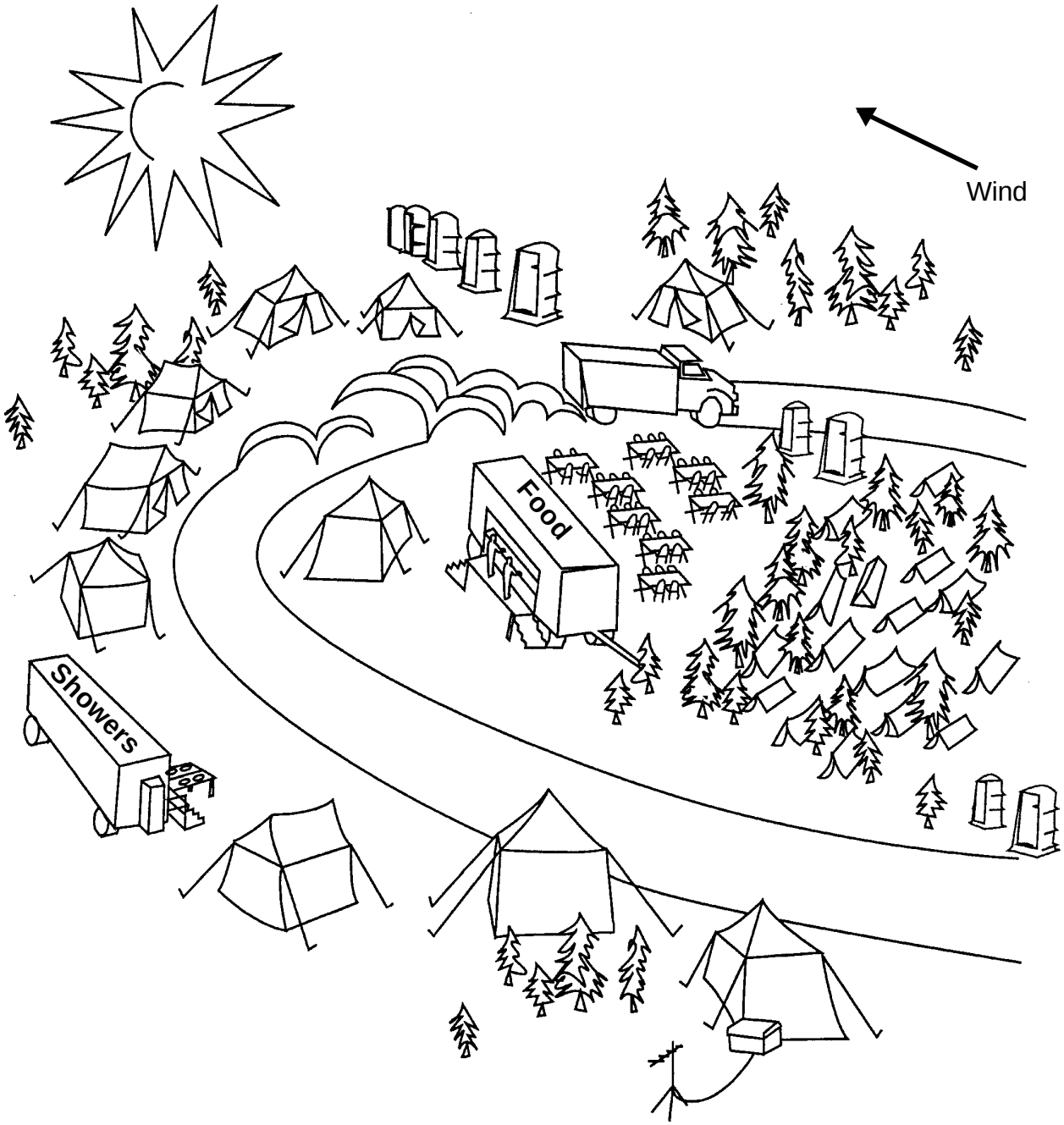
J. Security

- Inventory control

- Someone from the medical unit staff may need to sleep in unit.

