



NATIONAL WILDFIRE COORDINATING GROUP

National Interagency Fire Center
3833 S. Development Avenue
Boise, Idaho 83705

MEMORANDUM

Reference: NWCG#025-2010

To: NWCG Organization (NWCG Committees and Program Management Unit)
Geographic Area Coordinating Group (GACG) Chairs
Geographic Area Coordination Center (GACC) Managers
Area Command/Incident Command Council (AC/IC) Chair.

From: NWCG Chair *William Raage*

Date: May 25, 2010

Subject: Dutch Creek Serious Accident Investigation Report Response:
Three (3) New Incident Management Team (IMT) Daily Operation
Protocols/Procedures

The Dutch Creek Serious Accident Task Team (Task Team), assembled by the NWCG Executive Board in February 2010, was tasked to provide recommendations to resolve the findings from the Dutch Creek Serious Accident Investigation Report and Accident Review Board. Based on the work and recommendations of the Task Team, NWCG is providing direction in three main areas:

1. Standardized Medical Emergency Procedures for Incident Management Teams (IMT) to include in their Incident Emergency Plans
2. Standardized Communication Center Protocols
3. An expanded ICS 206 Medical Plan to include emergency medical procedures that will be reviewed each Operational Period at the Planning Meeting.

Incorporating these procedures and protocols into daily operations and practicing the critical elements should result in faster and more effective medical emergency medical response.

Specifically all IMTs need to incorporate the following protocols into daily operations:

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1. Each IMT will include the standard Medical Emergency Procedures (Attachment A) in their Incident Emergency Plan. These procedures will help ensure safe and efficient responses to any medical emergency that may occur on an incident.
2. Each IMT will follow the Incident Communication Center Protocol – Standard Elements (Attachment B). The Communication Unit Leader will ensure that everyone in the Center is familiar with the protocol.
3. Each IMT will complete a 206 Block 8 Attachment (Attachment C) when completing their ICS 206 Medical Plan to provide detailed information regarding communication procedures, and roles and responsibilities during a medical emergency. The 206 Block 8 Attachment will document mitigations to hazards (similar to the ICS 215, *Operational Planning Worksheet* and 215A, *Incident Action Plan Safety Analysis*) and be approved at the Planning Meeting for each operational period.
4. Each IMT should train to understand and practice the medical emergency procedures outlined in their Incident Emergency Plan. Incident simulations or sand table exercises at IMT workshops will help achieve a clear understanding of how the IMT will respond to a medical emergency.

To achieve successful medical response within incident management, it is imperative that agency home units recognize their role and take the necessary steps associated with Bullet Nos. 1 through 3 prior to incident team arrival. Identification of medical evacuations options, clarification of local/county/state/federal resource capabilities, ordering procedures, role of dispatch centers, and key contacts or liaisons should be provided the team during in-briefs.

The NWCG Executive Board recognizes that all IMTs place safety as their No. 1 priority and are committed to caring for everyone assigned to incidents. For background information on the Dutch Creek Accident, please click on the Internet link below:

http://www.nps.gov/fire/fire/fir_wil_fatality_investigation_dc.cfm.

This memorandum will be distributed to the NWCG organization, Geographic Area Coordinating Group Chairs (GACG), Geographic Area Coordination Center (GACC) Managers, and National Multi-Agency Coordinating Group's Area Command/Incident Command Council (AC/IC) Chair. NWCG requests that Fire Directors ensure distribution of this memorandum through their respective directorates in order to reach unit Agency Administrators.

Attachments:

A – Medical Emergency Procedures

B – Incident Communication Center Protocol – Standard Elements

C – Expanded ICS 206 Medical Plan

cc: NWCG Executive Board

Fire Executive Council (FEC)

NWCG#025-2010

Dutch Creek Serious Accident

Investigation Report Response:

Three (3) New Incident Management

Team (IMT) Daily Operation

Protocols/Procedures

Medical Emergency Procedures

Purpose

The direction provided in these procedures is intended to create a standard set of protocols for Incident Management Teams (IMTs) and Communication Centers to follow during a medical emergency. These procedures will be incorporated into IMT Incident Emergency Plan upon arrival at an incident *and* will allow for the integration of incident management operations with local/county/state emergency service systems.

Critical Elements

Identify Options for Medical Evacuations

The lead Safety Officer for the IMT will identify and prioritize transport options in terms of efficiency, based on resource availability, proximity, and potential for success—with a contingency plan in case the preferred mode of transportation cannot be used.

Identify One On-Scene Point of Contact

At the scene of a medical emergency, an on-scene point of contact will be determined or designated by chain of command. This point of contact and the person assessing/treating the patient may or may not be the same person. The point of contact will:

- Take charge of the scene and identify/determine who is in charge of assessing and treating the patient.
- Use the Incident Communication Protocol to relay critical information regarding patient assessment, transportation, and resource needs.
- Coordinate the request for transportation and/or other resources based on patient assessment.
- Ensure that information about patient assessment, transportation or other resource needs is transmitted directly to the Incident Command Post Communications in order to reduce the time it takes to communicate essential information and to limit the potential for miscommunication.

