A publication of the
National Wildfire Coordinating Group

NWCG Incident Position Standards for Medical Unit Leader

PMS 350-39 AUGUST 2024

NWCG Incident Position Standards for Medical Unit Leader

August 2024
PMS 350-39

The *NWCG Incident Position Standards for Medical Unit Leader* establishes national interagency standards for operating as a Medical Unit Leader (MEDL) on wildland fires. These standards are meant to ensure safe, efficient, and effective operations in support of interagency goals and objectives and should serve as a guide to promote effective and consistent on-incident training. By definition, NWCG standards encompass guidelines, procedures, processes, best practices, specifications, techniques, and methods.

The Medical Unit Leader Page, https://www.nwcg.gov/positions/medical-unit-leader, in the NWCG Position Catalog, includes the Incident Position Description (IPD) and Position Qualifications, as well as links to standards and references needed to perform the duties of a Medical Unit Leader.

Tasks that are identified by a (*) are those tasks included for evaluation in the Position Task Book (PTB). Tasks not identified for evaluation in the PTB still represent standards for successful performance in the position and should be included in a comprehensive training assignment.

Where references are identified by a (**), please refer to your home unit, agency, or organization for specific guidance and policy documentation. For example:
***Interagency Standards for Fire and Fire Aviation Operations (Red Book)*

The National Wildfire Coordinating Group (NWCG) provides national leadership to enable interoperable wildland fire operations among federal, state, Tribal, territorial, and local partners. NWCG operations standards are interagency by design; they are developed with the intent of universal adoption by the member agencies. However, the decision to adopt and utilize them is made independently by the individual member agencies and communicated through their respective directives systems.

Table of Contents

General References

- *NWCG National Fire Equipment System Catalog – Part 1: Fire Supplies and Equipment*, PMS 449-1, https://www.nwcg.gov/publications/pms449-1/nwcg-national-fire-equipment-system-catalog-part-1-fire-supplies-and-equipment
- *NWCG National Fire Equipment System Catalog – Part 2: Publications*, PMS 449-2, https://www.nwcg.gov/publications/pms449-2/nwcg-national-fire-equipment-system-catalog-part-2-publications
- *NWCG Incident Response Pocket Guide (IRPG)*, PMS 461, https://www.nwcg.gov/publications/pms461
- *Interagency Emergency Helicopter Extraction Source List*, PMS 512, https://www.nwcg.gov/publications/pms512
- *NWCG Standards for Interagency Incident Business Management*, PMS 902, https://www.nwcg.gov/publications/pms902
- Incident Command System (ICS) Forms, https://www.nwcg.gov/ics-forms
  - Division/Group Assignment List (ICS 204 WF)
  - Incident Radio Communications Plan (ICS 205)
  - Medical Plan (ICS 206 WF)
  - NWCG Incident Check-In Form (ICS 211 WF)
  - General Message (ICS 213)
  - Activity Log (ICS 214)
  - Operational Planning Worksheet (ICS 215)
  - Air Operations Summary (ICS 220)
  - Demobilization Check-Out (ICS 221)
  - Incident Personnel Performance Rating (ICS 225 WF)
- Standard (SF) and Optional (OF) Forms, https://www.nwcg.gov/publications/pms902
  - Crew Time Report (CTR), SF 261
  - Incident Time Report, OF 288
  - Emergency Equipment Shift Ticket, OF 297
- Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation, CA-1
- Notice of Occupational Disease and Claim for Compensation, CA-2
- Authorization for Examination and/or Treatment, CA-16
- PSM-002, How to Correctly Fill Out the Incident Time Report, OF 288
- PSM-003, How to Correctly Fill Out the Emergency Equipment Use Invoice, OF 286

Agency-Specific References

- ***Interagency Standards for Fire and Fire Aviation Operations* (Red Book), https://www.nifc.gov/standards/guides/red-book
- Agency Provided Medical Care Authorization and Medical Report (APMC), FS-6100-16, https://gacc.nifc.gov/gbcc/admin/IBCdocs/FS-6100-16%20APMC%20Report.pdf
- **Emergency Activity Record (OES F-42), https://emergencyreporting.com/
- ***National Interagency Standards for Resource Mobilization*, https://www.nifc.gov/nicc/logistics/reference-documents

*Leadership Level 3, Leader of People (Develop Intent)

Leaders of people have increasing challenges. They accept responsibility, not only for their own actions, but for those of their team. Leaders of people act to develop credibility as leaders: placing the team ahead of themselves, demonstrating trustworthiness, mastering essential technical skills, and instilling the values of the organization in their teams. For additional information review Level 3 (description, behaviors, knowledge, development goals, and self-study opportunities) https://www.nwcg.gov/committees/leadership-committee/leadership-levels.

