

Medical Incident Report					
FOR A NON-EMERGENCY INCIDENT, WORK THROUGH CHAIN OF COMMAND TO REPORT AND TRANSPORT INJURED PERSONNEL AS NECESSARY.					
FOR A MEDICAL EMERGENCY: IDENTIFY ON SCENE INCIDENT COMMANDER BY NAME AND POSITION AND ANNOUNCE "MEDICAL EMERGENCY" TO INITIATE RESPONSE FROM IMT COMMUNICATIONS/DISPATCH.					
Use the following items to communicate situation to communications/dispatch.					
1. CONTACT COMMUNICATIONS / DISPATCH (Verify correct frequency prior to starting report) Ex: "Communications, Div. Alpha. Stand-by for Emergency Traffic."					
2. INCIDENT STATUS: Provide incident summary (including number of patients) and command structure. Ex: "Communications, I have a Red priority patient, unconscious, struck by a falling tree. Requesting air ambulance to Forest Road 1 at (Lat./Long.) This will be the Trout Meadow Medical, IC is TFLD Jones. EMT Smith is providing medical care."					
Severity of Emergency / Transport Priority	<input type="checkbox"/> RED / PRIORITY 1 Life or limb threatening injury or illness. Evacuation need is IMMEDIATE Ex: Unconscious, difficulty breathing, bleeding severely, 2 nd - 3 rd burns more than 4 palm sizes, heat stroke, disoriented. <input type="checkbox"/> YELLOW / PRIORITY 2 Serious Injury or illness. Evacuation may be DELAYED if necessary. Ex: Significant trauma, unable to walk, 2 nd - 3 rd burns not more than 1-3 palm sizes. <input type="checkbox"/> GREEN / PRIORITY 3 Minor Injury or illness. Non-Emergency transport Ex: Sprains, strains, minor heat-related illness.				
Nature of Injury or Illness & Mechanism of Injury	Brief Summary of Injury or Illness (Ex: Unconscious, Struck by Falling Tree)				
Transport Request	Air Ambulance / Short Haul/Hoist Ground Ambulance / Other				
Patient Location	Descriptive Location & Lat. / Long. (WGS84)				
Incident Name	Geographic Name + "Medical" (Ex: Trout Meadow Medical)				
On-Scene Incident Commander	Name of on-scene IC of Incident within an Incident (Ex: TFLD Jones)				
Patient Care	Name of Care Provider (Ex: EMT Smith)				
3. INITIAL PATIENT ASSESSMENT: Complete this section for each patient as applicable (start with the most severe patient)					
Patient Assessment: See IRPG page 106					
Treatment:					
4. TRANSPORT PLAN:					
Evacuation Location (if different): (Descriptive Location (drop point, intersection, etc.) or Lat. / Long.) Patient's ETA to Evacuation Location:					
Helispot / Extraction Site Size and Hazards:					
5. ADDITIONAL RESOURCES / EQUIPMENT NEEDS:					
Example: Paramedic/EMT, Crews, Immobilization Devices, AED, Oxygen, Trauma Bag, IV/Fluid(s), Splints, Rope rescue, Wheeled litter, HAZMAT, Extrication					
6. COMMUNICATIONS: Identify State Air/Ground EMS Frequencies and Hospital Contacts as applicable					
Function	Channel Name/Number	Receive (RX)	Tone/NAC *	Transmit (TX)	Tone/NAC *
COMMAND					
AIR-TO-GRND					
TACTICAL					
7. CONTINGENCY: Considerations: If primary options fail, what actions can be implemented in conjunction with primary evacuation method? Be thinking ahead.					
8. ADDITIONAL INFORMATION: Updates/Changes, etc.					
REMEMBER: Confirm ETA's of resources ordered. Act according to your level of training. Be Alert. Keep Calm. Think Clearly. Act Decisively.					

Incident Objectives
1. SAFTEY of Firefighters and Public
Your goal is to manage the incident and not create another.

Incident Commander Responsibilities on Type 3, 4, and 5 Fires
<ul style="list-style-type: none"> Develop and implement viable strategies and tactics for the incident, monitor their effectiveness, and disengage suppression activities immediately if strategies and tactics cannot be implemented safely. Maintain command and control of the incident. Give thorough and complete briefings (see the Incident Response Pocket Guide.) Document and submit your "Summary of Actions" using an ICS 201/214/Incident Organizer within five days of the incident being called out. Complete and document and After-Action Review on every incident. Complete and continue to evaluate the "Wildland Fire Risk and Complexity Assessment" for every incident. Implement the Risk Management Process, as outlined in the Incident Response Pocket Guide. Ensure incident personnel are compliant with work/rest and length of assignment guidelines. The Incident Commander will justify work shifts that exceed 16 hours/or consecutive days that do not meet 2:1 work to rest ratio. Justification will be documented in the daily incident records. Incident Commanders must not have concurrent responsibilities that are not associated with the incident. Keep Coeur d'Alene Dispatch, Duty Officers and Agency Administrator informed on the status of your incident.

