

Medical Incident Report (Continued)

7. CONTINGENCY:

Considerations: If primary options fail, what actions can be implemented in conjunction with primary evacuation method? Be thinking ahead...

8. ADDITIONAL INFORMATION

EASTERN MONTANA FIRE ZONE



Incident Organizer 2020

| | | | |
|-------------------------|-------|-------|----------------------|
| Incident Name/Number | | | |
| FireCode | BLM: | USFS: | (1502) override code |
| Other Code | | | |
| Unit | | | |
| IC#1 Took Command | Date: | Time: | |
| IC#2 Took Command | Date: | Time: | |
| Containment Date & Time | | | |
| Control Date & Time | | | |

Hand line Construction Guidelines

| | |
|-------------------|---|
| Timber Fuel Types | <ul style="list-style-type: none"> Hand line will be approximately 16 to 24 inches to mineral soil All ladder fuels removed |
| Grass Fuel Types | <ul style="list-style-type: none"> Cold Trail or Hand line |

Mop-up Guidelines

| Fire Size | Fuel Types: Grass | Fuel Types: Timber |
|----------------|--|---|
| | Minimum | Minimum |
| ≤ ¼ acre* | 2 hours after last smoke | 4 hours after last smoke |
| ¼ to 10 acres* | 4 hours after last smoke | 1 burning period after last smoke |
| ≥ 10 acres | 6 hours after last smoke within 2 chains of fire perimeter | 1 burning period after last smoke within 2 chains of fire perimeter |



Miles City

Jordan

Fort Howes

EKA/CC

Billings

REMEMBER: *Confirm ETA's of resources ordered
 *Act according to your level of training
 *Be Alert. Keep Calm. Think Clearly. Act Decisively

Initial Attack Fire Size-up

| | | | | |
|--|-------------------|-----------------------|--------------------------|----------------|
| Fire Name: | | | | |
| IC Name: | | | | |
| Latitude: | | Longitude: | | |
| Estimated size: (acres) | | Flame Lengths: | | |
| Spread Potential: | Low | Moderate | High | Extreme |
| Character of Fire: | Smoldering | Running | Torching | Crown/Spotting |
| | Creeping | Spotting | Crowning | Erratic |
| Position on Slope: | Ridgetop | Saddle | Valley | Other: |
| | Upper 1/3 | Middle 1/3 | Lower 1/3 | |
| Aspect: | Flat | N | NE | E |
| | S | SW | W | NW |
| Fuel Type: | Grass | Grass/Sage | Pine/Grass Under | Pine/Juniper |
| | Slash | Hardwoods | Other: | Timber Litter |
| Weather | Clear | Building Cumulus | Overcast | Light Rain |
| | Scattered Clouds | Thunderstorms | Lightning | Heavy Rain |
| Wind Speed: | Direction: | | Elevation (feet): | |
| Cause | Lightning | Campfire | Children | Smoking |
| | Railroad | Debris Burn | Arson | Equipment |
| Resources On Scene: | | | | |
| Are additional resources needed? Y N Specify: | | | | |
| Engine Accessibility | None | Poor | Good | |
| Values at risk? (Life, structures, private property, sage grouse habitat, etc.) Specify: | | | | |
| Observed Hazard(s): | | | | |
| Helispot Location (for Medical Evacuation Site) Description: | Latitude: | | Longitude: | |
| Driving Directions to Fire (for Medical Transport): | | | | |
| Comments: | | | | |

Medical Incident Report

- CONTACT COMMUNICATIONS/DISPATCH**
- INCIDENT STATUS: Provide incident summary and command structure**

| | |
|---|--|
| SEVERITY | |
| <input type="checkbox"/> URGENT-RED Life threatening injury or illness. Ex: Unconscious, difficulty breathing, bleeding severely, 2 ^o -3 ^o burns more than 4 palm sizes, heat stroke, disoriented. | |
| <input type="checkbox"/> PRIORITY-YELLOW Serious injury or illness. Ex: Significant trauma, not able to walk, 2 ^o -3 ^o burns not more than 1-2 palm sizes | |
| <input type="checkbox"/> ROUTINE-GREEN. Not a life threatening injury or illness. Ex: Sprains, strains, minor heat-related illness | |
| Nature of Injury/Illness & Mechanism of injury | |

