

# **Medical Unit Leader**

## **S-359**



**Instructor's Guide**  
**March 2000**  
**NFES 1929**



**S-359**

**Medical Unit Leader**



**S-359**

**Medical Unit Leader**





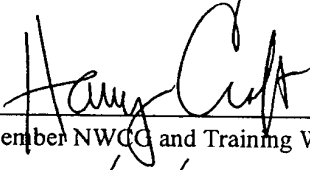
## CERTIFICATION STATEMENT

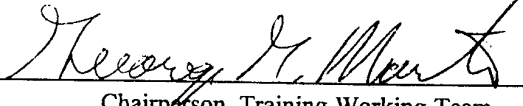
on behalf of the

### 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 NWCWG 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.

# **Medical Unit Leader**

## **S-359**

**Instructor's Guide**  
**March 2000**  
**NFES 1929**

The National Wildfire Coordinating Group (NWCG) has developed this information for the guidance of its member agencies and is not responsible for the interpretation or use of this information by anyone except its member agencies. The use of trade, firm, or corporation names in this publication is for the information and convenience of the reader and does not constitute an endorsement by the NWCG of any product or service to the exclusion of others that may be suitable.

---

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)

---

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 #1929.



## PREFACE

Medical Leader, S-359, is identified training in the National Wildfire Coordinating Group (NWCG), Wildland Fire Skills Curriculum.

This course has been developed by an interagency development group with guidance from the National Interagency Fire Center, National Fire and Aviation Training Support Group under authority of the NWCG, with coordination and assistance of personnel from the following agencies:

United States Department of the Interior  
Bureau of Land Management

United States Department of Agriculture  
Forest Service

We appreciate the efforts of those people associated with the development and review of this package.





## CONTENTS

Preface .....	i
Contents.....	iii
Introduction .....	1
Course Instructions .....	3
Detailed Lesson Outlines:	
Unit 0    Introduction .....	0-1
Unit 1    Gather Information about the Assignment .....	1-1
Unit 2    Establishing and Maintaining the Unit .....	2-1
Unit 3    Organize and Supervise the Unit .....	3-1
Unit 4    Evaluation of Patient Assessment and Care .....	4-1
Unit 5    Documentation .....	5-1
Unit 6    Demobilization .....	6-1
Appendix A - Course Ordering Information .....	A-1
Appendix B - Slide Masters .....	B-1
Appendix C - Handout Masters .....	C-1
Appendix D - Trainee Workbook.....	D-1
Appendix E - Field Reference Guide .....	E-1
Appendix F - Evaluations .....	F-1



## INTRODUCTION

Medical Unit Leader (MEDL), S-359 is a 20-hour course designed to meet the training needs of an incident MEDL as outlined in the Wildland and Prescribed Fire Qualification System Guide, PMS 310-1, and the Position Task Book (PTB) developed for the position.

The Instructor's Guide contains all the information and references necessary for the course coordinator, instructor, and trainees. The course instructions contain the information concerning course administration.

This course is designed to be interactive in nature. It contains several exercises designed to facilitate group and class discussion.

For an individual to become fully qualified as a MEDL the individual must meet the standards set forth in the Wildland and Prescribed Fire Qualification System Guide, PMS 310-1.

The Wildland and Prescribed Fire Qualification System Guide, PMS 310-1, provides guidance and a national wildfire standard for establishing minimum training, skills and knowledge, experience and physical fitness requirements for the participating agencies of the National Wildfire Coordinating Group (NWCG).



## COURSE INSTRUCTIONS

**This section contains instructions and information essential for the instructor(s) to make an effective presentation. All instructors must be thoroughly familiar with this section and all other course material prior to presenting the course.**

### I. INSTRUCTOR PREREQUISITES

All instructors must be qualified Medical Unit Leaders and should have successfully completed the Facilitative Instructor training course, or an equivalent 32-hour course. Instructors should also have enough actual experience to teach participants the duties of these positions without regard for the type of incident involved. There should be a minimum of three instructors for this course.

### II. TRAINEE PREREQUISITES

Trainees must have prior or current certification as an emergency medical technician or equivalent. Course coordinators should screen nominees carefully for this prerequisite. The maximum class size should not exceed 25 trainees.

### III. COURSE OBJECTIVES

#### Performance Objectives

At the completion of this course the trainee will:

1. Arrive at the incident properly equipped, gather information to assess the assignment, and begin initial planning activities of a Medical Unit Leader.
2. Coordinate with the other units and sections to assist in accomplishing the overall objectives of the medical unit.
3. Plan, staff, and organize the medical unit to meet the needs of the incident in a safe and efficient manner.

4. Explain how to efficiently manage the medical unit.
5. Describe the elements used to evaluate the medical unit staff's performance of quality patient assessment and care.

#### IV. COURSE LENGTH

##### A. Presentation time

This course will require approximately 20 hours for presentation. If agency specific material is added more time may be required.

##### B. Instructor preparation

This course is presented with facilitated lecture and exercises. Instructors must devote adequate time to prepare for the presentation. Suggested solutions for the exercises are provided, but the instructors must work through the exercises to explain the process used to reach these solutions and also to be able to incorporate any additional solutions the trainees may develop.

#### V. SPACE AND CLASSROOM REQUIREMENTS

The classroom should be a modern facility, seating approximately 25 trainees, with appropriate logistical support items including computer with projector, projection screen, and adjustable lighting. The slides are provided on a CD in PowerPoint 95 and 97 formats.

#### VI. COURSE SELECTION LETTER

Trainees need to be instructed in the selection letter to bring a Fireline Handbook, PMS 410-1, with them to the course. See Course Coordinator's Guide, PMS 907, for additional information on the selection letter.

## VII. COURSE MATERIALS

### A. Instructor material

The Instructor's Guide contains all the information and lists references necessary for the course coordinator and instructors (see Appendix A for ordering information). The course is designed to be interactive, and allows the instructors much latitude in the choice of instructional devices. Notes to the instructor are provided to assist with teaching technique, and are presented in **BOLD CAPS** in the lesson plan. The "Aids and Cues" column serves as a reminder to display or refer to specific lesson materials, such as slides and Trainee Workbook page numbers.

### B. Trainee material

1. Tables, chairs, and pencils or pens should be supplied for each trainee.
2. Each trainee will need a Trainee Workbook; binders may also be ordered for each trainee as a place to put the workbook and handouts.
3. The course coordinator will need to assemble a "forms packet" for each trainee (see Unit 1, p. 1-2); these forms have not been included as handouts intentionally so the trainees will be getting the current version at the time of the course.

### C. Audiovisual equipment provided for the instructors should include:

1. Computer, computer projector, and a screen.
2. White board with markers.
3. Easel with extra flip chart pads and markers.

## VIII. APPENDICES

### A. Course Ordering Information (Appendix A)

Course Ordering Information identifies where to order the items necessary to present the course.

### B. Slide Masters (Appendix B)

Slide Masters contains thumbnail lists of the PowerPoint slides by unit.

### C. Handout Masters (Appendix C)

Handouts have been printed on one side only for ease of duplication. The course coordinator will need to duplicate these handouts for each trainee. Handouts have also been placed at the back of each unit in the Instructor's Guide.

### D. Trainee Workbook (Appendix D)

The Trainee Workbook contains a copy of the trainee note taking material. It is suggested that each trainee receive this guide in a binder upon arrival at the training session.

### E. Field Reference Guide (Appendix E)

The Field Reference Guide is a reference for trainees to use in the field. Each trainee should receive a copy of this guide.

### F. Evaluations (Appendix F)

The Trainee Course Evaluation, Evaluation Summary Questionnaire, trainee handout of the Final Examination and the Final Examination Answer Key are included in this appendix.



## IX. EVALUATION

### A. Unit exercises/quizzes

Most units contain either a unit exercise or quiz; these will not be graded, but will be discussed upon completion by the entire class. School solutions are located at the end of each unit's materials in the Instructor's Guide, coded as "IR" or "HO".

### B. Final examination

Trainees must obtain a score of 80% on the final examination.

### C. Course evaluations

#### 1. Trainee Course Evaluation

This is the opportunity for trainees to comment on the course and the instructors for purposes of improving future training sessions. This is only an example of an evaluation; course coordinators may choose to use their own forms.

#### 2. Course Evaluation Summary Questionnaire

Comments are to be made on this form by the course coordinator and submitted to:

National Interagency Fire Center  
National Fire and Aviation Training Support Group  
Training Standards Unit  
3833 South Development Avenue  
Boise, Idaho 83705-5354

or via internet to: [nwcg\\_standards@nifc.blm.gov](mailto:nwcg_standards@nifc.blm.gov)



## DETAILED LESSON OUTLINE

COURSE: Medical Unit Leader, S-359

UNIT: 0 - Introduction

SUGGESTED TIME: 1½ hours

TRAINING AIDS: Computer with projector and appropriate software, screen, flipchart, Fireline Handbook (PMS 410-1), and Wildland and Prescribed Fire Qualifications System Guide (PMS 310-1).

### 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.

OUTLINE	AIDS & CUES
<b>PRESENT UNIT OBJECTIVES.</b>	00-01-S359-SL thru 00-03-S359-SL
I. COURSE ADMINISTRATION	
A. Lodging and transportation needs	
B. Ground rules	
• Breaks	
• Starting and ending times	

OUTLINE (CONTINUATION)	AIDS & CUES
<ul style="list-style-type: none"> <li>• Lunch</li> <li>• Smoking policy</li> </ul> <p>C. Facilities</p> <ul style="list-style-type: none"> <li>• Restrooms</li> <li>• Vending machines, coffee, etc.</li> <li>• Messages, telephone use, computer use, etc.</li> </ul> <p>II. INTRODUCTIONS</p> <p><b>THE LEAD INSTRUCTOR MAY CHOOSE ANY METHOD FOR INTRODUCTIONS.</b></p> <p>A. Introduce the instructor cadre, including course coordinator, and any guests.</p> <p>B. Have trainees introduce themselves or each other.</p> <p>III. COURSE OBJECTIVES</p> <p><b>PRESENT COURSE OBJECTIVES.</b></p> <p>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.</p> <p>A. Arrive at the incident properly equipped, gather information to assess the assignment, and begin initial planning activities of a Medical Unit Leader.</p> <p>B. Coordinate with other units and sections to assist in accomplishing the overall objectives of the medical unit.</p>	<p>00-04-S358-SL thru 00-06-S358-SL TWB p. 4</p>

OUTLINE (CONTINUATION)	AIDS & CUES
<ul style="list-style-type: none"> <li>C. Plan, staff, and organize the medical unit to meet the needs of the incident in a safe and efficient manner.</li> <li>D. Explain how to efficiently manage the medical unit.</li> <li>E. Describe the elements used to evaluate the medical unit staff's performance of quality patient assessment and care.</li> </ul>	
<p>IV. EVALUATION</p> <p>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.</p> <p>The final exam is closed book and requires a passing score of 80%.</p> <p>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.</p>	
<p><b>USE LOCAL COURSE EVALUATION FORM OR THE FORM PROVIDED IN APPENDIX F; HAND OUT THE EVALUATION EARLY TO ALLOW TRAINEES ADEQUATE TIME TO COMPLETE.</b></p>	<p>Appendix F, pp. F-2 &amp; F-3</p>
<p>V. COURSE OVERVIEW</p> <ul style="list-style-type: none"> <li>A. This course requires approximately 20 hours for presentation.</li> </ul>	

OUTLINE (CONTINUATION)	AIDS & CUES
<p data-bbox="284 247 899 285">B. Performance based training system</p> <p data-bbox="191 338 1122 548"><b>HAND OUT A MEDICAL UNIT LEADER TASK BOOK TO TRAINEES THAT DID NOT BRING ONE FROM THEIR HOME UNITS. DISCUSS AND ANSWER ANY QUESTIONS THE TRAINEES MAY HAVE ON TASK BOOK COMPLETION.</b></p> <p data-bbox="381 604 1133 821">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.</p> <p data-bbox="381 873 1138 1220">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.</p> <p data-bbox="381 1272 1146 1488">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.</p> <p data-bbox="381 1541 1130 1709">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.</p>	

OUTLINE (CONTINUATION)	AIDS & CUES
<p>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.</p> <p>VI. EXPECTATIONS</p> <p><b>DIVIDE CLASS INTO GROUPS OF 4-5; PROVIDE EACH GROUP WITH A PIECE OF FLIP CHART PAPER AND A MARKER. ASK EACH GROUP TO DEVELOP A CONSOLIDATED LIST OF WHAT THEY EXPECT FROM THIS COURSE. ALLOW 10-15 MINUTES FOR THIS EXERCISE.</b></p> <p><b>HAVE EACH GROUP POST THEIR PAPER AND PRESENT THEIR EXPECTATIONS. THE CADRE WILL NEED TO DISCUSS WITH THE TRAINEES WHICH EXPECTATIONS CAN BE ACHIEVED WITHIN THE ALLOTTED CLASS TIME. EXPLAIN THE DIFFICULTY ENCOUNTERED WITH HARD TO ACHIEVE ITEMS.</b></p> <p><b>REFER TO THESE LISTS THROUGHOUT THE TRAINING COURSE AND AGAIN AT THE CONCLUSION OF THE COURSE TO ENHANCE THE TRAINING AND TO ASSURE THAT THE EXPECTATIONS OF THE TRAINEES ARE BEING MET.</b></p>	
<p>VII. THE ROLE OF THE MEDICAL UNIT AND THE MEDL</p> <p>A. Role of the medical unit</p> <ol style="list-style-type: none"> <li>1. Provides medical support for incident personnel.</li> </ol>	00-07-S359-SL

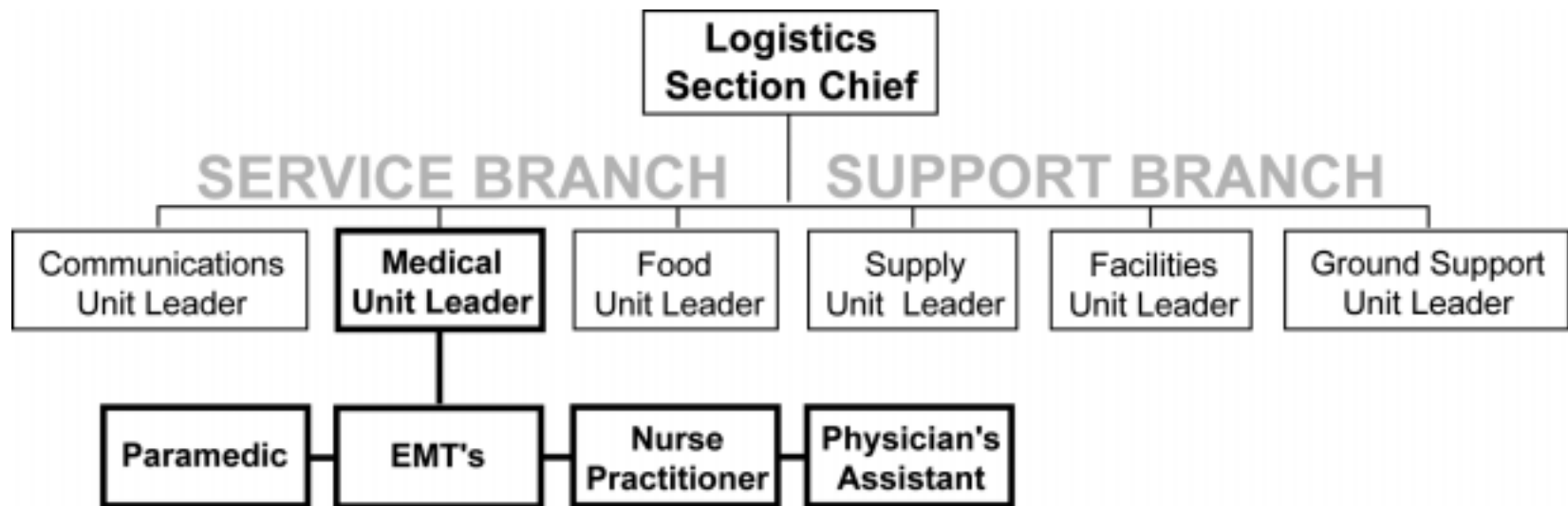
OUTLINE (CONTINUATION)	AIDS & CUES
<ul style="list-style-type: none"><li>• In some cases only for medical emergencies</li><li>• Most typically for non-urgent care as well as medical emergencies<ul style="list-style-type: none"><li>- Goal for non-urgent care is to assess and treat patients for return to duty while screening for those that need to be transported to higher level care.</li></ul></li></ul> <p>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.</p> <p>B. Role of the MEDL</p> <p><b>REFER TO THE FIRELINE HANDBOOK, CHAPTER 11 (LOGISTICS) FOR AN OVERVIEW OF THE ROLE OF THE MEDL.</b></p>	00-08-S359-SL
<p>1. Be an effective MEDL.</p> <p>Attributes:</p> <ul style="list-style-type: none"><li>• Focus on managing the medical unit, not providing patient care.</li><li>• Focus on incident personnel health and welfare.</li><li>• Flexible</li><li>• Team player</li><li>• Effective communicator</li><li>• Skilled listener</li><li>• Patience</li><li>• Problem solver</li><li>• Sensitive to cultural and gender diversity</li></ul>	00-09-S359-SL



OUTLINE (CONTINUATION)	AIDS & CUES
<p>2. Staff and stock medical unit appropriate to incident needs.</p> <p>3. Establish procedures</p> <ul style="list-style-type: none"> <li>• for medical emergencies.</li> <li>• for non-urgent medical problems.</li> </ul>	00-10-S359-SL
<p>4. Administer medical unit/supervise staff.</p> <ul style="list-style-type: none"> <li>• Establish work periods.</li> <li>• Assign work duties.</li> <li>• Manage unit documentation.</li> <li>• Evaluate staff.</li> </ul> <p>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.</p>	00-11-S359-SL
<p>VIII. THE MEDICAL UNIT LEADER IN ICS</p> <p>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.</p> <p>B. The MEDL is supervised by the logistics section chief/service branch director.</p>	00-12-S359-SL
<p><b>REFER TO ORGANIZATIONAL CHART IN TRAINEE WORKBOOK.</b></p>	00-13-S359-SL 00-01-S359-IR TWB p. 9
<p><b>REVIEW UNIT OBJECTIVES.</b></p>	00-14-S359-SL 00-15-S359-SL



# Logistics Section Organizational Chart



6-0



## DETAILED LESSON OUTLINE

**COURSE:** Medical Unit Leader, S-359

**UNIT:** 1 - Gather Information About the Assignment

**SUGGESTED TIME:** 1 hours

**TRAINING AIDS:** Computer with projector and appropriate software, screen, and National Interagency Mobilization Guide.

**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.

OUTLINE	AIDS & CUES
<b>PRESENT UNIT OBJECTIVES.</b>	01-01-S359-SL thru 01-03-S359-SL 01-04-S359-SL
I. ASSEMBLE MEDICAL UNIT LEADER KIT.  Kit will be assembled and prepared prior to receiving an assignment.	
<b>HAVE A KIT AVAILABLE TO SHOW TO THE CLASS.</b>	
<b>EMPHASIZE THAT THE KIT DOES NOT INCLUDE MEDICAL SUPPLIES.</b>	

OUTLINE (CONTINUATION)	AIDS & CUES
<p>The kit is necessary to have upon arrival at the incident because:</p> <ul style="list-style-type: none"> <li>• Supplies and forms may not arrive immediately.</li> <li>• Some supplies are not readily available at all incidents.</li> <li>• Some supplies are difficult to find.</li> </ul> <p>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.</p> <p><b>REFER TO NATIONAL MOBILIZATION GUIDE, CHAPTER 13, FOR WEIGHT LIMITATIONS ON KIT.</b></p>	01-05-S359-SL
<p><b>HAND OUT “FORMS PACKET” OF BLANK FORMS (INDICATED WITH AN ASTERISK “*” ON THE FOLLOWING LIST) TO EACH TRAINEE FOR INCLUSION INTO THEIR KITS. THESE FORMS WILL NEED TO BE ORDERED AND ASSEMBLED INTO A PACKET BY THE COURSE COORDINATOR PRIOR TO THE TRAINING TO ASSURE THAT THE MOST CURRENT FORMS ARE BEING GIVEN TO THE TRAINEES. FORMS THAT CANNOT BE ORDERED THROUGH THE CACHE SYSTEM ARE INCLUDED AS HANDOUTS (APPENDIX C).</b></p>	01-01-S359-HO
<p><b>HAND OUT THE MEDICAL UNIT LEADER FIELD REFERENCE GUIDE AND REVIEW WITH TRAINEES.</b></p>	01-02-S359-HO

OUTLINE (CONTINUATION)	AIDS & CUES
<p>Suggested items:</p> <ul style="list-style-type: none"> <li>• Fireline Handbook, PMS 410-1</li> <li>• Interagency Incident Business Management Handbook, PMS 902</li> <li>• NWCG NFES Catalog, Parts 1 &amp; 2, PMS 449-1</li> <li>• Medical Unit Leader Field Reference Guide</li> <li>• ICS-206, Medical Plan*</li> <li>• ICS-213, General Message*</li> <li>• ICS-214, Unit Log*</li> <li>• Daily Summary, Field First Aid Station</li> <li>• Medical Unit Record of Issues</li> <li>• Patient Evaluation Log</li> <li>• CA-1, Employee's Notice of Injury and Claim for Continuation of Pay/Compensation*</li> <li>• CA-2, Employee's Notice of Occupational Disease*</li> <li>• CA-16, Authorization for Examination and/or Treatment*</li> <li>• Agency Provided Medical Care Authorization/ Medical Report*</li> </ul> <p><i>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.</i></p> <ul style="list-style-type: none"> <li>• SF-261, Crew Time Report*</li> <li>• OF-297, Emergency Equipment Shift Ticket*</li> <li>• Other agency/area specific medical forms</li> <li>• Medical supply catalogs (if available)</li> <li>• Paper, pencils, pens, large marking pens</li> <li>• Duct tape, flashlight, small calculator, alarm clock, calendar</li> </ul> <p><i>* Forms packet - one each of these forms needs to be handed out to each trainee.</i></p>	<p>01-06-S359-SL</p> <p>01-07-S359-SL</p> <p>01-03-S359-HO</p> <p>01-04-S359-HO</p> <p>01-05-S359-HO</p> <p>01-08-S359-SL</p> <p>01-09-S359-SL</p> <p>01-10-S359-SL</p>

OUTLINE (CONTINUATION)	AIDS & CUES
<p data-bbox="190 243 724 281">II. GENERAL INFORMATION</p> <p data-bbox="190 331 1107 548"><b>REFERENCE THE MEDL POSITION TASK BOOK. DISCUSS THE FOLLOWING WITH TRAINEES TO DETERMINE THEIR ABILITY TO COMPLETE THE TASKS. IF SOME TASKS NEED FURTHER EXPLANATION, DISCUSS.</b></p> <p data-bbox="284 598 1136 808">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.</p> <ul data-bbox="284 858 1058 1247" style="list-style-type: none"> <li>• Obtain complete information upon initial activation.</li> <li>• Gather information to assess the incident assignment.</li> <li>• Arrive at the incident and check in.</li> <li>• Establish and maintain a positive interpersonal and interagency working relationship.</li> <li>• Provide for safety and welfare of assigned personnel.</li> </ul> <p data-bbox="190 1297 1094 1375">III. OBTAIN BRIEFING FROM LOGISTICS SECTION CHIEF/SUPERVISOR.</p> <p data-bbox="284 1428 1057 1556">An initial briefing with the logistics section chief/supervisor is important for gathering information for effective operation of the medical unit.</p> <p data-bbox="190 1606 1136 1864"><b>TWO INSTRUCTORS SHOULD NOW PERFORM THE SKIT DEMONSTRATING AN EFFECTIVE BRIEFING. HAVE THE TRAINEES MAKE NOTES ABOUT THE INFORMATION BEING EXCHANGED DURING THE BRIEFING (SEE LIST BELOW). DISCUSS WHAT THEY OBSERVED.</b></p>	<p data-bbox="1154 598 1382 632">01-11-S359-SL</p> <p data-bbox="1154 1079 1382 1113">01-12-S359-SL</p> <p data-bbox="1154 1297 1382 1331">01-13-S359-SL</p> <p data-bbox="1154 1606 1377 1640">01-01-S359-IR</p>



OUTLINE (CONTINUATION)	AIDS & CUES
<p>Examples of information that may be obtained from these briefings include:</p> <ul style="list-style-type: none"> <li>• Work space</li> <li>• Ordering process</li> <li>• Work schedule</li> <li>• Policies and operating procedures</li> <li>• Assigned contractors (ambulance, etc.)</li> <li>• Resources committed</li> <li>• Resources ordered and/or en route</li> <li>• Current and anticipated situation</li> <li>• Expected duration of assignment/incident</li> <li>• Safety hazards</li> <li>• Timekeeping procedures</li> <li>• Emergency procedures <ul style="list-style-type: none"> <li>- Who will make the decision to mobilize external ground or air resources? Who will make the actual phone/radio call? Typically would be made by the MEDL or incident communication center manager.</li> <li>- If MEDL, where will phone call be made? Dispatch? or Direct?</li> </ul> </li> </ul> <p>All information may not be available from the logistics section chief/supervisor. The individual is responsible for asking pertinent questions.</p> <p>IV. INCIDENT ACTION PLAN (IAP)</p> <p>A. Obtain a copy of the IAP as soon as possible.</p> <p>The IAP is important for gathering information for effective operation of the medical unit. A copy may be obtained from your supervisor.</p>	<p>01-14-S359-SL</p> <p>01-15-S359-SL</p> <p>01-16-S359-SL</p>

OUTLINE (CONTINUATION)	AIDS & CUES
<b>HAND OUT TIMPANOGOS IAP; USE TO ILLUSTRATE INFORMATION THAT CAN BE GATHERED FROM AN IAP. EXPLAIN THE SIGNIFICANCE OF EACH FORM <u>AS IT RELATES TO THE MEDL.</u></b>	01-06-S359-HO
<p data-bbox="285 470 1146 548">B. The following information, pertaining to the MEDL, can be gathered from this document.</p> <ul data-bbox="381 604 1146 1346" style="list-style-type: none"> <li data-bbox="381 604 1146 642">• Incident objectives from ICS-202</li> <li data-bbox="381 646 1146 724">• Organizational assignments and chain of command from ICS-203</li> <li data-bbox="381 728 1146 766">• Clock hours for current operational period</li> <li data-bbox="381 770 1146 898">• Number of operational personnel and assignment for current operational period from ICS-204</li> <li data-bbox="381 903 1146 940">• Safety concerns from Safety Message</li> <li data-bbox="381 945 1146 1022">• Current and predicted weather from Fire Behavior Forecast and Weather Forecast</li> <li data-bbox="381 1026 1146 1064">• Frequency assignments from ICS-205</li> <li data-bbox="381 1068 1146 1106">• Medical information from ICS-206</li> <li data-bbox="381 1110 1146 1148">• Air operations information from ICS-220</li> <li data-bbox="381 1152 1146 1260">• Resource locations; e.g., helibase, helispot, base/camp from Incident Map</li> <li data-bbox="381 1264 1146 1346">• Travel routes from Transportation Plan or Incident Map</li> </ul>	<p data-bbox="1156 470 1430 508">01-17-S359-SL</p> <p data-bbox="1156 903 1430 940">01-18-S359-SL</p> <p data-bbox="1156 1125 1430 1163">01-19-S359-SL</p>
<b>ADMINISTER UNIT 1 QUIZ.</b>	01-02-S359-IR
<b>REVIEW UNIT OBJECTIVES.</b>	TWB pp. 19-20
	01-20-S359-SL
	01-21-S359-SL

# **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	(      )
-------------------	---------------	--------------------	-------	----------------	-------	------	---------------------	----------

01-03-S359-HO

Page 1 of 3

**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**

--	--	--	--	--

01-03-S359-HO

Page 2 of 3

## 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).

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

01-03-S359-HO

Page 3 of 3



MEDICAL UNIT RECORD OF ISSUES

INCIDENT NAME \_\_\_\_\_ INCIDENT NUMBER \_\_\_\_\_

CAMP NAME \_\_\_\_\_

\*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

NAMES OF MEDICAL TEAM \_\_\_\_\_





# **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: \_\_\_\_\_

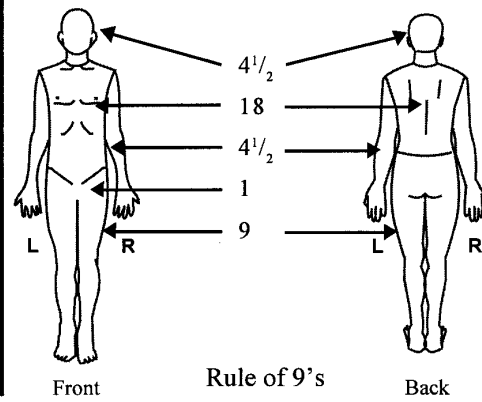
Remarks: \_\_\_\_\_

<b>PATIENT'S CONDITION</b>	<b>LOCATION:</b> <input type="checkbox"/> Aid Station <input type="checkbox"/> Line <input type="checkbox"/> Other _____		
Level of Consciousness	<b>CHECK IF PRESENT:</b>		
<input type="checkbox"/> Alert/Oriented	<input type="checkbox"/> Breathing Difficulties	<input type="checkbox"/> Cyanosis	<input type="checkbox"/> Convulsions
<input type="checkbox"/> Confused/Disoriented	<input type="checkbox"/> Total Obstructed Airway	<input type="checkbox"/> Allergies	<input type="checkbox"/> Shock
<input type="checkbox"/> Unresponsive	<input type="checkbox"/> Respiratory Arrest	<input type="checkbox"/> Nausea/Vomiting	<input type="checkbox"/> Other: _____
<input type="checkbox"/> D.O.A. at Scene	Remarks: _____		

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

<b>Vital Signs:</b>	<b>SIGNS AND SYMPTOMS SUGGEST:</b>
_____ : _____ Time _____ : _____	<input type="checkbox"/> Major Trauma <input type="checkbox"/> Swelling
_____ : _____ B.P. _____ : _____	<input type="checkbox"/> Spinal Injury <input type="checkbox"/> Deformity
_____ : _____ P. _____ : _____	<input type="checkbox"/> Head Injury <input type="checkbox"/> Poisoning
_____ : _____ R. _____ : _____	<input type="checkbox"/> Minor Trauma <input type="checkbox"/> Burn: _____ : _____ % of Body
_____ : _____ T. _____ : _____	<input type="checkbox"/> Cardiac Condition <input type="checkbox"/> Other --- Details Below
<b>(R) Pupils (L)</b>	<b>SUSPECTED INJURY/ILLNESS:</b> _____
<input type="checkbox"/> Equal <input type="checkbox"/> Equal <input type="checkbox"/>	_____
<input type="checkbox"/> Unequal <input type="checkbox"/> Unequal <input type="checkbox"/>	_____
Remarks: _____	

<b>CARE RENDERED:</b>	<b>PROBABLE INJURY (Please "X"):</b>
At Scene En Route	
<input type="checkbox"/> Airway Cleared/Maintained	
<input type="checkbox"/> Airway Used	
<input type="checkbox"/> Oxygen - Rate _____	
<input type="checkbox"/> Artificial Respiration	
<input type="checkbox"/> CPR Initiated - Time: _____	
<input type="checkbox"/> Burn Treated <input type="checkbox"/> Wet <input type="checkbox"/> Dry	
<input type="checkbox"/> Bleeding Controlled	
<input type="checkbox"/> Neck/Spine Immobilization	
<input type="checkbox"/> Extremity Splints/Traction	
<input type="checkbox"/> Other: _____	
<b>TREATMENT:</b> _____	
<b>MEDICATION:</b> _____	
<b>REMARKS:</b> _____	



<b>CHANGES IN CONDITION</b>	<b>NATURE OF SERVICE</b>
At Scene En Route	
<input type="checkbox"/> Improved <input type="checkbox"/>	<input type="checkbox"/> Treated and Transported <input type="checkbox"/> CA <sup>1</sup> Recommended
<input type="checkbox"/> Unchanged <input type="checkbox"/>	<input type="checkbox"/> Treated, not Transported <input type="checkbox"/> Treatment Refused
<input type="checkbox"/> Worsened <input type="checkbox"/>	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Cardiac Arrest <input type="checkbox"/>	_____
<b>REMARKS:</b> _____	_____

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



## **BRIEFING SKIT**

(Between the Logistics Section Chief and the Medical Unit Leader)

*One instructor will need to role play the logistics section chief while the other will need to role play the Medical Unit Leader who is asking for a briefing.*

MEDL: “Hi there, my name is \_\_\_\_\_. I’m your Medical Unit Leader and just arrived in camp. I was wondering if you had a minute to sit down and give me a quick briefing before I get started.”

