Tactical Decision Games

Wildland Fire Leadership Development Program

Medical Incident Report - Salmon FIRE

INITIAL FACILITATOR INFORMATION—NOT TO BE SHARED WITH STUDENTS

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Target Audience

Squad Boss, Firefighter Type 1

Training Objective

Given the following scenario, players should establish contact with Salmon Fire Communications and report an initial Medical Incident Report using the IRPG.

Resources Referenced

- 1 Squad Boss (Player Role)
- Type 2 IA Hand Crew

SCENARIO INFORMATION TO BE SHARED WITH STUDENTS

Facilitator Briefing to Student(s)

You are a SQDB on Crew-65, a Type 2 I.A. hand crew assigned to Division A of the Salmon Fire. You have a six-person squad including yourself mopping up along completed handline. Your crew EMTB is assigned to your squad. The distance from your location to the handline/road junction (Drop Point 10) is about a ½ mile, upslope. DP-10 has also been designated an approved Medevac Site.

While mopping up a stump-hole, one of your squad members steps in an ashpit resulting in full circumference 2nd degree burns on their left calf. You contact your CRWB who is at the Division A/B break tied in with the DIVS and inform them of the situation. Waiting for the CRWB or DIVS to get on scene will delay care for your squad member, so the CRWB instructs you to begin the Medical Incident Report back to Salmon ICP Communications. You begin to initiate a Medical Incident Report (MIR, 8-line)

Some links in this document will direct you to a non-government website that may have different policies from those of NWCG.

ADDITIONAL INFORMATION FOR FACILITATOR ONLY

Facilitator "Murphy's Law" Suggestions

The "Murphy's Law" suggestions listed below can be added as "What ifs" at any time during the scenario to raise the stress level of the leader. You can also use one of your own:

- **Ground ambulance blows a tire**
- **Helicopter re-routed to priority incident**
- **Helicopter is currently working buckets**
- **Patient is supervisor**
- **Patient is crew EMT**
- **Winds increase**
- **Fire behavior increases**

Facilitator's Notes

The TDGS should focus on the role player's ability to prepare and communicate a standard Medical Incident Report.

AFTER ACTION REVIEW

Conduct an AAR with focus on the training objective. Use the AAR format found in the Incident Response Pocket Guide to facilitate the AAR. There are four basic questions in the AAR.

1. What was planned?
2. What actually happened?
3. Why did it happen?
4. What can we do next time?

TDGS shouldn't have a single solution, keep the focus of the AAR on what was done and why.

Example

Below is an example of how a completed Medical Incident Report for this scenario could look. This is just an example – the role player's solution does not need to look exactly the same. This is just a prepared example to use for comparison/discussion.

MEDICAL PLAN (ICS 206 WF)

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	☐ RED / PRIORITY 1 Life or limb threatening injury or illness. Evacuation need is IMMEDIATE *Ex: Unconscious, difficulty breathing, bleeding severely, 2º – 3º burns more than 4 palm sizes, heat stroke, disoriented.* ☒ YELLOW / PRIORITY 2 Serious Injury or illness. Evacuation may be DELAYED if necessary. *Ex: Significant trauma, unable to walk, 2º – 3º burns not more than 1-3 palm sizes.* ☐ 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	Stepped in stump-hole, 2nd degree full circumference burns on left calf	*Brief Summary of Injury or Illness (Ex: Unconscious, Struck by Falling Tree)*
Transport Request	Ground Ambulance from ICP	*Air Ambulance / Short Haul/Hoist Ground Ambulance / Other*
Patient Location	Div A handline, 1/2 mile from DP-10	*Descriptive Location & Lat. / Long. (WGS84)*
Incident Name	Div A Medical	*Geographic Name + "Medical" (Ex: Trout Meadow Medical)*
On-Scene Incident Commander	C-65 (Your Last Name) Div A Medical IC	*Name of on-scene IC of Incident within an Incident (Ex: TFLD Jones)*
Patient Care	EMT Bond	*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 EMT(s) on scene will provide information

Treatment:

4. TRANSPORT PLAN:

Evacuation Location (*if different*): (*Descriptive Location (drop point, intersection, etc.) or Lat. / Long.*) Patient's ETA to Evacuation Location:

Crew carry to DP 10, ETA 30 mins. ETA for AMBL from ICP: 20 mins.

Helispot / Extraction Site Size and Hazards:

DP-10 no hazards identified

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

Paramedic, 1 20-person crew to assist with crew carry

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	CMD 1				
AIR-TO-GRND	A/G 10				
TACTICAL	Tac 2				

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

Medevac at DP 10, ETA for N81-7MH from ICP: 8 mins

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.