Transport Request

| | | | | |
|---------------------------------------|---|--------------------------------------|--------------------------------|--|
| Air Transport: | (Agency Aircraft Preferred) | | | |
| <input type="checkbox"/> Helispot | <input type="checkbox"/> Short-haul/hoist | <input type="checkbox"/> Life Flight | <input type="checkbox"/> Other | |
| Ground Transport: | | | | |
| <input type="checkbox"/> Self-Extract | <input type="checkbox"/> Carry-Out | <input type="checkbox"/> Ambulance | <input type="checkbox"/> Other | |
| Patient Location-Lat/Long | | | | |
| Incident Name: | | | | |
| Incident Commander: | | | | |
| Patient Care: | | | | |

3. INITIAL PATIENT ASSESSMENT

| | | | |
|-------------------|--|-------------|----------------|
| Patient 1 | Male/Female | Age: | Weight: |
| Conscious? | <input type="checkbox"/> YES <input type="checkbox"/> NO = MEDEVAC! | | |
| Breathing? | <input type="checkbox"/> YES <input type="checkbox"/> NO = MEDEVAC! | | |
| Treatment: | | | |

4. TRANSPORT PLAN:

| | |
|---|--|
| Patients ETA to Transport Location | |
| Helispot/Extraction Size & Hazards | |

5. ADDITIONAL RESOURCE/EQUIPMENT NEEDS:

| | | | |
|---|--|--|--|
| <input type="checkbox"/> Paramedic/EMT(s) | <input type="checkbox"/> Crew(s) | <input type="checkbox"/> IV/Fluid(s) | <input type="checkbox"/> Trauma Bag |
| <input type="checkbox"/> Burn Sheet(s) | <input type="checkbox"/> Oxygen | <input type="checkbox"/> SKED/Backboard/C-Collar | <input type="checkbox"/> Cardiac Monitor/AED |
| <input type="checkbox"/> Medication(s) | <input type="checkbox"/> Other (e.g., splints, rope rescue, wheeled litter) | | |

6. COMMUNICATIONS:

| Function | Channel Name/# | Receive(Rx) | Tone-NAC* | Transmit(Tx) | Tone-NAC* |
|-------------|-------------------|-------------|-----------|--------------|-----------|
| Ex: Command | Forest Rpt, Ch. 2 | 168.3250 | 110.9 | 171.4325 | 110.9 |
| COMMAND | | | | | |
| AIR-TO-GRND | | | | | |
| TACTICAL | | | | | |

Fire Incident Commander Checklist

| | |
|---|---|
| 1 | Assign a qualified individual to serve as Medical Incident Commander Name: |
| 2 | Inform Dispatch that a medical incident has occurred; give them the name of the Medical Incident Commander and advise them to communicate directly for medical incident information |
| 3 | Ensure main incident objectives are still being managed; request additional resources or re-align strategy if needed |
| 4 | Reassign resources from suppression to the medical incident as needed; the medical incident takes priority over suppression |
| 5 | Protect the incident site for investigation purposes; Submit all reports and documentation to dispatch, after ensuring they are complete and correct |