LSC: “Sure no problem; let’s see....”

“My name is \_\_\_\_\_. Our team just arrived last night. First off, did you check in with the status check in recorder in the planning section, and finance, to start your timesheet?”

MEDL: “Yep, just did both before I came in here.”

LSC: “Great - other than that, I’ve ordered two 100-person first aid kits and two paramedics, one male and one female, for the incident, and I did get a tent set up for the medical unit right over there. The paramedics arrived with their ambulance last night and should be hanging out around the tent. I think the location should work well; let me know if you need anything else. The first aid kits should have come in this morning. I’ll need you to place your orders for supplies, equipment and overhead on General Message Forms and run them by me before turning them into supply. As far as your hours go; please try to order enough people so everyone only has to work a 12-14 hour day. If we have anyone work over 16 hours it will need to be approved by the IC. What else did you need to know at this point?”

MEDL: “How often should I bring my crew time report in for you to sign?”

LSC: “I’d like to see them everyday. We’re anticipating being here for a week or so, so you’d better get settled in.”

MEDL: “Ok, sounds great - before I go, could you tell my a little bit about what the fire situation is and what resources have been ordered?”

LSC: “Oh, sure, you might want to check with the resource unit leader on the resources ordered for the entire incident. I think there are about eight crews and nine engines, other than that it’s the overhead team and some miscellaneous initial attack resources. The fire is approximately 400 acres and growing. It was really going good yesterday when we got here and they are expecting another big run today. Here’s a copy of the Incident Action Plan for you to read through - you should be able to pick up some additional information from that. The original Medical Plan in there was done by the safety officer so you might want to double check the information.”

MEDL: “When do I need to have the next ICS-206 to plans?”

LSC: “From here on out you’ll need to have an updated Medical Plan into plans by 2000 each evening for them to include into the IAP. Don’t forget to have the safety officer review it before you turn it in.”

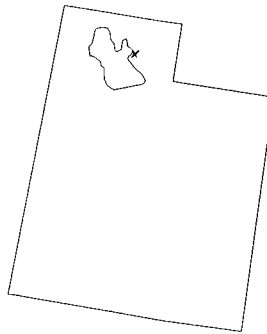
MEDL: “Are there any major safety concerns I should be aware of?”

LSC: “As far as I know at this point, the steep terrain is probably our biggest concern, but when you talk to the safety officer you can find out if there is anything else.”

MEDL: “What about emergency procedures and protocols, does your team have anything established that I should be aware of?”

LSC: “Good question. Yes, same as on most incidents, the fireline personnel should notify the division group supervisors of any accidents and they will notify the medical unit. Just make sure you keep operations and safety in the loop. Ok - I really have to get busy, let me know if there’s anything else you need. Glad you’re here.”

# TIMPANOGOS INCIDENT



## DAY OPERATIONAL PERIOD

8/29/xx

01-06-S359-HO

Page 1 of 17

NFES 1326

<b>ORGANIZATION ASSIGNMENT LIST</b>		1. INCIDENT NAME Timpanogos Incident	2. DATE PREPARED 08/28/xx	3. TIME PREPARED 2330
POSITION	NAME	<b>4. OPERATIONAL PERIOD (DATE/TIME)</b> 08/29/xx 0600-1800		
<b>5. INCIDENT COMMANDER AND STAFF</b>		<b>9. OPERATIONS SECTION</b>		
INCIDENT COMMANDER	McDaniels, T.	CHIEF	Harrison, P.	
DEPUTY		DEPUTY	Murray, R.	
SAFETY OFFICER	Cramer, J.	a. BRANCH I- DIVISION/GROUPS		
INFORMATION OFFICER	Halvorson, W.	BRANCH DIRECTOR		
LIAISON OFFICER		DEPUTY		
<b>6. AGENCY REPRESENTATIVES</b>		DIVISION/GROUP	A	Duncan, J.
AGENCY	NAME	DIVISION/GROUP	B	Stockdale, T.
USFS	Damon, T.	DIVISION/GROUP	C	Hill, H.
Utah State	Peterson, C.	DIVISION/GROUP	D	Structures - Reardon
Utah Cty	Williams, M.	DIVISION/GROUP	E	Structures - Underwood
Wasatch Cty	Salle, B.	b. BRANCH II- DIVISION/GROUPS		
BYU	Coughlin, P.	BRANCH DIRECTOR		
<b>7. PLANNING SECTION</b>		DEPUTY		
CHIEF	DuLac, N.	DIVISION/GROUP		
DEPUTY		DIVISION/GROUP		
RESOURCES UNIT	Manny, C.	DIVISION/GROUP		
SITUATION UNIT	Elerson, L.	DIVISION/GROUP		
DOCUMENTATION UNIT		DIVISION/GROUP		
DEMOBILIZATION UNIT		DIVISION/GROUP		
TECHNICAL SPECIALISTS		c. BRANCH III- DIVISION/GROUPS		
HazMat - Devens FD	Green, P.	BRANCH DIRECTOR		
Human Resource Spec.	Truman, S.	DEPUTY		
		DIVISION/GROUP		
		DIVISION/GROUP		
		DIVISION/GROUP		
		DIVISION/GROUP		
		DIVISION/GROUP		
<b>8. LOGISTICS SECTION</b>		d. AIR OPERATIONS BRANCH		
CHIEF	Scovil, T.	AIR OPERATIONS BR. DIR.	Hays, J.	
DEPUTY		AIR TACTICAL GROUP SUP.	Higgins, R.	
a. SUPPORT BRANCH		AIR SUPPORT GROUP SUP.		
DIRECTOR		HELICOPTER COORDINATOR		
SUPPLY UNIT	Seals, M.	AIR TANKER/FIXED WING CRD.		
FACILITIES UNIT	Connors, B.	<b>10. FINANCE/ADMINISTRATION SECTION</b>		
GROUND SUPPORT UNIT	Bittler, D.	CHIEF	Millet, C.	
b. SERVICE BRANCH		DEPUTY		
DIRECTOR		TIME UNIT	Dupuis, S.	
COMMUNICATIONS UNIT	Pohlman, J.	PROCUREMENT UNIT	Netherton, T	
MEDICAL UNIT	It, You R.	COMPENSATION/CLAIMS UNIT		
FOOD UNIT	Seavey, E.	COST UNIT		
PREPARED BY (RESOURCES UNIT) /s/ C. Manny				

1. BRANCH		2. DIVISION/GROUP <div style="text-align: center; font-size: 1.2em;">A</div>		ASSIGNMENT LIST					
3. INCIDENT NAME <div style="font-size: 1.1em;">Timpanogos Incident</div>				4. OPERATIONAL PERIOD DATE <u>08/29/xx</u> TIME <u>0600-1800</u>					
5. OPERATIONAL PERSONNEL									
OPERATIONS CHIEF <u>Harrison, P.</u>				DIVISION/GROUP SUPERVISOR <u>Duncan, J.</u>					
BRANCH DIRECTOR _____				AIR TACTICAL GROUP SUPERVISOR <u>Higgins, R.</u>					
6. RESOURCES ASSIGNED THIS PERIOD									
STRIKE TEAM/TASK FORCE/ RESOURCE DESIGNATOR	EMT	LEADER	NUMBER PERSONS	TRANS. NEEDED	PICKUP PT.-TIME	DROP OFF PT./TIME			
Wasatch Regulars		Slade	18	no	DP1 0630	DP1 1800			
USF Regulars			20	no	DP1 0630	DP1 1800			
U & O #12		Orr	20	yes	DP1 0630	DP1 1800			
Wasatch Engine 563 T-6		Devlin	3	no	DP1 0700	DP1 1830			
Water Witch Engine 18 T-6		Wilcox	3	no	DP1 0700	DP1 1830			
Uinta Engine 622 T-6		Naegy	3	no	DP1 0700	DP1 1830			
Schultz Tender T-2		Schultz	2	no	DP1 0730	DP1 1830			
7. CONTROL OPERATIONS									
<p>Improve and hold handline from division break going west. Continue handline construction where necessary and reinforce with hoselays and water use. Operational period objective is to reach the division break with DIV C by end of operational period.</p> <p>Coordinate for assistance and information with Group D &amp; E.</p> <p>Use helicopter to reinforce line. Retardant should be used sparingly. Evaluate if airtanker can access your division before ordering.</p>									
8. SPECIAL INSTRUCTIONS									
<p>Cuptrench all underslung line. Provide lookouts for new starts in the structures and communicate this to appropriate structure group.</p> <p>FOBS G. Truesdale will be assigned to DIV A, Group D.</p>									
9. DIVISION/GROUP COMMUNICATIONS SUMMARY									
FUNCTION		FREQ.	SYSTEM	CHAN.	FUNCTION		FREQ.	SYSTEM	CHAN.
COMMAND	LOCAL	RX 166.275	King	1	SUPPORT	LOCAL	166.975	King	2
	REPEAT	TX 166.300	NIFC			REPEAT		NIFC	
DIV./GROUP TACTICAL		166.325	King NIFC	3	GROUND TO AIR		168.550	King NIFC	8
PREPARED BY (RESOURCE UNIT LEADER) /s/ C. Manny				APPROVED BY (PLANNING SECT. CH.) /s/ N. DuLac			DATE 08/28/xx		TIME 2330

204 ICS (1/99)

NFES 1328

01-06-S359-HO  
Page 4 of 17



1. BRANCH		2. DIVISION/GROUP <div style="text-align: center; font-weight: bold;">B</div>		ASSIGNMENT LIST					
3. INCIDENT NAME <div style="font-weight: bold;">Timpanogos Incident</div>			4. OPERATIONAL PERIOD DATE <u>08/29/xx</u> TIME <u>0600-1800</u>						
5. OPERATIONAL PERSONNEL									
OPERATIONS CHIEF <u>Harrison, P.</u>			DIVISION/GROUP SUPERVISOR <u>Stockdale, T.</u>						
BRANCH DIRECTOR _____			AIR TACTICAL GROUP SUPERVISOR <u>Higgins, R.</u>						
6. RESOURCES ASSIGNED THIS PERIOD									
STRIKE TEAM/TASK FORCE/ RESOURCE DESIGNATOR	EMT	LEADER	NUMBER PERSONS	TRANS. NEEDED	PICKUP PT.-TIME	DROP OFF PT./TIME			
U&O #13		Smith	20	yes	DP1 0630	DP1 1800			
Blue Mt.		Cally	20	no	DP1 0630	DP1 1800			
Ute Mtn. Engine #234	T-6	Yazzie	3	no	DP1 0700	DP1 1830			
Wasatch Engine 461	T-6	Tomas	3	no	DP1 0700	DP1 1830			
Canaugh Tender T-2		Wissey	2	no	DP1 0700	DP1 1830			
7. CONTROL OPERATIONS Secure handline built from DIV B & A break west along ski train. Continue handline construction going direct on perimeter to DIV B & C break. Support handline with hoselays. Coordinate for assistance and information with Group D & E. Use helicopter to reinforce line. Retardant should be used sparingly. Evaluate if airtanker can access your division before ordering.									
8. SPECIAL INSTRUCTIONS Cuptrench all underslung line. Provide lookouts for new starts in the structures and communicate this to appropriate structure group. Gather intelligence on structures burned along your division; report to situations unit at end of operational period. FOBS N. Anderson will be assigned to DIV B & C.									
9. DIVISION/GROUP COMMUNICATIONS SUMMARY									
FUNCTION		FREQ.	SYSTEM	CHAN.	FUNCTION		FREQ.	SYSTEM	CHAN.
COMMAND	LOCAL	RX 166.275	King	1	SUPPORT	LOCAL	166.975	King	2
	REPEAT	TX 166.300	NIFC			REPEAT		NIFC	
DIV./GROUP TACTICAL		166.325	King NIFC	3	GROUND TO AIR		168.550	King NIFC	8
PREPARED BY (RESOURCE UNIT LEADER) <u>/s/ C. Manny</u>			APPROVED BY (PLANNING SECT. CH.) <u>/s/ N. DuLac</u>			DATE <u>08/28/xx</u>		TIME <u>2330</u>	

1. BRANCH		2. DIVISION/GROUP <div style="text-align: center; font-size: 1.2em;">C</div>		ASSIGNMENT LIST					
3. INCIDENT NAME <div style="font-size: 1.1em;">Timpanogos Incident</div>				4. OPERATIONAL PERIOD DATE <u>08/29/xx</u> TIME <u>0600-1800</u>					
5. OPERATIONAL PERSONNEL									
OPERATIONS CHIEF <u>Harrison, P.</u>				DIVISION/GROUP SUPERVISOR <u>Hill, H.</u>					
BRANCH DIRECTOR _____				AIR TACTICAL GROUP SUPERVISOR <u>Higgins, R.</u>					
6. RESOURCES ASSIGNED THIS PERIOD									
STRIKE TEAM/TASK FORCE/ RESOURCE DESIGNATOR		EMT	LEADER	NUMBER PERSONS	TRANS. NEEDED	PICKUP PT.-TIME	DROP OFF PT./TIME		
Line Scout			Lane	1	yes	DP1 0630	DP1 1800		
Heber Regulars			Dune	10	no	DP1 0630	DP1 1800		
7. CONTROL OPERATIONS Scout division for line location and spots from last nights burning. Check spots located on the map and secure if safe. Provide information as available to other divisions and groups. Use helicopter when available to hold larger spots until crews can access them.									
8. SPECIAL INSTRUCTIONS  FOBS N. Anderson will be assigned to DIV B & C.									
9. DIVISION/GROUP COMMUNICATIONS SUMMARY									
FUNCTION		FREQ.	SYSTEM	CHAN.	FUNCTION		FREQ.	SYSTEM	CHAN.
COMMAND	LOCAL	RX 166.275	King	1	SUPPORT	LOCAL	166.975	King	2
	REPEAT	TX 166.300	NIFC			REPEAT		NIFC	
DIV./GROUP TACTICAL		166.325	King NIFC	3	GROUND TO AIR		168.550	King NIFC	8
PREPARED BY (RESOURCE UNIT LEADER) /s/ C. Manny				APPROVED BY (PLANNING SECT. CH.) /s/ N. DuLac			DATE 08/28/xx	TIME 2330	

204 ICS (1/99)

NFES 1328

01-06-S359-HO

Page 6 of 17

1. BRANCH		2. DIVISION/GROUP Group D		<b>ASSIGNMENT LIST</b>					
3. INCIDENT NAME Timpanogos Incident			4. OPERATIONAL PERIOD DATE <u>08/29/xx</u> TIME <u>0600-1800</u>						
5. OPERATIONAL PERSONNEL									
OPERATIONS CHIEF <u>Harrison, P.</u>			DIVISION/GROUP SUPERVISOR <u>Reardon, D.</u>						
BRANCH DIRECTOR _____			AIR TACTICAL GROUP SUPERVISOR <u>Higgins, R.</u>						
6. RESOURCES ASSIGNED THIS PERIOD									
STRIKE TEAM/TASK FORCE/ RESOURCE DESIGNATOR	EMT	LEADER	NUMBER PERSONS	TRANS. NEEDED	PICKUP PT.-TIME	DROP OFF PT./TIME			
Dixie Regulars		Lance	20	no	Easter Lane-	0630	1800		
Caribou Engine #45 T-4		Scott	3	no	Easter Lane-	0630	1800		
Caribou Engine #34 T-5		Peterson	3	no	Easter Lane-	0630	1830		
7. CONTROL OPERATIONS Assess defensible space needs and chances of fire crossing into the Gambel Oak fuel type. Secure fire's edge along the paved road and assist Group E when possible with structure triage and defensible space projects. Be alert to continuing evacuation down the main canyon road.									
8. SPECIAL INSTRUCTIONS  Locate, mark, and map all surface propane installations; get to situation unit leader ASAP.									
9. DIVISION/GROUP COMMUNICATIONS SUMMARY									
FUNCTION		FREQ.	SYSTEM	CHAN.	FUNCTION		FREQ.	SYSTEM	CHAN.
COMMAND	LOCAL	RX 166.275	King	1	SUPPORT	LOCAL	166.975	King	2
	REPEAT	TX 166.300	NIFC			REPEAT		NIFC	
DIV./GROUP TACTICAL		166.325	King NIFC	3	GROUND TO AIR		168.550	King NIFC	8
PREPARED BY (RESOURCE UNIT LEADER) /s/ C. Manny				APPROVED BY (PLANNING SECT. CH.) /s/ N. DuLac			DATE 08/28/xx		TIME 2330

1. BRANCH		2. DIVISION/GROUP <div style="text-align: center;">Group E</div>		<b>ASSIGNMENT LIST</b>					
3. INCIDENT NAME <div style="text-align: center;">Timpanogos Incident</div>				4. OPERATIONAL PERIOD DATE <u>08/29/xx</u> TIME <u>0600-1800</u>					
5. OPERATIONAL PERSONNEL									
OPERATIONS CHIEF <u>Harrison, P.</u>				DIVISION/GROUP SUPERVISOR <u>Underwood, P.</u>					
BRANCH DIRECTOR _____				AIR TACTICAL GROUP SUPERVISOR <u>Higgins, R.</u>					
6. RESOURCES ASSIGNED THIS PERIOD									
STRIKE TEAM/TASK FORCE/ RESOURCE DESIGNATOR	EMT	LEADER	NUMBER PERSONS	TRANS. NEEDED	PICKUP PT.-TIME	DROP OFF PT./TIME			
Dixie Regulars		Lance	20	no	Easter Lane-	0630	1800		
Caribou Engine #45 T-4		Scott	3	no	Easter Lane-	0630	1800		
Caribou Engine #34 T-5		Peterson	3	no	Easter Lane-	0630	1830		
7. CONTROL OPERATIONS Assess defensible space needs and begin improvements on homes most threatened if the fire crosses onto this side. Coordinate defensible space work and disposal of debris with representative of homeowner's association - John Clark.									
8. SPECIAL INSTRUCTIONS Locate, mark, and map all surface propane installations; get to situation unit leader ASAP. Check homes for any residents not evacuated; coordinate this with Utah County Sheriff Deputy through IMT Security.									
9. DIVISION/GROUP COMMUNICATIONS SUMMARY									
FUNCTION		FREQ.	SYSTEM	CHAN.	FUNCTION		FREQ.	SYSTEM	CHAN.
COMMAND	LOCAL	RX 166.275	King	1	SUPPORT	LOCAL	166.975	King	2
	REPEAT	TX 166.300	NIFC			REPEAT		NIFC	
DIV./GROUP TACTICAL		159.300	King NIFC	5	GROUND TO AIR		168.550	King NIFC	8
PREPARED BY (RESOURCE UNIT LEADER) <u>/s/ C. Manny</u>				APPROVED BY (PLANNING SECT. CH.) <u>/s/ N. DuLac</u>			DATE <u>08/28/xx</u>	TIME <u>2330</u>	

## **“SAFETY MESSAGE”**

This is a COMPLEX fire. Expect it to continue. Your best decisions will be made during the morning, so:

1. ANTICIPATE
  2. PLAN MORE THAN ONE OPTION
  3. CONTINGENCY PLAN EVERYTHING
  4. IMPLEMENT LCES TO HIGHEST DEGREE
  5. NEVER STOP COMMUNICATING
- 
- A. Evacuation of residents and employees will continue throughout the operational period. Assist where you can, always plan for public safety as well as your own.
  - B. Use the security frequency when dealing with residents and any evacuees.
  - C. Focus on aircraft when using them around structures and powerlines.
  - D. Be certain residents are clear of the area before calling in aircraft.
  - E. Scout out propane and overhead powerlines; flag; control access and work area.
  - F. Pay attention when driving. Roads are steep and narrow. Many are one lane. Keep headlights on, speed limit of 10 mph, watch for evacuees.
  - G. Panic behavior needs to be dealt with immediately. Call security for assistance and do your best to control panic behaviors in evacuees.
  - H. Establish and maintain lookouts, keep communications fluent and regular, find your safe areas and make them known. Use extreme caution if you plan to use any of the roads as escape routes.
  - I. Report any suspicious actions or situations immediately to security.
  - H. Keep hydrated, watch for spotting, watch for snag fall.

~~ The Safety Unit ~~

## **“Transportation Plan”**

Hazards: The greatest hazards for this fire are:

Steep narrow roads

Blind corners

One way and steep access roads into many of the homes

Visibility limitations from smoke

Lots of traffic during evacuation of homes and Alpine School

Mitigation:

1. Speed limit of 15 mph.
2. Guards will be placed on all steep one lane roads to control one way traffic.
3. Only emergency traffic will be allowed during shift change on all access roads to and from the fire.
4. Locate turnouts, driveways, and other wide spots for parking.  
No roadside parking of any vehicles.
5. All large vehicles, buses and engines will be guided into constricted areas and all backing.
6. Everyone drives with headlights and seat belts on.

## FIRE BEHAVIOR FORECAST

FORECAST NO. 1

NAME OF FIRE: Timpanogos Incident

PREDICTION FOR: Day SHIFT

UNIT: Timpanogos Homeowners Assoc.

SHIFT DATE: Wed., 8/28/xx

**TIME AND DATE**

FORECAST ISSUED: 8/28/xx 2230

SIGNED: /s/ G. Cotter

FIRE BEHAVIOR SPECIALIST

**WEATHER SUMMARY:**

Today's weather will be close to yesterday's. The high temperatures will range from 85-91 F. Low RHs will range from 18-23% and will bottom out after 1500. Winds this morning will range from 0-3 mph downslope until about 1030 when valley influences will force canyon winds to transition up slope. Afternoon valley winds should peak around 1430 and reach 8-15 mph in the north fork canyon.

### FIRE BEHAVIOR

**GENERAL:**

Yesterday's weather, especially canyon influenced winds contributed significantly to the rapid intensity buildup, resulting spread, and spotting. The dry fuels and structures provided ample fuels to the fire, with structures propagating each other and contributing to the long range spotting. This fire was in the thermal belt all night, expect additional spotting to have occurred. Spotting occurred to 1/4 mile yesterday afternoon.

**SPECIFIC:**

See attached

**AIR OPERATIONS:**

Gusting and strong surface winds will cause turbulence as the mix with 20 ft winds. Expect additional turbulence over all ridges and where canyons top out - upslope. Low level visibility will be restricted by smoke.

**SAFETY:**

Short range spotting will cause the most problems. Post LOOKOUTS, establish COMMUNICATIONS, maintain it; locate and broadcast ESCAPE ROUTES & SAFETY ZONES.

01-06-S359-HO

Page 11 of 17

INCIDENT RADIO COMMUNICATIONS PLAN				1. INCIDENT NAME	2. DATE/TIME PREPARED	3. OPERATIONAL PERIOD DATE/TIME
				Timpanogos Incident	8/28/xx	8/29/xx 0600-1800
4. BASE RADIO CHANNEL UTILIZATION						
SYSTEM/CACHE	CHANNEL	FUNCTION	FREQUENCY/TONE	ASSIGNMENT	REMARKS	
King NIFC	1	Command Repeat	166.275 TX 166.300 RX	Fire to ICP	Repeater location on ridge east of Summit Campground	
King NIFC	2	Logistics Net	166.975	Camp		
King NIFC	3	TAC 1	166.325	DIV A & C	This may change if fire size increases	
King NIFC	4	TAC 2	151.335	DIV B		
King NIFC	5	TAC 3	159.300	Group D & E	Structure protection groups	
King NIFC	8	Air-Ground	168.550	Air Attack		
King NIFC	9	Law Enforcement	172.800	Incident Security	All coordination with County Sheriff will go through IMT security unit on this channel	
King NIFC	14	Emerg. Air Guard	168.625	Emergencies Only		
5. PREPARED BY (COMMUNICATIONS UNIT)				/s/ J. Pohlman		

205 ICS (9/66)

NFES 1330



<b>MEDICAL PLAN</b>	1. INCIDENT NAME Timpanogos Incident		2. DATE PREPARED 8/28/xx		3. TIME PREPARED 2330		4. OPERATIONAL PERIOD 8/29/xx 0600-1800				
	5. INCIDENT MEDICAL AID STATIONS										
MEDICAL AID STATIONS		LOCATION				PARAMEDICS					
						YES		NO			
Timpanogos		ICP				X					
		Note: Skill Level									
		2 EMTB									
		1 Nurse Pract.									
6. TRANSPORTATION											
A. AMBULANCE SERVICES											
NAME		ADDRESS			PHONE		PARAMEDICS				
							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. INCIDENT AMBULANCES											
NAME		LOCATION				PARAMEDICS					
						YES		NO			
Devens EMS		Timpanogos ICP				X					
7. HOSPITALS											
NAME		ADDRESS		TRAVEL TIME		PHONE		HELIPAD		BURN CENTER	
				AIR GRND				YES NO		YES NO	
Devens General		16225 Lily, Devens		12min 40min		(801)236-5240		X			
Salt Lake Memorial		76558 Circle Dr. SLC		22min 75min		(801)770-2845		X		X	
8. MEDICAL EMERGENCY PROCEDURES											
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

01-06-S359-HO  
Page 13 of 17

# **MEDICAL EMERGENCY PROCEDURES**

## **LIFE THREATENING ILLNESS OR INJURY:**

1. Contact medical unit via communications on command net
2. **Brief** description of injury or illness
3. Identify location of pick-up site
4. Identify special equipment needs
5. Identify number of patients
6. Identify method of marking site
7. Medical unit will notify air operations to activate and manage air operation

## **OTHER ILLNESS OR INJURY REQUIRING TREATMENT AND/OR TRANSPORT:**

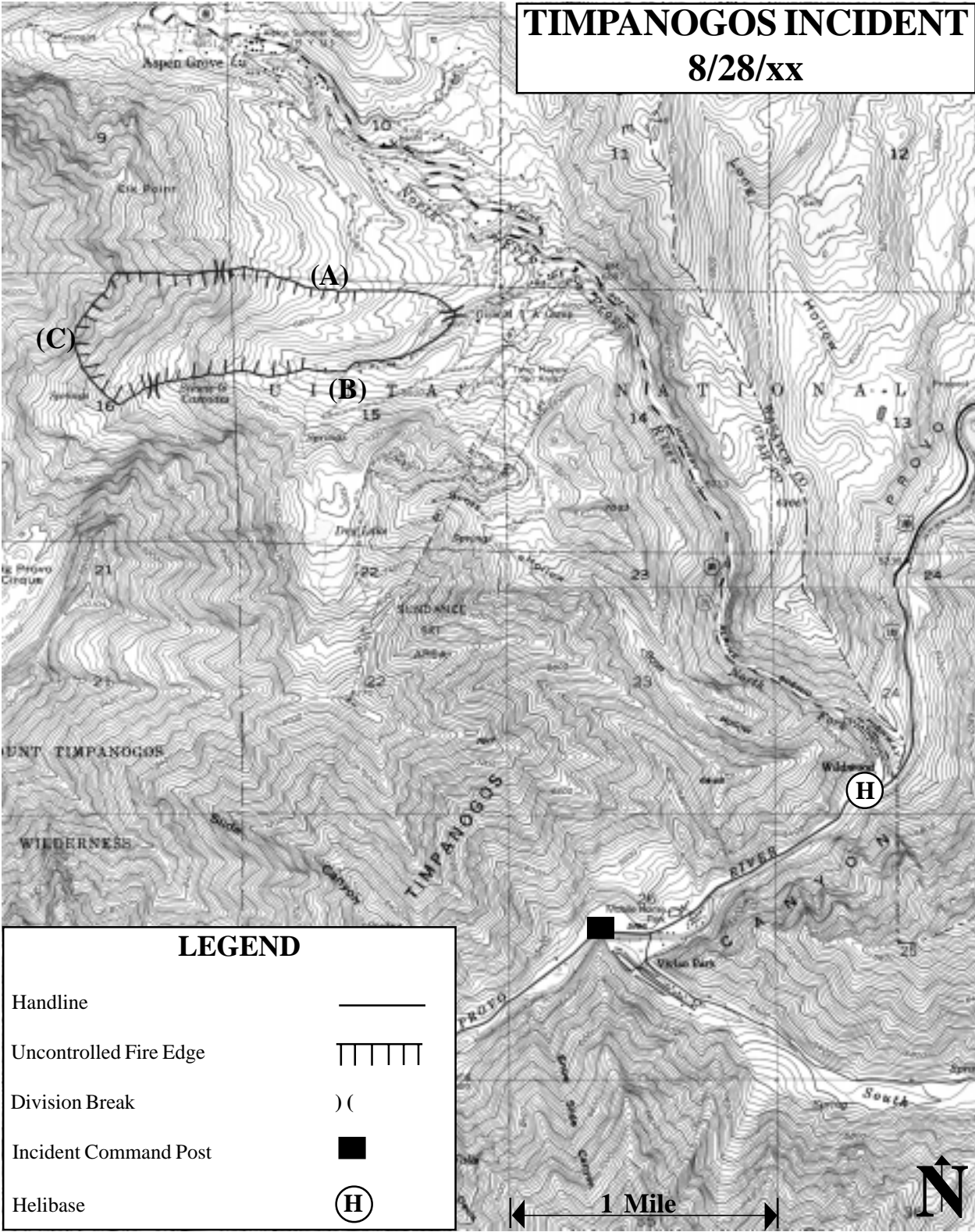
1. Notify medical unit via communications on command net
2. State type and severity of injury or illness
3. Identify field treatment rendered
4. Identify location of patient
5. Most appropriate method of transportation will be determined by the medical unit, division supervisor and air operations





# TIMPANOGOS INCIDENT

## 8/28/xx





## DETAILED LESSON OUTLINE

**COURSE:** Medical Unit Leader, S-359

**UNIT:** 2 - Establishing and Maintaining the Unit

**SUGGESTED TIME:** 6 hours

**TRAINING AIDS:** Computer with projector and appropriate software, screen, Interagency Incident Business Management Handbook (PMS 902), National Fire Equipment System Catalog, Part 1 & 2 (PMS 449-1), and Fireline Handbook (PMS 410-1).

**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.

OUTLINE	AIDS & CUES
<b>PRESENT UNIT OBJECTIVES.</b>	02-01-S359-SL thru 02-03-S359-SL
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.	