Key Roles and Responsibilities

Incident Management Team (IMT)

The IMT (Medical Unit Leader and Safety Officer) will collaborate with local unit and local Emergency Medical Services and Emergency Operations Center (EMS/EOC) to ensure integration of local systems into IMT planning meetings, operational briefings, and Incident Action Plan documents (ICS-206 and 206-Block 8 Expanded). Local systems can include specifics on ordering procedures, resource limitations, availability and capability, policies, guidelines, hours of operations, response times, billing, dispatch protocols, etc.

If necessary, the IMT should assign a person to function as a liaison to coordinate with the local jurisdiction with authority for Emergency Medical Services. The position would report to the IMT Medical Unit Leader or Safety Officer.

The IMT should include local EMS/EOC personnel in operational and planning meetings and briefings.

Agency Administrators

The host unit will provide the necessary information to the IMT on local/county/state resource capabilities, capacities, ordering procedures, cooperative agreements, role of dispatch centers, and key contacts or liaisons.

Incident Communication Protocol

1. Determine the nature of the emergency.
2. If the emergency is a medical injury/illness, determine if the injury/illness is life threatening.
3. If the injury is life threatening, then clear designated frequency for emergency traffic.
4. Identify the on-scene point of contact by position and last name (i.e. TFLD Smith).
5. Ensure that the Medical Unit Leader is contacted immediately.
6. Identify number injured, patient assessment(s) and location (geographic and/or GPS coordinates).
7. Identify on-scene medical personnel by position and last name (i.e. EMT Jones).
8. Identify preferred method of patient transport.
9. Determine any additional resources or equipment needed.
10. Document all information received and transmitted on the radio or phone.
11. Document any changes in the on-scene point of contact or medical personnel as they occur.

Reference:

NWCG#025-2010 Memorandum, dated 5/25/10 -- Attachment A

**Incident Communication Center Protocol
Standard Elements**

COML/designee will ensure the following information is obtained and recorded during medical emergencies:

1. Determine the nature of the emergency.
2. Medical injury/illness? If injury/illness is it life threatening?
3. If life threatening, clear designated frequency for emergency traffic.
4. Identify the on-scene Point of Contact (POC) by resource and last name (i.e. POC is TFLD Smith).
5. Contact Medical Unit Leader immediately.
6. Request POC to provide number injured, patient assessment, and location (geographic and GPS coordinates).
7. Identify on-scene medical personnel by position and name (i.e. on-scene medical personnel is EMT Jones).
8. Request preferred method of patient transport.
9. Determine if any additional resources and/or equipment are needed.
10. Document all information received and transmitted on the radio or phone.
11. Document any changes in the on-scene Point of Contact or medical personnel as they occur.

Prepared by (Medical Unit Leader)

10. Reviewed by (Safety Officer)

ICS 206 – Block 8, Emergency Medical Procedures (cont'd)

In the event of a medical emergency provide the following information to the Communications Unit

1. Declare the nature of the emergency.
 - a. Medical injury/illness? If injury/illness is it Life Threatening?
2. If Life Threatening, then request that the designated frequency be cleared for emergency traffic.
3. Identify the on-scene Point of Contact (POC) by Resource and Last name (i.e. POC is TFLD Smith),
4. Identify nature of incident, number injured, patient assessment(s) and location (geographic and GPS coordinates),
5. Identify on-scene medical personnel by position and name(i.e. EMT Jones),
6. Identify preferred method of patient transport,
7. Request any additional resources and/or equipment needed,
8. Document all information received and transmitted on the radio or phone,
9. Identify any changes in the on-scene Point of Contact or medical personnel as they occur,

Emergency Medical Procedures (Provide detailed emergency medical procedures by Division/Group, Spike Camps, etc. or any staffed incident or event location)

Prepared by (Medical Unit Leader)

10. Reviewed by (Safety Officer)

Instructions for Completion of ICS 206 Block 8, Emergency Medical Procedures

As appropriate the following information should be included in the emergency medical procedures for any staffed incident or event location. The plan must be reviewed and/or updated and approved at each Planning Meeting.

- Include timeframes (ETEs and ETAs) from and to specific locations
- Include GPS coordinates for key locations such as spike camps, drop points, helispots, etc.
- List all potential evacuation resources and/or equipment assigned to the incident/event
- Identify other resources and/or equipment (types, capabilities, availability) not assigned to the incident/event but possibly available if requested
- Identify contingencies (alternate plan or procedure if the preferred option becomes unavailable or identified resources cannot perform the mission)
- Identify specific concerns by location (division, group, geographic area or location)
- Identify environmental influences or factors and resource status changes that might keep the preferred option from working
- Compare to 215-A for mitigation of specific hazards associated with lengthy travel times to access Advanced Life Support
- If the primary evacuation plan is to use aviation, then a secondary plan should be identified including time frames for patient extraction

The procedures must be communicated to the entire incident/event and any external partners/cooperators involved with the incident.

Reference:

NWCG#025-2010 Memorandum, dated 5/25/10 – Attachment C