Description

- Lead a large group or unit of people.
- Quickly assemble and lead a cohesive team to accomplish mission objectives.
- Provide an inclusive environment that fosters the development of others, facilitates cooperation and teamwork, and supports constructive resolutions of conflict.
- Continue to build personal leadership skills, and lead by example.

Behaviors

- Demonstrates expertise in job skills to provide guidance and training to team members.
- Develops credibility and reputation to increase one's personal sphere of influence.
- Uses experience and training to develop novel solutions to tactical problems.
- Directly mentors new leaders to develop counseling skills and ensure the organization has a leadership pipeline.
- Demonstrates an appropriate response and aftercare of a traumatic event involving a team member.
- Utilizes a risk-refusal process to ensure team safety while considering options for mission accomplishment.
- Conducts an effective briefing to ensure mission accomplishment and unity of action.
- Practices effective debriefing facilitation techniques to improve team performance and increase team cohesion.
- Demonstrates direct statements, active listening, and message confirmation, and allows effective feedback.
- Effectively demonstrates the five communication responsibilities and adapts to the unique needs of people and situations.
- Demonstrates risk management and recognition-primed decision making.
- Demonstrates the appropriate leadership styles to accomplish the mission and build the team.
- Identifies and manages acute and chronic fatigue to improve health and performance.
- Exercises appropriate sources of influence to ensure mission accomplishment and maintain team cohesion.
- Applies an appropriate leadership style (directing, delegating, or participatory) for a given team and situation to develop team members and increase team cohesion.

Knowledge

- Describe how core values, principles, and traits guide tactical and ethical decisions.
- Understand a leader's role in influencing decisions up and down the chain of command and knowing when to lead up.
- Understand application of various leadership styles to ensure high team performance and cohesion.

- Describe the traits and principles which guide a leader's role to ensure team performance and a positive work environment when responding to harassment, substance abuse, conflict resolution, and hazing.
- Identify the consequences and understand the positive use of position power and authority.
- Describe human stress reactions to understand the impact of stress on team performance and individual decision making.
- Define the leader's role in each phase of teambuilding to enhance cohesion, effectiveness, and trust.
- Establish or validate crew standards (standard operating procedures [SOP] or standard operation guide [SOG]) to ensure a common operating picture.
- Ensure a positive and healthy work environment, and promote team cohesion by dealing with conflict, harassment, and substance abuse.
- Understand various techniques for counseling and mentoring subordinates to ensure trust and open communication within the team.
- Define techniques for rapid teambuilding.
- Define characteristics of high-performing teams.
- Understand how to use the situation awareness cycle and how to evaluate whether a leader's perception matches the reality of the situation.
- Recognize and exercise the ability to control operational tempo.
- Analyze barriers to communication to establish and maintain open lines of communication.
- Develop and communicate leader's intent.
- Understand the error chain (i.e., Swiss Cheese Model) to promote a safety-conscious team.
- Understand how to integrate contingency planning into operations and anticipate upstream or systematic errors.
- Evaluate and update one’s leadership individual development plan using peer feedback and self-assessment.
- Explain how building a positive command climate relates to team cohesion.
- Understand the importance of command and control.

Prepare and Mobilize

Ensure individual readiness.

When to start task:

- Pre-incident.
- Red bag and unit leader kit should be ready whenever the resource is available in Incident Resource Ordering Capacity (IROC).

Resources to complete task:

- Item checklist for red bag
- Unit leader kit

How to accomplish task:

- Ongoing physical fitness training.
- Keep fire qualifications up to date.
- Assemble red bag.
    - Review https://training.nwcg.gov/dl/s248/s-248-ho-packing-list.pdf for contents.
- Assemble MEDL Kit (this is an administrative kit and does not include medical supplies).
    - Individual will be able to function for the first 48 hours of the incident with the items in the kit. Kit will be transportable according to agency weight limitations. Refer to ****National Interagency Standards for Resource Mobilization,*** https://www.nifc.gov/nicc/logistics/reference-documents, for weight limitations on kit.
    - Suggested items:
        - *NWCG Standards for Interagency Incident Business Management,* PMS 902, https://www.nwcg.gov/publications/pms902
        - *NWCG National Fire Equipment System Catalog – Part 1: Fire Supplies and Equipment*, PMS 449-1, https://www.nwcg.gov/publications/pms449-1/nwcg-national-fire-equipment-system-catalog-part-1-fire-supplies-and-equipment
        - *NWCG National Fire Equipment System Catalog – Part 2: Publications, PMS 449-2,* https://www.nwcg.gov/publications/pms449-2/nwcg-national-fire-equipment-system-catalog-part-2-publications
        - Incident Command System (ICS) Forms, https://www.nwcg.gov/ics-forms
            - Medical Plan (ICS 206 WF)
            - General Message (ICS 213)
            - Activity Log (ICS 214)
        - Daily summary, field first aid station
        - Medical unit record of issues
        - Patient evaluation log
        - Employee's Notice of Injury and Claim for Continuation of Pay/Compensation (CA-1), https://www.dol.gov/sites/dolgov/files/owcp/regs/compliance/ca-1.pdf
        - Employee's Notice of Occupational Disease (CA-2), https://www.dol.gov/sites/dolgov/files/owcp/regs/compliance/ca-2.pdf
        - Authorization for Examination and/or Treatment (CA-16)
        - Agency Provided Medical Care Authorization and Medical Report (APMC) (FS-6100-16), https://gacc.nifc.gov/gbcc/admin/IBCdocs/FS-6100-16%20APMC%20Report.pdf
        - Crew Time Report, SF 261, https://www.nwcg.gov/publications/pms902