## UNIT 3, LOCATION EXERCISE

**Which tent below would be the best location for the medical unit? Why? (List five reasons.)**



## II. MANAGING THE MEDICAL UNIT PERSONNEL

### A. Brief and keep personnel informed and updated.

1. Situations requiring briefing:

   - Operational period change
   - Replacement personnel
   - Team transition
   - Incident situation changes

2. Briefing topics may include:

   - IAP.
   - Operational period accomplishments/trends.
   - Procedural changes.
   - Changes affecting medical unit; e.g., weather, change of contract personnel, incident duration.
   - Review of proper PPE and shelter deployment procedures.

B. Establish time frames and schedules.

- Medical unit personnel assignments may not coincide with the incident operational periods.

- Assignments should be staggered to meet the high demand periods.

C. Assign and monitor work assignments.

1. Making assignments

    - Bases and remote camps

        - Gender and skill mix

    - Line (incident area)

        - Coordinate assignment, placement, and communications with line personnel.

    - Transporting; e.g., EMT staged at helibase, personnel to accompany shuttle

2. Monitoring assignments

    - Quality of patient care

    - Completeness of documentation

- Following proper procedures
  - Established medical procedures
  - Chain of command
  - Ordering procedures

D. Review and approve time.

1. Crew Time Reports
   - Authorize hazard pay for medical personnel assigned to the line.
   - Approve individually or as a unit.
   - Submit at the end of each operational period.

2. Emergency Equipment Shift Tickets *(See pp. 81-83 for completion instructions and sample forms.)*
   - Ambulance (rental agreements typically include operators/ paramedics)
   - Other specialized equipment

   *Note: Make sure all equipment is under agreement, has been inspected by ground support, and has checked in with time before utilizing. A copy of the Emergency Equipment Rental Agreement can be obtained from the finance section.*

E. Promote team work.

- Encourage communication.

- Hold staff and safety meetings.

- Provide positive reinforcement and constructive feedback.

F. 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.

G. Ensure improper actions involving contract personnel are resolved or reported.

## III. PREPARE AND UPDATE MEDICAL PLAN

As a MEDL you must explore the capabilities of medical services available in the area. Start with local agency dispatch organizations; search may extend beyond information provided by these agencies; e.g., capabilities of local medical facilities, other transporting units (military, EMS). Ordering will be done through proper channels.

***Never assume that information on the Medical Plan in place when you arrive is accurate. Validate the information.***

A. Block 1 - "Incident Name"

B. Block 2 - "Date Prepared"

C. Block 3 - "Time Prepared"

D. 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".

E. Block 5 - "Incident Medical Aid Stations"

1. Name and location

- Base

- Remote camps

- Also can be used to show names and locations of medical personnel on line, staged at a helibase, with an ambulance, etc.

2. Skill levels

- Indicate paramedics at appropriate aid stations.

- Also can be used to show other skill levels of personnel at identified aid stations.

F. Block 6 - “Transportation”

1. “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.)

  - Fire department

  - Ambulance services

  - Hospital based

  - Air ambulance (indicate radio frequency)

- Skill levels

  - Indicate paramedics with appropriate ambulances.

- Also can be used to show other skill levels of personnel with ambulances.

2. "B. Incident Ambulances"

- Name and location
  - Base
  - Remote camps
  - Staged locations; e.g., helibases, drop points
- Skill levels
  - Indicate paramedics assigned with ambulances.
  - Also can be used to show other skill levels of personnel with ambulances.

G. Block 7 - "Hospitals"

1. Name and address

- Hospital
- Trauma center
- Burn center

- Clinic

2. Travel time

   - Air

   - Ground

3. Phone (will need emergency room phone number here)

4. Helipad

   - Acquire latitude/longitude for reference.