OUTLINE (CONTINUATION)	AIDS & CUES
<p>1. Incident personnel</p> <ul style="list-style-type: none"> <li>• Number of personnel assigned can be determined from: <ul style="list-style-type: none"> <li>- Resources unit</li> <li>- IAP</li> <li>- 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.)</li> </ul> </li> </ul>	02-04-S359-SL
<p>2. Incident area</p> <ul style="list-style-type: none"> <li>• Base and remote camp locations can be determined from: <ul style="list-style-type: none"> <li>- Situation unit</li> <li>- Facilities unit</li> </ul> </li> <li>• Distance from medical facilities and resources, e.g., ground and air ambulance, can be determined from: <ul style="list-style-type: none"> <li>- Expanded dispatch</li> <li>- Local agency dispatch</li> <li>- Local agency resource advisor</li> <li>- Local Emergency Action Plan</li> <li>- Local fire protection district</li> </ul> </li> <li>• Access to remote camps and work sites can be determined from: <ul style="list-style-type: none"> <li>- Air operations branch</li> <li>- Ground support unit</li> <li>- Operations section</li> </ul> </li> <li>• Incident size and topography can be determined from: <ul style="list-style-type: none"> <li>- Situation unit</li> <li>- Operations section</li> </ul> </li> </ul>	<p>02-05-S359-SL</p> <p>02-06-S359-SL</p> <p>02-07-S359-SL</p>



OUTLINE (CONTINUATION)	AIDS & CUES
<p>3. Projections</p> <ul style="list-style-type: none"> <li>• Duration and size can be determined from: <ul style="list-style-type: none"> <li>- Operations section</li> <li>- Planning section</li> <li>- Fire behavior analyst (FBAN)</li> </ul> </li> <li>• Complexity, e.g., urban interface, air operations, can be determined from: <ul style="list-style-type: none"> <li>- Operations section</li> <li>- Planning section</li> </ul> </li> </ul>	02-08-S359-SL
<p>4. Safety concerns, hazards, and injury/illness trends can be determined from:</p> <ul style="list-style-type: none"> <li>• Safety officer</li> <li>• Operations section</li> <li>• Local agencies and authorities</li> <li>• Previous medical personnel</li> <li>• Logistics section chief/supervisor</li> </ul>	02-09-S359-SL
<p>B. Gather information about services and capabilities in the local area.</p> <p>Local agency dispatch may have phone numbers for medical and emergency facilities. The MEDL should make contact with these facilities and providers.</p> <p>1. Fire departments/ground ambulance agencies</p> <ul style="list-style-type: none"> <li>• Local EMTs available?</li> <li>• EMTs available for assignment?</li> <li>• Does the department transport patients?</li> </ul>	02-10-S359-SL

OUTLINE (CONTINUATION)	AIDS & CUES
<ul style="list-style-type: none"> <li>• Does the department have a unit available for assignment?</li> <li>• Advanced Life Support/Basic Life Support Unit?</li> </ul>	
<p>2. Hospital</p> <ul style="list-style-type: none"> <li>• Emergency room? Staffed 24 hours/ 7 days per week?</li> <li>• Level of trauma care? Burn unit? Cardiac unit?</li> <li>• Number of patients they will accept?</li> <li>• Helipad?</li> <li>• Biohazard disposal?</li> </ul>	02-11-S359-SL
<p>3. Clinics</p> <ul style="list-style-type: none"> <li>• Walk in or by appointment only?</li> <li>• Hours?</li> </ul>	02-12-S359-SL
<p>4. Air ambulance</p> <ul style="list-style-type: none"> <li>• Is it available through hospital?</li> <li>• Will it meet incident needs? Or does medical unit need to utilize and provide medical staff for incident helicopter?</li> </ul>	
<p>5. Additional medical providers; e.g., dentists, podiatrists, optometrists</p>	
<p>C. Determining what to order</p> <p>1. Medical unit personnel</p> <p>The majority of patients the medical unit will see have minor medical problems.</p>	

OUTLINE (CONTINUATION)	AIDS & CUES
<p>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.</p> <p><b>GENERATE CLASS DISCUSSION ON THE VARIOUS TYPES OF MEDICAL PERSONNEL YOU MAY ORDER FOR THE MEDICAL UNIT; E.G., NURSE PRACTITIONER, EMT BASIC, EMT PARAMEDIC, AND HOW THEIR SKILLS DIFFER. SEE NATIONAL MOBILIZATION GUIDE, CHAPTER 60, FOR POSITION DESCRIPTIONS OF MEDICAL UNIT PERSONNEL.</b></p> <p><i>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.</i></p> <p><b>DISCUSS WHAT PROTOCOL IS FOLLOWED/NOT FOLLOWED AT INCIDENTS AND WHY MEDICAL UNITS ARE ABLE TO GIVE OUT OVER THE COUNTER MEDICATIONS WHEN THAT IS TYPICALLY OFF LIMITS UNDER MOST STANDARD PROTOCOLS.</b></p> <ul style="list-style-type: none"> <li>• Consider the following when ordering medical personnel <ul style="list-style-type: none"> <li>- Gender mix</li> </ul> </li> </ul>	<p>02-13-S359-SL</p>

OUTLINE (CONTINUATION)	AIDS & CUES
<ul style="list-style-type: none"> <li>- Skill level mix; e.g., EMT-basic, paramedic</li> <li>- Language skills</li> <li>- Scope of practice</li> <li>- Basic/advanced; e.g., EMT-basic/paramedic, nurse/medical doctor</li> <li>- Line qualified with proper personal protective equipment (PPE) for medical personnel that will be used on the fire line</li> <li>- Number of remote camps</li> <li>- Proper coverage for each operational period (work/rest ratios)</li> <li>- Track length of commitment of medical unit staff.</li> </ul>	02-14-S359-SL
<p><i>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.</i></p>	
<p>2. Medical supplies and equipment</p> <p><b>REFER TO NWCG NFES CATALOG PART 1 &amp; 2; INSTRUCTOR MAY WANT TO PASS SEVERAL COPIES AROUND FOR TRAINEES TO REVIEW.</b></p> <p><b>REFER TO COPIES OF THE KIT CONTENTS FOR THE 24 PERSON, 100 PERSON AND 500 PERSON FIRST AID KITS.</b></p> <p><i>Note: All kits should be inventoried for completeness upon their arrival at an incident.</i></p>	

OUTLINE (CONTINUATION)	AIDS & CUES
<ul style="list-style-type: none"> <li>• First aid kit <ul style="list-style-type: none"> <li>- 24 person (crew kit)</li> <li>- 100 person (initial aid station)</li> <li>- 500 person (includes litter, oxygen, trauma; can be ordered nationally but stocked only in certain geographic areas.)</li> <li>- Mobile medical unit</li> <li>- Local purchase/mail order</li> </ul> </li> </ul>	02-15-S359-SL
<ul style="list-style-type: none"> <li>• 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. <ul style="list-style-type: none"> <li>- Preventative medications; e.g., vitamins</li> <li>- Bleach</li> <li>- Oxygen (if not provided in the kits)</li> <li>- Litters (may be able to order from local fire departments or medical facility).</li> <li>- Disposable towels</li> <li>- Dr. Scholls type insert pads, size men's large (can be cut)</li> </ul> </li> </ul>	02-16-S359-SL
<ul style="list-style-type: none"> <li>• Special needs <ul style="list-style-type: none"> <li>- Defibrillator</li> <li>- Intravenous supplies</li> <li>- Epinephrine</li> <li>- Advanced Life Support (ALS) drugs</li> <li>- Environmental treatments; e.g., poison plants, snakes, bugs</li> </ul> </li> </ul>	02-17-S359-SL

OUTLINE (CONTINUATION)	AIDS & CUES
<p><i>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.</i></p>	
<ul style="list-style-type: none"> <li>• Additional forms</li> </ul>	02-18-S359-SL
<p>3. Facilities</p>	02-19-S359-SL
<ul style="list-style-type: none"> <li>• Shelters, tables, chairs, cots</li> </ul>	02-20-S359-SL
<ul style="list-style-type: none"> <li>• Portable toilets</li> </ul>	
<ul style="list-style-type: none"> <li>• Hand washing station</li> </ul>	02-21-S359-SL
<ul style="list-style-type: none"> <li>• Generator, lights</li> </ul>	
<ul style="list-style-type: none"> <li>• Shelter for patient rest area</li> </ul>	02-22-S359-SL
<p>4. Communications</p>	02-23-S359-SL
<ul style="list-style-type: none"> <li>• Radios (command, logistics nets)</li> </ul>	
<ul style="list-style-type: none"> <li>• Phone (cellular, land line)</li> </ul>	
<p>5. Transportation</p>	02-24-S359-SL
<ul style="list-style-type: none"> <li>• Vehicles for medical staff</li> </ul>	
<ul style="list-style-type: none"> <li>• Appropriate vehicle(s) and driver(s) for patient transport</li> </ul>	
<ul style="list-style-type: none"> <li>• Ambulance or rescue vehicle</li> </ul>	
<p>D. Place initial order.</p>	
<p>1. All orders will be placed on General Message Forms, ICS-213s through established incident procedures.</p>	02-25-S359-SL 02-26-S359-SL
<p><b>HAND OUT AND REVIEW COMPLETED ICS-213S, ONE FOR EQUIPMENT AND ONE FOR SUPPLIES.</b></p>	02-01-S359-HO

OUTLINE (CONTINUATION)	AIDS & CUES
<ul style="list-style-type: none"> <li>• 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.</li> </ul> <p>2. Orders documented on a General Message must be legible and contain the following information:</p> <ul style="list-style-type: none"> <li>• Request date/time and date/time needed</li> <li>• NFES numbers (if available)</li> <li>• Detailed description of items(s) <ul style="list-style-type: none"> <li>- Be specific with amounts, sizes, unit of issue, brand names, generic names, etc.</li> </ul> </li> <li>• Any special billing requirements</li> <li>• Whom to notify when item is delivered</li> <li>• Delivery points</li> <li>• Name and position of requesting party</li> <li>• Authorized approval</li> </ul>	<p>02-27-S359-SL</p>
<p><b>BREAK CLASS INTO GROUPS OF 3 OR 4; HAND OUT THE BRIEFING FROM THE LOGISTICS SECTION CHIEF, NEW PERIMETER MAP, BLANK ICS-213S, AND SHOW SLIDE OF FIRE PERIMETER (DAY 1 AND 2). BASED ON THIS BRIEFING, THE TIMPANOGOS IAP, AND THE COMPLETED ICS-213S (PREVIOUSLY RECEIVED), HAVE TRAINEES ORDER MEDICAL UNIT PERSONNEL AND MEDICAL SUPPLIES FOR THE TIMPANOGOS INCIDENT. COMPLETE TWO ICS-213S (ONE FOR OVERHEAD AND ONE FOR SUPPLIES). HAVE NFES CATALOGS AVAILABLE FOR TRAINEES TO REFERENCE FOR</b></p>	<p>02-02-S359-HO</p> <p>02-28-S359-SL</p> <p>02-29-S359-SL</p>

OUTLINE (CONTINUATION)	AIDS & CUES
<p><b>THEIR ORDERS. IN ADDITION, EACH GROUP SHOULD COME UP WITH A LIST OF MISCELLANEOUS SUPPLIES AND EQUIPMENT THAT THEY WOULD ORDER FOR THE MEDICAL UNIT. <u>STRESS THAT THIS IS THE INITIAL ORDER ONLY.</u> HAVE SEVERAL GROUPS PRESENT THEIR ORDERS. HAND OUT “SUGGESTED” SOLUTIONS.</b></p>	02-03-S359-HO
<p><b>II. INTERACT AND COORDINATE WITH APPROPRIATE INCIDENT PERSONNEL</b></p> <p><b>STRESS THE IMPORTANCE OF COORDINATING WITH OTHER FUNCTIONS AS EARLY AS POSSIBLE.</b></p>	
<p><b>A. Command staff</b></p> <p>1. Coordinate with safety officer.</p> <ul style="list-style-type: none"> <li>• Medical Plan, ICS-206 Safety officer is responsible for reviewing and signing the ICS-206.</li> <li>• Injury and illness trends</li> <li>• Status of patients</li> <li>• Safety hazards</li> </ul>	02-30-S359-SL
<p>2. Coordinate with information officers.</p> <ul style="list-style-type: none"> <li>• Information for media (if requested)</li> </ul>	02-31-S359-SL
<p><b>B. Operations section</b></p> <p>1. Coordinate with operations section chief.</p> <ul style="list-style-type: none"> <li>• Roles in medevac (MEDL vs. operations taking the lead)</li> <li>• Number of line EMTs needed per division</li> </ul>	02-32-S359-SL





OUTLINE (CONTINUATION)	AIDS & CUES
4. Coordinate with documentation unit. <ul style="list-style-type: none"> <li>• Photocopy and fax service</li> <li>• Unit Log, ICS-214 submission</li> </ul>	
5. Coordinate with human resource specialist. <ul style="list-style-type: none"> <li>• Symptoms of critical incident stress gathered by medical unit personnel/ staff</li> <li>• Incidents regarding civil rights issues</li> </ul>	02-37-S359-SL
D. Logistics section	02-38-S359-SL
1. Coordinate with facilities unit. <ul style="list-style-type: none"> <li>• Recommend location of medical unit (consider access).</li> <li>• Recommend location for adequate hygiene; e.g., handwashing stations located near dining area and portable toilets.</li> <li>• Obtain map of sleeping location for crews in base and remote camps.</li> <li>• Shelter needs for the unit; e.g., tents, cots, tables, chairs, generators</li> </ul>	
2. Coordinate with supply unit. <ul style="list-style-type: none"> <li>• Ordering resources</li> <li>• Obtaining miscellaneous camp supplies; e.g., trash bags</li> </ul>	02-39-S359-SL
3. Coordinate with communications unit. <ul style="list-style-type: none"> <li>• Establish communication procedures. <ul style="list-style-type: none"> <li>- Assigned frequencies</li> </ul> </li> </ul>	02-40-S359-SL

OUTLINE (CONTINUATION)	AIDS & CUES
<ul style="list-style-type: none"> <li>- Monitor radio for medical emergencies (command channel).</li> <li>- Emergency procedures</li> <li>• Ordering batteries, radios, cell phones, land lines</li> </ul>	
<p>4. Coordinate with ground support unit.</p> <ul style="list-style-type: none"> <li>• Vehicles assigned to medical unit</li> <li>• Transportation of patients to medical facilities</li> <li>• Access and drop points</li> <li>• Brief drivers on procedures when transporting patients to medical facility.</li> </ul>	02-41-S359-SL
<p><b>REVIEW “MEDICAL FACILITY TRANSPORT” FORM. STRESS THAT THIS IS NOT AN OFFICIAL FORM, ONLY AN EXAMPLE.</b></p>	02-02-S359-IR TWB p. 51 02-42-S359-SL
<ul style="list-style-type: none"> <li>• Ensure drivers have knowledge of incident area.</li> </ul>	
<p>5. Coordinate with food unit.</p> <ul style="list-style-type: none"> <li>• Illness trends; e.g., diarrhea</li> <li>• Storage of cold wraps</li> <li>• Special dietary considerations</li> </ul>	02-43-S359-SL
<p>E. Finance/administration section</p> <p>1. Coordinate with time unit.</p>	02-44-S359-SL

OUTLINE (CONTINUATION)	AIDS & CUES
<ul style="list-style-type: none"> <li>• Where and how often to turn in: <ul style="list-style-type: none"> <li>- Crew Time Reports</li> <li>- Emergency Equipment Shift Tickets</li> </ul> </li> <li>2. Coordinate with compensation/claims unit. <ul style="list-style-type: none"> <li>• Documentation</li> <li>• Patient follow-up</li> <li>• Location of personnel</li> </ul> </li> </ul> <p>III. ESTABLISH OPERATIONAL PROCEDURES FOR THE MEDICAL UNIT</p> <p>A. Medical evacuation procedures</p>	
<p><b>HAND OUT EXAMPLE OF A MEDICAL EVACUATION PLAN.</b></p> <p>This example is included in the 500 person kit.</p> <p>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:</p> <ol style="list-style-type: none"> <li>1. Communication <ol style="list-style-type: none"> <li>a. Determine whom to coordinate actions with: <ul style="list-style-type: none"> <li>• Communications unit <ul style="list-style-type: none"> <li>- Will MEDL or radio operator (RADO) manage radio traffic during an emergency?</li> </ul> </li> </ul> </li> </ol> </li> </ol>	<p>02-04-S359-HO</p> <p>02-45-S359-SL</p>

OUTLINE (CONTINUATION)	AIDS & CUES
<ul style="list-style-type: none"> <li>• Operations section</li> <li>• Safety officer</li> <li>• Others as needed; e.g., ground support, air operations</li> </ul> <p>b. Designate frequency to be used during an emergency.</p> <p>c. Notify receiving medical facility of incoming patient.</p>	02-46-S359-SL
<p>2. Transportation</p> <ul style="list-style-type: none"> <li>• 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.</li> </ul> <p><i>Additional information on establishing medical procedures can be referenced in the Fireline Handbook, Chapter 5-Firefighter Safety and also in the Interagency Incident Management Handbook, Chapter 60-Accident Investigation and Reporting.</i></p>	02-47-S359-SL
<p><b>REVIEW “MEDEVAC FROM THE LINE” FLOW CHARTS AND DISCUSS.</b></p>	<p>02-03-S359-IR  TWB pp. 53-54  02-48-S359-SL  02-49-S359-SL</p>
<p><b>STRESS THE DIFFERENCE BETWEEN EMERGENCY EVACUATION AND NON-URGENT TRANSPORTATION BY AIR.</b></p>	

OUTLINE (CONTINUATION)	AIDS & CUES
<p data-bbox="285 247 1084 331">B. Mass Casualty Incident (MCI) Plan - <b><u>an emergency with a larger number of victims.</u></b></p> <p data-bbox="380 382 1133 688">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.</p> <p data-bbox="380 739 1104 823"><u>In addition to the medical emergency procedures consider the following:</u></p> <ol style="list-style-type: none"> <li data-bbox="380 873 711 907">1. Communication               <ol style="list-style-type: none"> <li data-bbox="477 957 1029 1264">a. Determine whom to coordinate actions with:                   <ul style="list-style-type: none"> <li data-bbox="574 1096 971 1129">• Incident commander</li> <li data-bbox="574 1138 1003 1171">• Logistics section chief</li> <li data-bbox="574 1180 867 1213">• Safety officer</li> <li data-bbox="574 1222 922 1255">• Others as needed</li> </ul> </li> <li data-bbox="477 1314 1133 1705">b. In conjunction with the communications unit designate frequencies to be used in the event of a major emergency.                   <ul style="list-style-type: none"> <li data-bbox="574 1537 876 1570">• Command net</li> <li data-bbox="574 1579 863 1612">• EMS channel</li> <li data-bbox="574 1621 922 1654">• Law enforcement</li> <li data-bbox="574 1663 938 1696">• Search and rescue</li> </ul> </li> <li data-bbox="477 1755 1029 1839">c. Notify area medical facilities of incoming patients.</li> </ol> </li> </ol>	<p data-bbox="1156 873 1383 907">02-50-S359-SL</p> <p data-bbox="1156 1314 1383 1348">02-51-S359-SL</p> <p data-bbox="1156 1755 1383 1789">02-52-S359-SL</p>

OUTLINE (CONTINUATION)	AIDS & CUES
<p>2. Triage</p> <ul style="list-style-type: none"> <li>• Determine location.</li> <li>• Send medical personnel to scene.</li> <li>• Assure that scene is safe.</li> <li>• Identify triage coordinator.</li> <li>• Determine the numbers and the severity of injured.</li> </ul>	02-53-S359-SL
<p>3. Transportation</p> <p>a. Evacuate critical patients.</p> <ul style="list-style-type: none"> <li>• Coordinate with air operations.</li> <li>• Coordinate with dispatch for area air ambulance.</li> </ul>	02-54-S359-SL
<p>b. Treat and transport non-critical patients.</p> <ul style="list-style-type: none"> <li>• Coordinate with ground support.</li> <li>• 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.</li> </ul>	02-55-S359-SL
<p>C. Non-urgent transport</p>	
<p><b>REVIEW “NON-EMERGENCY PATIENT” FLOW CHART.</b></p>	<p>02-04-S359-IR  TWB p. 55  02-56-S359-SL</p>





OUTLINE (CONTINUATION)	AIDS & CUES
<p>2. In addition to the above the following will be done:</p> <ul style="list-style-type: none"> <li>• Fully operational <ul style="list-style-type: none"> <li>- Return to assignment (MEDL may need to arrange for transportation to line.)</li> </ul> </li> <li>• Light duty <ul style="list-style-type: none"> <li>- Review release information and health care provider's instructions with patient.</li> <li>- Coordinate with patient's supervisor and/or other units/sections to set up work assignments.</li> <li>- Establish reevaluation schedule.</li> <li>- Obtain patient's assigned/sleeping location.</li> </ul> </li> <li>• Demobilization <ul style="list-style-type: none"> <li>- 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).</li> <li>- If extended time until demobilization is anticipated, obtain patient's location and establish check in schedule.</li> </ul> </li> </ul>	<p>02-61-S359-SL</p> <p>02-62-S359-SL</p> <p>02-63-S359-SL</p>
<p>E. Biohazard disposal procedures</p> <p>Establish procedures with local medical facility; if compensation is required coordinate with finance section.</p>	<p>02-64-S359-SL</p>

OUTLINE (CONTINUATION)	AIDS & CUES
<p><i>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.</i></p> <p>IV. EXCHANGE INFORMATION AND RECOMMENDATIONS DURING THE SERVICE BRANCH/LOGISTICS SECTION PLANNING ACTIVITIES.</p> <p>The logistics section chief may request the MEDL to attend incident meetings/briefings.</p>	02-65-S359-SL
<p>A. Providing information</p> <ul style="list-style-type: none"> <li>• Prevention and maintenance information; e.g., vitamins available in medical unit, come to the medical unit before your symptoms get bad.</li> <li>• Medical unit status</li> <li>• Medical unit capabilities</li> <li>• Trends</li> </ul>	02-66-S359-SL
<p>B. Gathering information</p> <ul style="list-style-type: none"> <li>• Status of other logistic section units</li> <li>• Logistics section chief may share information from planning meetings/briefings.</li> </ul>	02-67-S359-SL

OUTLINE (CONTINUATION)	AIDS & CUES
<b>BREAK CLASS INTO GROUPS OF 3-4. HAVE EACH GROUP TURN TO THE EXERCISE IN THEIR WORKBOOKS. ASSIGN EACH GROUP SEVERAL SITUATIONS. EXPLAIN THAT THESE SITUATIONS WILL REQUIRE THEM TO COORDINATE OR COMMUNICATE WITH VARIOUS INCIDENT PERSONNEL AND OUTSIDE ENTITIES. HAVE EACH GROUP DISCUSS WHO THEY WOULD COORDINATE WITH AND WHY. DISCUSS GROUP SOLUTIONS AS A CLASS.</b>	02-06-S359-IR TWB pp. 57-59
<b>REVIEW UNIT OBJECTIVES.</b>	02-68-S359-SL 02-69-S359-SL



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

Loc: NRK, RMK, PFK, SFK, CA, NWK, SAK, NEK, GBK  
6545-00-656-1094/GSA

WT: 3 lb (1.36kg) CU: .16 ft (.005m)  
\$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, Tolnafrate
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, Dacrise
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 1/2 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 1/2"
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

02-01-S359-IR

Page 2 of 4

## 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 1 - 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

02-01-S359-IR

Page 3 of 4

# 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, Philadelphia, large
3 EA		compress, cold
1 TU		Dextrose
4 EA		dressing, field, first aid, 4" x 7"
1 BT		eye wash, Dacrose
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, 4 1/2 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 1/4" x 30"
12 EA		sponge, surgical, 4" x 4"
1 EA		stethoscope
3 RO		tape, adhesive, 1" x 5 YD
1 EA		tourniquet

02-01-S359-IR

Page 4 of 4



# EQUIPMENT ORDER

★U.S.GPO:1992-O-790-801

## GENERAL MESSAGE

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

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.

DATE 8/28/xx	TIME 2000	SIGNATURE/POSITION M. Seals
-----------------	--------------	--------------------------------

213 ICS 1/79  
NFES 1336

PERSON RECEIVING GENERAL MESSAGE KEEP THIS COPY

(SENDER:) REMOVE THIS COPY, FOR YOUR FILES

02-01-S359-HO

Page 1 of 2

# SUPPLY ORDER

★U.S.GPO:1992-0-790-001

## GENERAL MESSAGE

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

Please order the following for the medical unit:

2 ea. - NFES #1760, First Aid Kit, 100-person

Delivered to the medical unit at ICP by 8/29/xx at 0800

SIGNATURE/POSITION  
T. Scovil

## REPLY

First Aid Kits should be on the 0600 delivery we are receiving from NIFC.

DATE	TIME	SIGNATURE/POSITION
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

02-01-S359-HO  
Page 2 of 2

## **LOGISTICS SECTION CHIEF BRIEFING**

The Timpanogos Fire was detected yesterday 8/28/xx at 1000. The Incident Management Team arrived in Devens last night about 1900 and received a briefing from the district ranger and the initial attack I.C.

Currently we have about 200 personnel assigned to the fire, eight hand crews, nine engines, three tenders, and a few other initial attack resources. Currently we are only running a day operational period. The fire is about 400 acres. We anticipate it lasting 7-10 days.

The medical unit tent we have set up here at the ICP is staffed with two paramedics that are on contract from Devens EMS. They have their ambulance with them. The tent is a six-person pup tent which gets hotter than heck during the heat of the day. I ordered two first aid kits last night.

The Medical Plan in the IAP was developed by J. Cramer, the Safety Officer.

The fire is in very steep and rugged country with poor access. Even some fairly minor injuries might require air evacuation because of the difficulty of trying to move them by ground.

Resources, not listed in the IAP, on order for the fire are:

- 2 additional hand crews (Type I's, I believe, because of the steepness of the terrain)
- 1 strike team of Type VI engines
- 2 additional water tenders

They are expected to arrive sometime tomorrow.

I believe someone gave you a copy of the General Message forms that I used to order the paramedics and first aid kits. (Use these as a template for your orders.)

The operations section mentioned that they would like to see one dedicated EMT per division.

I also found out some additional information about medical resources in the area. You might want to make note of this information:

- Devens General has an air ambulance, called Airlife, available 24 hours a day. The travel time to the fire is approximately 12 minutes, Heartflight from Salt Lake would take about 22 minutes.
- Devens EMS says they can outfit two additional ambulances, one with a paramedic and an EMTI, the other with an EMTI and an EMTB and have them available for assignment on location at the incident.
- Athens EMS, a town about 20 minutes to the north of Devens, has an extra ambulance that they could have available for the incident; personnel would include an RN/Paramedic and an EMTB.

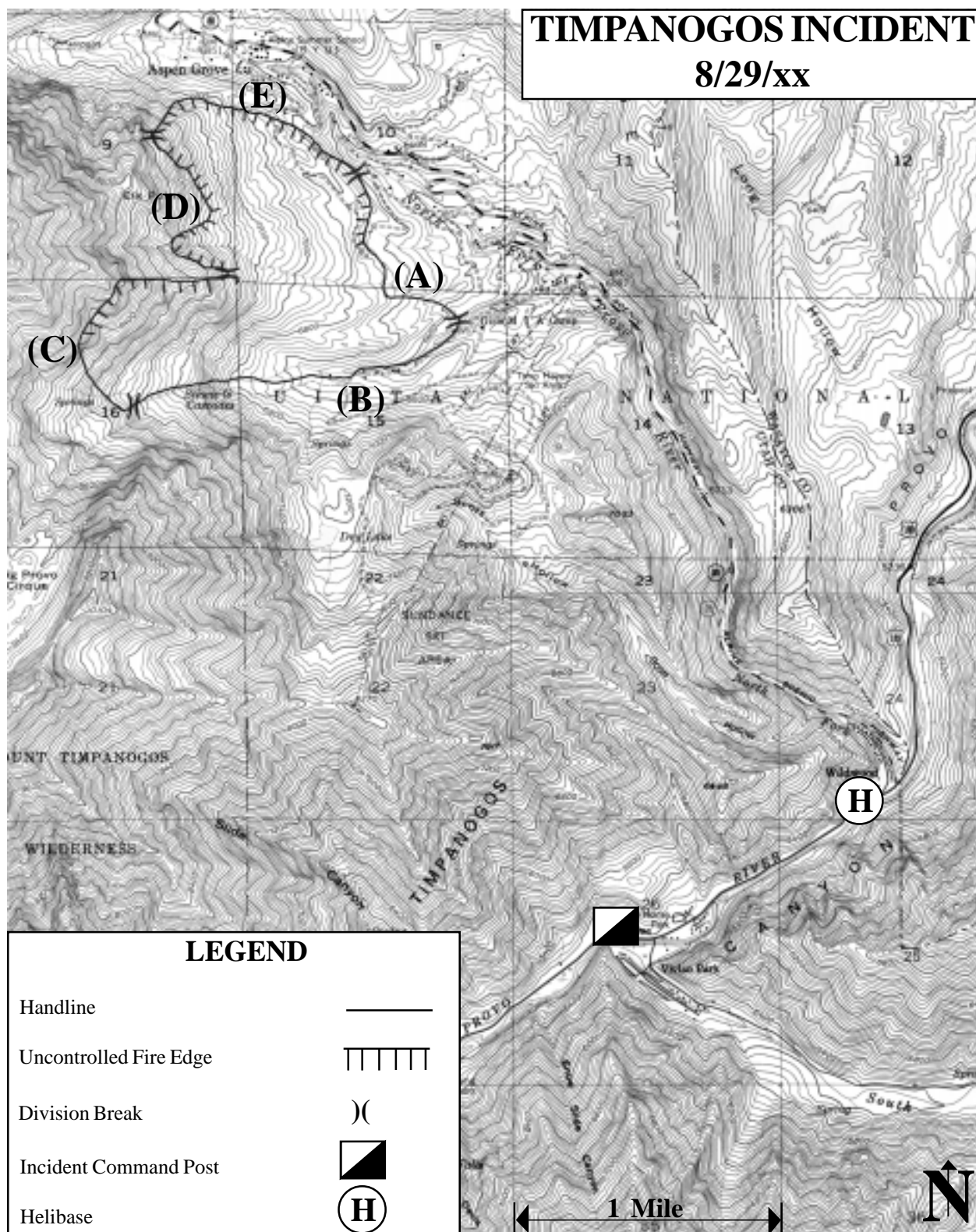
Any questions?

---

Each group will need to complete:

1. ICS-213 for overhead/personnel
2. ICS-213 for supplies
3. List of any additional supplies/equipment that you feel should be obtained on the incident through the logistics units; e.g., tables, chairs.

***REMEMBER THAT THIS IS YOUR INITIAL ORDER TO GET YOU STARTED; DON'T TRY AND ORDER FOR THE ENTIRE INCIDENT UNTIL YOU HAVE TIME TO GATHER MORE INFORMATION.***



# OVERHEAD ORDER

★U.S.GPO:1992-0-790-801

## GENERAL MESSAGE

<b>TO:</b>		POSITION	
FROM		POSITION	
SUBJECT		DATE	

MESSAGE:

SIGNATURE/POSITION

REPLY

DATE	TIME	SIGNATURE/POSITION
------	------	--------------------

213 ICS 1/79  
NFES 1336

PERSON RECEIVING GENERAL MESSAGE KEEP THIS COPY

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

02-02-S359-HO  
Page 4 of 6

## ★U.S.GPO:1992-0-790-601

2 - 33

## MISCELLANEOUS SUPPLIES AND EQUIPMENT

*List any additional supplies and equipment needed that your group feels should be obtained through the logistics units; e.g., tables, chairs.*

---



# OVERHEAD ORDER

★U.S.GPO:1992-0-790-801

## GENERAL MESSAGE

<b>TO:</b> Supply		POSITION	
<b>FROM:</b> You R. It		POSITION Medical Unit Leader	
<b>SUBJECT:</b> Medical Unit Overhead Order		<b>DATE:</b> 8/29/xx	1000
<b>MESSAGE:</b>			

Please order the following for the medical unit:

6 ea. - EMTs, line qualified (3 males and 3 females)

1 ea. - Nurse Practitioner

Delivered to the medical unit at ICP by 8/29/xx at 2000

SIGNATURE/POSITION  
You R. It

**REPLY**

DATE	TIME	SIGNATURE/POSITION
------	------	--------------------

213 ICS 1/79  
NFES 1336

PERSON RECEIVING GENERAL MESSAGE KEEP THIS COPY

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

02-03-S359-HO

Page 1 of 3

# SUPPLY ORDER

★U.S.GPO:1992-0-790-001

## GENERAL MESSAGE

<b>TO:</b> Supply		POSITION	
<b>FROM:</b> You R. It		POSITION Medical Unit Leader	
<b>SUBJECT:</b> Medical Unit Supply Order		<b>DATE:</b> 8/29/xx	1000
<b>MESSAGE:</b>			

Please order the following for the medical unit:

1 ea. - NFES #1835, First Aid Kit, Field, 500-person

2 ea. - NFES #1760, First Aid Kit, 100-person

1 ea. - NFES #0549, Shelter Kit, 20' Octagon

2 ea. - Handwashing Station, or, #0126, Wash Kit Assembly

Delivered to the medical unit at ICP by 8/29/xx at 2000

SIGNATURE/POSITION  
You R. It

## REPLY

(Other misc. supplies/equipment to think about may include wall tents, radio, phone, vehicles, portable toilets, tables, chairs, etc.)