        - Emergency Equipment Shift Ticket, OF 297, https://www.nwcg.gov/publications/pms902
        - Other agency/area specific medical forms
        - Medical supply catalogs (if available)
        - Paper, pencils, pens, large marking pens
        - Duct tape, flashlight, small calculator, alarm clock, calendar
        - Acquire map of the area en route to incident
- When resource order is received, obtain complete information from dispatch.
    - Incident/project name
    - Incident/project order number
    - Agency-specific funding code (i.e., P code or fire number)
    - Request number (i.e., O number)
    - Reporting location and arrival time
    - Transportation arrangements
    - Incident phone contacts
    - Radio frequencies (if available)
    - Type and size of incident
    - Assigned Incident Commander's (IC) name
    - Weather – current and predicted

NOTE: CA-1, CA-2, CA-16, and APMC forms are the ultimate responsibility of the finance section but may be carried out by the MEDL to expedite the process when necessary.

*Gather critical state, regional and local emergency medical system (EMS) resource information, regulations, and response capabilities.

When to start task:

Once you are assigned to an incident, this is the first step in developing the medical plan.

Resources to complete task:

- Computer and internet access
- Emergency Medical Committee (EMC) and Incident Medical Unit Subcommittee (IMUS) webpages, https://www.nwcg.gov/committee/emergency-medical-committee, https://www.nwcg.gov/committee/incident-medical-unit-subcommittee

How to accomplish task:

- Refer to the following references for additional information:
    - National Association of State EMS Officials (NASEMSO) website, https://nasemso.org/.
        - NASEMSO state processes for legal recognition of Emergency Medical Technicians (EMTs) for Wildland Fires.
    - *Interagency Emergency Helicopter Extraction Source List*, PMS 512, https://www.nwcg.gov/publications/pms512.
    - American Burn Association (ABA) burn center list.
    - Individual state health department websites.
    - *Interagency Standards for Fire and Fire Aviation Operations* (Red Book), https://www.nifc.gov/standards/guides/red-book.

Travel to and check-in at assignment.

When to start task:

- A resource order was received, and it is time to prepare for and begin traveling.
- At arrival to the incident, it is time to check-in and prepare for the assignment.

Resources to complete task:

- NWCG Incident Check-In Form (ICS 211 WF), https://www.nwcg.gov/ics-forms
- Incident Action Plan (IAP)
- Briefing Checklist section of the *NWCG Incident Response Pocket Guide (IRPG)*, PMS 461, https://www.nwcg.gov/publications/pms461

How to accomplish task:

- Arrival at assigned location.
  - Locate check-in.
  - Check-in according to agency guidelines.
    - Within acceptable time limits
    - With proper resource order number (O number)
    - With proof of incident qualifications (i.e., Incident Qualifications Card [red card])
    - With red bag and MEDL kit
  - For additional information, refer to the NWCG Incident Check-In Form (ICS 211 WF).
- Obtain briefing from Logistics Section Chief (LSC)/incident supervisor.
  - Briefing information may include:
    - Objectives and intent
    - Workspace
    - Ordering process
    - Work schedule
    - Policies and operating procedures
    - Assigned contractors (e.g., ambulance, etc.)
    - Resources committed, ordered, and/or en route
    - Current and anticipated situation
    - Expected duration of assignment/incident
    - Safety hazards
    - Timekeeping procedures
    - Emergency procedures
    - IAP (important information can be obtained from the IAP)
- Gather information about the incident.
  - Fire departments/ground ambulance agencies
  - Hospital
  - Clinics
  - Air ambulance
  - Additional medical providers (e.g., dentists, podiatrists, optometrists)
  - State/local health departments
  - Pharmacies

Build the Team

*Coordinate with the Logistics Section Chief (LSC) and other functional areas to order emergency response personnel with necessary capabilities and equipment consistent with the current and projected scale of the incident.

When to start task:

- Your resource order with MEDL assignment
- A request from LSC for input regarding pre-order
- Incident increases in size and/or complexity
- Review of Division/Group Assignment List(s) (ICS 204 WF)
- Resources timing out on glide path (three days out)
- Addition of spike camps

Resources to complete task:

- Computer.
- General Message (ICS 213).
- Communications with Ordering Manager (ORDM) handling resources information from operations personnel regarding glide path.
- Information from the Incident Status Summary (ICS 209), Division/Group Assignment List(s) (ICS 204 WF), and operational map.
- Infectious disease status of nation/camp (e.g., COVID/Infectious Disease Coordinator, Incident Testing Coordinator, or similar positions).