   - Capabilities of helipad (will it handle potential incoming helicopter[s].)

5. Burn center

H. 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:

1. 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

2. Emergency communications

   - Declare medical emergency.

   - Clear frequency (command net).

   - Re-establish normal communications when appropriate.

3. Evacuation

   - Appropriate transportation (air or ground) will be coordinated with operations section and air operations branch.

4. Considerations

   - Remember to establish and communicate procedures for handling medical emergencies on the entire incident; e.g., in camp, en route to line.

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

J. Block 10 - “Reviewed By (Safety Officer)”

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

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

## 29 - Exhibit 06

### EMERGENCY EQUIPMENT SHIFT TICKET INSTRUCTIONS

1. Agreement No. Number is set forth in Block 2 of the EERA.

2. Contractor. Enter the contractor's name as shown in Block 4 of the EERA.

5. Operator. Enter the names of all operators; in Block 14, Remarks, note the operational periods that each operator was on duty.

6. Equipment Make. Enter the make of equipment as set forth in the EERA, Block 9. (Note: Blocks 6 through 8 should reflect what is shown on the EERA and provided by the contractor.)

7. Equipment Model. Enter the model of equipment as set forth in the EERA, Block 9.

8. Operator. Check one, in accordance with Block 6 of the EERA.

9. Serial Number. Enter serial number of equipment.

10. License Number. If equipment is licensed, enter license number of equipment (off-road, heavy equipment normally is not licensed).

11. Operating Supplies. Check one, in accordance with Block 7 of the EERA.

13. Equipment Use. If the EERA, Block 11, specifies the rate of pay as miles or hours, enter the start and stop times or mileages in the columns designated as start/stop. Calculate the hours worked or miles driven and enter in the work column. If the rate of pay is by the day, enter "1" in the work column for each day worked.

    Enter any information in the "Special" column required in Block 12 of the EERA.

14. Remarks. Enter any information necessary to administer the terms of the EERA.

15. Equipment Status. Mark the appropriate blocks.

17. Contractor's or Authorized Agent's Signature. To be completed and signed by the appropriate contractor representative, normally at the end of each day or break in operational periods.

18. Government Officer's Signature. To be signed by the government official responsible for the immediate supervision of the equipment.

29 - Exhibit 07

EMERGENCY EQUIPMENT SHIFT TICKET, OF-297

**Sample form when vehicle is rented without an operator.**

## EMERGENCY EQUIPMENT SHIFT TICKET

*NOTE: The responsible Government Officer will update this form each day or shift and make initial and final equipment inspections.*

| 1. AGREEMENT NUMBER | 2. CONTRACTOR *(name)* |
|---|---|
| 56-03K0-X-7295 | DoRight Construction |
| **3. INCIDENT OR PROJECT NAME** / **4. INCIDENT NUMBER** | **5. OPERATOR *(name)*** |
| Bad Bear / ID-BOF-080 | Max Speed |
| **6. EQUIPMENT MAKE** / **7. EQUIPMENT MODEL** | **8. OPERATOR FURNISHED BY** |
| Dodge / 150 | ☐ CONTRACTOR ☒ GOVERNMENT |
| **9. SERIAL NUMBER** / **10. LICENSE NUMBER** | **11. OPERATING SUPPLIES FURNISHED BY** |
| / Lic. No. 4T-0795B | ☒ CONTRACTOR (wet) ☐ GOVERNMENT (dry) |

| 12. DATE MO/DAY/YR | 13. EQUIPMENT USE | | | | 14. REMARKS *(released, down time and cause, problems, etc.)* |
|---|---|---|---|---|---|
| | | | HOURS/DAYS (MILES) *circle one* | | |
| | START | STOP | WORK | SPECIAL | |
| 8/5/XX | 9,156 | 9,276 | 120 | | Point of hire – Nampa, ID<br>Time of hire – 0600 |
| | | | | | 15. EQUIPMENT STATUS<br>☒ a. Inspected and under agreement<br>☐ b. Released by Government<br>☐ c. Withdrawn by Contractor |
| | | | | | 16. INVOICE POSTED BY *(Recorder's initials)* CW |

| 17. CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE | 18. GOVERNMENT OFFICER'S SIGNATURE | 19. DATE SIGNED |
|---|---|---|
| Max Speed | Chariot Keeper | 8/5/XX |