DATE	TIME	SIGNATURE/POSITION
------	------	--------------------

213 ICS 1/79  
NFES 1336

PERSON RECEIVING GENERAL MESSAGE KEEP THIS COPY

(SENDER:) REMOVE THIS COPY, FOR YOUR FILES

02-03-S359-HO

Page 2 of 3

## MISCELLANEOUS SUPPLIES AND EQUIPMENT

*List any additional supplies and equipment needed that your group feels should be obtained through the logistics units; e.g., tables, chairs.*

---

**Other miscellaneous supplies/equipment to consider may include:**

**Wall tents**  
**Radio**  
**Phone**  
**Lighting kit**  
**Vehicles**  
**Portable toilets**  
**Tables**  
**Chairs**  
**Generator**  
**Cots**  
**Blankets**  
**Sleeping bags**



# 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.

02-04-S359-HO

Page 6 of 9

#### 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

02-04-S359-HO

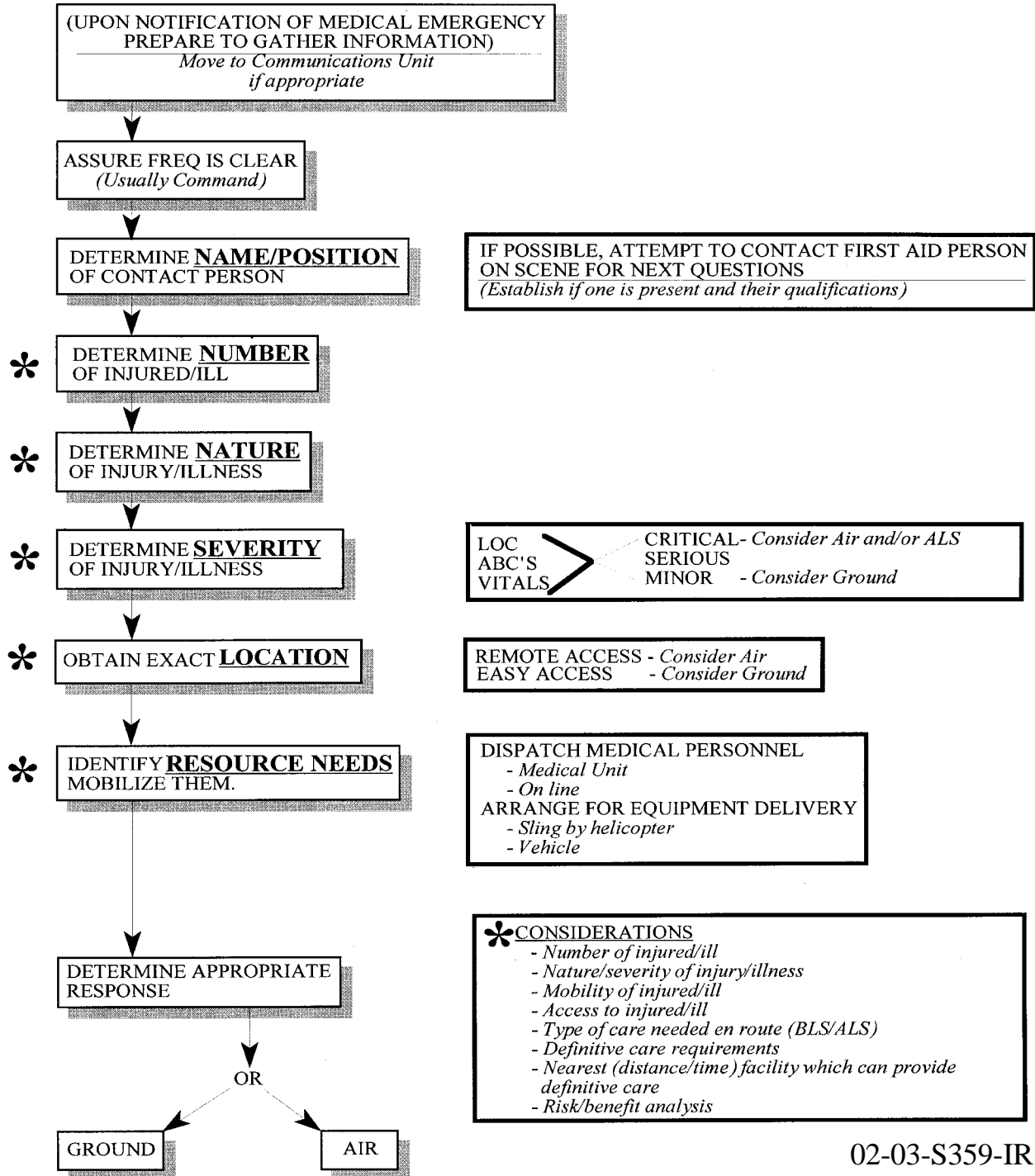
Page 9 of 9





# OPERATIONAL *FLOW CHART*

## MEDEVAC FROM THE LINE



02-03-S359-IR

Page 1 of 2

# 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*

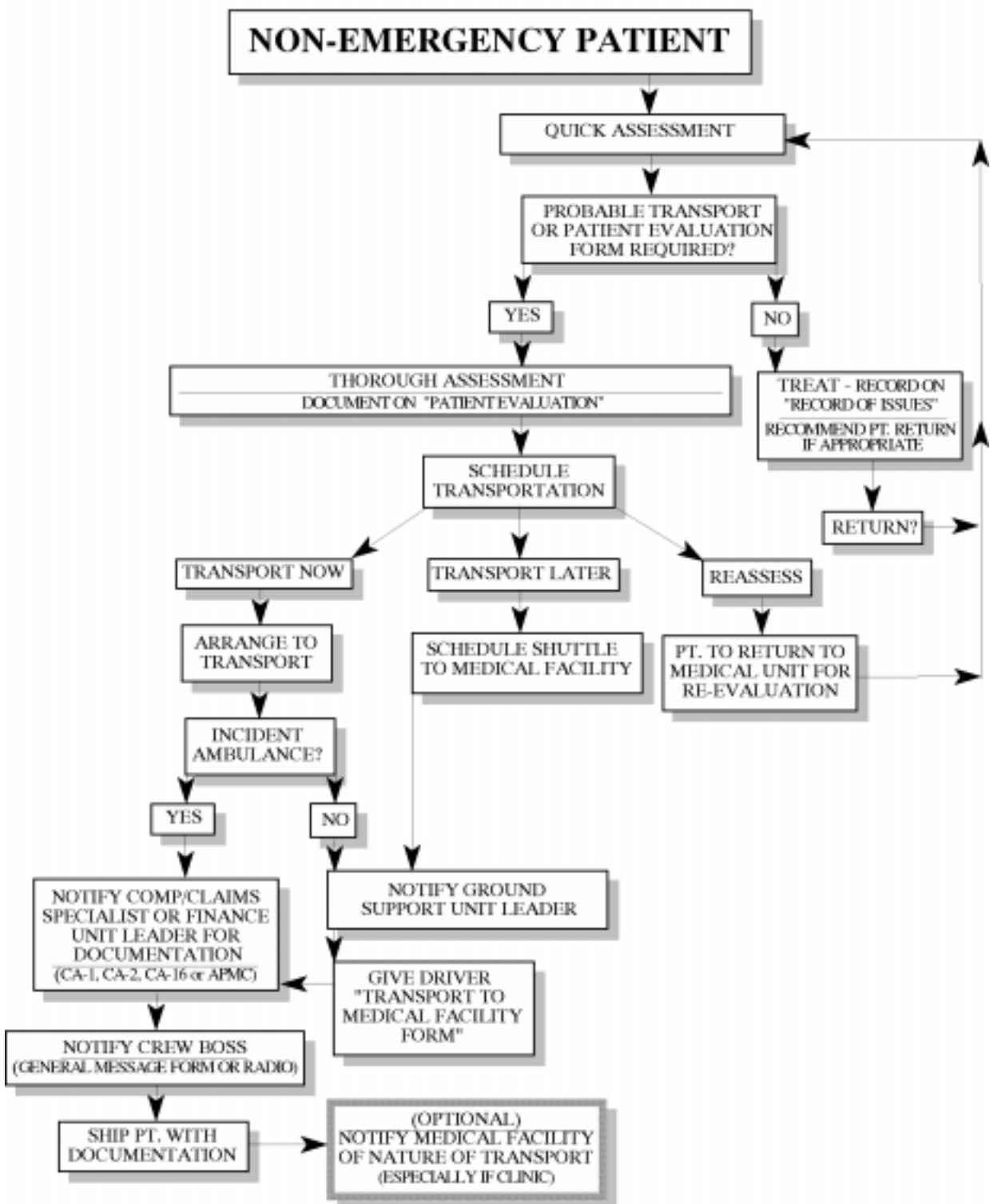


#### TRANSPORT TIME

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*

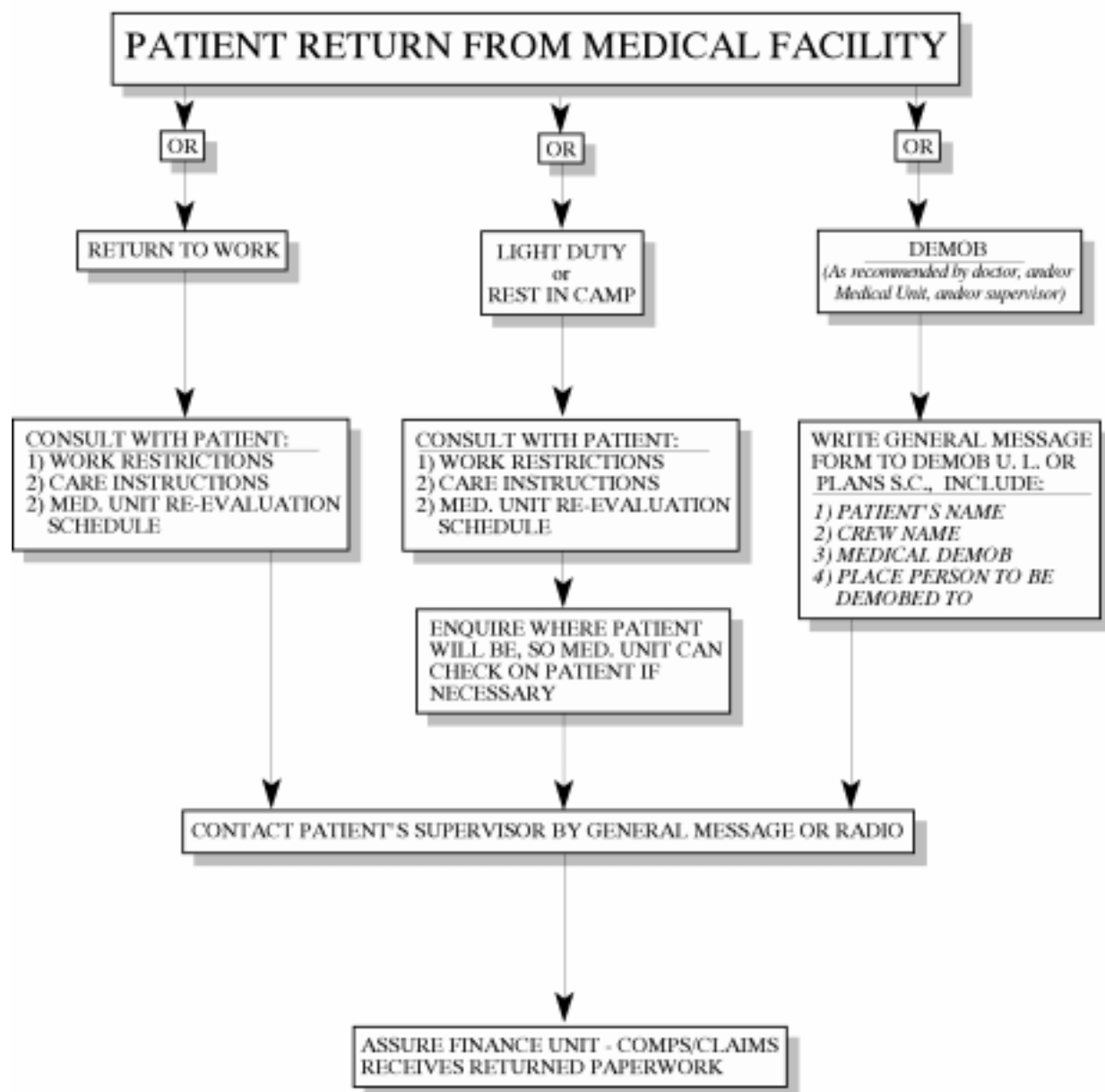
# OPERATIONAL *FLOW CHART*



02-04-S359-IR



# OPERATIONAL *FLOW CHART*





## **UNIT 2 EXERCISE SOLUTIONS**

### **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.

**Human resources specialist**

**Logistics section chief**

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.

**Communications unit**

**Division G supervisor**

**Safety officer**

**Logistics section chief**

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

**Food unit leader**

**Safety officer**

**Hospital/clinic**

**County health department**

**Logistics section chief**

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.

**Situation unit**

**Ground support unit**

**Documentation 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.

**Documentation unit**

**- The MEDL probably will have made a photocopy of the Unit Log for his/her own records in which case you could easily refer to it.**

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.

**Facilities unit**

**Supply unit**

**Camp manager**

**Ground support or air operations**

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

**Ground support unit**

**Logistics section chief**

**Compensation/Claims Unit**

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

**Dentist**

**Compensation/claims unit**

**Firefighter's supervisor**

**Ground support unit**

**Food unit**

9. You need batteries for your unit radio.

**Communications unit**

**Supply unit**



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

**Demobilization unit**

**Firefighter's supervisor**

**Compensation/Claims Unit**

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

**Logistics section chief**

**Human resource specialist**

**- Because of the patient confidentiality involved, the MEDL must show discretion in communication and coordination in this case.**

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

**Local agency/expanded dispatch**

**Firefighter's supervisor**

**Compensation/claims unit**

**Hospital**

**Demobilization unit**

**Firefighter's home unit**

## **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.

**Safety officer**

**Supply unit - check supplies and place order if necessary for additional medical supplies.**

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.

**Safety officer**

**Air operations**

**Communications unit**

**Compensation/Claims unit**

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

**Resources unit**

**Supply unit - may need to order additional EMTs and supplies to cover the additional people.**

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.

**Operations section**

**Facilities unit**

**Communications unit**

**Supply unit - may need to order additional EMTs or supplies depending on the expected duration of this camp.**

02-06-S359-IR

Page 4 of 4

## DETAILED LESSON OUTLINE

**COURSE:** Medical Unit Leader, S-359

**UNIT:** 3 - Organize and Supervise the Unit

**SUGGESTED TIME:** 3 hours

**TRAINING AIDS:** Computer with projector and appropriate software, screen, and Interagency Incident Business Management Handbook (PMS 902).

**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.

OUTLINE	AIDS & CUES
<b>PRESENT UNIT OBJECTIVES.</b>	03-01-S359-SL 03-02-S359-SL
<b>I. ORGANIZING THE UNIT</b>	
Consider the following when organizing the unit:	
A. Location	03-03-S359-SL thru 03-09-S359-SL
• 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	

OUTLINE (CONTINUATION)	AIDS & CUES
<ul style="list-style-type: none"> <li>- Away from dusty roads</li> <li>- Well marked/signed</li> <li>• Remote camps <ul style="list-style-type: none"> <li>- Access to helispot</li> <li>- Shade</li> <li>- Terrain</li> </ul> </li> </ul>	03-10-S359-SL 03-11-S359-SL
<p>B. Area for private examinations/consultation</p> <ul style="list-style-type: none"> <li>• Separated from main medical unit; e.g., screened area utilizing tent fly or black plastic, tarps, separate room in building.</li> </ul>	03-12-S359-SL 03-13-S359-SL
<p>C. Area for patient rest/quarantine</p> <ul style="list-style-type: none"> <li>• Separated from main medical unit; e.g., separate tent, separate building.</li> </ul>	03-14-S359-SL
<p>D. Organize treatment areas; e.g., ear/nose/throat area separated from feet area.</p>	03-15-S359-SL
<p>E. Organize equipment and supplies in a user friendly manner. Keep items separated from foot traffic to avoid “shopping”.</p> <ul style="list-style-type: none"> <li>• Shelving; e.g., kit boxes, wood, cardboard <ul style="list-style-type: none"> <li>- Labeling</li> </ul> </li> <li>• Most common items near front</li> <li>• Organize like remedies and supplies from head to toe.</li> </ul>	03-16-S359-SL thru 03-18-S359-SL
<p>F. Spaces for documentation, record keeping, and communications</p> <ul style="list-style-type: none"> <li>• Medical Unit Leader</li> <li>• Compensation for injury specialist</li> </ul>	03-19-S359-SL

OUTLINE (CONTINUATION)	AIDS & CUES
<p>G. Close access to handwashing and bathrooms</p> <ul style="list-style-type: none"> <li>• Ask for designated handwashing station.</li> <li>• Ask for designated portable toilet.</li> </ul> <p>H. Adequate trash containers at appropriate locations</p> <p>I. Arrange eating area for medical unit personnel if unable to leave unit.</p> <p>J. Security</p> <ul style="list-style-type: none"> <li>• Inventory control</li> <li>• Someone from the medical unit staff may need to sleep in unit.</li> </ul>	<p>03-20-S359-SL</p>
<p><b>HAVE TRAINEES COMPLETE EXERCISE IN TRAINEE WORKBOOK (IDENTIFY BEST LOCATION FOR THE MEDICAL UNIT AND LIST FIVE REASONS WHY). HAND OUT AND DISCUSS SOLUTIONS AS A CLASS.</b></p>	<p>TWB p. 69</p> <p>03-01-S359-HO</p>
<p>II. MANAGING THE MEDICAL UNIT PERSONNEL</p> <p>A. Brief and keep personnel informed and updated.</p> <p>1. Situations requiring briefing:</p> <ul style="list-style-type: none"> <li>• Operational period change</li> <li>• Replacement personnel</li> <li>• Team transition</li> <li>• Incident situation changes</li> </ul> <p>2. Briefing topics may include:</p> <ul style="list-style-type: none"> <li>• IAP.</li> </ul>	<p>03-21-S359-SL</p> <p>03-22-S359-SL</p>

OUTLINE (CONTINUATION)	AIDS & CUES
<ul style="list-style-type: none"> <li>• Operational period accomplishments/trends.</li> <li>• Procedural changes.</li> <li>• Changes affecting medical unit; e.g., weather, change of contract personnel, incident duration.</li> <li>• Review of proper PPE and shelter deployment procedures.</li> </ul>	
<p>B. Establish time frames and schedules.</p> <ul style="list-style-type: none"> <li>• Medical unit personnel assignments may not coincide with the incident operational periods.</li> <li>• Assignments should be staggered to meet the high demand periods.</li> </ul>	03-23-S359-SL
<p>C. Assign and monitor work assignments.</p> <p>1. Making assignments</p> <ul style="list-style-type: none"> <li>• Bases and remote camps <ul style="list-style-type: none"> <li>- Gender and skill mix</li> </ul> </li> <li>• Line (incident area) <ul style="list-style-type: none"> <li>- Coordinate assignment, placement, and communications with line personnel.</li> </ul> </li> <li>• Transporting; e.g., EMT staged at helibase, personnel to accompany shuttle</li> </ul>	03-24-S359-SL
<p>2. Monitoring assignments</p> <ul style="list-style-type: none"> <li>• Quality of patient care</li> <li>• Completeness of documentation</li> </ul>	03-25-S359-SL

OUTLINE (CONTINUATION)	AIDS & CUES
<ul style="list-style-type: none"> <li>• Following proper procedures               <ul style="list-style-type: none"> <li>- Established medical procedures</li> <li>- Chain of command</li> <li>- Ordering procedures</li> </ul> </li> </ul>	
D. Review and approve time.	03-26-S359-SL
1. Crew Time Reports <ul style="list-style-type: none"> <li>• Authorize hazard pay for medical personnel assigned to the line.</li> <li>• Approve individually or as a unit.</li> <li>• Submit at the end of each operational period.</li> </ul>	
2. Emergency Equipment Shift Tickets <ul style="list-style-type: none"> <li>• Ambulance (rental agreements typically includes operators/ paramedics)</li> <li>• Other specialized equipment</li> </ul>	03-27-S359-SL 03-28-S359-SL
<i>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.</i>	03-29-S359-SL
<b>REFER TO COMPLETED EMERGENCY EQUIPMENT SHIFT TICKET AND INSTRUCTIONS IN TRAINEE WORKBOOK. (EXCERPT FROM INTERAGENCY INCIDENT BUSINESS MANAGEMENT HANDBOOK CHAPTER 20, EXHIBITS 6, 7, AND 8.)</b>	03-01-S359-IR TWB pp. 81-83

OUTLINE (CONTINUATION)	AIDS & CUES
<p>E. Promote team work.</p> <ul style="list-style-type: none"> <li>• Encourage communication.</li> <li>• Hold staff and safety meetings.</li> <li>• Provide positive reinforcement and constructive feedback.</li> </ul>	03-30-S359-SL
<p>F. Provide direction and discipline.</p> <ul style="list-style-type: none"> <li>• Ensure that all trainees have tied-in with the training specialist assigned to the incident as early as possible.</li> <li>• Deal with problem situations immediately.</li> <li>• Adjust assignments as needed.</li> <li>• Discuss problems one-on-one.</li> <li>• Involve human resource specialist for problems within medical unit as necessary; e.g., sexual harassment, communication problems.</li> </ul>	<p>03-31-S359-SL</p> <p>03-32-S359-SL</p>
<p>G. Ensure improper actions involving contract personnel are resolved or reported.</p>	03-33-S359-SL
<p>III. PREPARE AND UPDATE MEDICAL PLAN</p> <p>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.</p> <p><i>Never assume that information on the Medical Plan in place when you arrive is accurate. Validate the information.</i></p>	



OUTLINE (CONTINUATION)	AIDS & CUES
<p><b>HAVE TRAINEES REFER TO COMPLETED MEDICAL PLAN IN THE IAP HANDED OUT IN UNIT 1. EXPLAIN THIS FORM BLOCK BY BLOCK.</b></p> <p>A. Block 1 - “Incident Name”</p> <p>B. Block 2 - “Date Prepared”</p> <p>C. Block 3 - “Time Prepared”</p> <p>D. Block 4 - “Operational Period”</p> <ul style="list-style-type: none"> <li>• 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”.</li> </ul> <p>E. Block 5 - “Incident Medical Aid Stations”</p> <p>1. Name and location</p> <ul style="list-style-type: none"> <li>• Base</li> <li>• Remote camps</li> <li>• Also can be used to show names and locations of medical personnel on line, staged at a helibase, with an ambulance, etc.</li> </ul> <p>2. Skill levels</p> <ul style="list-style-type: none"> <li>• Indicate paramedics at appropriate aid stations.</li> <li>• Also can be used to show other skill levels of personnel at identified aid stations.</li> </ul>	<p>03-34-S359-SL</p> <p>03-35-S359-SL</p> <p>03-36-S359-SL</p>

OUTLINE (CONTINUATION)	AIDS & CUES
<p>F. Block 6 - "Transportation"</p> <p>1. "A. Ambulance Services"</p> <ul style="list-style-type: none"> <li>• 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.) <ul style="list-style-type: none"> <li>- Fire department</li> <li>- Ambulance services</li> <li>- Hospital based</li> <li>- Air ambulance (indicate radio frequency)</li> </ul> </li> <li>• Skill levels <ul style="list-style-type: none"> <li>- Indicate paramedics with appropriate ambulances.</li> <li>- Also can be used to show other skill levels of personnel with ambulances.</li> </ul> </li> </ul> <p>2. "B. Incident Ambulances"</p> <ul style="list-style-type: none"> <li>• Name and location <ul style="list-style-type: none"> <li>- Base</li> <li>- Remote camps</li> <li>- Staged locations; e.g., helibase, drop points</li> </ul> </li> <li>• Skill levels <ul style="list-style-type: none"> <li>- Indicate paramedics assigned with ambulances.</li> <li>- Also can be used to show other skill levels of personnel with ambulances.</li> </ul> </li> </ul>	03-37-S359-SL
<p>G. Block 7 - "Hospitals"</p> <p>1. Name and address</p>	03-38-S359-SL

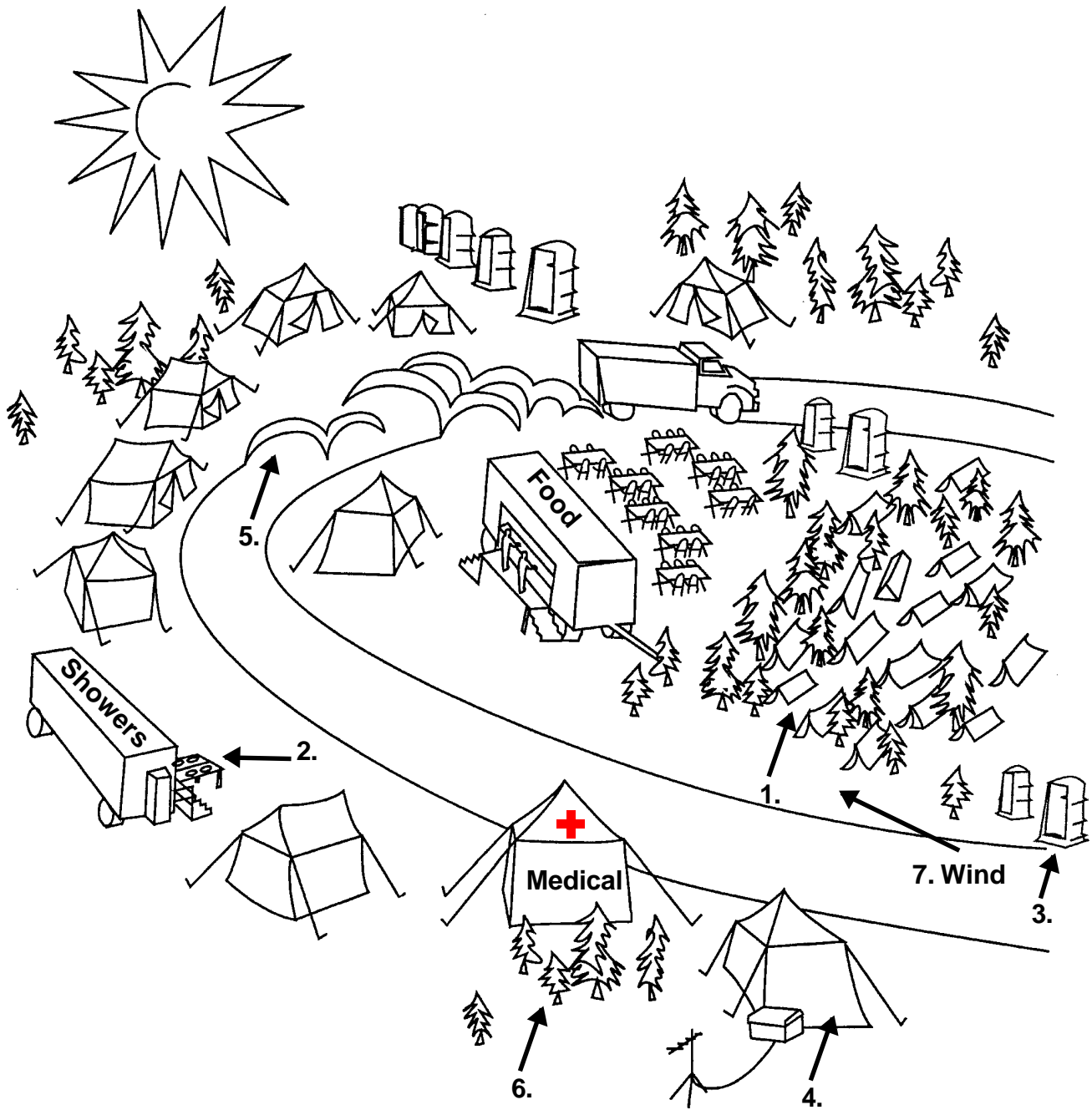


OUTLINE (CONTINUATION)		AIDS & CUES
2.	Emergency communications <ul style="list-style-type: none"> <li>• Declare medical emergency.</li> <li>• Clear frequency (command net).</li> <li>• Re-establish normal communications when appropriate.</li> </ul>	03-41-S359-SL
3.	Evacuation <ul style="list-style-type: none"> <li>• Appropriate transportation (air or ground) will be coordinated with operations section and air operations branch.</li> </ul>	03-42-S359-SL
4.	Considerations <ul style="list-style-type: none"> <li>• Remember to establish and communicate procedures for handling medical emergencies on the entire incident; e.g., in camp, en route to line.</li> </ul>	
I.	Block 9 - "Prepared By (Medical Unit Leader)"	03-43-S359-SL
J.	Block 10 - "Reviewed By (Safety Officer)" <ul style="list-style-type: none"> <li>• After the form is completed, the safety officer will review and sign.</li> </ul>	
K.	Provide completed form to the planning section for inclusion in the Incident Action Plan.	

OUTLINE (CONTINUATION)	AIDS & CUES
<b>HAND OUT EXERCISE TO EACH TRAINEE; READ BRIEFING; HAVE CLASS INDICATE WHO THEY WOULD COORDINATE WITH OR WHERE THEY WOULD GET THE INFORMATION NEEDED TO COMPLETE THE MEDICAL PLAN. INSTRUCTORS WILL NEED TO PLAY THESE ROLES. AFTER TRAINEES HAVE EACH COMPLETED THEIR MEDICAL PLANS HAND OUT AND DISCUSS SUGGESTED SOLUTION.</b>	03-02-S359-HO 03-02-S359-IR       03-03-S359-HO
<b>REVIEW UNIT OBJECTIVES.</b>	03-44-S359-SL



### UNIT 3, LOCATION EXERCISE SOLUTION



- 1) Close to crew sleeping area; 2) Close to showers; 3) Close to portable toilets;
- 4) Close to communications; 5) Away from dusty roads; 6) Good shaded areas;
- 7) Upwind from portable toilets.





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.

03-01-S359-IR

Page 1 of 3

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 <b>56-03K0-X-7295</b>			2. CONTRACTOR (name) <b>DoRight Construction</b>			
3. INCIDENT OR PROJECT NAME <b>Bad Bear</b>		4. INCIDENT NUMBER <b>ID-BOF-080</b>		5. OPERATOR (name) <b>Max Speed</b>		
6. EQUIPMENT MAKE <b>Dodge</b>		7. EQUIPMENT MODEL <b>150</b>		8. OPERATOR FURNISHED BY <input type="checkbox"/> CONTRACTOR <input checked="" type="checkbox"/> GOVERNMENT		
9. SERIAL NUMBER		10. LICENSE NUMBER <b>Lic. No. 4T-0795B</b>		11. OPERATING SUPPLIES FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR (wet) <input type="checkbox"/> GOVERNMENT (dry)		
12. DATE MO/DAY/YR	13. EQUIPMENT USE HOURS/DAYS (MILES) circle one		14. REMARKS (released, down time and cause, problems, etc.)			
	START	STOP	WORK	SPECIAL		
<b>8/5/XX</b>	<b>9.156</b>	<b>9.276</b>	<b>120</b>	<b>Point of hire - Nampa, ID</b> <b>Time of hire - 0600</b>		
15. EQUIPMENT STATUS <input checked="" type="checkbox"/> a. Inspected and under agreement <input type="checkbox"/> b. Released by Government <input type="checkbox"/> c. Withdrawn by Contractor				16. INVOICE POSTED BY (Recorder's initials) <b>CW</b>		
17. CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE <b>Max Speed</b>			18. GOVERNMENT OFFICER'S SIGNATURE <b>Chariot Keeper</b>		19. DATE SIGNED <b>8/5/XX</b>	

29 - Exhibit 08

EMERGENCY EQUIPMENT SHIFT TICKET, OF-297

Sample form when vehicle is rented with an operator.

EMERGENCY EQUIPMENT SHIFT TICKET						
<small>NOTE: The responsible Government Officer will update this form each day or shift and make initial and final equipment inspections.</small>						
1. AGREEMENT NUMBER <b>56-03K0-X-7295</b>			2. CONTRACTOR (name) <b>DoRight Construction</b>			
3. INCIDENT OR PROJECT NAME <b>Bad Bear</b>		4. INCIDENT NUMBER <b>ID-BOF-080</b>		5. OPERATOR (name) <b>Loose Nut</b>		
6. EQUIPMENT MAKE <b>Caterpillar</b>		7. EQUIPMENT MODEL <b>D6C</b>		8. OPERATOR FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT		
9. SERIAL NUMBER <b>47A19625</b>		10. LICENSE NUMBER		11. OPERATING SUPPLIES FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR (wet) <input type="checkbox"/> GOVERNMENT (dry)		
12. DATE MO/DAY/YR		13. EQUIPMENT USE <small>(CIRCLE HOURS/DAYS/MILES (circle one))</small>		14. REMARKS (released, down time and cause, problems, etc.) <b>0600 under hire at Nampa, ID transported to Bad Bear Fire arrived at 0830. 1600 - 1800 down for service 2000- Operators off duty</b>		
		START STOP WORK SPECIAL				
<b>8/5/XX</b>		<b>0830 1600 7.5</b>				
<b>8/5/XX</b>		<b>1800 2000 2.0</b>		15. EQUIPMENT STATUS <input checked="" type="checkbox"/> a. Inspected and under agreement <input type="checkbox"/> b. Released by Government <input type="checkbox"/> c. Withdrawn by Contractor		
				16. INVOICE POSTED BY (Recorder's initials)		
17. CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE <b>Loose Nut</b>			18. GOVERNMENT OFFICER'S SIGNATURE <b>Finder Dry</b>		19. DATE SIGNED <b>8/5/XX</b>	

NSN 7540-01-119-5628  
50297-102

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



### **UNIT 3 - MEDICAL PLAN, ICS-206 EXERCISE**

Emergency Medical Procedures that you have come up with after coordinating with the logistics section chief, operations, and communications are as follows:

1. Contact medical unit on command net.
2. Brief description of injury or illness.
3. Identify location of pick-up site.
4. Medical unit will notify air operations.
5. Critical patients will be evacuated by air.
6. Ground transport to hospital use Rogue Valley ambulance.
7. Burn victims to Rogue Valley.