How to accomplish task:

- Review Division/Group Assignment List(s) (ICS 204 WFs), and operational map for location of both operations resources and unit resources.
- Get briefing from operations personnel regarding projected size and complexity.
- Review glide path for resources timing out.
- Get a blank General Message (ICS 213) form from computer or hard copy (from ORDM/ordering).
- Place order request for personnel and equipment.
    - Complete request for additional resources.
        - Name and contact information of requestor.
        - Incident justification for ordering the resource.
        - How many?
        - Level of care?
        - Type (line qualified or not).
        - Based on state and location of incident:
            - Is National Registry of Emergency Medical Technicians (NREMT) required or not?
            - Is state license required or not?
        - With medical bag and what type or contents.
        - Government/Agency Owned Vehicle (GOV/AOV), rental vehicle, or National Emergency Rental Vehicle (NERV) approved?
        - Cell phone approved?

        - Specific time of arrival on incident.
        - Specific location to report to.
    - Have the LSC review and sign the General Message (ICS 213) (if required).
    - Place request with ORDM by taking or sending them the General Message (ICS 213).
    - Keep a copy for your files.
    - Follow-up on all orders placed with ORDM in a timely manner.

*Establish partnerships with local and regional EMS, hospitals, health clinics, search and rescue teams, fire departments, and public health officials.

When to start task:

Upon notification of assignment and ongoing.

Resources to complete task:

- Cell phone
- Laptop or tablet
- Scanner/printer
- Social engineering network

How to accomplish task:

- Gather information on location, region, Preparedness Level (PL) status, fuel type, terrain, and weather.
- Identify response capabilities and deficiencies for EMS, hospitals, health clinics, search and rescue teams, fire departments, and public health.
- This can be accomplished while responding to and arriving at the incident.

*Validate licensure, qualification, and readiness of assigned personnel and equipment.

When to start task:

- Upon initial ordering for medical resources.
- Ongoing throughout the incident ordering process.
- When the resource arrives at the medical unit after incident check-in.

Resources to complete task:

- Cell phone
- Laptop or tablet
- Scanner/printer

How to accomplish task:

- The type and quantity of resources should be predetermined when ordering from the various dispatches.
- Radios – command and logistics frequencies.
- Inspect red card, licensure, protocols, EMS gear, and ambulance equipment if applicable.

Supervise and Direct Work Assignments

*Provide leadership on incident medical resource decision making.

When to start task:

- Acceptance of assignment
- Arrival at assignment
- When setting up the unit

This is an ongoing task that is part of every aspect of the position. This should happen during meetings with, logistics personnel, unit staff, communications personnel, safety personnel, and operations personnel. It must be in place during an Incident Within an Incident (IWI) and must be present when giving reports at operational and planning meetings.

Resources to complete task:

- Leadership skills (e.g., L-380, Fireline Leadership, and S-420)
- Self-confidence
- Ability to speak in public

How to accomplish task:

- Give a clear and concise briefing to incoming staff regarding roles, assignments, and responsibilities.
- Brief with the LSC regarding unit status, staffing, and supply needs.
- Make decisions in conjunction with operations and safety personnel during tactics meetings regarding staffing needs and locations.
- Communicate with safety personnel regarding the Medical Plan (ICS 206 WF), and Division/Group Assignment List (ICS 204 WF) based on needs identified.
- Speak with confidence during operational briefings.
- During an IWI, make decisions with confidence when passing messages to the field through the Radio Operator (RADO).
- Communicate with area departments to determine a response plan that incorporates the incident personnel with local resources.
- Be able to communicate with local hospitals regarding level of care and available resources.

*Make daily division assignments for medical unit staff and provide supervision for medical resources.

When to start task:

This duty is based on complexity of the incident as well as the number and type of resources assigned to a division. The need is determined by consulting with operations personnel or Division/Group Supervisor (DIVS) concerning numbers of resources assigned to a division, work being performed, hazards, terrain, topography, fire conditions, etc. As EMS resources arrive at the incident, they are assigned by the MEDL to divisions, groups, and camps.

- Communications with operations and safety personnel regarding complexity of incident, critical needs in divisions, and identified hazards.
- Review of the Division/Group Assignment List (ICS 204 WF).

- Information from check-in.
- Review resources already assigned to divisions to assess additional needs.