NSN 7540-01-119-5629
50297-102

OPTIONAL FORM 297 (Rev. 7-90)
USDA/USDI

29 - Exhibit 08

EMERGENCY EQUIPMENT SHIFT TICKET, OF-297

**Sample form when vehicle is rented with an operator.**

## EMERGENCY EQUIPMENT SHIFT TICKET

*NOTE. The responsible Government Officer will update this form each day or shift and make initial and final equipment inspections.*

| | |
|---|---|
| 1. AGREEMENT NUMBER: **56-03K0-X-7295** | 2. CONTRACTOR *(name)*: **DoRight Construction** |
| 3. INCIDENT OR PROJECT NAME: **Bad Bear** / 4. INCIDENT NUMBER: **ID-BOF-080** | 5. OPERATOR *(name)*: **Loose Nut** |
| 6. EQUIPMENT MAKE: **Caterpiller** / 7. EQUIPMENT MODEL: **D6C** | 8. OPERATOR FURNISHED BY: ☑ CONTRACTOR ☐ GOVERNMENT |
| 9. SERIAL NUMBER: **47A19625** / 10. LICENSE NUMBER | 11. OPERATING SUPPLIES FURNISHED BY: ☑ CONTRACTOR (wet) ☐ GOVERNMENT (dry) |

| 12. DATE MO/DAY/YR | 13. EQUIPMENT USE | | | | 14. REMARKS *(released, down time and cause, problems, etc.)* |
|---|---|---|---|---|---|
| | START | STOP | HOURS/DAYS/MILES *(circle one)* WORK | SPECIAL | |
| 8/5/XX | 0830 | 1600 | 7.5 | | **0600 under hire at Nampa, ID transported to Bad Bear Fire arrived at 0830. 1600 – 1800 down for service 2000– Operators off duty** |
| 8/5/XX | 1800 | 2000 | 2.0 | | |
| | | | | | |
| | | | | | |

15. EQUIPMENT STATUS
- ☑ a. Inspected and under agreement
- ☐ b. Released by Government
- ☐ c. Withdrawn by Contractor

16. INVOICE POSTED BY *(Recorder's initials)*

| 17. CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE | 18. GOVERNMENT OFFICER'S SIGNATURE | 19. DATE SIGNED |
|---|---|---|
| *Loose Nut* | *Tinder Dry* | 8/5/XX |

NSN 7540-01-119-5628
50297-102

OPTIONAL FORM 297 (Rev. 7-90)
USDA/USDI

# Unit 4 - Evaluation of Patient Assessment and Care

## UNIT OBJECTIVES:

At the completion of this unit, the trainee will be able to:

1. List four things to consider when evaluating the medical unit staff's performance of patient assessment.

2. List two things to consider when evaluating the medical unit staff's performance of patient care.

***REMEMBER: As a Medical Unit Leader it is not your job to do patient assessment and care. It is your job to evaluate your staff's performance. If you are not a current EMT you may only be able to evaluate your staff's "people" skills, not their "clinical" skills.***

I. EVALUATE STAFF'S PERFORMANCE OF PATIENT ASSESSMENT

A. 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?

B. How to evaluate

- Review documentation.
- Direct observation
- Communication with staff

## II. EVALUATE STAFF'S PERFORMANCE OF PATIENT CARE

### A. What to evaluate

- Were treatments provided within established protocols?
- Were treatments appropriate to patient complaint?
- Was care provided in a supportive, helpful manner?

