NWCG Wildland Fire Heat Illness Report

Complete this report for any wildland firefighter heat illness or suspected heat illness (including during any training and/ar operational activities). A list of "Heat-Related Injuries" (HRI) is listed in NWCG Incident Response Pocket Guide (IRPG), pink pages. The reporting of wildland firefighter HRI is necessary to fully understand HRI within the wildland fire environment/job duties, which in turn will result in improved mitigation measures to further protect firefighters against heat illnesses. This reporting will also augment the Missoula Technology and Development Center (MTDC) Heat Illness Study. This report does not replace official accident/illness agency reporting requirements. There is NO patient Personal Identifiable Information (PII) requested within this report form.

Submit report to:

MTDC
Attn: Dr. Joe Domitrovich, Heat Illness Study Program
5785 Highway 10 West
Missoula, MT 59808; or email to:
jdomitrovich@fs.fed.us

Submitted by: _____ Agency: _____
Phone: _____ Email: _____

General Information (No names please!)

Date of event: _____ Time: _____
Fire/Incident Name and Location:
_____
State Where Patient(s) is/are Based:
_____
Days on Current Assignment: _____

Level of Medical Treatment:
- ☐ Crew/Agency EMR/EMT
- ☐ Incident Medical Unit
- ☐ Local Clinic or Hospital
- ☐ Other: _____

Illness Occurred During:
- ☐ Fire Operations
- ☐ Training
- ☐ Other: _____

Resource Type (check appropriate):
- ☐ SMJ, Rappel
- ☐ Helitack
- ☐ IHC
- ☐ Type 2 IA, Type 2 Crew
- ☐ Engine, Dozer
- ☐ Wildland Fire Module
- ☐ Single Resource: _____
- ☐ Other: _____

Brief description of incident: _____

Describe activities during operational period: _____

Exertion level: ☐ Low ☐ Moderate ☐ High ☐ Direct fireline ☐ Indirect fireline

Environmental Information (day of the incident)

Temperature (Degrees F) _____
RH (%) Wind (mph) _____
Cloud Cover (%) _____

Sources of Heat:
PPE (Select all that apply):
- ☐ Single layer
- ☐ Kevlar pant
- ☐ Non-kevlar pant
- ☐ Other PPE: _____
- ☐ Fireline pack weight: _____

Fuel Model (1-13) _____

Fuel Models (1-13)

Grass and grass-dominated		**Timber litter**	
1	Short grass (1 foot)	8	Closed timber litter
2	Timber (grass and understory)	9	Hardwood litter
3	Tall grass (2.5 feet)	10	Timber (litter and understory)
Chaparral and shrub fields		**Slash**	
4	Chaparral (6 feet)	11	Light logging slash
5	Brush (2 feet)	12	Medium logging slash
6	Dormant brush, hardwood slash	13	Heavy logging slash
7	Southern rough		

Individual Information

Age: _____ Gender: ☐ Male ☐ Female Height (feet and inches): _____ Weight (lbs): _____

Position assignment when illness occurred: _____

Seasons worked om crew/position (count current season): _____ Is individual new to position?: ☐ Yes ☐ No

Has individual ever been diagnosed by a doctor with:

- ☐ Rhabdomyolisis
- ☐ Compartment Syndrome
- ☐ Heat Stroke

Which of these major signs and symptoms were present:

- ☐ Fatigue
- ☐ Weakness
- ☐ Dizziness
- ☐ Nausea/vomiting
- ☐ Muscle pain
- ☐ Headache
- ☐ Profuse Sweating
- ☐ Increased heart rate
- ☐ Decreased blood pressure
- ☐ Decreased coordination
- ☐ Agitation
- ☐ Increased respiratory rate
- ☐ Numbness/tingling
- ☐ Confusion
- ☐ Unresponsive/Unconscious

Was there an illness within two weeks of incident?:

- ☐ Yes, Type of illness and duration
- ☐ No

Was over-the-counter or prescribed medication taken at any point prior to illness:

- ☐ Yes, type and dose of medication
- ☐ No

Supplements taken prior to and/or day of incident (energy drinks are considered a supplement):

- ☐ Yes, supplement name and amount
- ☐ No

Does the patient train with any specific exercise program (i.e.; CrossFit, JonesGym, P90X, etc.)

- ☐ Yes, Name
- ☐ No

Other comments or observations considered pertinent to the incident: _____