Resources to complete task:

- Personnel (e.g., paramedics, EMTs, ambulance staff, Rapid Extraction Module Support (REMS) team, infectious disease personnel).
- Access to an IAP and the Division/Group Assignment List (ICS 204 WF) is required to determine assigned personnel.
- Attend tactics and planning meetings.
- Medical Plan (ICS 206 WF).
- Placement of personnel on the Division/Group Assignment List (ICS 204 WF) is coordinated with Planning Section Chief (PSC).
- Information from the Incident Status Summary (ICS 209).
- Working relationship with communications personnel for accountability of resources en route, on division, and when returning to camp.

How to accomplish task:

- Make daily division assignments for medical unit staff.
    - Place order for medical unit staff with ORDM (e.g., Paramedic Fireline (EMPF), Emergency Medical Technician-Fireline (EMTF), etc.).
    - Meet with each EMPF/EMTF upon their arrival at the incident.
        - Review EMS credentials and red card qualifications.
        - Discuss the medical plan and ensure each resource has a copy of their protocols.
        - Discuss their prior wildland fire and EMS experience.
        - Formulate a list starting with your most experienced EMS/wildland fire providers with a high fitness level and ending with your least experienced EMS/wildland fire personnel.
            - ❖ This list prioritizes your most experienced providers for your high hazard divisions. Also, if the terrain is especially arduous, you will want a provider that has a high fitness level. Consider pairing an experienced EMS provider with an EMS provider of lesser experience when the situation allows.
        - Formulate a list of ambulances based on experience of crew, 4-wheel drive capability, size of vehicle, vehicle clearance, equipment/supplies, etc.
- Prior to the planned operational period, meet with operations personnel.
    - Some Incident Management Teams (IMT) have organized tactics or pre-planning meetings prior to the planning meeting – hosted by Resource Unit Leader (RESL) – where the MEDL, Safety Officer, Line (SOFR), Liaison Officer (LOFR), logistics personnel, and Communications Unit Leader (COML) are briefed by operations personnel.
    - These briefings/discussions should include:
        - An operational briefing of planned tactics to meet operational objectives.
        - Numbers and types of resources on the division and any changes from the previous operational period.
        - Topography, hazards, and fire behavior.
        - Road access and available landing zones.

        - Where will resources return to after their shift (camp, line spike, etc.)?
            - ❖ This is an important factor in determining EMS resource needs. If the EMPF/EMTFs are expected to line or remote spike camp with the division resources, the MEDL will need to ensure they have access to adequate first aid and hygiene supplies.
    - The MEDL will make divisional/group assignments once the MEDL understands the operational EMS needs.
        - Utilizing the list of EMS resources the MEDL compiled, the MEDL assigns EMS resources based on the complexity of the division/group (e.g., a remote division with a felling group). If an incident were to occur, high hazard work locations would require immediate, experienced EMS at an advanced life support (ALS) level.
        - Ideally, EMS resources are assigned in pairs of EMPF/EMPF, EMPF/EMTF, or EMTF/EMTF.
            - ❖ Note some states/regions allow Advanced EMTs to practice where they are designated Advanced Emergency Medical Technician-Fireline Qualified (AEMF).
    - The MEDL will then assign ambulances to divisions/groups.
        - The placement of ambulances is critical to provide rapid access and transport from the fireline.
- Provide supervision for personnel and other medical resources.
    - Brief all EMS resources upon their arrival at the incident by following the briefing checklist found in the *IRPG*.
    - Review all EMS credentials and protocols.
        - If required, submit all documentation to the EMS authority having jurisdiction for limited recognition. Once limited recognition has been obtained, personnel may be assigned to duty and the documentation filed with the Documentation Unit Leader (DOCL).
    - Discuss any team SOPs. Emphasize and discuss the harassment, discrimination, and social media policies.
    - Provide an IAP and map set for their review.
    - Discuss the Medical Plan (ICS 206 WF). Ensure all resources know the procedures for extracting a patient by either ground or air ambulance.
    - Brief drivers on procedures when transporting patients to medical facility.
        - Ensure drivers have knowledge of incident area.
    - Discuss patient care reports and recordkeeping protocol.
    - Discuss supervisory oversight with all line-going resources. The MEDL is the primary supervisor for all EMS resources; however, on the fireline, they are supervised by the DIVS.
        - When possible, elicit resource performance feedback from the DIVS to include in performance evaluations.
    - Brief all EMS resources as the fire evolves and changes. Keep personnel informed and updated during IMT transitions, planned demobilization of resources, change in operational hours, etc.
    - Monitor EMS resource work assignments for:
        - Quality of patient care.
        - Completeness of documentation.