### B. How to evaluate

- Review documentation.
- Direct observation
- Communicating with staff
- Patient feedback

## UNIT 4 QUIZ

1. Which of the following are the major considerations the MEDL uses to evaluate the medical unit staff's performance of patient assessment? (Circle all that are appropriate.)

   a. Were correct questions asked?
   b. Was patient marital status determined?
   c. Were sufficient questions asked?
   d. Was mechanism of injury evaluated?
   e. Was shoe size determined when treating blisters?
   f. Was emergency/non-emergency status determined?
   g. Was transport/non-transport status determined appropriately?
   h. Was home unit job title determined?

2. When evaluating the medical unit staff's performance of patient care, it is important to consider if care was provided in a supportive, helpful manner. (True or False?)

3. It is also important to consider if your staff administered treatment appropriate to the patient's problem. (True or False?)

4. List two methods that can be used by the MEDL to evaluate the medical unit staff's performance of assessment and care?

Medical Unit Leader, S-359

Unit 5 - Documentation

UNIT OBJECTIVE:

At the completion of this unit, the trainee will be able to:

Given two documents used by the MEDL, identify what they record, how they are utilized, and when and where they are submitted.

I. DOCUMENTS

A. ICS forms

1. General Message Form, ICS-213

- Records official correspondence.

- Used for ordering resources.
  - Retained for reference to verify receipt of items.

- Used to request non-emergency transportation.
  - Patients to and from medical facility
  - Staff/patient demobilization

- Copies are disbursed as follows:
  - Yellow and pink submitted to recipient.
  - White retained by sender.
  - Pink returned to sender when reply is issued.

2. 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.

B. Examples of medical documentation

The following forms cannot be ordered from a cache. The Patient Evaluation and the Medical Unit Record of Issues are available in 100 and 500 person kits. The Daily Summary is available in 500 person kit only. The Incident Summary will need to be created by the MEDL. <u>These forms are examples only, any variation may be used.</u>

You may have personnel that are unfamiliar with the following medical forms. It is the responsibility of the MEDL to ensure correct completion.

1. Patient Evaluation *(See pp. 99-102 for overview and notes on the Patient Evaluation.)*

   - 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.

2. Medical Unit Record of Issues *(See pp. 103-105 for overview and notes on the Medical Unit Record of Issues.)*

   - 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.

     - Safety officer may review for trends.

   - Submitted at end of incident to documentation unit.

3. Daily Summary *(See pp. 107-110 for overview on the Daily Summary.)*

This form may not be required on all incidents and MEDLs may choose to create their own form or utilize another existing form.

- Records number of medical complaints by category.

- Documents number of patients transported.

- Used to track incident medical trends.

  - Safety officer may review for trends.

- Submitted at end of incident to documentation unit.

4. Incident Summary *(See p. 110 for overview on the Incident Summary.)*

   There is no specific form for the Incident Summary; the MEDL will need to create a summary containing the following information at the end of the incident:

- Number of medical complaints by category.

- Number of patients transported.

- Critical medical emergencies.

- Problems among staff in medical unit operations.

- Total patient visits for entire incident.

- Submitted at end of incident to the safety officer and documentation unit.

C. Agency specific forms; e.g., form developed by a state agency or local government agency.

# 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

Level of Consciousness

☐ Alert/Oriented
☐ Confused/Disoriented
☐ Unresponsive
☐ D.O.A. at Scene

7 LOCATION: ☐ Aid Station ☐ Line ☐ Other _____

CHECK IF PRESENT:

☐ Breathing Difficulties ☐ Cyanosis ☐ Convulsions
☐ Total Obstructed Airway ☐ Allergies ☐ Shock
☐ Respiratory Arrest ☐ Nausea/Vomiting ☐ Other: _____

Remarks: _____

MEDICAL HISTORY: 8

Vital Signs:

| | | | |
|---|---|---|---|
| ___ : ___ | Time | ___ : ___ | |
| ___ : ___ | B.P. | ___ : ___ | |
| 9 | 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: 10