Patient Care Checklist

| | |
|----|--|
| 1 | Ensure the area is safe to enter before tending to patient. Put rubber gloves and eye protection on prior to contact with the patient. Do not attempt to perform all of these tasks on your own – get help from bystanders. |
| 2 | Check Patient’s ABC’s A – Airway – Is there a clear path for air to enter the lungs? B – Breathing – Is the patient breathing on their own or do they need assistance? C – Circulation – Can you feel a pulse on the carotid (neck) or radial (wrist) arteries? *If not breathing or no pulse perform rescue breathing or CPR – use barrier mask |
| 3 | Check the patient’s level of consciousness –Can they hold a conversation? Are they non-responsive? Are they semi-conscious (respond to pinching)? |
| 4 | If the patient is talking, determine their chief complaint (s). What hurts or doesn’t feel right? Determine what caused the injury by asking the patient and/or evaluating the scene. |
| 5 | If there is a chance there is damage to the patient’s neck, have someone hold their head in a stable position until secured to a backboard. If trained, put on a C-collar. Ensure breathing is not compromised. |
| 6 | Check the patient for bleeding. If major, take action to control the bleeding. Use direct pressure and elevation or tourniquet if necessary. |
| 7 | Look for deformities – dislocations or broken bones. Use any available material for splinting the damaged area. Remember to attach the appendage to the splint both above and below the damaged area. |
| 8 | Check the patient for any other abnormalities, such as bruising, bulges, punctures, burns, or tenderness. Record these findings. |
| 9 | Count the number of breaths taken in 30 seconds to determine/record respirations & beats per minute. This information should be reported when ordering medical transportation. |
| 10 | If burns are present, remove scorched clothing from the area. The area can be cooled with clean water for patient comfort. Recover the area with sterile, dry gauze. |
| 11 | If patient has foreign object(s) embedded in their body, do not remove the object(s). Use tape and gauze to secure the object(s), limiting movement and further internal damage. |
| 12 | If there is a possibility of damage to the patient’s spine, secure them to a backboard for transport. |
| 13 | Initiate evacuation as quickly as possible once the above steps have been completed. Monitor patient condition during evacuation |

Incident Complexity Analysis (Type 3, 4, 5)

| Fire Behavior | Yes | No |
|---|-----|----|
| Fuels extremely dry and susceptible to long-range spotting or you are currently experiencing extreme fire behavior. | | |
| Weather forecast indicating no significant relief or worsening conditions. | | |
| Current or predicted fire behavior dictates indirect control strategy with large amounts of fuel within planned perimeter. | | |
| Firefighter Safety | | |
| Performance of firefighting resources affected by cumulative fatigue. | | |
| Overhead overextended mentally and/or physically. | | |
| Communication ineffective with tactical resources or dispatch. | | |
| Organization | | |
| Operations are at the limit of span of control. | | |
| Incident action plans, briefings, etc. missing or poorly prepared. | | |
| Variety of specialized operations, support personnel or equipment. | | |
| Unable to properly staff air operations. | | |
| Limited local resources available for initial attack. | | |
| Heavy commitment of local resources to logistical support. | | |
| Existing forces worked 24 hours without success. | | |
| Resources unfamiliar with local conditions and tactics. | | |
| Values to be protected | | |
| Urban interface; structures, developments, recreational facilities, or potential for evacuation. | | |
| Fire burning or threatening more than one jurisdiction and potential for unified command with different or conflicting management objectives. | | |
| Unique natural resources, special-designation areas, critical municipal watershed, T&E species habitat, cultural value sites. | | |
| Sensitive political concerns, media involvement, or controversial fire policy. | | |

If you have checked “Yes” on 3 to 5 of the analysis boxes, consider requesting the next level of incident management support.

Type 5 Characteristics: (a) C&G Staff positions are not activated. (b) Resources vary from one to five firefighters. (c) Incident is normally contained rapidly during IA. (d) A written action plan is not required.

Type 4 Characteristics: (a) C&G Staff positions are not activated. (b) Resources vary from single Firefighter to several single resources or a single Task Force or Strike Team. (c) The incident is limited to one operational period in the control phase. Mop-up may extend into multiple periods. (d) A written plan is not required.

Type 3 Characteristics: (a) Some of the C&G Staff may be activated, as well as DIVS and Unit leaders. (b) Resources vary from several single resources to several TFLD’s/STLD’s. (c) Incident may be separated into several divisions, but usually does not meet the DIVS position for span or control. (d) May involve several burning periods prior to control, which requires a written action plan.