        - Following proper procedures.
            - ❖ Established medical procedures.
            - ❖ Chain of command.
            - ❖ Ordering procedures.
    - Discuss and ensure any required change in behavior.
        - Consider involving the Human Resource Specialist (HRSP) in any discussions of behavior that may reflect negatively on the personnel performance evaluation, or demobilization.
    - Ensure CTRs, SF 261, and Emergency Equipment Shift Tickets, OF 297, are filled out correctly and turned into Time Unit Leader (TIME) daily.
        - Note: some contracted EMS resources are required to fill out a CTR for personnel time, and an Emergency Equipment Shift Ticket for loaned supplies, equipment, and vehicles.
    - Discuss reassignment when personnel are de-mobbed prior to the end of their 14-day work assignment. If EMS resources request reassignment, meet with Demobilization Unit Leader (DMOB) to fill out appropriate paperwork.
    - If EMS requires resources and a limited resource availability exists, discuss 21-, or 28-day extension with personnel. If the EMS resource requests extension, meet with DMOB to fill out appropriate paperwork.
- At the end of an EMS resource's fire assignment, ensure they are de-mobbed according to the de-mob plan, and provide a performance evaluation (e.g., Incident Personnel Performance Rating [ICS 225 WF]).

*Ensure medical unit staff adhere to proper timekeeping, work-rest ratio, and other applicable guidance defined in the *NWCG Standards for Interagency Incident Business Management*, PMS 902.

When to start task:

- When you start your travel for the assignment.
- When medical unit staff arrive at the incident and timekeeping starts.
- When notified by finance of missing information, every step should be taken to ensure immediate follow-up occurs.

Resources to complete task:

- Incident Time Report, OF 288, and/or CTR, SF 261
- Emergency Equipment Shift Ticket(s), OF 297
- NWCG Standards for Interagency Incident Business Management, PMS 902
- PSM-003, How to Correctly Fill Out the Incident Time Report, OF 288
- PSM-002, How to Correctly Fill Out the Emergency Equipment Use Invoice, OF 286
- Emergency Activity Record (OES F-42), https://www.caloes.ca.gov/wp-content/uploads/Fire-Rescue/Documents/20160601-CalOES-F42-Emergency_Activity_Record-v.59-FINAL-WMARK.pdf

How to accomplish task:

- Crew Time Reports (CTR), SF 261:
    - The MEDL will ensure time and equipment reports are filled out correctly daily, following guidance found in PSM-002 and PSM-003.
    - Check for name, crew number, date, incident name, incident number, and office responsible.

  - Check for accurate hours and proper recording of required breaks.
  - Check proper classification.
  - Add any clarifications such as travel, time zone differences, justifications, and mitigations for breaking the 2 to 1 work-rest ratio.
- The MEDL will sign completed time and equipment reports, and ensure they are turned into FSC/TIME, daily.
  - Sign CTR as "Officer in Charge."
  - Put your title MEDL in "Title" section.
- Emergency Equipment Shift Tickets, OF 297:
  - The MEDL will ensure equipment reports are filled out correctly daily, following guidance found in PSM-002 and PSM-003, checking the following information:
    - Agreement number
    - Contractor
    - Incident name and number
    - Operator (may be different or the same as contractor)
    - Equipment make
    - Equipment model
    - Furnished by
    - Serial and license numbers
    - Supplies furnished by
    - Dates (usually for an operational or 24-hour period)
    - Equipment status
    - Signed by authorized agent (usually contractor or operator)
    - MEDL must sign as government official
    - Make sure it is dated

Perform Medical Unit Leader-Specific Duties

*Develop and maintain a Medical Plan (ICS 206 WF) to assist with an Incident Within an Incident (IWI) response.

When to start task:

Once the MEDL arrives at the incident, they are responsible for developing the Medical Plan (ICS 206 WF). In this process, the MEDL will develop procedures for response to medical emergencies at the medical unit and Incident Command Post (ICP), non-emergency transport, and patient return from medical facilities.

Resources to complete task:

- Computer or tablet with Microsoft Word and internet access.
- Medical Plan (ICS 206 WF), https://www.nwcg.gov/ics-forms.
- USB/jump drive for submitting the ICS 206 WF to the PSC.
- Phone number to list as 24-hour emergency point of contact (for medical and communications units).
- Access to vehicles (with drivers) for non-emergency patient transport to/from medical facilities.
- Daily fire briefings/updates from operations personnel to assist in determining needs on the fire.
- Personnel.
- Travel time estimates to divisions.

How to accomplish task:

- Develop the Medical Plan (ICS 206 WF).
    - Go to the EMC website, https://www.nwcg.gov/committee/incident-medical-unit-subcommittee, and download the ICS 206 WF Word document, and the instructions for completing an ICS 206 WF document.
    - Once all information has been entered into the ICS 206 WF, the MEDL prints and signs the document.
        - Note: The Medical Incident Report (MIR) is attached to the ICS 206 WF. This form is left blank for use by personnel in the event of a medical emergency.
    - The ICS 206 WF is presented to the Safety Officer (SOF) for review and signature.
    - The completed ICS 206 WF is given to the PSC to add to the IAP. The PSC may request a printed and electronic version downloaded to a jump drive.
- Establish medical unit procedures for medical emergencies.
    - Ensure procedures are in place to account for IWI at the medical unit, ICP, spike camps, and forward operating bases.
    - When communications personnel are notified of a medical emergency, a medical emergency is declared over the radio. Communications then notifies the MEDL as well as the Command and General Staff (C&G).
        - IMTs may have SOPs regarding notification of the C&G on medical emergencies.
    - Communications will gather and record medical information per the MIR.
    - The MEDL will direct the closest incident ambulance and medical provider to go to the scene.
        - On Type 1, Type 2, Complex Incident Management (CIM) and larger incidents with significant numbers of personnel assigned, it is advisable to position ambulances at ICP, spike camps, or foreword operating bases.