Complete the attached Medical Plan. The instructors have all other information you will need.

Before asking the instructors any questions, determine who you need to coordinate with or where you need to look for information. The instructors will play these roles.

<b>MEDICAL PLAN</b>	1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED	4. OPERATIONAL PERIOD				
5. INCIDENT MEDICAL AID STATIONS								
MEDICAL AID STATIONS	LOCATION	PARAMEDICS						
		YES	NO					
6. TRANSPORTATION								
A. AMBULANCE SERVICES								
NAME	ADDRESS	PHONE	PARAMEDICS					
			YES	NO				
B. INCIDENT AMBULANCES								
NAME	LOCATION	PARAMEDICS						
		YES	NO					
7. HOSPITALS								
NAME	ADDRESS	TRAVEL TIME		PHONE	HELIPAD		BURN CENTER	
		AIR	GRND		YES	NO	YES	NO
8. MEDICAL EMERGENCY PROCEDURES								
206 ICS 8/78	9. PREPARED BY (MEDICAL UNIT LEADER)			10. REVIEWED BY (SAFETY OFFICER)				

### **UNIT 3 - MEDICAL PLAN, ICS-206 EXERCISE**

#### **INSTRUCTOR REFERENCE**

Hand out Emergency Medical Procedures and a blank Medical Plan to each trainee (03-02-S359-HO).

Read the following briefing to the class and have them take notes:

It is July 24<sup>th</sup>; you have been assigned as the Medical Unit Leader on the Rattlesnake Fire; in your recent briefing with the logistics section chief you were told that you will need to have a Medical Plan, ICS-206 into the planning section by 2100 tonight for the 0600-1800 operational period tomorrow. The logistics section chief also reminded you that all Medical Plans will need to be reviewed by the Safety Officer, J. Mathews. There has been no Medical Plan done on this fire prior to your arrival.

Additional information you have picked up from your briefing is that the logistics section chief has already ordered an ambulance (Rogue Valley Ambulance Service) with one paramedic, and three EMT-basics. One of the EMTs, who is line qualified, has been assigned to the Rock Creek Camp located on Division B. All other resources are assigned to ICP. Everything that was ordered is here.

---

For the remainder of the information needed for the Medical Plan, the trainees will need to tell the instructors who they would coordinate with or where they would look to get the information (see italics below) before asking questions. The instructors will need to play these roles; e.g., local dispatch office, phone book, logistics chief, hospital. Don't always just give the easy answer; if the trainees say they would look in the phone book ask them under what; if they would call the hospital ask them who they would talk to.

*Note: These are only suggested ways to obtain the information; trainees may have other ideas on where this information can be obtained.*

**Ambulance Services:**

*(Look in phone book or talk to local dispatch office)*

Mercy Flights  
2030 Airport Way  
Medford, OR  
Paramedics? Yes

Ashland City Fire & Rescue  
500 Main Street  
Ashland, OR  
Paramedics? Yes

Applegate Fire Department  
1000 Applegate Road  
Jacksonville, OR  
Paramedics? No

All ambulance service can be reached by dialing 911.

**Hospitals:**

*(Look in phone book or call information to get the phone number for hospitals; call the hospitals to attain information on helipad and burn center; talk to either the hospital or local dispatch office about travel times by ground and air)*

Rogue Valley Medical Center  
6000 Barnett Road  
Medford, OR  
541-776-1200  
Helipad? Yes  
Burn center? Yes  
Travel time? Air 12 minutes; Ground 35 minutes



Providence Hospital  
2000 McAndrews  
Medford, OR  
541-773-2200  
Helipad? No  
Burn center? No  
Travel time? Air 22 minutes; Ground 65 minutes



## UNIT 3 - MEDICAL PLAN, ICS-206 EXERCISE SOLUTION

<b>MEDICAL PLAN</b>	1. INCIDENT NAME Rattlesnake Fire	2. DATE PREPARED 7/24/xx	3. TIME PREPARED 2000	4. OPERATIONAL PERIOD 7/25/xx 0600-1800				
5. INCIDENT MEDICAL AID STATIONS								
MEDICAL AID STATIONS	LOCATION	PARAMEDICS						
		YES		NO				
Rattlesnake	ICP	X						
Skill level: 2 EMT Basics and 1 paramedic								
Rock Creek Camp	Division B			X				
Skill level: one line qualified EMT Basic								
6. TRANSPORTATION								
A. AMBULANCE SERVICES								
NAME	ADDRESS	PHONE	PARAMEDICS					
			YES		NO			
Mercy Flights	2030 Airport Way, Medford, OR	911	X					
Ashland City Fire & Rescue	500 Main Street, Ashland, OR	911	X					
Applegate Fire Department	1000 Applegate Road, Jacksonville, OR	911			X			
B. INCIDENT AMBULANCES								
NAME	LOCATION	PARAMEDICS						
		YES		NO				
Rogue Valley Ambulance Service	Rattlesnake ICP			X				
7. HOSPITALS								
NAME	ADDRESS	TRAVEL TIME		PHONE	HELIPAD		BURN CENTER	
		AIR	GRND		YES	NO	YES	NO
Rogue Valley Med. Ctr	6000 Barnett Road, Medford, OR	12 min	35 min	(541)776-1200	X		X	
Providence Hospital	2000 McAndrews, Medford, OR	22 min	65 min	(541)773-2200	X			X
8. MEDICAL EMERGENCY PROCEDURES								
Contact medical unit on command net.								
Brief description of injury or illness.								
Identify location of pick-up site.								
Medical unit will notify air operations.								
Critical patients will be evacuated by air.								
Ground transport to hospital use Rogue Valley ambulance. Burn victims to Rogue Valley								
206 ICS 8/78	9. PREPARED BY (MEDICAL UNIT LEADER) You R. It			10. REVIEWED BY (SAFETY OFFICER) Safety officer - J. Mathews				

NFES 1331



## DETAILED LESSON OUTLINE

COURSE: Medical Unit Leader, S-359

UNIT: 4 - Evaluation of Patient Assessment and Care

SUGGESTED TIME: 1 hour

TRAINING AIDS: Computer with projector and appropriate software, screen.

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.

OUTLINE	AIDS & CUES
<b>PRESENT COURSE OBJECTIVES.</b>	04-01-S359-SL 04-02-S359-SL
<u>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.</u>	04-03-S359-SL
<b>I. EVALUATE STAFF'S PERFORMANCE OF PATIENT ASSESSMENT</b>	
<b>A. What to evaluate</b>	04-04-S359-SL
Were proper assessments performed; does staff know what is going on with patients?	
<ul style="list-style-type: none"><li>• Were correct questions asked?</li></ul>	

OUTLINE (CONTINUATION)	AIDS & CUES
<ul style="list-style-type: none"> <li>• Were sufficient questions asked?</li> <li>• Was mechanism of injury evaluated?</li> <li>• Was emergency/non-emergency status determined?</li> <li>• Was method of evacuation determined appropriately?; e.g., helicopter, vehicle, walk out.</li> </ul>	
B. How to evaluate	04-05-S359-SL
<ul style="list-style-type: none"> <li>• Review documentation.</li> <li>• Direct observation</li> <li>• Communication with staff</li> </ul>	04-06-S359-SL
II. EVALUATE STAFF'S PERFORMANCE OF PATIENT CARE	
A. What to evaluate	04-07-S359-SL
<ul style="list-style-type: none"> <li>• Were treatments provided within established protocols?; e.g., Medical unit protocols, EMT protocols, hospital protocols</li> <li>• Were treatments appropriate to patient complaint?</li> <li>• Was care provided in a supportive, helpful manner?</li> </ul>	
B. How to evaluate	04-08-S359-SL
<ul style="list-style-type: none"> <li>• Review documentation.</li> <li>• Direct observation</li> <li>• Communication with staff</li> <li>• Patient feedback</li> </ul>	04-09-S359-SL

OUTLINE (CONTINUATION)	AIDS & CUES
<p><b>TWO INSTRUCTORS WILL NEED TO PERFORM THE ROLE PLAYING EXERCISE. HAVE TRAINEES ACT AS THE MEDICAL UNIT LEADERS AND EVALUATE THE EMT'S PATIENT ASSESSMENT AND CARE IN BOTH THESE SCENARIOS. <u>STRESS THAT IT IS THE MEDICAL UNIT'S RESPONSIBILITY TO PAY ATTENTION TO THESE OTHER SYMPTOMS AND NOT JUST PERFORM "PATCH AND GO" SERVICES.</u></b></p>	04-01-S359-IR
<p><b>ADMINISTER UNIT 4 QUIZ.</b></p>	04-02-S359-IR
<p><b>REVIEW UNIT OBJECTIVES.</b></p>	<p>TWB p. 89 04-10-S359-SL</p>





## **UNIT 4, ROLE PLAYING EXERCISE**

*Two instructors will need to role play for these two scenarios; one will play the EMT and the other will play the patient. Use this as a template and fill in and ad-lib as appropriate.*

*Explain to the trainees that they are the Medical Unit Leaders and will need to evaluate and be prepared to discuss this EMT's patient assessment and care in both scenarios.*

### **Scenario #1**

PATIENT: "I have had a really pounding headache; I've taken aspirin, but it doesn't seem to help. My vision is a little blurry and my eyes have been really bloodshot. Oh, and the weird thing is that my arm is kind of asleep and the feeling won't go away."

EMT: "Wow - what a drag. Try some of this Tylenol, I bet that will help; oh, and here are some eye drops for those red eyes. Thanks for coming in. Next patient please."

### **Scenario #2**

PATIENT: "I have had a really pounding headache; I've taken aspirin, but it doesn't seem to help. My vision is a little blurry and my eyes have been really bloodshot. Oh, and the weird thing is that my arm is kind of asleep and the feeling won't go away."

EMT: "Just to recap, you've had a headache, blurry vision, bloodshot eyes, and numbness in your arm, correct?"

PATIENT: "Yes, that's right."

EMT: “Anything else you’ve noticed?”

PATIENT: “No”

EMT: “Come in the back and I’ll get some additional information from you and take your vital signs.” (*Have patient sit down*). “Are you taking any prescription or over-the-counter medications at this time?”

PATIENT: “No, just the aspirin.”

EMT: “Any prior history of severe headaches?”

PATIENT: “No”

EMT: “Anything happen that you think might be causing the pain?”

PATIENT: “Not that I can think of.”

EMT: “Does anything seem to help relieve the pain at all?”

PATIENT: “No”

EMT: Well, let’s get your blood pressure and pulse.” (*Pretend to take vitals*). “Looks like your blood pressure is 220 over 140; that’s pretty high. I think we should get you in to the hospital for a few more tests - ok?”

PATIENT: “Sounds good if you think that’s what I need. Thanks for your help.”

EMT: “Glad you came in when you did - we’ll get you all fixed up. Go ahead and stay here for a minute; I’ll find an EMT and a driver for you.”

## DETAILED LESSON OUTLINE

COURSE: Medical Unit Leader, S-359

UNIT: 5 - Documentation

SUGGESTED TIME: 1½ hours

TRAINING AIDS: Computer with projector and appropriate software, screen.

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.

OUTLINE	AIDS & CUES
<b>PRESENT UNIT OBJECTIVES.</b>	05-01-S359-SL 05-02-S359-SL
I. DOCUMENTS	
A. ICS forms	
1. General Message Form, ICS-213	05-03-S359-SL
<b>REFER TO COMPLETED ICS-213 FORMS HANDED OUT IN UNIT 2.</b>	
<ul style="list-style-type: none"><li>• Records official correspondence.</li><li>• Used for ordering resources.<ul style="list-style-type: none"><li>- Retained for reference to verify receipt of items.</li></ul></li><li>• Used to request non-emergency transportation.<ul style="list-style-type: none"><li>- Patients to and from medical facility</li><li>- Staff/patient demobilization</li></ul></li></ul>	05-04-S359-SL

OUTLINE (CONTINUATION)	AIDS & CUES
<ul style="list-style-type: none"> <li>Copies are disbursed as follows: <ul style="list-style-type: none"> <li>- Yellow and pink submitted to recipient.</li> <li>- White retained by sender.</li> <li>- Pink returned to sender when reply is issued.</li> </ul> </li> </ul>	05-05-S359-SL
<p>2. Unit Log, ICS-214</p> <p><b>REFER TO BLANK ICS-214 HANDED OUT IN UNIT 1.</b></p>	05-06-S359-SL
<ul style="list-style-type: none"> <li>Lists unit staff for operational period.</li> <li>Identifies major events for operational period.</li> <li>Submit to documentation unit after each operational period.</li> <li>Can be photocopied and retained in the medical unit for reference.</li> </ul>	05-07-S359-SL
<p>B. Examples of medical documentation</p> <p>The following forms cannot be ordered from a cache. The Patient Evaluation and 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></p> <p>You may have personnel that are unfamiliar with the following medical forms. It is the responsibility of the MEDL to assure correct completion.</p>	

OUTLINE (CONTINUATION)	AIDS & CUES
<b>REFER TO FORMS (PATIENT EVALUATION, RECORD OF ISSUES AND DAILY SUMMARY) WITH INSTRUCTIONS AND REFERENCE NUMBERS. REVIEW INFORMATION INCLUDED ON EACH FORM. REMIND TRAINEES THAT AS A MEDL THEY WILL BE ACCOUNTABLE FOR INFORMATION ON THESE FORMS.</b>	
<p>1. Patient Evaluation</p> <ul style="list-style-type: none"> <li>• Used for serious medical complaints.</li> <li>• Records patient assessment findings.</li> <li>• Documents patient's trends (vital signs).</li> <li>• Documents treatment and disposition (transported ground/air, established return time to medical unit).</li> <li>• <u>Requires signature of medical unit person who performed assessment and treatment - very important but often omitted.</u></li> <li>• Distribution of form: <ul style="list-style-type: none"> <li>- Accompanies patient to medical facility.</li> <li>- Retained by medical unit.</li> </ul> </li> </ul>	<p>05-01-S359-IR TWB pp. 99-102 05-08-S359-SL 05-09-S359-SL  05-10-S359-SL</p>
<p>2. Medical Unit Record of Issues</p> <ul style="list-style-type: none"> <li>• Used for less serious medical complaints.</li> <li>• Documents items issued by medical unit.</li> <li>• Documents medical complaints.</li> <li>• <u>Requires initials of medical unit person who performed assessment and treatment - often initialed by wrong person.</u></li> </ul>	<p>05-02-S359-IR TWB pp. 103-105 05-11-S359-SL 05-12-S359-SL</p>

OUTLINE (CONTINUATION)	AIDS & CUES
<ul style="list-style-type: none"> <li>• Used to track incident medical trends. <ul style="list-style-type: none"> <li>- Safety officer may review for trends.</li> </ul> </li> <li>• Submitted at end of incident to documentation unit.</li> </ul>	05-13-S359-SL
<p>3. Daily Summary</p> <p>This form it may not be required on all incidents and MEDLs may choose to create their own form or utilize another existing form.</p> <ul style="list-style-type: none"> <li>• Records number of medical complaints by category.</li> <li>• Documents number of patients transported.</li> <li>• Used to track incident medical trends. <ul style="list-style-type: none"> <li>- Safety officer may review for trends.</li> </ul> </li> <li>• Submitted at end of incident to documentation unit.</li> </ul>	05-03-S359-IR TWB pp.107-110 05-14-S359-SL thru 05-16-S359-SL  05-17-S359-SL
<p>4. Incident Summary</p> <p>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:</p> <ul style="list-style-type: none"> <li>• Number of medical complaints by category.</li> <li>• Number of patients transported.</li> <li>• Critical medical emergencies.</li> <li>• Problems among staff in medical unit operations.</li> <li>• Total patient visits for entire incident.</li> </ul>	05-18-S359-SL TWB p.110         05-19-S359-SL

OUTLINE (CONTINUATION)	AIDS & CUES
<ul style="list-style-type: none"> <li>Submitted at end of incident to the safety officer and documentation unit.</li> </ul> <p>C. Agency specific forms; e.g., form developed by a state agency or local government agency.</p>	
<p><b>REFER TO EXERCISE IN TRAINEE WORKBOOK. HAVE TRAINEES MATCH THE ITEMS TO THE CORRECT FORMS. REVIEW AS A CLASS.</b></p>	<p>05-04-S359-IR TWB pp. 111-112</p>
<p><b>REVIEW UNIT OBJECTIVES.</b></p>	<p>05-20-S359-SL</p>





## **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:

<input type="checkbox"/> Alert/Oriented	<input type="checkbox"/> Breathing Difficulties	<input type="checkbox"/> Cyanosis	<input type="checkbox"/> Convulsions
<input type="checkbox"/> Confused/Disoriented	<input type="checkbox"/> Total Obstructed Airway	<input type="checkbox"/> Allergies	<input type="checkbox"/> Shock
<input type="checkbox"/> Unresponsive	<input type="checkbox"/> Respiratory Arrest	<input type="checkbox"/> Nausea/Vomiting	<input type="checkbox"/> Other: _____
<input type="checkbox"/> D.O.A. at Scene	Remarks: _____		

**MEDICAL HISTORY:** **8**

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

**(R)** Pupils **(L)**

☐ Equal ☐ Unequal ☐ Equal ☐ Unequal

**SIGNS AND SYMPTOMS SUGGEST:**

<input type="checkbox"/> Major Trauma	<input type="checkbox"/> Swelling
<input type="checkbox"/> Spinal Injury	<input type="checkbox"/> Deformity
<input type="checkbox"/> Head Injury	<input type="checkbox"/> Poisoning
<input type="checkbox"/> Minor Trauma	<input type="checkbox"/> Burn: _____ : _____ % of Body
<input type="checkbox"/> Cardiac Condition	<input type="checkbox"/> Other --- Details Below

**SUSPECTED INJURY/ILLNESS:** **10**

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

**CARE RENDERED:**

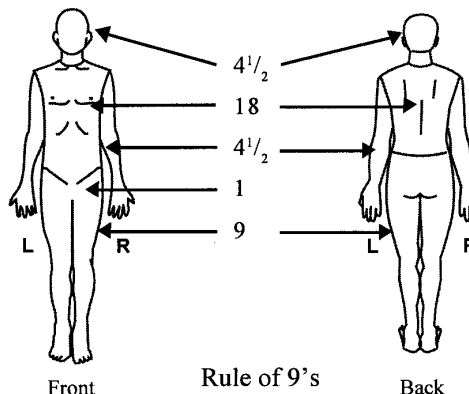
At Scene	En Route
<input type="checkbox"/>	<input type="checkbox"/> Airway Cleared/Maintained
<input type="checkbox"/>	<input type="checkbox"/> Airway Used
<input type="checkbox"/>	<input type="checkbox"/> Oxygen - Rate _____
<input type="checkbox"/>	<input type="checkbox"/> Artificial Respiration
<input type="checkbox"/>	<input type="checkbox"/> CPR Initiated - Time: <b>12</b>
<input type="checkbox"/>	<input type="checkbox"/> Burn Treated <input type="checkbox"/> Wet <input type="checkbox"/> Dry
<input type="checkbox"/>	<input type="checkbox"/> Bleeding Controlled
<input type="checkbox"/>	<input type="checkbox"/> Neck/Spine Immobilization
<input type="checkbox"/>	<input type="checkbox"/> Extremity Splints/Traction
<input type="checkbox"/>	<input type="checkbox"/> Other: _____

**TREATMENT:** **13**

**MEDICATION:** **14**

**REMARKS:** **15**

**PROBABLE INJURY (Please "X"):**



**CHANGES IN CONDITION**

At Scene	En Route
<input type="checkbox"/> Improved	<input type="checkbox"/>
<input type="checkbox"/> Unchanged	<input type="checkbox"/>
<input type="checkbox"/> Worsened	<input type="checkbox"/>
<input type="checkbox"/> Cardiac Arrest	<input type="checkbox"/>

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

**NATURE OF SERVICE**

<input type="checkbox"/> Treated and Transported	<input type="checkbox"/> CA <sup>1</sup> Recommended
<input type="checkbox"/> Treated, not Transported	<input type="checkbox"/> Treatment Refused
<input type="checkbox"/> Other: _____	

**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 “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.

# 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
<b>2</b> →		<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>

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	(      )
-------------------	---------------	--------------------	-------	----------------	-------	------	---------------------	----------

05-03-S359-IR

Page 1 of 4

### 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

--	--	--	--	--

05-03-S359-IR

Page 2 of 4

## 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)
- \_\_\_\_\_ 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
- \_\_\_\_\_ Ibuprofen, 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
- \_\_\_\_\_ Povidone Iodine (liquid)
- \_\_\_\_\_ Povidone Iodine (pads)
- \_\_\_\_\_ Safety Pins
- \_\_\_\_\_ Second Skin
- \_\_\_\_\_ Splint (finger)
- \_\_\_\_\_ Sudafed or Pseudoephedrine
- \_\_\_\_\_ 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)
- \_\_\_\_\_ Fluorescein 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)
- \_\_\_\_\_ Povidine 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

05-03-S359-IR

Page 3 of 4

## **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.

05-03-S359-IR

Page 4 of 4

## **UNIT 5, EXERCISE SOLUTIONS**

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. **A & E**
- 2. Documents all items issued by the medical unit. **D & E**
- 3. Documents patient's vital signs. **C**
- 4. Safety officer may review for trends. **D, E & F**
- 5. Submitted to documentation unit after each operational period. **A**
- 6. Used for ordering resources. **B**
- 7. Summarizes total patient visits for the entire incident. **F**
- 8. White retained by sender. **B**
- 9. Documents number of patients transported daily. **E**
- 10. Records patient assessment findings. **C**
- 11. Identifies major events for operational period. **A**

12. Used for serious medical complaints. C
13. Records official correspondence. B
14. Requires signature of medic. C
15. Used for common/minor complaints. D
16. Used to request non-emergency transportation. B
17. Records number of medical complaints by category. E & F
18. Documents problems among staff in medical unit operations. A & F
19. Requires medic's initials. D
20. Accompanies patient to medical facility. C

## DETAILED LESSON OUTLINE

COURSE: Medical Unit Leader, S-359

UNIT: 6 - Demobilization

SUGGESTED TIME: 1 hours

TRAINING AIDS: Computer with projector and appropriate software, screen.

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.

OUTLINE	AIDS & CUES
<b>PRESENT UNIT OBJECTIVES.</b>	06-01-S359-SL 06-02-S359-SL
<b>I. IDENTIFY EXCESS UNIT RESOURCES</b>	
Coordinate with other functions and identify excess resources.	06-03-S359-SL
<b>A. Determine who or what is excess.</b>	
<ul style="list-style-type: none"><li>• Discuss incident priorities and needs with other functions.</li><li>• Reevaluate unit personnel needs to support the incident.</li><li>• Identify supplies and equipment that are no longer required or in use.</li></ul>	

OUTLINE (CONTINUATION)	AIDS & CUES
<ul style="list-style-type: none"> <li>• Consider release of personnel and equipment based on national and/or local priorities.</li> <li>• Ensure adequate staff throughout demobilization; e.g. number of personnel, gender mix, skill level.</li> </ul>	06-04-S359-SL
<p><b>DISCUSS HOW TO AVOID GETTING CAUGHT SHORT-HANDED BY DEMOBILIZING YOUR STAFF TOO SOON.</b></p> <p>B. Determine when resources will be excess.</p> <ul style="list-style-type: none"> <li>• Time and date of excess.</li> </ul> <p>C. Reevaluate and verify excess resources throughout the duration of the incident.</p> <ul style="list-style-type: none"> <li>• Priorities and needs can change daily.</li> </ul>	06-05-S359-SL
<p>II. EVALUATE PERFORMANCE OF STAFF</p>	
<p>A. Discuss performance with individual(s).</p>	06-06-S359-SL
<p><b>SHOW AND BRIEFLY DISCUSS THE INCIDENT PERSONNEL PERFORMANCE RATING FORM, ICS-225.</b></p> <ul style="list-style-type: none"> <li>• Complete Incident Personnel Performance Ratings, ICS-225 if required. (This form is typically required for all trainees.) <ul style="list-style-type: none"> <li>- Provide a copy of the rating to the individual.</li> <li>- List training if needed or desired.</li> </ul> </li> <li>• Maintain accuracy and fairness.</li> </ul>	06-07-S359-SL 06-01-S359-IR TWB p. 119
<p>B. Verify and document completed items in position task book as needed.</p>	06-08-S359-SL 06-09-S359-SL



OUTLINE (CONTINUATION)	AIDS & CUES
III. DEMOBILIZATION AND CHECK OUT	
A. Receive demobilization instructions from the logistics section chief/supervisor.	06-10-S359-SL
B. Brief staff on demobilization procedures and responsibilities. <ul style="list-style-type: none"> <li>• Post copy of Demobilization Plan.</li> <li>• Emphasize and adhere to rest and release requirements listed in the Demobilization Plan.</li> </ul>	06-11-S359-SL
C. Consider the following for supply/equipment demobilization: <ul style="list-style-type: none"> <li>• Sharps (needles or scalpels) and biohazardous materials should be disposed of by medical unit personnel at nearest medical facility, not returned with kit.</li> <li>• Oxygen bottles must be empty for transport on aircraft.</li> <li>• Gather supplies/equipment from helibase and other locations.</li> </ul>	06-12-S359-SL
D. Submit required information to the documentation unit leader. <ul style="list-style-type: none"> <li>• Individual Personnel Performance Ratings, ICS-225</li> <li>• Daily and incident documents</li> </ul>	06-13-S359-SL
E. Document lost/damaged equipment on agency specific forms. <ul style="list-style-type: none"> <li>• Provide copies of forms to the documentation unit and to the issuing agency.</li> </ul>	



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															
<p>Enter X under appropriate rating number and under proper heading for each category listed. Definition for each rating number follows:</p> <p>0— Deficient. Does not meet minimum requirements of the individual element. DEFICIENCIES MUST BE IDENTIFIED IN REMARKS.</p> <p>1— Needs to improve. Meets some or most of the requirements of the individual element. IDENTIFY IMPROVEMENT NEEDED IN REMARKS.</p> <p>2— Satisfactory. Employee meets all requirements of the individual element.</p> <p>3— Superior. Employee consistently exceeds the performance requirements.</p>															
Rating Factors				Hot Line		Mop-Up		Camp		Other (specify)					
				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)

## LOGISTICS SECTION

- ☐ SUPPLY UNIT
- ☐ COMMUNICATIONS UNIT
- ☐ FACILITIES UNIT
- ☐ GROUND SUPPORT UNIT

## PLANNING SECTION

- ☐ DOCUMENTATION UNIT

## FINANCE/ADMINISTRATION SECTION

- ☐ TIME UNIT

## OTHER

- ☐
- ☐

12. REMARKS



# APPENDIX A

## Course Ordering Information





## ORDERING INFORMATION

Medical Unit Leader, S-359 is available for purchase through:

*National Interagency Fire Center  
Attention: Great Basin Cache Supply Office  
3833 S. Development Avenue  
Boise, ID 83705-5354*

Necessary components for presentation of the course include:

NFES 1929            S-359 Instructor's Guide

NFES 2587            S-359 CD ROM Computer Disk

Each trainee will need one of each of the following :

NFES 1930            Trainee Workbook

NFES 2375            2" Binder

NFES 2588            Medical Unit Leader Field Reference Guide

NFES 2349            Medical Unit Leader Task Book

Assemble the following into a "forms packet" for each trainee (referenced in Unit 1, p. 1-2):

NFES 1331            ICS-206, Medical Plan

NFES 1336            ICS-213, General Message Form

NFES 1337            ICS-214, Unit Log

NFES 0403            CA-1, Employee's Notice of Injury & Claim for Continuation of Pay

NFES 0404            CA-2, Employee's Notice of Occupational Disease

NFES 0405            CA-16, Authorization for Examination and/or Treatment

NFES 0891            SF-261, Crew Time Report

NFES 0872            OF-297, Emergency Equipment Shift Ticket

NFES 1958            Agency Provided Medical Care Authorization/Medical Report

It is also suggested that the course coordinator be familiar with:  
NFES 2226              Course Coordinator's Guide

Consult the latest NWCG, National Fire Equipment System Catalog to verify NFES numbers and to obtain prices of the above items.