Remarks: _____

CARE RENDERED:

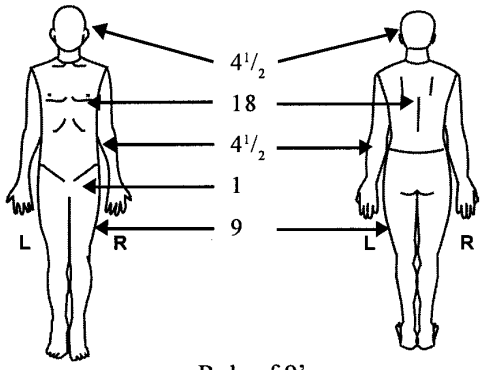
| At Scene | En Route | |
|---|---|---|
| ☐ | ☐ | Airway Cleared/Maintained |
| ☐ | ☐ | Airway Used |
| ☐ | ☐ | Oxygen - Rate _____ |
| ☐ | ☐ | Artificial Respiration |
| ☐ 11 | ☐ | CPR Initiated - Time: 12 |
| ☐ | ☐ | Burn Treated ☐ Wet ☐ Dry |
| ☐ | ☐ | Bleeding Controlled |
| ☐ | ☐ | Neck/Spine Immobilization |
| ☐ | ☐ | Extremity Splints/Traction |
| ☐ | ☐ | Other: _____ |

TREATMENT: 13

MEDICATION: 14

REMARKS: 15

PROBABLE INJURY (Please "X"):




Front Rule of 9's Back

CHANGES IN CONDITION

| At Scene | En Route |
|---|---|
| ☐ Improved | ☐ |
| ☐ Unchanged | ☐ |
| ☐ Worsened | ☐ |
| ☐ Cardiac Arrest | ☐ |

NATURE OF SERVICE

☐ Treated and Transported ☐ CA[1] Recommended
☐ Treated, not Transported ☐ Treatment Refused
☐ Other: _____

REMARKS: _____

TYPE OF TRANSPORTATION:

☐ Air ☐ Ground ☐ EMT SIGNATURE: 16 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 "Divsion 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.

# MEDICAL UNIT RECORD OF ISSUES

INCIDENT NAME _____ INCIDENT NUMBER _____

CAMP NAME 1

*PATIENT EVALUATION FORM REQUIRED IF - 1) Dosages are prescribed 2) For all diagnostic and minor treatment

| DATE | TIME | NAME | UNIT/CREW | COMPLAINT | INT. | ISSUE/MEDICATION |
|---|---|---|---|---|---|---|
| 2 → | | 3 | 4 | 5 | 6 | 7 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
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| | | | | | | |

NAMES OF MEDICAL TEAM 8

## 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.

**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 |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |

ABRASIONS (scrapes)

| Hand | Finger | Arm | Abdomen | Chest | Back | Leg | Foot | Head | Face |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |

CONTUSIONS (bruises)

| Hand | Finger | Arm | Abdomen | Chest | Back | Leg | Foot | Head | Face |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |

RESPIRATORY SYSTEM

| Congested Nose | Runny Nose | Congested Lungs | Sinus | Sore Throat | Cough | Cold | Smoke Inhalation | ( ) |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |

BURNS (blistering MAY result)

| Thermal | Chemical | Electrical | Airway | ( ) |
|---|---|---|---|---|
| | | | | |

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 |
|---|---|---|---|---|---|---|
| | | | | | | |

MISCELLANEOUS

| Rash | Muscle Ache | Allergic Reaction | Constipation | Diarrhea | Pneumonia | Yeast Inf. |
|---|---|---|---|---|---|---|
| | | | | | | |

OTHER

| | | | | |
|---|---|---|---|---|
| | | | | |

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).