Communications Summary				
Net	Tx	Rx	Tone	Remarks
Command				
Tac1				
Tac2				
Air-to-Ground				

Part C: Organization



Relative Risk Rating (From Part B)					
Select the Relative Risk Rating from Part B		L	M	H	
Implementation Difficulty					Notes/Mitigation
C1. Potential Fire Duration Evaluate the estimated length of time that the fire may continue to burn if no action is taken and amount of season remaining. Rank this element low, moderate, or high.	N/A	L	M	H	
C2. Incident Strategies (Course of Action) Evaluate the level of firefighter and aviation exposure required to successfully meet the current strategy and implement the course of action. Rank this element as low, moderate, or high.	N/A	L	M	H	
C3. Functional Concerns Evaluate the need to increase organizational structure to adequately and safely manage the incident, and rank this element as low (adequate), moderate (Some additional support needed), or high ((current capability inadequate).	N/A	L	M	H	
Socio/Political Concerns					Notes/Mitigations
C4. Objective Concerns Evaluate the complexity of the incident objectives and rank this element as low, moderate, or high	N/A	L	M	H	
C5. External Influences Evaluate the effect external influences will have on how the fire is managed and rank this element low, moderate, or high.	N/A	L	M	H	
C6. Ownership Concerns Evaluate the effect ownership/jurisdiction will have on how fire is managed and rank this element low, moderate, or high.	N/A	L	M	H	
Enter the number of items circled for each column.					

Low- Majority of items are "L", with a few as M or H
 Moderate - Majority of items are "M", with a few L or H
 High- Majority of items are "H", with a few L or M

MAP QR CODES

R1 Avenza
 CDC Dist & Stations
 CDC Zone Repeaters
 2020 Retardant Avoid
 2023 Aviation Hazards
 CDC South Zone
 CDC Central Zone
 CDC North Zone
 CDC Zone Map
 2018 IDL KVS
 2018 IDL PLS
 2018 IDL POS
 2018 IDL MIS
 2018 IDL CAS
 2018 IDL SJS
 2018 IDL PDS
 2018 IDL MCS
 2018 IDL CMS
 2018 IDL SW
 2018 CPTPA
 2018 SITPA

WITNESS STATEMENT

List witness identified and interviewed. Use one form for each witness.

Fire Name		
Fire Number		
Last Name	First Name	MI
Address, City, State Zip	Last 4 SSN	Date of Birth
	Driver's License #	Age Years
Phone	Circle Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female

WITNESS STATEMENT (Use additional paper if necessary.)

_____ WITNESS	_____ INVESTIGATOR
_____ DATE	_____ DATE
_____ TIME	_____ TIME

Part C: Organization (continued)

Recommended Organization (select one):

Type 5	Majority of items rated as "N/A", a few items may be related in other categories.
Type 4	Majority of items rated as "L", with some items rated as "N/A", and a few items rated as "M" or "H"
Type 3	Majority of items rated as "M", with a few rated in other categories.
Type 2	Majority of items rated as "M", with a few items rated as "H".
Type 1	Majority of items rated as "H", a few items may be related in other categories.

Rationale:

Use this section to document the incident management organization for the fire. If the incident management organization is different than the Wildland Fire Risk and Complexity Assessment recommends, document why an alternative organization was selected. Use the "Notes/Mitigation" column to address mitigation actions for a specific element and include these mitigations in the rationale.

Name of Incident: _____ Unit(s): _____

Date/Time: _____ Signature of Preparer: _____

1000' Progressive Hose Lay

(aka West St. Joe/Water Handling Push kit)

NFES	QTY	U/I	DESCRIPTION
001239	10	LG	HOSE – SYNTHETIC, LINED 1 ½” NH X 100’
001238	5	LG	HOSE – SYNTHETIC, LINED 1” NPSH X 100’
000231	5	EA	VALVE – WYE, GATED, 1 ½” NH-F X 1 ½” NH-M X 1 1/2 “ NH-M
000010	5	EA	REDUCER – 1 ½” NH-F (9 TPI) TO 1” NPSH-M (11 ½ TPI)
000024	5	EA	NOZZLE – TWIN TIP, COMBINATION, 1” NPSH-F
000733	5	EA	REDUCER – 1” NPSH-F (11 ½ TPI) TO ¾” NH-M (11 ½ TPI)
001016	10	LG	HOSE – GARDEN, SYNTHETIC, ¾” NH X 50’
000904	5	EA	VALVE, WYE, GATED, BRASS, ¾” NH-F X ¾” NF-M X ¾” NF-M
000835	5	EA	VALVE – SHUT OFF, BRASS, BALL, ¾” NH
000136	5	EA	NOZZLE – GARDEN HOSE, ¾” NH, ADJUSTABLE, BRASS

Mopup Kit (3 Wand)

(formerly NFES 000772)