# APPENDIX B

## Slide Masters

# APPENDIX C

## Handout Masters

# **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).

_____ 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 RECORD OF ISSUES

INCIDENT NAME \_\_\_\_\_

INCIDENT NUMBER \_\_\_\_\_

CAMP NAME \_\_\_\_\_

\*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

NAMES OF MEDICAL TEAM \_\_\_\_\_

01-04-S359-HO



# **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**

Level of Consciousness

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

LOCATION: ☐ Aid Station ☐ Line ☐ Other \_\_\_\_\_

CHECK IF PRESENT:

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

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

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

Vital Signs:

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

**(R)** Pupils **(L)**

- ☐ Equal ☐ ☐ Equal ☐  
☐ Unequal ☐ ☐ Unequal ☐

SIGNS AND SYMPTOMS SUGGEST:

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

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

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

## **CARE RENDERED:**

At Scene En Route

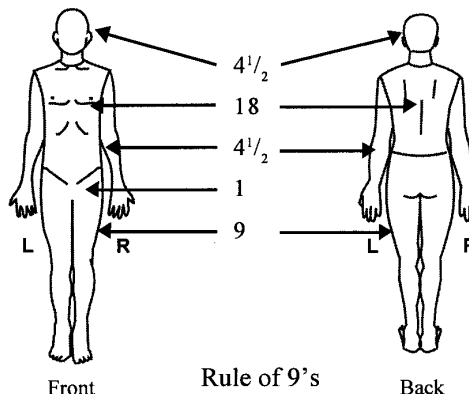
- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Airway Cleared/Maintained  |
| <input type="checkbox"/> | <input type="checkbox"/> | Airway Used  |
| <input type="checkbox"/> | <input type="checkbox"/> | Oxygen - Rate _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | Artificial Respiration   |
| <input type="checkbox"/> | <input type="checkbox"/> | CPR Initiated - Time: _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | Burn Treated <input type="checkbox"/> Wet <input type="checkbox"/> Dry |
| <input type="checkbox"/> | <input type="checkbox"/> | Bleeding Controlled  |
| <input type="checkbox"/> | <input type="checkbox"/> | Neck/Spine Immobilization  |
| <input type="checkbox"/> | <input type="checkbox"/> | Extremity Splints/Traction   |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: _____   |

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

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

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

PROBABLE INJURY (Please "X"):



## **CHANGES IN CONDITION**

At Scene En Route

- |                          |                          |                |
|--------------------------|--------------------------|----------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Improved       |
| <input type="checkbox"/> | <input type="checkbox"/> | Unchanged      |
| <input type="checkbox"/> | <input type="checkbox"/> | Worsened       |
| <input type="checkbox"/> | <input type="checkbox"/> | Cardiac Arrest |

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

## **NATURE OF SERVICE**

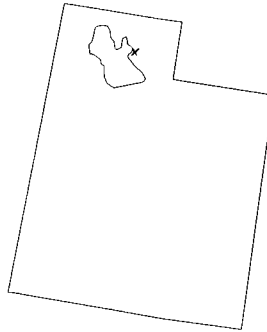
- ☐ Treated and Transported ☐ CA<sup>1</sup> Recommended  
☐ Treated, not Transported ☐ Treatment Refused  
☐ Other: \_\_\_\_\_

TYPE OF TRANSPORTATION:

☐ Air ☐ Ground ☐ EMT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

01-05-S359-HO

# TIMPANOGOS INCIDENT



## DAY OPERATIONAL PERIOD

8/29/xx

NFES 1326

<b>ORGANIZATION ASSIGNMENT LIST</b>		1. INCIDENT NAME Timpanogos Incident	2. DATE PREPARED 08/28/xx	3. TIME PREPARED 2330
<div style="display: flex; justify-content: space-between;"> <span>POSITION</span> <span>NAME</span> </div>		<b>4. OPERATIONAL PERIOD (DATE/TIME)</b> 08/29/xx 0600-1800		
<b>5. INCIDENT COMMANDER AND STAFF</b>		<b>9. OPERATIONS SECTION</b>		
INCIDENT COMMANDER	McDaniels, T.	CHIEF	Harrison, P.	
DEPUTY		DEPUTY	Murray, R.	
SAFETY OFFICER	Cramer, J.	a. BRANCH I- DIVISION/GROUPS		
INFORMATION OFFICER	Halvorson, W.	BRANCH DIRECTOR		
LIAISON OFFICER		DEPUTY		
<b>6. AGENCY REPRESENTATIVES</b>		DIVISION/GROUP	A	Duncan, J.
AGENCY	NAME	DIVISION/GROUP	B	Stockdale, T.
USFS	Damon, T.	DIVISION/GROUP	C	Hill, H.
Utah State	Peterson, C.	DIVISION/GROUP	D	Structures - Reardon
Utah Cty	Williams, M.	DIVISION/GROUP	E	Structures - Underwood
Wasatch Cty	Salle, B.	b. BRANCH II- DIVISION/GROUPS		
BYU	Coughlin, P.	BRANCH DIRECTOR		
<b>7. PLANNING SECTION</b>		DEPUTY		
CHIEF	DuLac, N.	DIVISION/GROUP		
DEPUTY		DIVISION/GROUP		
RESOURCES UNIT	Manny, C.	DIVISION/GROUP		
SITUATION UNIT	Elerson, L.	DIVISION/GROUP		
DOCUMENTATION UNIT		DIVISION/GROUP		
DEMOBILIZATION UNIT		DIVISION/GROUP		
TECHNICAL SPECIALISTS		c. BRANCH III- DIVISION/GROUPS		
HazMat - Devens ED	Green, P.	BRANCH DIRECTOR		
Human Resource Spec.	Truman, S.	DEPUTY		
<b>8. LOGISTICS SECTION</b>		DIVISION/GROUP		
CHIEF	Scovil, T.	DIVISION/GROUP		
DEPUTY		DIVISION/GROUP		
a. SUPPORT BRANCH		DIVISION/GROUP		
DIRECTOR		DIVISION/GROUP		
SUPPLY UNIT	Seals, M.	d. AIR OPERATIONS BRANCH		
FACILITIES UNIT	Connors, B.	AIR OPERATIONS BR. DIR.	Hays, J.	
GROUND SUPPORT UNIT	Bittler, D.	AIR TACTICAL GROUP SUP.	Higgins, R.	
<b>b. SERVICE BRANCH</b>		AIR SUPPORT GROUP SUP.		
DIRECTOR		HELICOPTER COORDINATOR		
COMMUNICATIONS UNIT	Pohlman, J.	AIR TANKER/FIXED WING CRD.		
MEDICAL UNIT	It, You R.	<b>10. FINANCE/ADMINISTRATION SECTION</b>		
FOOD UNIT	Seavey, E.	CHIEF	Millet, C.	
PREPARED BY(RESOURCES UNIT) /s/ C. Manny		DEPUTY		
		TIME UNIT	Dupuis, S.	
		PROCUREMENT UNIT	Netherton, T	
		COMPENSATION/CLAIMS UNIT		
		COST UNIT		

1. BRANCH		2. DIVISION/GROUP <div style="text-align: center; font-weight: bold;">A</div>		ASSIGNMENT LIST					
3. INCIDENT NAME <div style="font-weight: bold;">Timpanogos Incident</div>				4. OPERATIONAL PERIOD DATE <u>08/29/xx</u> TIME <u>0600-1800</u>					
5. OPERATIONAL PERSONNEL									
OPERATIONS CHIEF <u>Harrison, P.</u>				DIVISION/GROUP SUPERVISOR <u>Duncan, J.</u>					
BRANCH DIRECTOR _____				AIR TACTICAL GROUP SUPERVISOR <u>Higgins, R.</u>					
6. RESOURCES ASSIGNED THIS PERIOD									
STRIKE TEAM/TASK FORCE/ RESOURCE DESIGNATOR	EMT	LEADER	NUMBER PERSONS	TRANS. NEEDED	PICKUP PT.-TIME	DROP OFF PT./TIME			
Wasatch Regulars		Slade	18	no	DP1 0630	DP1 1800			
USF Regulars			20	no	DP1 0630	DP1 1800			
U & O #12		Orr	20	yes	DP1 0630	DP1 1800			
Wasatch Engine 563 T-6		Devlin	3	no	DP1 0700	DP1 1830			
Water Witch Engine 18 T-6		Wilcox	3	no	DP1 0700	DP1 1830			
Uinta Engine 622 T-6		Naegy	3	no	DP1 0700	DP1 1830			
Schultz Tender T-2		Schultz	2	no	DP1 0730	DP1 1830			
7. CONTROL OPERATIONS									
<p>Improve and hold handline from division break going west. Continue handline construction where necessary and reinforce with hoselays and water use. Operational period objective is to reach the division break with DIV C by end of operational period.</p> <p>Coordinate for assistance and information with Group D &amp; E.</p> <p>Use helicopter to reinforce line. Retardant should be used sparingly. Evaluate if airtanker can access your division before ordering.</p>									
8. SPECIAL INSTRUCTIONS									
<p>Cuptrench all underslung line. Provide lookouts for new starts in the structures and communicate this to appropriate structure group.</p> <p>FOBS G. Truesdale will be assigned to DIV A, Group D.</p>									
9. DIVISION/GROUP COMMUNICATIONS SUMMARY									
FUNCTION		FREQ.	SYSTEM	CHAN.	FUNCTION		FREQ.	SYSTEM	CHAN.
COMMAND	LOCAL	RX 166.275	King	1	SUPPORT	LOCAL	166.975	King	2
	REPEAT	TX 166.300	NIFC			REPEAT		NIFC	
DIV./GROUP TACTICAL		166.325	King NIFC	3	GROUND TO AIR		168.550	King NIFC	8
PREPARED BY (RESOURCE UNIT LEADER) /s/ C. Manny				APPROVED BY (PLANNING SECT. CH.) /s/ N. DuLac			DATE 08/28/xx		TIME 2330

1. BRANCH		2. DIVISION/GROUP <div style="text-align: center; font-weight: bold;">B</div>		ASSIGNMENT LIST					
3. INCIDENT NAME <div style="font-size: 1.1em;">Timpanogos Incident</div>				4. OPERATIONAL PERIOD DATE <u>08/29/xx</u> TIME <u>0600-1800</u>					
5. OPERATIONAL PERSONNEL									
OPERATIONS CHIEF <u>Harrison, P.</u>				DIVISION/GROUP SUPERVISOR <u>Stockdale, T.</u>					
BRANCH DIRECTOR _____				AIR TACTICAL GROUP SUPERVISOR <u>Higgins, R.</u>					
6. RESOURCES ASSIGNED THIS PERIOD									
STRIKE TEAM/TASK FORCE/ RESOURCE DESIGNATOR	EMT	LEADER	NUMBER PERSONS	TRANS. NEEDED	PICKUP PT.-TIME	DROP OFF PT./TIME			
U&O #13		Smith	20	yes	DP1 0630	DP1 1800			
Blue Mt.		Cally	20	no	DP1 0630	DP1 1800			
Ute Mtn. Engine #234	T-6	Yazzie	3	no	DP1 0700	DP1 1830			
Wasatch Engine 461	T-6	Tomas	3	no	DP1 0700	DP1 1830			
Canaugh Tender T-2		Wissey	2	no	DP1 0700	DP1 1830			
7. CONTROL OPERATIONS Secure handline built from DIV B & A break west along ski train. Continue handline construction going direct on perimeter to DIV B & C break. Support handline with hoselays. Coordinate for assistance and information with Group D & E. Use helicopter to reinforce line. Retardant should be used sparingly. Evaluate if airtanker can access your division before ordering.									
8. SPECIAL INSTRUCTIONS Cuptrench all underslung line. Provide lookouts for new starts in the structures and communicate this to appropriate structure group. Gather intelligence on structures burned along your division; report to situations unit at end of operational period. FOBS N. Anderson will be assigned to DIV B & C.									
9. DIVISION/GROUP COMMUNICATIONS SUMMARY									
FUNCTION		FREQ.	SYSTEM	CHAN.	FUNCTION		FREQ.	SYSTEM	CHAN.
COMMAND	LOCAL	RX 166.275	King	1	SUPPORT	LOCAL	166.975	King	2
	REPEAT	TX 166.300	NIFC			REPEAT		NIFC	
DIV./GROUP TACTICAL		166.325	King NIFC	3	GROUND TO AIR		168.550	King NIFC	8
PREPARED BY (RESOURCE UNIT LEADER) <div style="font-size: 1.1em;">/s/ C. Manny</div>				APPROVED BY (PLANNING SECT. CH.) <div style="font-size: 1.1em;">/s/ N. DuLac</div>		DATE <div style="font-size: 1.1em;">08/28/xx</div>		TIME <div style="font-size: 1.1em;">2330</div>	



1. BRANCH		2. DIVISION/GROUP Group D		<b>ASSIGNMENT LIST</b>					
3. INCIDENT NAME Timpanogos Incident			4. OPERATIONAL PERIOD DATE <u>08/29/xx</u> TIME <u>0600-1800</u>						
5. OPERATIONAL PERSONNEL									
OPERATIONS CHIEF <u>Harrison, P.</u>			DIVISION/GROUP SUPERVISOR <u>Reardon, D.</u>						
BRANCH DIRECTOR _____			AIR TACTICAL GROUP SUPERVISOR <u>Higgins, R.</u>						
6. RESOURCES ASSIGNED THIS PERIOD									
STRIKE TEAM/TASK FORCE/ RESOURCE DESIGNATOR	EMT	LEADER	NUMBER PERSONS	TRANS. NEEDED	PICKUP PT.-TIME	DROP OFF PT./TIME			
Dixie Regulars		Lance	20	no	Easter Lane-	0630	1800		
Caribou Engine #45 T-4		Scott	3	no	Easter Lane-	0630	1800		
Caribou Engine #34 T-5		Peterson	3	no	Easter Lane-	0630	1830		
7. CONTROL OPERATIONS Assess defensible space needs and chances of fire crossing into the Gambel Oak fuel type. Secure fire's edge along the paved road and assist Group E when possible with structure triage and defensible space projects. Be alert to continuing evacuation down the main canyon road.									
8. SPECIAL INSTRUCTIONS  Locate, mark, and map all surface propane installations; get to situation unit leader ASAP.									
9. DIVISION/GROUP COMMUNICATIONS SUMMARY									
FUNCTION		FREQ.	SYSTEM	CHAN.	FUNCTION		FREQ.	SYSTEM	CHAN.
COMMAND	LOCAL	RX 166.275	King	1	SUPPORT	LOCAL	166.975	King	2
	REPEAT	TX 166.300	NIFC			REPEAT		NIFC	
DIV./GROUP TACTICAL		166.325	King NIFC	3	GROUND TO AIR		168.550	King NIFC	8
PREPARED BY (RESOURCE UNIT LEADER) /s/ C. Manny				APPROVED BY (PLANNING SECT. CH.) /s/ N. DuLac			DATE 08/28/xx		TIME 2330



1. BRANCH		2. DIVISION/GROUP <div style="text-align: center;">Group E</div>		<b>ASSIGNMENT LIST</b>			
3. INCIDENT NAME <div style="text-align: center;">Timpanogos Incident</div>				4. OPERATIONAL PERIOD DATE <u>08/29/xx</u> TIME <u>0600-1800</u>			
5. OPERATIONAL PERSONNEL							
OPERATIONS CHIEF <u>Harrison, P.</u>				DIVISION/GROUP SUPERVISOR <u>Underwood, P.</u>			
BRANCH DIRECTOR _____				AIR TACTICAL GROUP SUPERVISOR <u>Higgins, R.</u>			
6. RESOURCES ASSIGNED THIS PERIOD							
STRIKE TEAM/TASK FORCE/ RESOURCE DESIGNATOR		EMT	LEADER	NUMBER PERSONS	TRANS. NEEDED	PICKUP PT.-TIME	DROP OFF PT./TIME
Dixie Regulars			Lance	20	no	Easter Lane-0630	1800
Caribou Engine #45 T-4			Scott	3	no	Easter Lane-0630	1800
Caribou Engine #34 T-5			Peterson	3	no	Easter Lane-0630	1830
7. CONTROL OPERATIONS Assess defensible space needs and begin improvements on homes most threatened if the fire crosses onto this side. Coordinate defensible space work and disposal of debris with representative of homeowner's association - John Clark.							
8. SPECIAL INSTRUCTIONS Locate, mark, and map all surface propane installations; get to situation unit leader ASAP. Check homes for any residents not evacuated; coordinate this with Utah County Sheriff Deputy through IMT Security.							
9. DIVISION/GROUP COMMUNICATIONS SUMMARY							
FUNCTION		FREQ.	SYSTEM	CHAN.	FUNCTION		FREQ.
COMMAND	LOCAL	RX 166.275	King	1	SUPPORT	LOCAL	166.975
	REPEAT	TX 166.300	NIFC			REPEAT	
DIV./GROUP TACTICAL		159.300	King NIFC	5	GROUND TO AIR		168.550
PREPARED BY (RESOURCE UNIT LEADER) <u>/s/ C. Manny</u>				APPROVED BY (PLANNING SECT. CH.) <u>/s/ N. DuLac</u>		DATE <u>08/28/xx</u>	
						TIME <u>2330</u>	

## **“SAFETY MESSAGE”**

This is a COMPLEX fire. Expect it to continue. Your best decisions will be made during the morning, so:

1. ANTICIPATE
  2. PLAN MORE THAN ONE OPTION
  3. CONTINGENCY PLAN EVERYTHING
  4. IMPLEMENT LCES TO HIGHEST DEGREE
  5. NEVER STOP COMMUNICATING
- 
- A. Evacuation of residents and employees will continue throughout the operational period. Assist where you can, always plan for public safety as well as your own.
  - B. Use the security frequency when dealing with residents and any evacuees.
  - C. Focus on aircraft when using them around structures and powerlines.
  - D. Be certain residents are clear of the area before calling in aircraft.
  - E. Scout out propane and overhead powerlines; flag; control access and work area.
  - F. Pay attention when driving. Roads are steep and narrow. Many are one lane. Keep headlights on, speed limit of 10 mph, watch for evacuees.
  - G. Panic behavior needs to be dealt with immediately. Call security for assistance and do your best to control panic behaviors in evacuees.
  - H. Establish and maintain lookouts, keep communications fluent and regular, find your safe areas and make them known. Use extreme caution if you plan to use any of the roads as escape routes.
  - I. Report any suspicious actions or situations immediately to security.
  - H. Keep hydrated, watch for spotting, watch for snag fall.

~~ The Safety Unit ~~

# **“Transportation Plan”**

Hazards: The greatest hazards for this fire are:

Steep narrow roads

Blind corners

One way and steep access roads into many of the homes

Visibility limitations from smoke

Lots of traffic during evacuation of homes and Alpine School

Mitigation:

1. Speed limit of 15 mph.
2. Guards will be placed on all steep one lane roads to control one way traffic.
3. Only emergency traffic will be allowed during shift change on all access roads to and from the fire.
4. Locate turnouts, driveways, and other wide spots for parking.  
No roadside parking of any vehicles.
5. All large vehicles, buses and engines will be guided into constricted areas and all backing.
6. Everyone drives with headlights and seat belts on.

## FIRE BEHAVIOR FORECAST

FORECAST NO. 1

NAME OF FIRE: Timpanogos Incident

PREDICTION FOR: Day SHIFT

UNIT: Timpanogos Homeowners Assoc.

SHIFT DATE: Wed., 8/28/xx

**TIME AND DATE**

FORECAST ISSUED: 8/28/xx 2230

SIGNED: /s/ G. Cotter

FIRE BEHAVIOR SPECIALIST

**WEATHER SUMMARY:**

Today's weather will be close to yesterday's. The high temperatures will range from 85-91 F. Low RHs will range from 18-23% and will bottom out after 1500. Winds this morning will range from 0-3 mph downslope until about 1030 when valley influences will force canyon winds to transition up slope. Afternoon valley winds should peak around 1430 and reach 8-15 mph in the north fork canyon.

### FIRE BEHAVIOR

**GENERAL:**

Yesterday's weather, especially canyon influenced winds contributed significantly to the rapid intensity buildup, resulting spread, and spotting. The dry fuels and structures provided ample fuels to the fire, with structures propagating each other and contributing to the long range spotting. This fire was in the thermal belt all night, expect additional spotting to have occurred. Spotting occurred to 1/4 mile yesterday afternoon.

**SPECIFIC:**

See attached

**AIR OPERATIONS:**

Gusting and strong surface winds will cause turbulence as the mix with 20 ft winds. Expect additional turbulence over all ridges and where canyons top out - upslope. Low level visibility will be restricted by smoke.

**SAFETY:**

Short range spotting will cause the most problems. Post LOOKOUTS, establish COMMUNICATIONS, maintain it; locate and broadcast ESCAPE ROUTES & SAFETY ZONES.

INCIDENT RADIO COMMUNICATIONS PLAN				1. INCIDENT NAME	2. DATE/TIME PREPARED	3. OPERATIONAL PERIOD DATE/TIME
				Timpanogos Incident	8/28/xx	8/29/xx 0600-1800
4. BASE RADIO CHANNEL UTILIZATION						
SYSTEM/CACHE	CHANNEL	FUNCTION	FREQUENCY/TONE	ASSIGNMENT	REMARKS	
King NIFC	1	Command Repeat	166.275 TX 166.300 RX	Fire to ICP	Repeater location on ridge east of Summit Campground	
King NIFC	2	Logistics Net	166.975	Camp		
King NIFC	3	TAC 1	166.325	DIV A & C	This may change if fire size increases	
King NIFC	4	TAC 2	151.335	DIV B		
King NIFC	5	TAC 3	159.300	Group D & E	Structure protection groups	
King NIFC	8	Air-Ground	168.550	Air Attack		
King NIFC	9	Law Enforcement	172.800	Incident Security	All coordination with County Sheriff will go through IMT security unit on this channel	
King NIFC	14	Emerg. Air Guard	168.625	Emergencies Only		
5. PREPARED BY (COMMUNICATIONS UNIT)				/s/ J. Pohlman		

205 (CS (9/66)

NFES 1330

<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

# **MEDICAL EMERGENCY PROCEDURES**

## **LIFE THREATENING ILLNESS OR INJURY:**

1. Contact medical unit via communications on command net
2. **Brief** description of injury or illness
3. Identify location of pick-up site
4. Identify special equipment needs
5. Identify number of patients
6. Identify method of marking site
7. Medical unit will notify air operations to activate and manage air operation

## **OTHER ILLNESS OR INJURY REQUIRING TREATMENT AND/OR TRANSPORT:**

1. Notify medical unit via communications on command net
2. State type and severity of injury or illness
3. Identify field treatment rendered
4. Identify location of patient
5. Most appropriate method of transportation will be determined by the medical unit, division supervisor and air operations

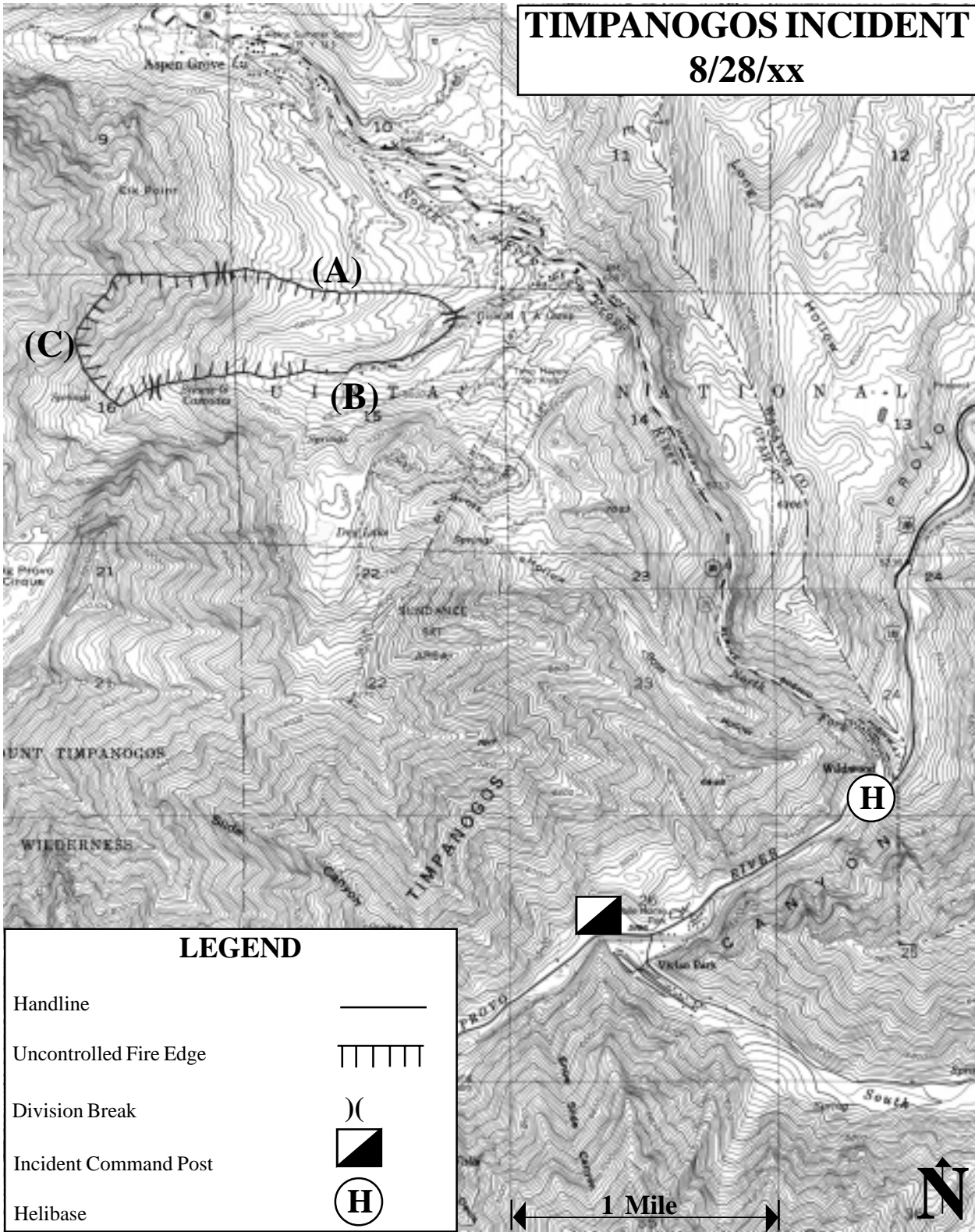






# TIMPANOGOS INCIDENT

## 8/28/xx



# EQUIPMENT ORDER

★U.S.GPO:1992-0-790-801

## GENERAL MESSAGE

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

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.

DATE 8/28/xx	TIME 2000	SIGNATURE/POSITION M. Seals
-----------------	--------------	--------------------------------

213 ICS 1/79  
NFES 1336

PERSON RECEIVING GENERAL MESSAGE KEEP THIS COPY

(SENDER:) REMOVE THIS COPY, FOR YOUR FILES

# SUPPLY ORDER

★U.S.GPO:1992-0-790-001

## GENERAL MESSAGE

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

Please order the following for the medical unit:

2 ea. - NFES #1760, First Aid Kit, 100-person

Delivered to the medical unit at ICP by 8/29/xx at 0800

SIGNATURE/POSITION  
T. Scovil

## REPLY

First Aid Kits should be on the 0600 delivery we are receiving from NIFC.

DATE 8/28/xx	TIME 2000	SIGNATURE/POSITION M. Seals
-----------------	--------------	--------------------------------

213 ICS 1/79  
NFES 1336

PERSON RECEIVING GENERAL MESSAGE KEEP THIS COPY

(SENDER:) REMOVE THIS COPY, FOR YOUR FILES

## **LOGISTICS SECTION CHIEF BRIEFING**

The Timpanogos Fire was detected yesterday 8/28/xx at 1000. The Incident Management Team arrived in Devens last night about 1900 and received a briefing from the district ranger and the initial attack I.C.

Currently we have about 200 personnel assigned to the fire, eight hand crews, nine engines, three tenders, and a few other initial attack resources. Currently we are only running a day operational period. The fire is about 400 acres. We anticipate it lasting 7-10 days.

The medical unit tent we have set up here at the ICP is staffed with two paramedics that are on contract from Devens EMS. They have their ambulance with them. The tent is a six-person pup tent which gets hotter than heck during the heat of the day. I ordered two first aid kits last night.

The Medical Plan in the IAP was developed by J. Cramer, the Safety Officer.

The fire is in very steep and rugged country with poor access. Even some fairly minor injuries might require air evacuation because of the difficulty of trying to move them by ground.

Resources, not listed in the IAP, on order for the fire are:

- 2 additional hand crews (Type I's, I believe, because of the steepness of the terrain)
- 1 strike team of Type VI engines
- 2 additional water tenders

They are expected to arrive sometime tomorrow.

I believe someone gave you a copy of the General Message forms that I used to order the paramedics and first aid kits. (Use these as a template for your orders.)

The operations section mentioned that they would like to see one dedicated EMT per division.

I also found out some additional information about medical resources in the area. You might want to make note of this information:

- Devens General has an air ambulance, called Airlife, available 24 hours a day. The travel time to the fire is approximately 12 minutes, Heartflight from Salt Lake would take about 22 minutes.
- Devens EMS says they can outfit two additional ambulances, one with a paramedic and an EMTI, the other with an EMTI and an EMTB and have them available for assignment on location at the incident.
- Athens EMS, a town about 20 minutes to the north of Devens, has an extra ambulance that they could have available for the incident; personnel would include an RN/Paramedic and an EMTB.

Any questions?

---

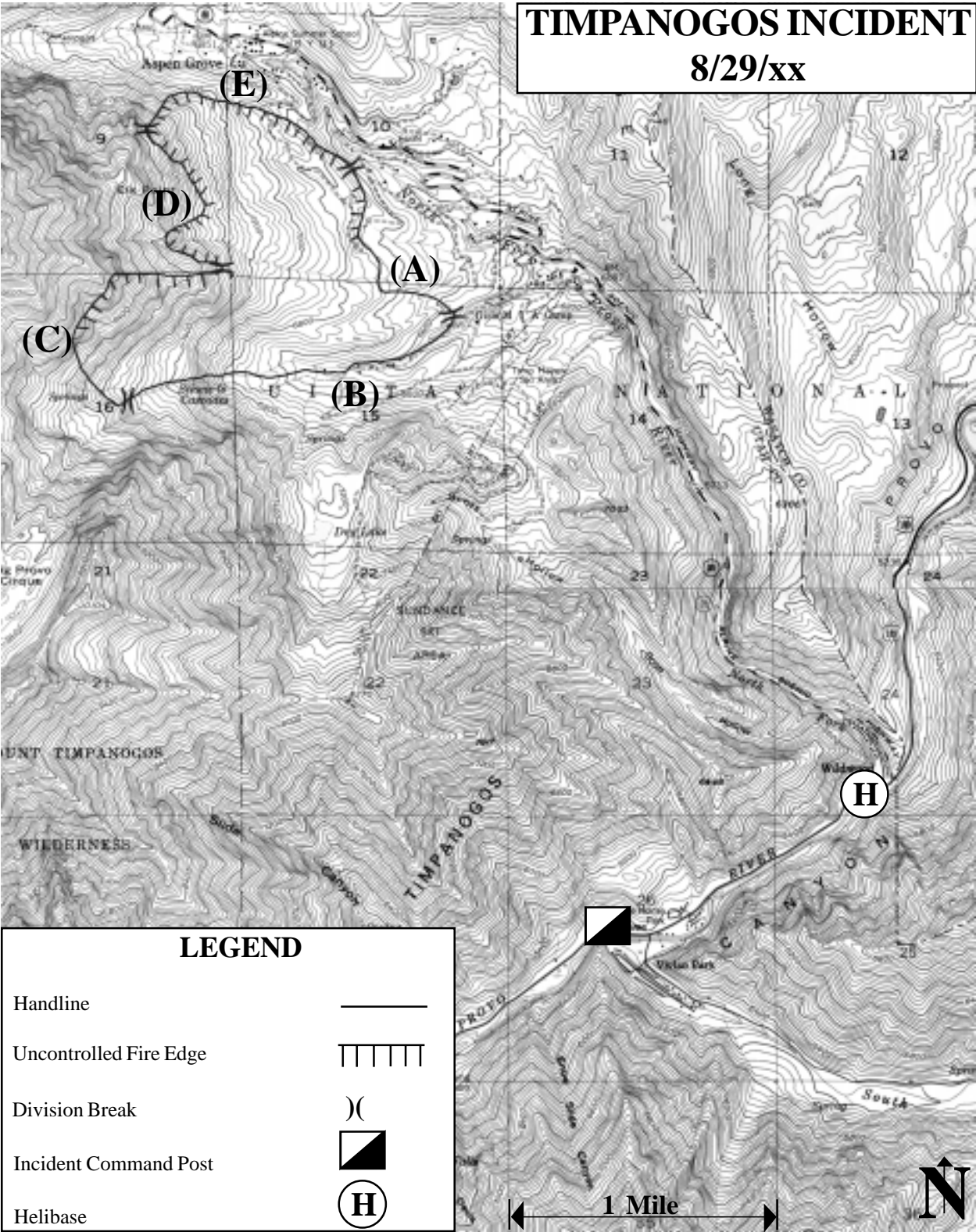
Each group will need to complete:

1. ICS-213 for overhead/personnel
2. ICS-213 for supplies
3. List of any additional supplies/equipment that you feel should be obtained on the incident through the logistics units; e.g., tables, chairs.

***REMEMBER THAT THIS IS YOUR INITIAL ORDER TO GET YOU STARTED; DON'T TRY AND ORDER FOR THE ENTIRE INCIDENT UNTIL YOU HAVE TIME TO GATHER MORE INFORMATION.***

# TIMPANOGOS INCIDENT

## 8/29/xx



# OVERHEAD ORDER

★U.S.GPO:1992-0-790-801

## GENERAL MESSAGE

<b>TO:</b>	POSITION		
<b>FROM</b>	POSITION		
<b>SUBJECT</b>			<b>DATE</b>

MESSAGE:

SIGNATURE/POSITION

REPLY

DATE	TIME	SIGNATURE/POSITION
------	------	--------------------

213 ICS 1/79  
NFES 1336

PERSON RECEIVING GENERAL MESSAGE KEEP THIS COPY

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



★U.S.GPO:1992-0-790-601

[illegible]213 ICS 1/79  
NFES 1336

PERSON RECEIVING GENERAL MESSAGE KEEP THIS COPY

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

## MISCELLANEOUS SUPPLIES AND EQUIPMENT

*List any additional supplies and equipment needed that your group feels should be obtained through the logistics units; e.g., tables, chairs.*

---

# OVERHEAD ORDER

★U.S.GPO:1992-0-790-801

## GENERAL MESSAGE

<b>TO:</b> Supply		POSITION	
<b>FROM:</b> You R. It		POSITION Medical Unit Leader	
<b>SUBJECT:</b> Medical Unit Overhead Order		<b>DATE:</b> 8/29/xx	1000
<b>MESSAGE:</b>			

Please order the following for the medical unit:

6 ea. - EMTs, line qualified (3 males and 3 females)

1 ea. - Nurse Practitioner

Delivered to the medical unit at ICP by 8/29/xx at 2000

SIGNATURE/POSITION

You R. It

**REPLY**

DATE	TIME	SIGNATURE/POSITION
------	------	--------------------

213 ICS 1/79  
NFES 1336

PERSON RECEIVING GENERAL MESSAGE KEEP THIS COPY

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

02-03-S359-HO

Page 1 of 3

# SUPPLY ORDER

★U.S.GPO:1992-0-790-001

## GENERAL MESSAGE

<b>TO:</b> Supply		POSITION	
<b>FROM:</b> You R. It		POSITION Medical Unit Leader	
<b>SUBJECT:</b> Medical Unit Supply Order		<b>DATE:</b> 8/29/xx	1000
<b>MESSAGE:</b>			

Please order the following for the medical unit:

1 ea. - NFES #1835, First Aid Kit, Field, 500-person

2 ea. - NFES #1760, First Aid Kit, 100-person

1 ea. - NFES #0549, Shelter Kit, 20' Octagon

2 ea. - Handwashing Station, or, #0126, Wash Kit Assembly

Delivered to the medical unit at ICP by 8/29/xx at 2000

SIGNATURE/POSITION  
You R. It

## REPLY

(Other misc. supplies/equipment to think about may include wall tents, radio, phone, vehicles, portable toilets, tables, chairs, etc.)