- The medical provider will notify communications when they arrive on scene and determine appropriate transport need. Depending on the location of the medical emergency, the medical provider may request ground or air ambulance transport.
- Use Primary, Alternate, Contingency, and Emergency (PACE) model for contingency evacuation plans.
- The MEDL – upon notification of the transport request – will determine the appropriate ambulance transport per the Medical Plan (ICS 206 WF).
  - Ground ambulance transport options include:
    - Hospital transport via incident ambulance. Hospital transport via local EMS ambulance.
    - Incident ambulance rendezvous with a local EMS ambulance at a predetermined location.
  - Note: if ALS skills and intervention have been initiated, the transporting ambulance must have personnel of equal or higher certification and skills.
  - When an air ambulance is requested, the MEDL will notify and ensure coordination with the Air Operations Branch Director (AOBD), or alternate, to ensure air medical resources enter the controlled air space safely.
  - Air ambulance transport options include:
    - Air ambulance response to the closest landing zone near the patient.
    - Ground ambulance transport to a predetermined landing zone (i.e., helibase) to rendezvous with air medical.
    - Incident helicopter – designated on the Air Operations Summary (ICS-220) as a short-haul or medevac helicopter by the AOBD – to respond to the closest landing zone near the patient, transport to a predetermined location (i.e., helibase), and rendezvous with an air medical helicopter or ground ambulance.
- After the patient has been transported, at the recommendation of the MEDL and SOF, communications will announce on the radio that the incident has been resolved and normal radio traffic may resume.
- On any major medical emergency or IWI, an after-action review (AAR) should be conducted to facilitate learning, and to validate or improve the response process.

- Develop plans for non-emergency transport ("Green" level medical emergency defined on MIR) and patient return from medical facility.
  - The non-emergency transport plan is for patients who – after evaluation by a paramedic or EMT – do not require ambulance transport for their illness or injury.
  - Upon determining the need for non-emergency transport, the fireline paramedic or EMT will notify the MEDL through established communication procedures. This may involve contacting communications by radio who would then contact the MEDL. In areas with cell coverage, the fireline paramedic or EMT may contact the MEDL directly by phone.
    - Most IMTs do not require a lengthy medical report over the radio due to the non-emergency nature of the injury.
      - Examples are patients who have sustained a minor injury (i.e., sprained ankle, or a minor laceration requiring stitches). These patients are transported from the fireline to the medical unit, from the fireline to a clinic/hospital, or from the medical unit to a clinic/hospital, pharmacy, or dentist.

- The MEDL should designate a paramedic or EMT with a vehicle assigned to the medical unit, or a driver from Ground Support Unit, for non-emergency transport to and from medical facilities.
  - Ensure drivers have a good knowledge of the area.
  - Provide the drivers with clear instructions regarding the receiving facility location, what to do while patient is receiving care, and when the patient is to be brought back to the medical unit.
- When a patient is transported to a medical facility, the Compensation/Claims Unit Leader (COMP) is notified to assist in the comp/claims process. The SOF should also be notified, who in turn, can notify C&G as needed.
- It is especially important that the driver return the patient to the medical unit and not directly to the fireline. The MEDL needs to review all paperwork and the return-to-work status. Personnel have been known to bypass the MEDL and go directly to the line when their return-to-work status is light duty or off duty.
  - Medical provider potential release to statuses:
    - Fully operational
    - Light duty
    - Isolation/quarantine
    - Demobilization
- When a patient is transported to the medical unit or a clinic/hospital, the patient's supervisor should accompany the patient for several reasons:
  - The supervisor should know the workers' compensation process for their agency.
  - The supervisor will be responsible for notifying their agency or home unit of a work-related injury.
- When transporting from the fireline to the medical unit or a clinic/hospital, there are several options:
  - Have the injured patient's supervisor transport them in a pickup or other vehicle.
  - Have the fireline paramedic or EMT transport them in a pickup or other vehicle with the patient's supervisor accompanying or following.
  - If the fireline paramedic or EMT provides transport, consider having the designated medical unit non-emergency transport paramedic/EMT rendezvous with the fireline paramedic/EMT. The medical unit paramedic/EMT can then finish the transport. This returns the fireline paramedic/EMT to their division assignment in a timely manner.
- When transporting from the medical unit to a clinic, hospital, pharmacy, or dentist, the options are:
  - Have the injured patient's supervisor transport them in a pickup or other vehicle.
  - Have the designated medical unit non-emergency transport paramedic/EMT transport them in a pickup or other vehicle.
  - Contact ground support to transport the patient in a pickup or other vehicle. This is the best option when the patient is transported to a clinic or hospital for a follow-up visit and/or transport to a pharmacy or dentist.
    - Contact the Ground Support Unit Leader (GSUL) and provide them with the name of the facility, phone number, address, and appointment time. A pickup time at the medical unit should be agreed upon. It is recommended the ground support driver remain at the facility and wait for the patient.