_____ Acetominophen (Tylenol)
_____ Anbesol (tooth)
_____ Antiseptic Soap
_____ Aspirin
_____ Bag Balm
_____ Band Aid (rectangular)
_____ Ben Gay (ointment or ICY/HOT etc.)
_____ Betadine (ointment)
_____ Blanket (space)
_____ Calamine Lotion
_____ Chlo-Amine Tablets
_____ Coriciden "D"
_____ Debrox Drops (ear)
_____ Epinephrine (injectable)
_____ Eye Wash (non-medicated solution)
_____ Foot Powder (medicated)
_____ Gauze (4x4, 4x3, 2X2, etc.) (non-adherent)
_____ Gauze (roll, any size)
_____ Hydrocortisone Cream
_____ Ibuprofin, 200 mg. pills (like Advil)
_____ Lotion, Hand (without sunscreen)
_____ Medi-Haler, Epinephrine
_____ Moleskin
_____ Nasal Canula
_____ Nasal Spray (medicated, like neo-synephrine)
_____ Neosporin (ointment)
_____ Pepto Bismol
_____ Povodine Iodine (liquid)
_____ Povodine Iodine (pads)
_____ Safety Pins
_____ Second Skin
_____ Splint (finger)
_____ Sudafed or Pseudophedrine
_____ Suppositories (hemorrhoidal)
_____ Tape (medical, all kinds)
_____ Tetracaine
_____ Throat Lozenges (medicated, cepastat, cepacol, etc.)
_____ Tolnaftate (liquid)
_____ Tolnaftate (powder - may be spray)
_____ Triangular Bandage
_____ Visine
_____ Vitamins (multiple)

_____

_____

_____ Alka-Seltzer
_____ Antacid (any brand)
_____ Aspercream
_____ Bacitracin
_____ Band Aid (knuckle)
_____ Benadryl (diphenhydramine)
_____ Betadine (liquid)
_____ Betadine (pads)
_____ Bonine (meclizine)
_____ Chap Stick (or any lipbalm)
_____ Cold Pack (chemical)
_____ Cotton Tipped Swab
_____ Elastic Bandage (like ACE)
_____ Eye Dressing (gauze)
_____ Flourescein Strip
_____ Foot Powder (non-medicated)
_____ Gauze (large "field-dressing")
_____ Hot Pack (chemical)
_____ Hydrogen Peroxide
_____ Kaopectate (kaolin/pectin)
_____ Midol
_____ Metamucil
_____ Mylanta
_____ Nasal Spray (non-medicated)
_____ Oxygen
_____ Polysporin (ointment)
_____ Povodine Iodine (ointment)
_____ Robitussin DM
_____ Sanitary Pad
_____ Skin Closure Strips
_____ Splint (rigid, 24" long)
_____ Sunscreen
_____ Tampons
_____ Tape (athletic)
_____ Throat Lozenges (non-medicated)
_____ Tolnaftate (ointment)
_____ Towlettes
_____ Under Wrap
_____ Vitamin C (pills)
_____ Zinc Oxide

_____

_____

_____

# 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 a 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.

## UNIT 5 EXERCISE

Match the item with the appropriate form(s).

A. Unit Log (ICS-214)
B. General Message Form (ICS- 213)
C. Patient Evaluation
D. Medical Unit Record of Issues
E. Daily Summary
F. Incident Summary

---

1. Lists unit staff for operational period. _____ & _____

2. Documents all items issued by the medical unit. _____ & _____

3. Documents patient's vital signs. _____

4. Safety officer may review for trends. _____, _____ & _____

5. Submitted to documentation unit after each operational period. _____

6. Used for ordering resources. _____

7. Summarizes total patient visits for the entire incident. _____

8. White retained by sender. _____

9. Documents number of patients transported daily. _____

10. Records patient assessment findings. _____

11. Identifies major events for operational period. _____

12. Used for serious medical complaints. _____

13. Records official correspondence. _____

14. Requires signature of medic. _____

15. Used for common/minor complaints. _____

16. Used to request non-emergency transportation. _____

17. Records number of medical complaints by category. _____ & _____

18. Documents problems among staff in medical unit operations. _____ & _____

19. Requires medic's initials. _____

20. Accompanies patient to medical facility. _____

Medical Unit Leader, S-359

Unit 6 - Demobilization

UNIT OBJECTIVES:

At the completion of this unit, the trainee will be able to:

1. List two considerations used to identify excess unit resources.

2. Discuss the process for evaluating overall individual performance of medical unit personnel.

3. List three actions involved in medical unit demobilization and check out.

## I. IDENTIFY EXCESS UNIT RESOURCES

Coordinate with other functions and identify excess resources.

A. Determine who or what is excess.

- Discuss incident priorities and needs with other functions.

- Reevaluate unit personnel needs to support the incident.

- Identify supplies and equipment that are no longer required or in use.

- Consider release of personnel and equipment based on national and/or local priorities.

- Ensure adequate staff throughout demobilization; e.g. number of personnel, gender mix, skill level.

B. Determine when resources will be excess.

- Time and date of excess.

C. Reevaluate and verify excess resources throughout the duration of the incident.

- Priorities and needs can change daily.

II. EVALUATE PERFORMANCE OF STAFF

A. Discuss performance with individual(s).

- Complete Incident Personnel Performance Ratings, ICS-225 if required. *(See page 121 for example of ICS-225.)*

  - Provide a copy of the rating to the individual.

  - List training if needed or desired.

- Maintain accuracy and fairness.

B. Verify and document completed items in position task book as needed.

III. DEMOBILIZATION AND CHECK OUT

A. Receive demobilization instructions from the logistics section chief/ supervisor.

B. 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.

C. Consider the following 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.

D. Submit required information to the documentation unit leader.

- Individual Personnel Performance Ratings, ICS-225

- Daily and incident documents

E. Document lost/damaged equipment on agency specific forms.

- Provide copies of forms to the documentation unit and to the issuing agency.

F. Brief replacement personnel.

- Supplies/equipment inventory
  - Amount
  - Location
  - Rental ageement provisions

- Medical personnel
  - Length of assignment
  - Incident position
  - Input into performance evaluations
- Incident information from IAP and briefings
- Medical unit information
  - Trends
  - Outstanding medical emergencies
  - Patients in process
  - Unit procedures
  - Medical facilities not included in ICS-206
- Contractors
  - Agreement provisions
  - Emergency Equipment Shift Tickets, OF-297

G. 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 page 123 for example of ICS-221.)*

# 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<br>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. DEFICIENCES 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 |

NFES 1576 9/86 ICS Form 225

# 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<br>NUMBER_____ |
|---|---|
| 8. DESTINATION<br>_____ | 9. AREA/AGENCY/REGION NOTIFIED<br>NAME_____<br>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)

LOGISTICS SECTION

- ☐ SUPPLY UNIT_____
- ☐ COMMUNICATIONS UNIT_____
- ☐ FACILITIES UNIT_____
- ☐ GROUND SUPPORT UNIT_____

PLANNING SECTION

- ☐ DOCUMENTATION UNIT_____

FINANCE/ADMINISTRATION SECTION

- ☐ TIME UNIT_____

OTHER

- ☐ _____
- ☐ _____

12. REMARKS

_____

_____

_____

_____

221 ICS (1/99) INSTRUCTIONS ON BACK NFES 1353

## UNIT 6 QUIZ

1. Why is it important to consider skills and gender when identifying excess unit resources?

2. The size of the incident should be taken into consideration when identifying excess unit resources. (True or False?)

3. When documenting overall performance of medical unit personnel it is important to assure accuracy and _____, complete an _____ for each individual, and _____ performance with the _____. A copy of the rating should be provided to the _____.

4. List three things the Medical Unit Leader will need to consider to successfully demobilize the medical unit.

5. List two items you would brief your replacement personnel about.