DATE	TIME	SIGNATURE/POSITION
------	------	--------------------

213 ICS 1/79  
NFES 1336

PERSON RECEIVING GENERAL MESSAGE KEEP THIS COPY

(SENDER:) REMOVE THIS COPY, FOR YOUR FILES

02-03-S359-HO

Page 2 of 3

## MISCELLANEOUS SUPPLIES AND EQUIPMENT

*List any additional supplies and equipment needed that your group feels should be obtained through the logistics units; e.g., tables, chairs.*

---

**Other miscellaneous supplies/equipment to consider may include:**

**Wall tents**

**Radio**

**Phone**

**Lighting kit**

**Vehicles**

**Portable toilets**

**Tables**

**Chairs**

**Generator**

**Cots**

# **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

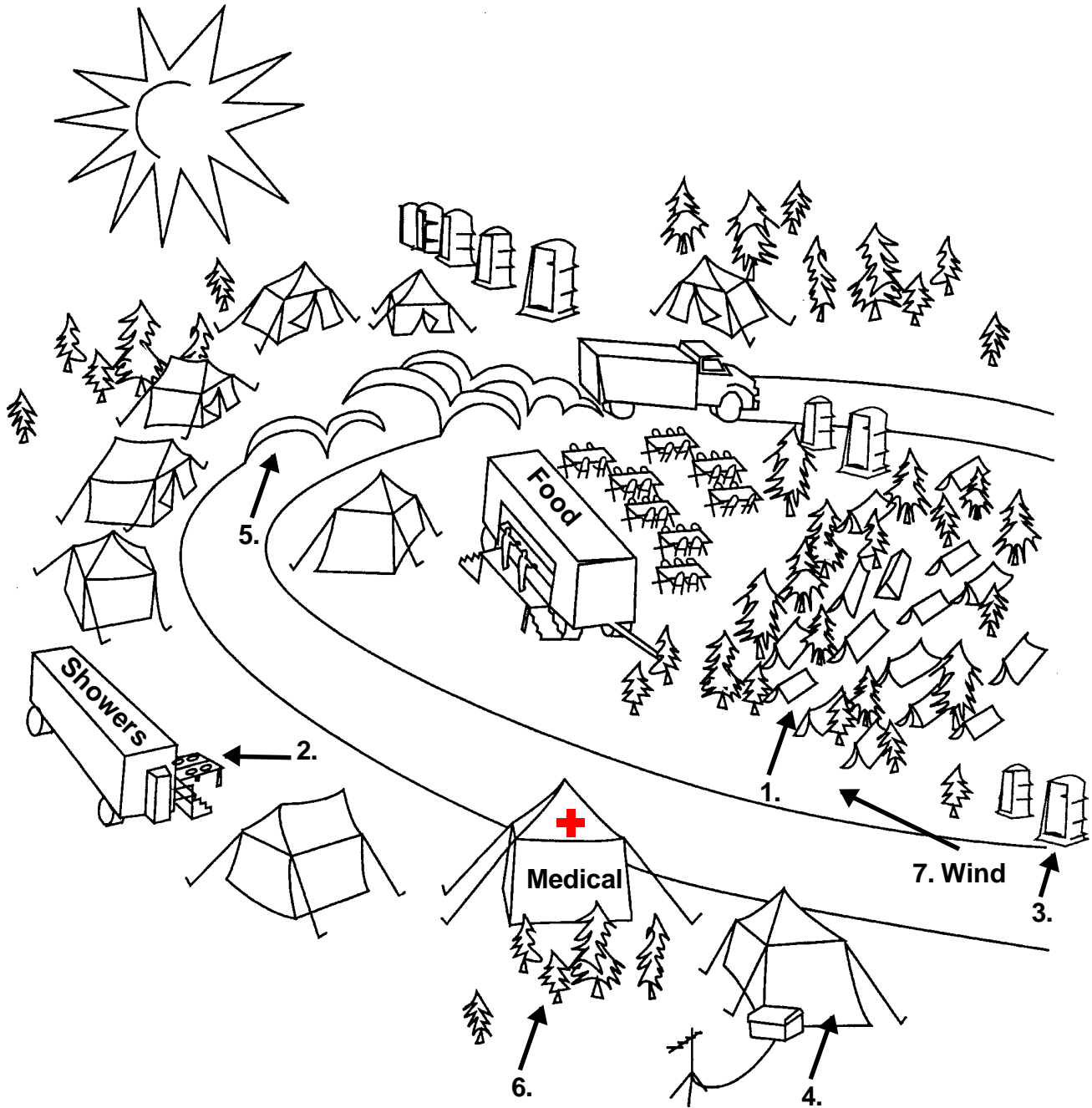
LOGISTICS SECTION CHIEF

(SERVICE BRANCH DIRECTOR) Rarely filled

MEDICAL UNIT LEADER

Incident Medical Specialist Manager

### UNIT 3, LOCATION EXERCISE SOLUTION



- 1) Close to crew sleeping area; 2) Close to showers; 3) Close to portable toilets; 4) Close to communications; 5) Away from dusty roads; 6) Good shaded areas; 7) Upwind from portable toilets.

### **UNIT 3 - MEDICAL PLAN, ICS-206 EXERCISE**

Emergency Medical Procedures that you have come up with after coordinating with the logistics section chief, operations, and communications are as follows:

1. Contact medical unit on command net.
2. Brief description of injury or illness.
3. Identify location of pick-up site.
4. Medical unit will notify air operations.
5. Critical patients will be evacuated by air.
6. Ground transport to hospital use Rogue Valley ambulance.
7. Burn victims to Rogue Valley.

Complete the attached Medical Plan. The instructors have all other information you will need.

Before asking the instructors any questions, determine who you need to coordinate with or where you need to look for information. The instructors will play these roles.



<b>MEDICAL PLAN</b>	1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED	4. OPERATIONAL PERIOD				
5. INCIDENT MEDICAL AID STATIONS								
MEDICAL AID STATIONS	LOCATION	PARAMEDICS						
		YES	NO					
			NO					
			NO					
			NO					
			NO					
			NO					
			NO					
			NO					
6. TRANSPORTATION								
A. AMBULANCE SERVICES								
NAME	ADDRESS	PHONE	PARAMEDICS					
			YES	NO				
				NO				
				NO				
				NO				
				NO				
				NO				
				NO				
B. INCIDENT AMBULANCES								
NAME	LOCATION	PARAMEDICS						
		YES	NO					
			NO					
			NO					
			NO					
			NO					
			NO					
7. HOSPITALS								
NAME	ADDRESS	TRAVEL TIME		PHONE	HELIPAD		BURN CENTER	
		AIR	GRND		YES	NO	YES	NO
8. MEDICAL EMERGENCY PROCEDURES								
206 ICS 8/78		9. PREPARED BY (MEDICAL UNIT LEADER)			10. REVIEWED BY (SAFETY OFFICER)			

## UNIT 3 - MEDICAL PLAN, ICS-206 EXERCISE SOLUTION

<b>MEDICAL PLAN</b>	1. INCIDENT NAME Rattlesnake Fire	2. DATE PREPARED 7/24/xx	3. TIME PREPARED 2000	4. OPERATIONAL PERIOD 7/25/xx 0600-1800				
5. INCIDENT MEDICAL AID STATIONS								
MEDICAL AID STATIONS	LOCATION	PARAMEDICS						
		YES		NO				
Rattlesnake	ICP	X						
Skill level: 2 EMT Basics and 1 paramedic								
Rock Creek Camp	Division B			X				
Skill level: one line qualified EMT Basic								
6. TRANSPORTATION								
A. AMBULANCE SERVICES								
NAME	ADDRESS	PHONE	PARAMEDICS					
			YES		NO			
Mercy Flights	2030 Airport Way, Medford, OR	911	X					
Ashland City Fire & Rescue	500 Main Street, Ashland, OR	911	X					
Applegate Fire Department	1000 Applegate Road, Jacksonville, OR	911			X			
B. INCIDENT AMBULANCES								
NAME	LOCATION	PARAMEDICS						
		YES		NO				
Rogue Valley Ambulance Service	Rattlesnake ICP			X				
7. HOSPITALS								
NAME	ADDRESS	TRAVEL TIME		PHONE	HELIPAD		BURN CENTER	
		AIR	GRND		YES	NO	YES	NO
Rogue Valley Med. Ctr	6000 Barnett Road, Medford, OR	12 min	35 min	(541)776-1200	X		X	
Providence Hospital	2000 McAndrews, Medford, OR	22 min	65 min	(541)773-2200	X			X
8. MEDICAL EMERGENCY PROCEDURES								
Contact medical unit on command net.								
Brief description of injury or illness.								
Identify location of pick-up site.								
Medical unit will notify air operations.								
Critical patients will be evacuated by air.								
Ground transport to hospital use Rogue Valley ambulance. Burn victims to Rogue Valley								
206 ICS 8/78		9. PREPARED BY (MEDICAL UNIT LEADER) You R. It			10. REVIEWED BY (SAFETY OFFICER) Safety officer - J. Mathews			

NFES 1331

03-03-S359-HO

# **Medical Unit Leader**

## **S-359**

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

The National Wildfire Coordinating Group (NWCG) has developed this information for the guidance of its member agencies and is not responsible for the interpretation or use of this information by anyone except its member agencies. The use of trade, firm, or corporation names in this publication is for the information and convenience of the reader and does not constitute an endorsement by the NWCG of any product or service to the exclusion of others that may be suitable.

---

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)

---

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 #1930.



## **CONTENTS**

Unit 0 - Introduction .....	1
Unit 1 - Gathering Information About the Assignment .....	11
Unit 2 - Establishing and Maintaining the Unit .....	21
Unit 3 - Organize and Supervise the Unit .....	63
Unit 4 - Evaluation of Patient Assessment and Care .....	85
Unit 5 - Documentation .....	91
Unit 6 - Demobilization .....	113



## 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.

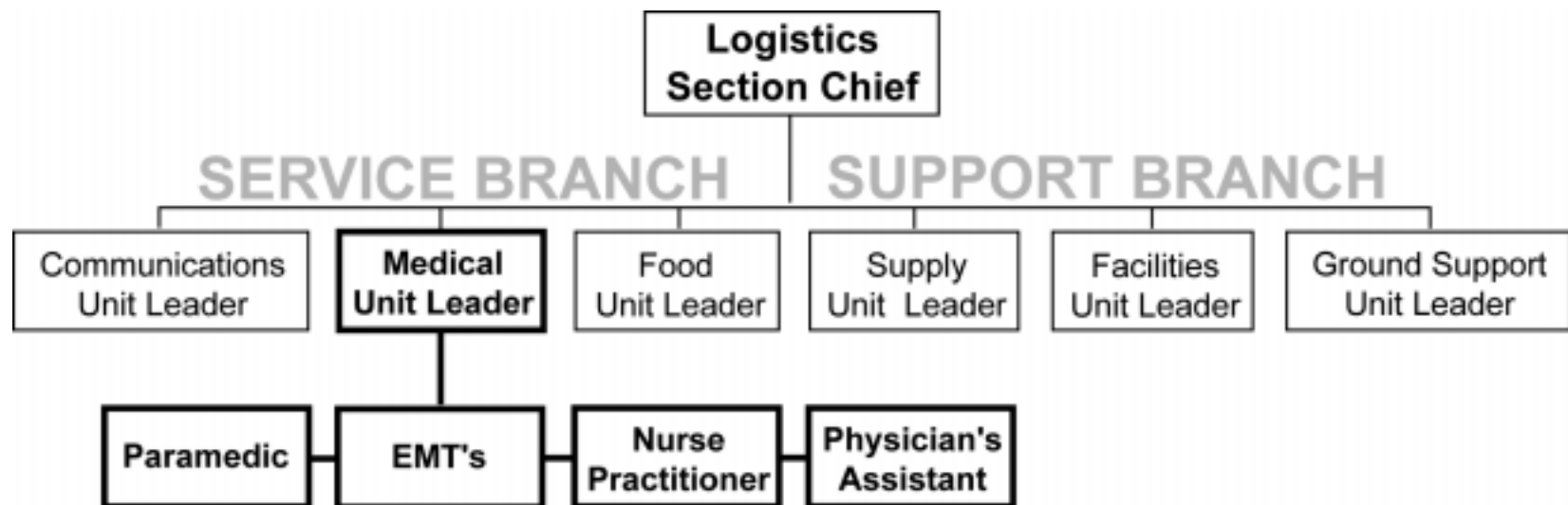
3. Establish procedures
  - for medical emergencies.
  - for non-urgent medical problems.
4. Administer medical unit/supervise staff.
  - Establish work periods.
  - Assign work duties.
  - Manage unit documentation.
  - Evaluate staff.

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?

## Medical Unit Leader, S-359

### 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 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) 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  
6545-00-656-1094/GSA

WT: 3 lb (1.36kg) CU: .16 ft (.005m)  
\$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, Tolnafrate
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, Dacrise
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 1/2 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 1/2"
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 1 - 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, Philadelphia, 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**

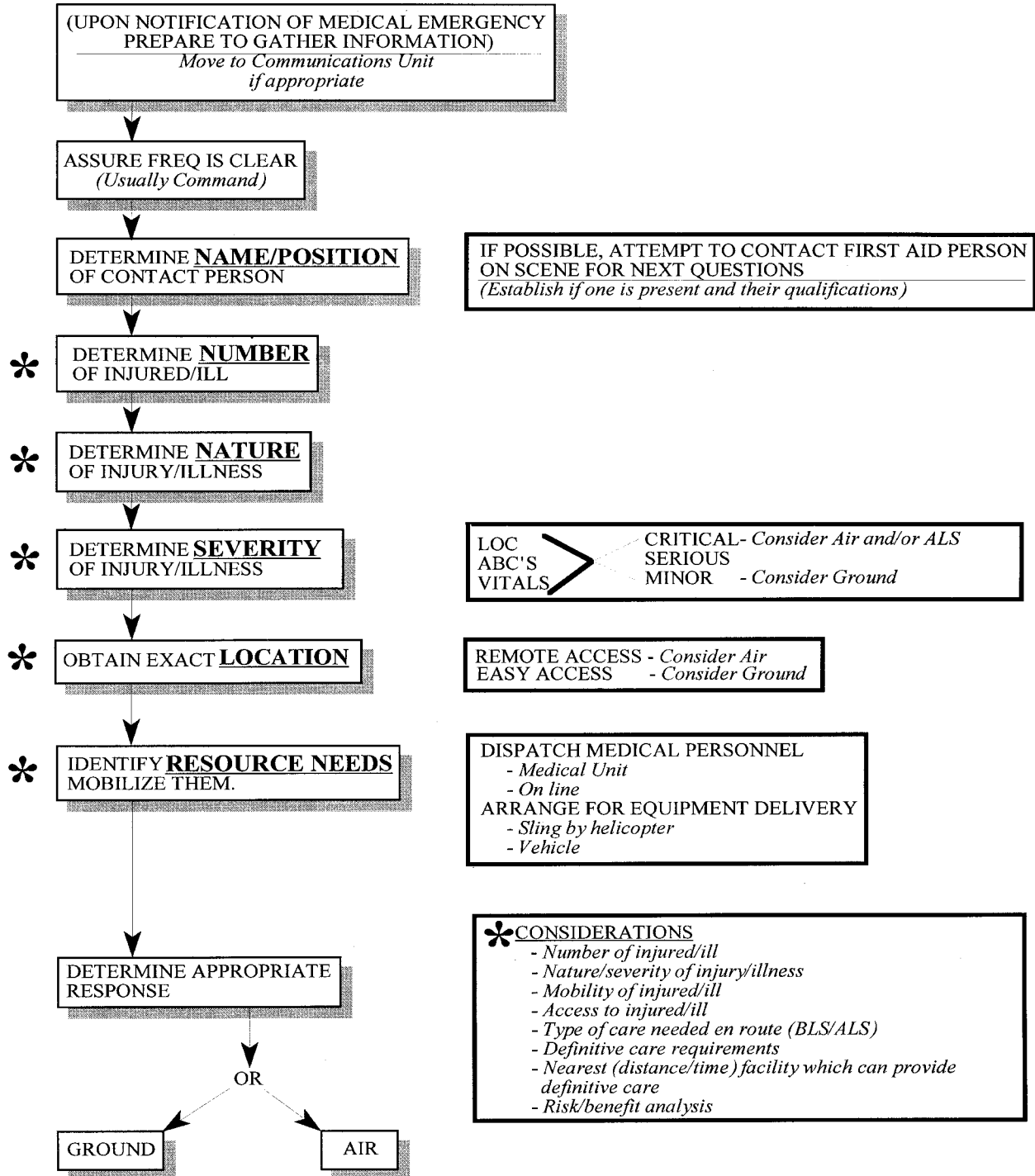
- ❖ **Always check in at the medical unit first upon returning to incident.**
- ❖ If patient is admitted to a medical facility, driver should return documentation from the medical facility to the incident medical unit.
- ❖ If patient is released from the medical facility to return to work or to be demobilized,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

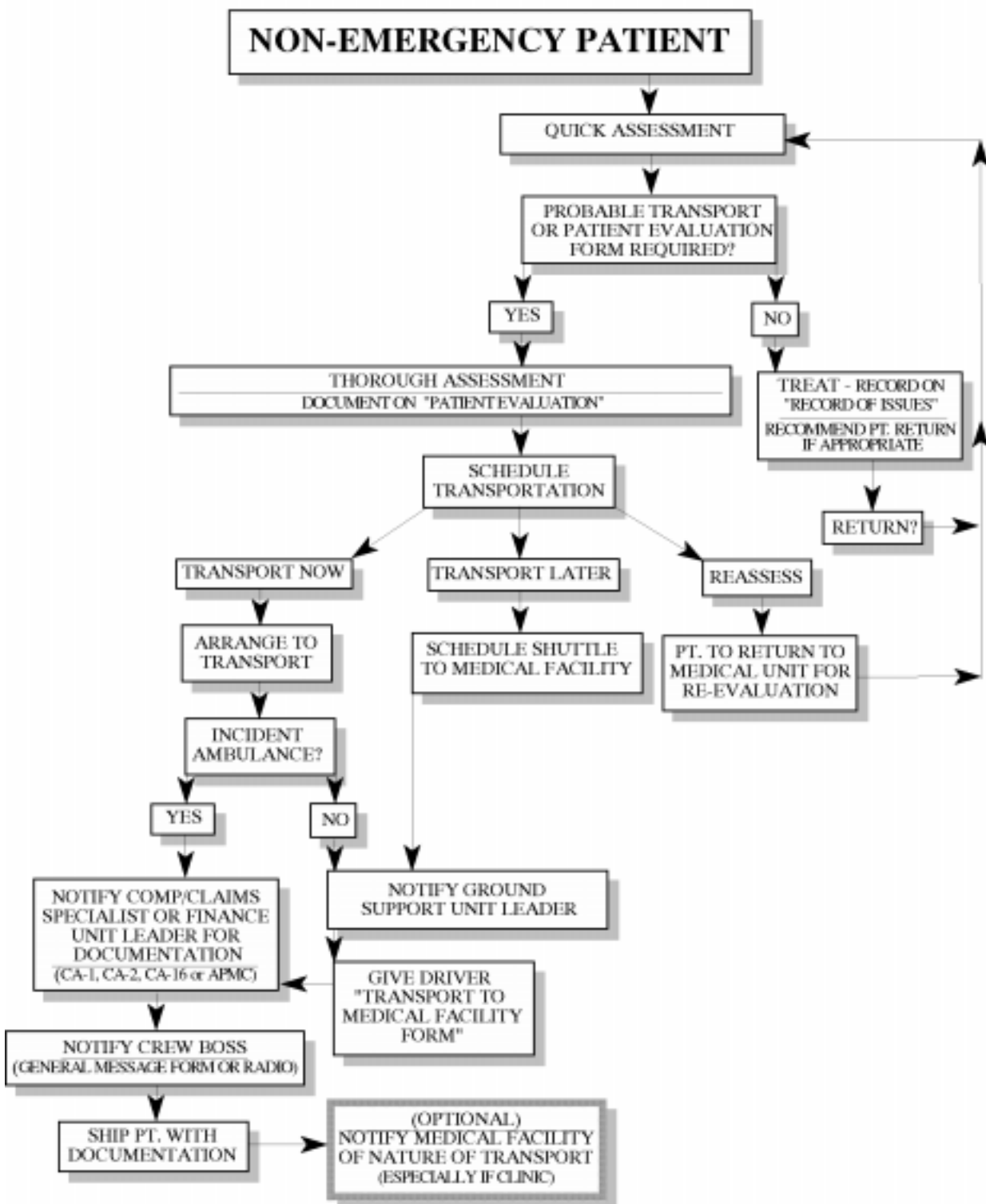
Need ALS - *Consider EMS, MIL*  
Do not need ALS - *Consider IAC, OAA*

#### \* TRANSPORT TIME

Response time  
Flight time to scene  
Time to definitive care

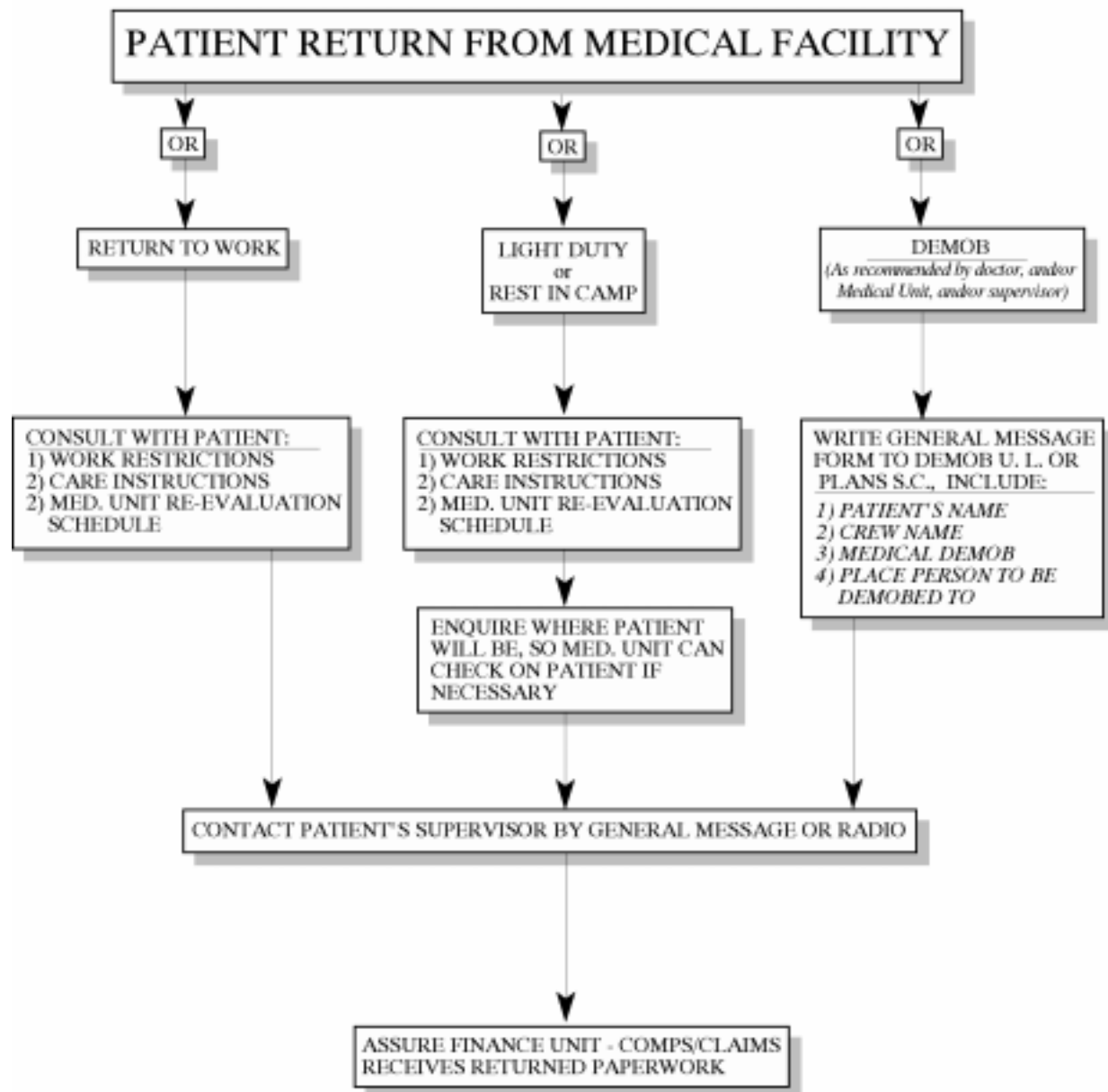
Require shorter transport time - *Consider IAC*  
Longer transport time necessary  
because of one of the  
considerations - *Consider as  
indicated above*

# OPERATIONAL *FLOW CHART*





# OPERATIONAL *FLOW CHART*







## **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 separated 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

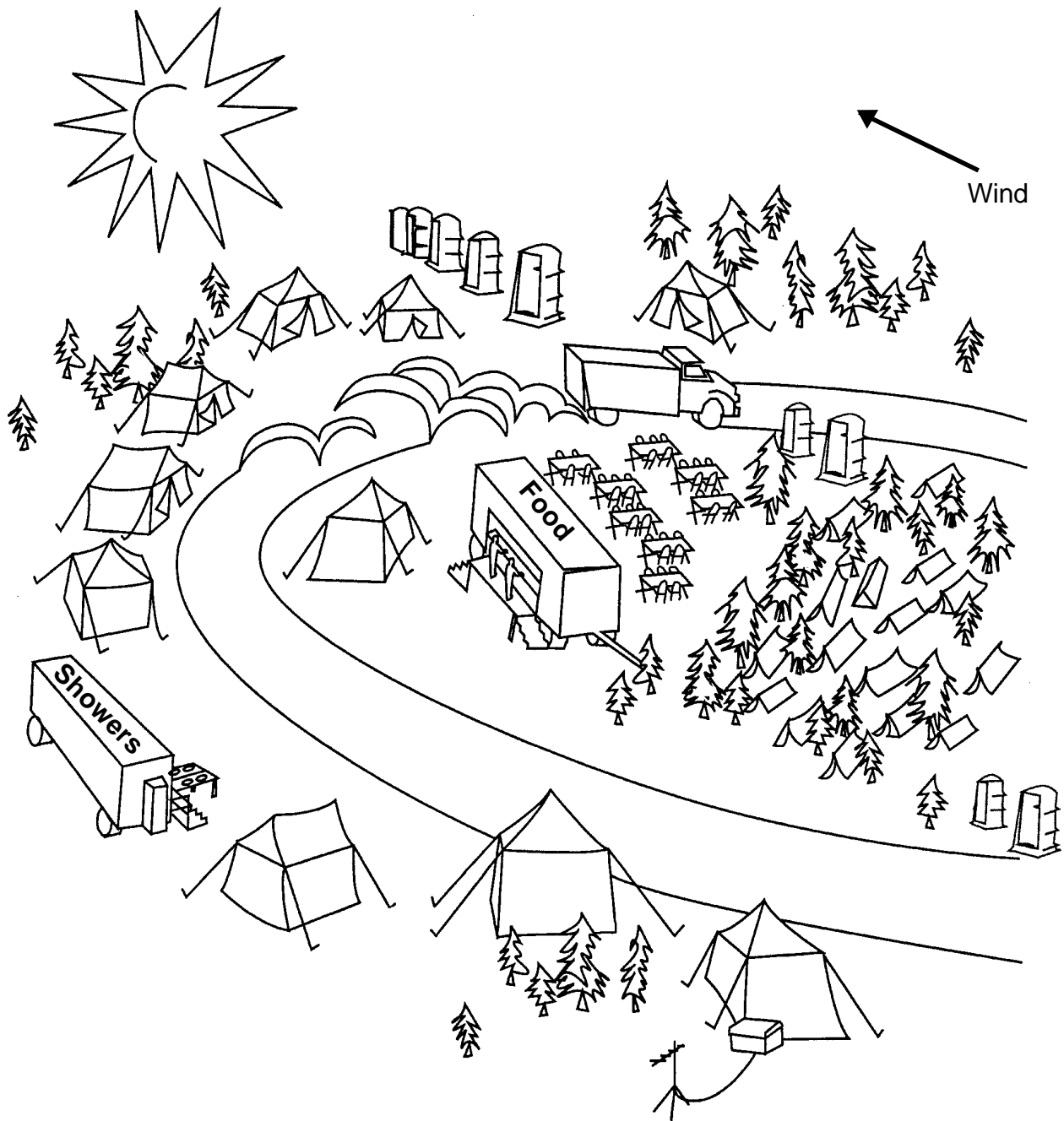


- G. Close access to handwashing and bathrooms
  - Ask for designated handwashing station.
  - Ask for designated portable toilet.
- H. Adequate trash containers at appropriate locations
- I. Arrange eating area for medical unit personnel if unable to leave unit.
- J. Security
  - Inventory control
  - 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 <b>56-03K0-X-7295</b>			2. CONTRACTOR (name) <b>DoRight Construction</b>		
3. INCIDENT OR PROJECT NAME <b>Bad Bear</b>		4. INCIDENT NUMBER <b>ID-BOF-080</b>		5. OPERATOR (name) <b>Max Speed</b>	
6. EQUIPMENT MAKE <b>Dodge</b>		7. EQUIPMENT MODEL <b>150</b>		8. OPERATOR FURNISHED BY <input type="checkbox"/> CONTRACTOR <input checked="" type="checkbox"/> GOVERNMENT	
9. SERIAL NUMBER		10. LICENSE NUMBER <b>Lic. No. 4T-0795B</b>		11. OPERATING SUPPLIES FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR (wet) <input type="checkbox"/> GOVERNMENT (dry)	
12. DATE MO/DAY/YR	13. EQUIPMENT USE				14. REMARKS (released, down time and cause, problems, etc.)  <b>Point of hire - Nampa, ID</b> <b>Time of hire - 0600</b>
	START	STOP	WORK	SPECIAL	
<b>8/5/XX</b>	<b>9.156</b>	<b>9.276</b>	<b>120</b>		
					15. EQUIPMENT STATUS <input checked="" type="checkbox"/> a. Inspected and under agreement <input type="checkbox"/> b. Released by Government <input type="checkbox"/> c. Withdrawn by Contractor
			16. INVOICE POSTED BY (Recorder's initials) <b>CW</b>		
17. CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE  <b>Max Speed</b>			18. GOVERNMENT OFFICER'S SIGNATURE  <b>Chariot Keeper</b>		19. DATE SIGNED  <b>8/5/XX</b>



29 - Exhibit 08

EMERGENCY EQUIPMENT SHIFT TICKET, OF-297

Sample form when vehicle is rented with an operator.