NFES	QTY	U/I	DESCRIPTION
000720	3	EA	APPLICATOR - WATER, 2-PIECE, 3/4" NH, 48" LONG
000721	3	EA	GASKET - GARDEN HOSE, 3/4"
000735	3	EA	TIP - APPLICATOR, 3 GPM
000835	3	EA	VALVE - SHUT OFF, BRASS, BALL, 3/4" NH

RESOURCE ORDERING

When Ordering Supplies

USE LINE SUPPLY

- Needed date and time
- Road Directions (not lat/long)
- Point of Contact/How to Contact/Who will be present for delivery
(NOTE: Someone **MUST** be present for delivery)

When Ordering Equipment

- Type (“any” is not acceptable)
- Needed date and time
- Road Directions (not lat/long)
- Does dispatch need to arrange inspection?
- Point of Contact

When Ordering S#’s

- Item(s) purchased
- Date purchased
- Location purchased if/when known (imperative to relay purchased location to dispatch to complete request)
- Name of purchaser
- If meals, # of people purchased for

LINE SUPPLY ORDER

Date & Time Needed		Incident Name	Location Delivery (Div/LZ/DP/Lat Long)	Mode of Delivery (Driven / Helicopter / Para Cargo)	
Line Item	NFES #	Item Description		U/I	QTY
1	0606	CAN - GASOLINE, SAFETY, 5GL, DOT APPROVED STYLE JERRI CAN SPECIFY FILLED OR NOT		EA	
2		FUEL REQUIRES IT'S OWN S #		GL	
3	7443	CONTAINER - 5 GL (18.9L), PLASTIC, COLLAPSIBLE, W/OVERPACK SPECIFY FILLED OR NOT		EA	
4	1016	HOSE - GARDEN, SYNTHETIC, 3/4" X 50'		LG	
5	1238	HOSE - SYNTHETIC, LINED, 1" X 100'		LG	
6	1239	HOSE - SYNTHETIC, LINED, 1 1/2" X 100'		LG	
7	0904	VALVE - WYE, GATED, BRASS, 3/4" NH-F X 3/4" NF-M X 3/4" NH-M		EA	
8	0835	VALVE - SHUT OFF, BRASS, BALL 3/4"		EA	
9	0259	VALVE - WYE, GATED, 1" NPSH-F X 1" NPSH-M X 1" NPSH-M		EA	
10	0231	VALVE - WYE, GATED, 1 1/2" NH-F X 1 1/2" NH-G X 1 1/2" NU-M		EA	
11	0733	REDUCER - 1" NPSH-F (11 1/2 TPI) TO 3/4" NH-M (11 1/2 TPI)		EA	
12	0010	REDUCER - 1 1/2" NH-F (9 TPI) TO 1" NPSH-M (11 1/2 TPI)		EA	
13	0024	NOZZLE - TWIN TIP, COMBINATION, 1" NPSH-F		EA	
14	0136	NOZZLE - GARDEN HOSE, 3/4" NH, ADJUSTABLE, BRASS		EA	
15		MOP-UP KIT 3 WAND		KT	
16	0909	WATERBAG ASSEMBLY - 5 GL, M2015 W/PUMP		EA	
17	1048	KIT - SPRINKLER (2008)		KT	
18	8653	KIT - SPRINKLER (NR SPECIFIC)		KT	
19	0148	PUMP - PORTABLE, HIGH PRESSURE W/FUEL LINE		EA	
20	3870	KIT - ACCESSORY, PUMP, PORTABLE, HIGH PRESSURE		KT	
21	0661	TANK, FOLDING - 1000 GL (3785.4L) W/FRAME		EA	
22	0664	TANK, FOLDING - 1500 GL (5678.1L), W/FRAME		EA	
23	0568	TANK, COLLAPSIBLE - 3000 GL (11,356.2L), FREE STANDING		EA	
24	0668	TANK, COLLAPSIBLE - 1800 GL (6813.7L), FREE STANDING 54" DEPTH, OPENING 128"		EA	
25	7724	OIL - 2 CYCLE, 5 GAL MIX SIZE, (12.8 OZ)		BT	
26	3444	OIL - 2 CYCLE, MIX SIZE FOR 1 GL (3.8L) OF FUEL MIX		EA	
27	1880	OIL - BAR & CHAIN, 1 GL		GL	
28	1869	OIL - BAR & CHAIN, 1 QT (.9L)		QT	
29	0222	TAPE - FILAMENT, 1" X 60 YD		RO	
30	0030	BATTERY - SIZE AA, 1.5 VOLT 24 PER PG		PG	
31	7730	BATTERY - SIZE AA, 1.5 VOLT, LITHIUM 4 PER PG		EA	
32	7471	BATTERY - AAA, PACKAGE 12 EA PER PG		PG	
33	1842	FOOD - MEALS READY TO EAT (MRE'S) 12 MEALS PER BOX		BX	
34	0146	PULASKI - WITH PLASTIC SHEATH		EA	
35		WATER HANDLING PUSH KIT 1000' Progressive Hose Lay		EA	