EMERGENCY EQUIPMENT SHIFT TICKET					
<small>NOTE: The responsible Government Officer will update this form each day or shift and make initial and final equipment inspections.</small>					
1. AGREEMENT NUMBER <b>56-03K0-X-7295</b>			2. CONTRACTOR (name) <b>DoRight Construction</b>		
3. INCIDENT OR PROJECT NAME <b>Bad Bear</b>		4. INCIDENT NUMBER <b>ID-BOF-080</b>		5. OPERATOR (name) <b>Loose Nut</b>	
6. EQUIPMENT MAKE <b>Caterpillar</b>		7. EQUIPMENT MODEL <b>D6C</b>		8. OPERATOR FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT	
9. SERIAL NUMBER <b>47A19625</b>		10. LICENSE NUMBER		11. OPERATING SUPPLIES FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR (wet) <input type="checkbox"/> GOVERNMENT (dry)	
12. DATE MO/DAY/YR		13. EQUIPMENT USE <small>(Circled one)</small> HOURS DAYS/MILES START STOP WORK SPECIAL		14. REMARKS (released, down time and cause, problems, etc.) <b>0600 under hire at Nampa, ID transported to Bad Bear Fire arrived at 0830. 1600 - 1800 down for service 2000- Operators off duty</b>	
<b>8/5/XX</b>		<b>0830 1600 7.5</b>			
<b>8/5/XX</b>		<b>1800 2000 2.0</b>			
				15. EQUIPMENT STATUS <input checked="" type="checkbox"/> a. Inspected and under agreement <input type="checkbox"/> b. Released by Government <input type="checkbox"/> c. Withdrawn by Contractor	
				16. INVOICE POSTED BY (Recorder's initials)	
17. CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE <b>Loose Nut</b>			18. GOVERNMENT OFFICER'S SIGNATURE <b>Finder Dry</b>		19. DATE SIGNED <b>8/5/XX</b>



## Medical Unit Leader, S-359

### 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. These forms are examples only, any variation may be used.

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 7** LOCATION: ☐ Aid Station ☐ Line ☐ Other \_\_\_\_\_

Level of Consciousness CHECK IF PRESENT:

<input type="checkbox"/> Alert/Oriented	<input type="checkbox"/> Breathing Difficulties	<input type="checkbox"/> Cyanosis	<input type="checkbox"/> Convulsions
<input type="checkbox"/> Confused/Disoriented	<input type="checkbox"/> Total Obstructed Airway	<input type="checkbox"/> Allergies	<input type="checkbox"/> Shock
<input type="checkbox"/> Unresponsive	<input type="checkbox"/> Respiratory Arrest	<input type="checkbox"/> Nausea/Vomiting	<input type="checkbox"/> Other: _____
<input type="checkbox"/> 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:**

<input type="checkbox"/> Major Trauma	<input type="checkbox"/> Swelling
<input type="checkbox"/> Spinal Injury	<input type="checkbox"/> Deformity
<input type="checkbox"/> Head Injury	<input type="checkbox"/> Poisoning
<input type="checkbox"/> Minor Trauma	<input type="checkbox"/> Burn: _____ : _____ % of Body
<input type="checkbox"/> Cardiac Condition	<input type="checkbox"/> Other --- Details Below

**SUSPECTED INJURY/ILLNESS: 10**

\_\_\_\_\_

**CARE RENDERED:**

At Scene	En Route
<input type="checkbox"/>	<input type="checkbox"/> Airway Cleared/Maintained
<input type="checkbox"/>	<input type="checkbox"/> Airway Used
<input type="checkbox"/>	<input type="checkbox"/> Oxygen - Rate _____
<input type="checkbox"/>	<input type="checkbox"/> Artificial Respiration
<input type="checkbox"/>	<input type="checkbox"/> CPR Initiated - Time: <b>12</b>
<input type="checkbox"/>	<input type="checkbox"/> Burn Treated <input type="checkbox"/> Wet <input type="checkbox"/> Dry
<input type="checkbox"/>	<input type="checkbox"/> Bleeding Controlled
<input type="checkbox"/>	<input type="checkbox"/> Neck/Spine Immobilization
<input type="checkbox"/>	<input type="checkbox"/> Extremity Splints/Traction
<input type="checkbox"/>	<input type="checkbox"/> Other: _____

**TREATMENT: 13**

\_\_\_\_\_

**MEDICATION: 14**

\_\_\_\_\_

**REMARKS: 15**

\_\_\_\_\_

**PROBABLE INJURY (Please "X"):**

Front Rule of 9's Back

**CHANGES IN CONDITION**

At Scene	En Route
<input type="checkbox"/> Improved	<input type="checkbox"/>
<input type="checkbox"/> Unchanged	<input type="checkbox"/>
<input type="checkbox"/> Worsened	<input type="checkbox"/>
<input type="checkbox"/> Cardiac Arrest	<input type="checkbox"/>

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

\_\_\_\_\_

**NATURE OF SERVICE**

<input type="checkbox"/> Treated and Transported	<input type="checkbox"/> CA <sup>1</sup> Recommended
<input type="checkbox"/> Treated, not Transported	<input type="checkbox"/> Treatment Refused
<input type="checkbox"/> Other: _____	

**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 “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.

# 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
<b>2</b> →		<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>

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).

_____ 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
_____ Ibuprofin, 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 Pseudophedrine	_____ 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)	

## **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.*)



<b>INCIDENT PERSONNEL PERFORMANCE RATING</b>				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																			
<p>Enter X under appropriate rating number and under proper heading for each category listed. Definition for each rating number follows:</p> <p>0— Deficient. Does not meet minimum requirements of the individual element. DEFICIENCIES MUST BE IDENTIFIED IN REMARKS.</p> <p>1— Needs to improve. Meets some or most of the requirements of the individual element. IDENTIFY IMPROVEMENT NEEDED IN REMARKS.</p> <p>2— Satisfactory. Employee meets all requirements of the individual element.</p> <p>3— Superior. Employee consistently exceeds the performance requirements.</p>																			
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)		
<u>LOGISTICS SECTION</u>		
<input type="checkbox"/> SUPPLY UNIT _____		
<input type="checkbox"/> COMMUNICATIONS UNIT _____		
<input type="checkbox"/> FACILITIES UNIT _____		
<input type="checkbox"/> GROUND SUPPORT UNIT _____		
<u>PLANNING SECTION</u>		
<input type="checkbox"/> DOCUMENTATION UNIT _____		
<u>FINANCE/ADMINISTRATION SECTION</u>		
<input type="checkbox"/> TIME UNIT _____		
<u>OTHER</u>		
<input type="checkbox"/> _____		
<input type="checkbox"/> _____		
12. REMARKS		
_____ _____ _____ _____		



## 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.



# **Medical Unit Leader**

## **S-359**

**Field Reference Guide**  
**March 2000**  
**NFES 2588**

The National Wildfire Coordinating Group (NWCG) has developed this information for the guidance of its member agencies and is not responsible for the interpretation or use of this information by anyone except its member agencies. The use of trade, firm, or corporation names in this publication is for the information and convenience of the reader and does not constitute an endorsement by the NWCG of any product or service to the exclusion of others that may be suitable.

---

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)

---

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:

Julie Wheeler, USDI Bureau of Land Management, Medford, Oregon

Mike Andersen, USDA Forest Service, Nicolet NF, Wisconsin

Paul Fieldhouse, USDA Forest Service, Missoula Smokejumper, Montana

Deb Epps, Project Leader, NIFC, National Fire and Aviation Training Support Group





## **CONTENTS**

Preface .....	i
Contents .....	iii
Introduction .....	1
Appendix .....	A-1



## **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.

---

Comments regarding the content of this publication should be directed to:

National Interagency Fire Center, BLM  
National Fire Aviation Training Support Group  
3833 S. Development Avenue  
Boise, ID 83705  
email: [nwcg\\_standards@nifc.blm.gov](mailto:nwcg_standards@nifc.blm.gov)

---

Additional copies of this publication may be ordered from:

National Interagency Fire Center  
Attn. Great Basin Cache Supply Office  
3833 S. Development Avenue  
Boise, ID 83705

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
------	--------	-----	---------	-------	------	-----	------	------	------

## **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).

<div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Acetaminophen (Tylenol)</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Anbesol (tooth)</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Antiseptic Soap</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Aspirin</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Bag Balm</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Band Aid (rectangular)</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Ben Gay (ointment or ICY/HOT etc.)</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Betadine (ointment)</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Blanket (space)</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Calamine Lotion</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Chlo-Amine Tablets</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Coriciden "D"</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Debrox Drops (ear)</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Epinephrine (injectable)</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Eye Wash (non-medicated solution)</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Foot Powder (medicated)</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Gauze (4x4, 4x3, 2X2, etc.) (non-adherent)</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Gauze (roll, any size)</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Hydrocortisone Cream</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Ibuprofen, 200 mg. pills (like Advil)</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Lotion, Hand (without sunscreen)</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Medi-Haler, Epinephrine</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Moleskin</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Nasal Canula</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Nasal Spray (medicated, like neo-synephrine)</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Neosporin (ointment)</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Pepto Bismol</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Povodine Iodine (liquid)</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Povodine Iodine (pads)</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Safety Pins</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Second Skin</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Splint (finger)</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Sudafed or Pseudoephedrine</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Suppositories (hemorrhoidal)</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Tape (medical, all kinds)</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Tetracaine</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Throat Lozenges (medicated, cepastat, cepacol, etc.)</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Tolnaftate (liquid)</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Tolnaftate (powder - may be spray)</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Triangular Bandage</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Visine</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Vitamins (multiple)</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____</div>	<div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Alka-Seltzer</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Antacid (any brand)</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Aspercream</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Bacitracin</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Band Aid (knuckle)</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Benadryl (diphenhydramine)</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Betadine (liquid)</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Betadine (pads)</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Bonine (meclizine)</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Chap Stick (or any lipbalm)</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Cold Pack (chemical)</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Cotton Tipped Swab</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Elastic Bandage (like ACE)</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Eye Dressing (gauze)</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Fluorescein Strip</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Foot Powder (non-medicated)</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Gauze (large "field-dressing")</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Hot Pack (chemical)</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Hydrogen Peroxide</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Kaopectate (kaolin/pectin)</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Midol</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Metamucil</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Mylanta</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Nasal Spray (non-medicated)</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Oxygen</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Polysporin (ointment)</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Povodine Iodine (ointment)</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Robitussin DM</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Sanitary Pad</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Skin Closure Strips</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Splint (rigid, 24" long)</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Sunscreen</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Tampons</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Tape (athletic)</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Throat Lozenges (non-medicated)</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Tolnaftate (ointment)</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Towlettes</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Under Wrap</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Vitamin C (pills)</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____ Zinc Oxide</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">_____</div>
---	---









# **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**

Level of Consciousness

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

LOCATION: ☐ Aid Station ☐ Line ☐ Other \_\_\_\_\_

## **CHECK IF PRESENT:**

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> Breathing Difficulties  | <input type="checkbox"/> Cyanosis        | <input type="checkbox"/> Convulsions  |
| <input type="checkbox"/> Total Obstructed Airway | <input type="checkbox"/> Allergies       | <input type="checkbox"/> Shock        |
| <input type="checkbox"/> Respiratory Arrest      | <input type="checkbox"/> Nausea/Vomiting | <input type="checkbox"/> Other: _____ |

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

## **MEDICAL HISTORY:** \_\_\_\_\_

## **Vital Signs:**

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

**(R)** Pupils **(L)**

- ☐ Equal ☐ ☐ Equal ☐  
☐ Unequal ☐ ☐ Unequal ☐

## **SIGNS AND SYMPTOMS SUGGEST:**

- |  |  |
|--|--|
| <input type="checkbox"/> Major Trauma      | <input type="checkbox"/> Swelling                      |
| <input type="checkbox"/> Spinal Injury     | <input type="checkbox"/> Deformity                     |
| <input type="checkbox"/> Head Injury       | <input type="checkbox"/> Poisoning                     |
| <input type="checkbox"/> Minor Trauma      | <input type="checkbox"/> Burn: _____ : _____ % of Body |
| <input type="checkbox"/> Cardiac Condition | <input type="checkbox"/> Other --- Details Below       |

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

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

## **CARE RENDERED:**

At Scene En Route

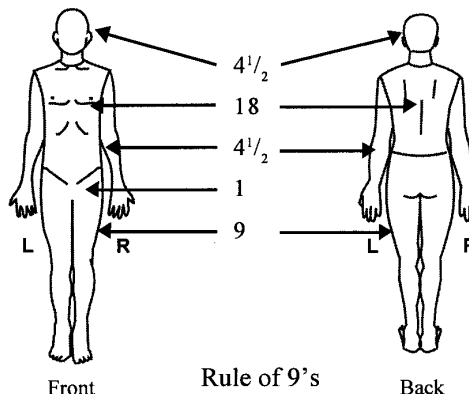
- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> Airway Cleared/Maintained  |
| <input type="checkbox"/> | <input type="checkbox"/> Airway Used  |
| <input type="checkbox"/> | <input type="checkbox"/> Oxygen - Rate _____  |
| <input type="checkbox"/> | <input type="checkbox"/> Artificial Respiration   |
| <input type="checkbox"/> | <input type="checkbox"/> CPR Initiated - Time: _____  |
| <input type="checkbox"/> | <input type="checkbox"/> Burn Treated <input type="checkbox"/> Wet <input type="checkbox"/> Dry |
| <input type="checkbox"/> | <input type="checkbox"/> Bleeding Controlled  |
| <input type="checkbox"/> | <input type="checkbox"/> Neck/Spine Immobilization  |
| <input type="checkbox"/> | <input type="checkbox"/> Extremity Splints/Traction   |
| <input type="checkbox"/> | <input type="checkbox"/> Other: _____   |

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

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

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

## **PROBABLE INJURY (Please "X"):**



## **CHANGES IN CONDITION**

At Scene En Route

- |   |                          |
|---|--------------------------|
| <input type="checkbox"/> Improved       | <input type="checkbox"/> |
| <input type="checkbox"/> Unchanged      | <input type="checkbox"/> |
| <input type="checkbox"/> Worsened       | <input type="checkbox"/> |
| <input type="checkbox"/> Cardiac Arrest | <input type="checkbox"/> |

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

## **NATURE OF SERVICE**

- |   |  |
|---|--|
| <input type="checkbox"/> Treated and Transported  | <input type="checkbox"/> CA <sup>1</sup> Recommended |
| <input type="checkbox"/> Treated, not Transported | <input type="checkbox"/> Treatment Refused           |
| <input type="checkbox"/> Other: _____             |  |

## **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		POSITION Logistics Section Chief	
<b>SUBJECT:</b> Medical Unit Equipment Order		<b>DATE</b> 8/28/xx	1930
<b>MESSAGE:</b>			

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> 8/28/xx	<b>TIME</b> 2000	<b>SIGNATURE/POSITION</b> 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

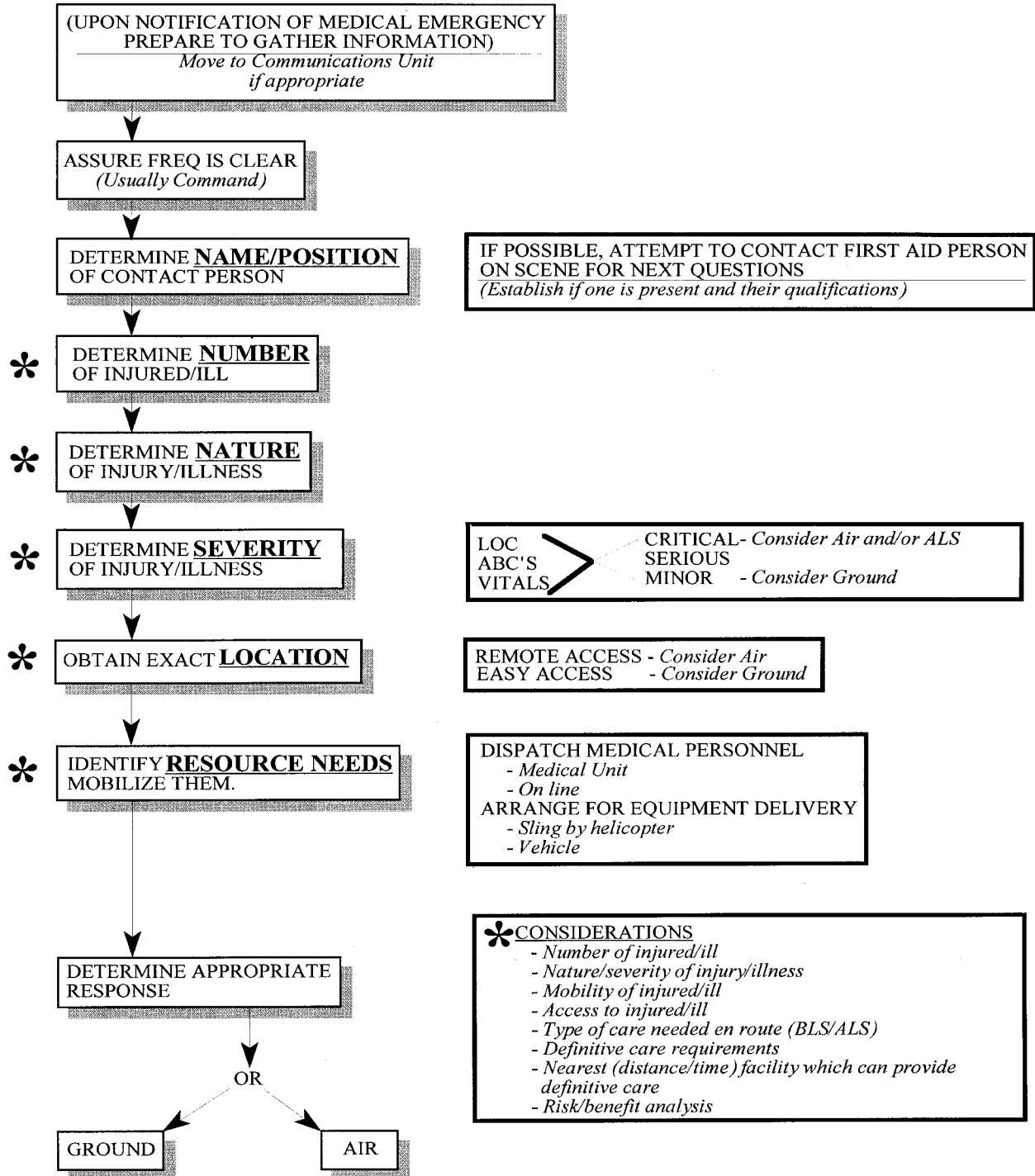
Incident Medical Specialist Manager





# 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*

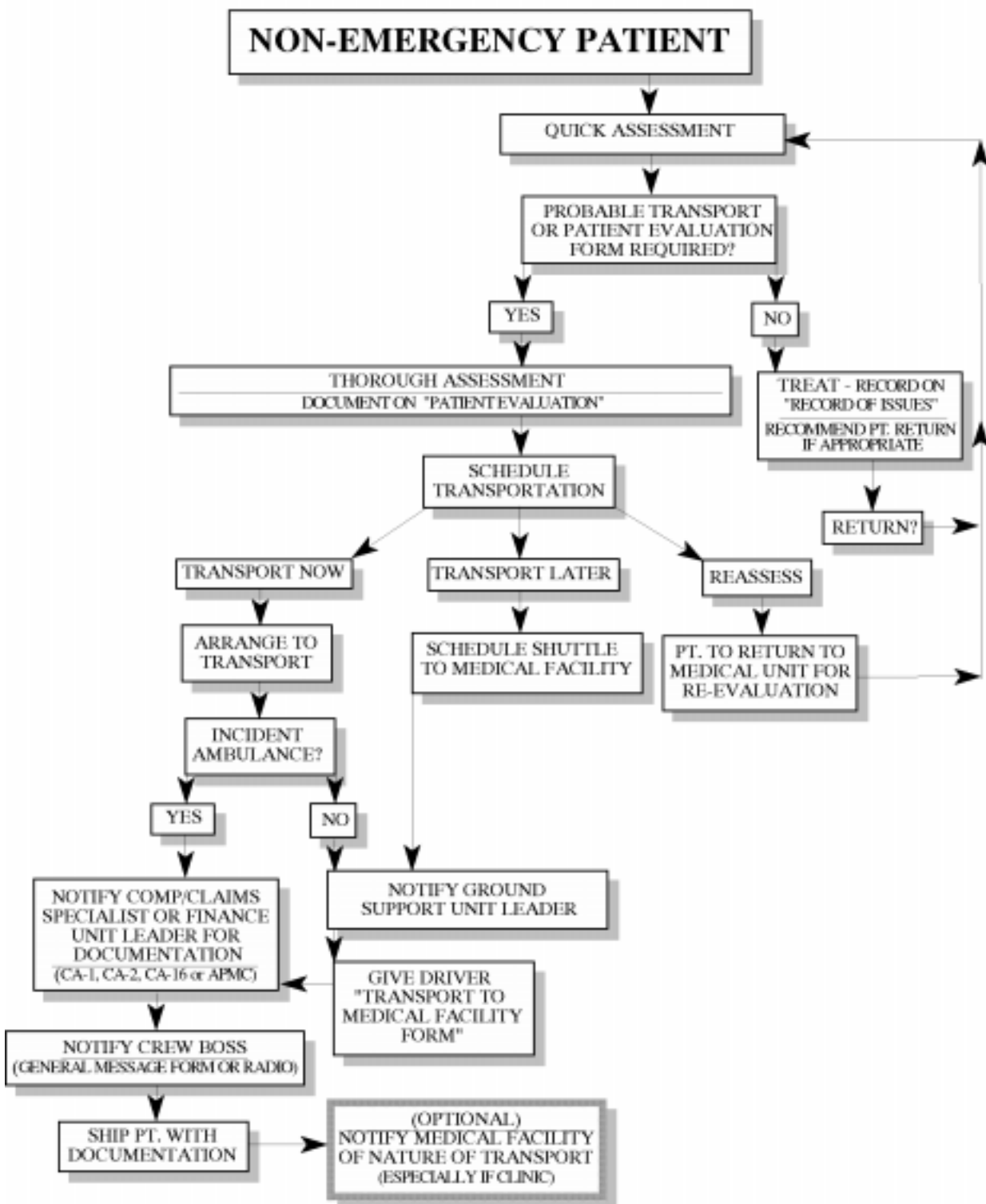


#### TRANSPORT TIME

Response time  
Flight time to scene  
Time to definitive care

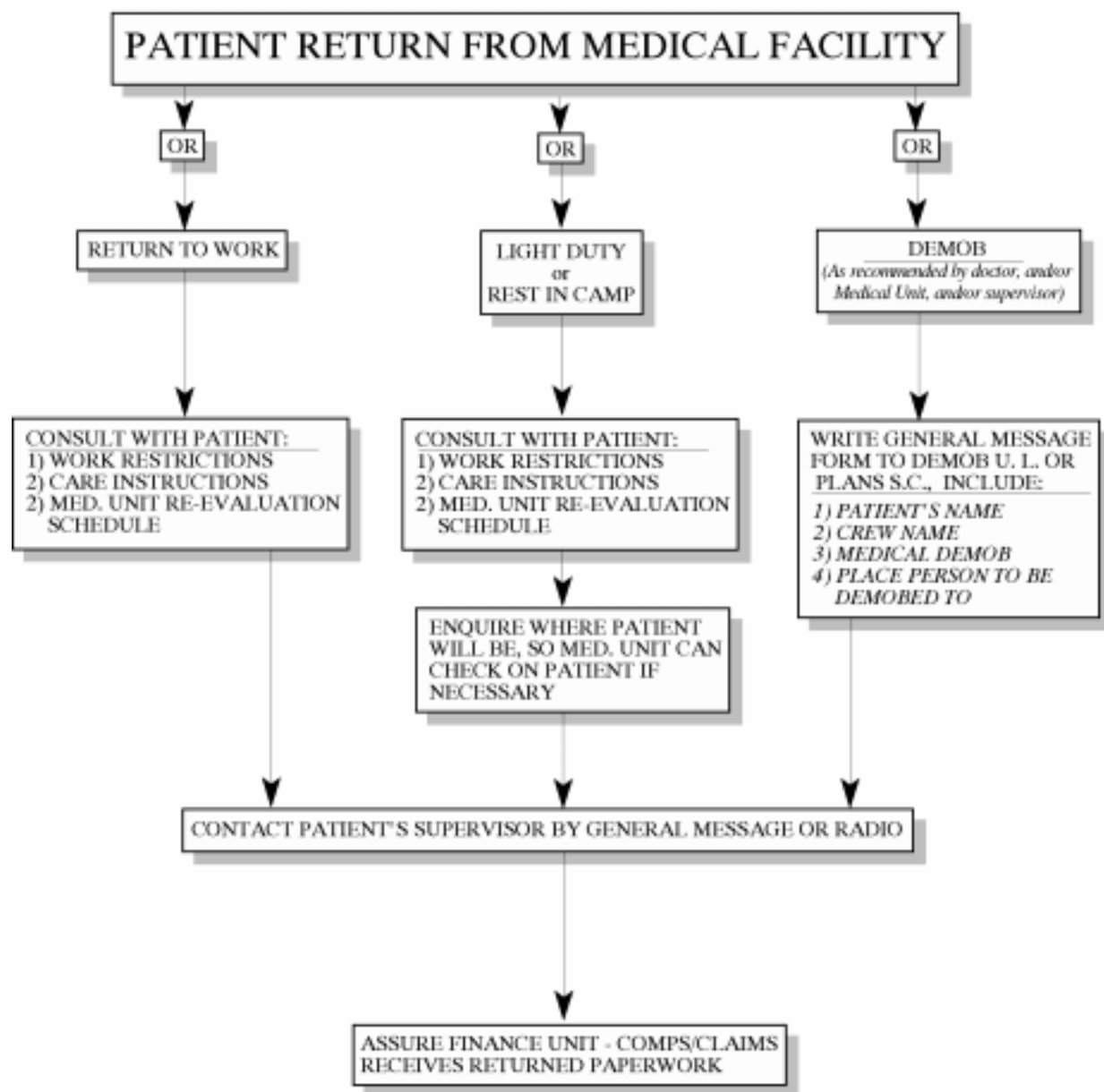
Require shorter transport time - *Consider IAC*  
Longer transport time necessary  
because of one of the  
considerations - *Consider as  
indicated above*

# OPERATIONAL *FLOW CHART*





# OPERATIONAL *FLOW CHART*





<b>MEDICAL PLAN</b>	1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED	4. OPERATIONAL PERIOD				
	5. INCIDENT MEDICAL AID STATIONS							
MEDICAL AID STATIONS	LOCATION	PARAMEDICS						
		YES	NO					
6. TRANSPORTATION								
A. AMBULANCE SERVICES								
NAME	ADDRESS	PHONE	PARAMEDICS					
			YES	NO				
B. INCIDENT AMBULANCES								
NAME	LOCATION	PARAMEDICS						
		YES	NO					
7. HOSPITALS								
NAME	ADDRESS	TRAVEL TIME		PHONE	HELIPAD		BURN CENTER	
		AIR	GRND		YES	NO	YES	NO
8. MEDICAL EMERGENCY PROCEDURES								
206 ICS 8/78	9. PREPARED BY (MEDICAL UNIT LEADER)			10. REVIEWED BY (SAFETY OFFICER)				





<b>MEDICAL PLAN</b>	1. INCIDENT NAME Timpanogos Incident	2. DATE PREPARED 8/28/xx	3. TIME PREPARED 2330	4. OPERATIONAL PERIOD 8/29/xx 0600-1800				
5. INCIDENT MEDICAL AID STATIONS								
MEDICAL AID STATIONS	LOCATION			PARAMEDICS				
				YES	NO			
Timpanogos	ICP			X				
	Note: Skill Level							
	2 EMTB							
	1 Nurse Pract.							
6. TRANSPORTATION								
A. AMBULANCE SERVICES								
NAME	ADDRESS	PHONE	PARAMEDICS					
			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. INCIDENT AMBULANCES								
NAME	LOCATION			PARAMEDICS				
				YES	NO			
Devens EMS	Timpanogos ICP			X				
7. HOSPITALS								
NAME	ADDRESS	TRAVEL TIME		PHONE	HELIPAD		BURN CENTER	
		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	
8. MEDICAL EMERGENCY PROCEDURES								
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:

<input type="checkbox"/> Alert/Oriented	<input type="checkbox"/> Breathing Difficulties	<input type="checkbox"/> Cyanosis	<input type="checkbox"/> Convulsions
<input type="checkbox"/> Confused/Disoriented	<input type="checkbox"/> Total Obstructed Airway	<input type="checkbox"/> Allergies	<input type="checkbox"/> Shock
<input type="checkbox"/> Unresponsive	<input type="checkbox"/> Respiratory Arrest	<input type="checkbox"/> Nausea/Vomiting	<input type="checkbox"/> Other: _____
<input type="checkbox"/> D.O.A. at Scene	Remarks: _____		

**MEDICAL HISTORY:** 8

Vital Signs:

\_\_\_\_\_: \_\_\_\_\_ Time \_\_\_\_\_: \_\_\_\_\_  
 \_\_\_\_\_: \_\_\_\_\_ B.P. \_\_\_\_\_: \_\_\_\_\_  
9 \_\_\_\_\_: \_\_\_\_\_ P. \_\_\_\_\_: \_\_\_\_\_  
 \_\_\_\_\_: \_\_\_\_\_ R. \_\_\_\_\_: \_\_\_\_\_  
 \_\_\_\_\_: \_\_\_\_\_ T. \_\_\_\_\_: \_\_\_\_\_

SIGNS AND SYMPTOMS SUGGEST:

<input type="checkbox"/> Major Trauma	<input type="checkbox"/> Swelling
<input type="checkbox"/> Spinal Injury	<input type="checkbox"/> Deformity
<input type="checkbox"/> Head Injury	<input type="checkbox"/> Poisoning
<input type="checkbox"/> Minor Trauma	<input type="checkbox"/> Burn: _____: _____ % of Body
<input type="checkbox"/> Cardiac Condition	<input type="checkbox"/> Other --- Details Below

SUSPECTED INJURY/ILLNESS: 10

(R) Pupils (L)  
☐ Equal ☐ Equal ☐  
☐ Unequal ☐ Unequal ☐

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

**CARE RENDERED:**

At Scene En Route

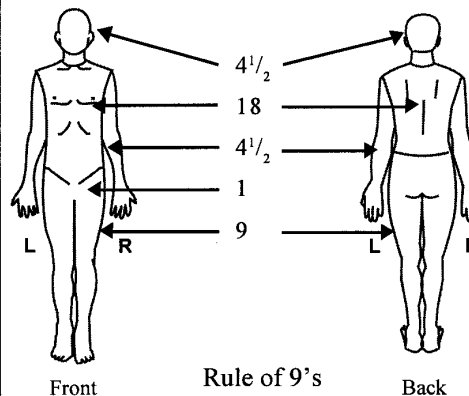
<input type="checkbox"/>	<input type="checkbox"/>	Airway Cleared/Maintained
<input type="checkbox"/>	<input type="checkbox"/>	Airway Used
<input type="checkbox"/>	<input type="checkbox"/>	Oxygen - Rate _____
<input type="checkbox"/>	<input type="checkbox"/>	Artificial Respiration
<input type="checkbox"/>	<input type="checkbox"/>	CPR Initiated - Time: <u>12</u>
<input type="checkbox"/>	<input type="checkbox"/>	Burn Treated <input type="checkbox"/> Wet <input type="checkbox"/> Dry
<input type="checkbox"/>	<input type="checkbox"/>	Bleeding Controlled
<input type="checkbox"/>	<input type="checkbox"/>	Neck/Spine Immobilization
<input type="checkbox"/>	<input type="checkbox"/>	Extremity Splints/Traction
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____

TREATMENT: 13

MEDICATION: 14

REMARKS: 15

**PROBABLE INJURY (Please "X"):**



**CHANGES IN CONDITION**

At Scene En Route

<input type="checkbox"/> Improved	<input type="checkbox"/>
<input type="checkbox"/> Unchanged	<input type="checkbox"/>
<input type="checkbox"/> Worsened	<input type="checkbox"/>
<input type="checkbox"/> Cardiac Arrest	<input type="checkbox"/>

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

**NATURE OF SERVICE**

<input type="checkbox"/> Treated and Transported	<input type="checkbox"/> CA <sup>1</sup> Recommended
<input type="checkbox"/> Treated, not Transported	<input type="checkbox"/> Treatment Refused
<input type="checkbox"/> Other: _____	

**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 “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.

# 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
<b>2</b> →		<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>

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.



## **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.



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																										
<p>Enter X under appropriate rating number and under proper heading for each category listed. Definition for each rating number follows:</p> <p>0— Deficient. Does not meet minimum requirements of the individual element. DEFICIENCIES MUST BE IDENTIFIED IN REMARKS.</p> <p>1— Needs to improve. Meets some or most of the requirements of the individual element. IDENTIFY IMPROVEMENT NEEDED IN REMARKS.</p> <p>2— Satisfactory. Employee meets all requirements of the individual element.</p> <p>3— Superior. Employee consistently exceeds the performance requirements.</p>																										
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		
<p>11. UNIT/PERSONNEL    YOU AND YOUR RESOURCES HAVE BEEN RELEASED SUBJECT TO SIGNOFF FROM THE FOLLOWING:          (DEMOB. UNIT LEADER CHECK ✓ APPROPRIATE BOX)</p> <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>		
<p>12. REMARKS</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		