At the beginning of the assignment, and as the fire complexity changes (i.e., new divisions are added), the MEDL adapts, and determines the rescue and extraction procedures.

- Determine EMS staffing, rescue, and extraction procedures based on evolving incident complexity and operational need.
    - Meet with the AOBD to formulate a plan for air extraction from the fire.
        - Review the Air Operations Summary (ICS 220) and discuss capabilities of medevac/short-haul aircraft assigned to the fire.
        - Review approved helispots, landing zones, and helibase location.
        - Review and determine ordering procedures for an air medical helicopter.
        - Review and determine locations for patient transfer from ground ambulance to air medical.
        - Review and determine locations for patient transfer from ICP/spike camps to air medical.
        - Review and determine locations for patient transfer from landing zones to dedicated medevac/short-haul airships assigned to the fire and listed on the Air Operations Summary (ICS 220).
        - Review available hoist helicopters, ordering procedures, and estimated time of arrival (ETA) to the fire.
        - Review any military or National Guard helicopters that may be accessed. Discuss capabilities, ordering procedures, and rendezvous points for patient transfer to medical helicopters, ground ambulance, etc.
        - Discuss available fixed-wing air medical aircraft, ordering procedures, and appropriate rendezvous locations/airfields.
        - Review night operations and night capable aircraft with night vision goggles.
    - Meet with the AOBD and Helibase Manager (HEBM) to make a patient transfer plan from ground ambulance or medevac helicopter to an air medical helicopter.
    - Meet with operations personnel to determine EMS and rescue needs by division.
        - Determine if adequate landing zones are present.
        - Determine if short-haul/hoist extraction is possible and/or appropriate.
        - Determine ground ambulance drive time from the division to appropriate hospitals.
        - Determine air ambulance air travel time from the division to appropriate hospitals.
        - Determine special rescue needs such as a REMS for high and low angle rescue.
    - Meet with SOFR to review medical and rescue plan.
        - Discuss and review the Medical Plan (ICS 206 WF).
        - Discuss the Air Operations Summary (ICS 220) regarding medevac helicopters.
        - Discuss ground and air ambulance travel times from divisions to appropriate hospitals.
            - ❖ Discuss ground vs air medical transport travel times to meet the intent of the Dutch Creek Protocol.
        - Discuss closest burn center, appropriate method of transport to a burn center, and the *Interagency Standards for Fire and Fire Aviation Operations* (Red Book), burn protocol.
        - Discuss extraction from ICP, remote camps, and line spike locations during night operational periods.

*Maintain 24-hour emergency response readiness.

When to start task:

When assigned to the incident.

Resources to complete task:

- EMTF, EMPF, REMS team, ALS ambulance
- Radio (both mobile and handheld), cell phone
- Computer with internet access
- General Message (ICS 213)
- Pen and paper
- Printer
- Power or inverter
- Activity log (ICS 214)
- Medical Plan (ICS 206 WF)

How to accomplish task:

Gather information and assess risks on an emergency incident to coordinate EMS resources. Develop strategies to provide care for, extricate, and transport patients to definitive care from remote locations with limited communication.

- Obtain leaders intent from supervisor.
- Gather incident information through operations and safety personnel, as well as other incident medical resources.
    - Obtain briefing from incident medical personnel, MEDL, or SOF.
    - Assess EMS personnel levels of experience and fitness. Match divisional assignments based on difficulty with appropriate personnel (i.e., match a physically fit medical team with a hike-in assignment, or a less fit but highly experienced team with a spike camp or ICP assignment).
- Become familiar with the fire area and gain situational awareness through scouting methods (e.g., driving, flying, reviewing maps, and talking with fireline personnel).
- Attend the strategy/tactics meetings to gain situational awareness on number and location of fireline locations (e.g., divisions, groups, branches, spike camps, ICPs, and foreword operating bases).
- After assessing situational awareness, determine the number and types of resources needed using the information from the briefings and scouting/tactics meetings.
    - This can be done in many ways. One such way would be to use the WANT–HAVE-NEED process.
        - WANT – First determine the number and type of resources wanted (EMPF, EMTF, medical team, REMS team, etc.). Documents that can help determine the amount and type of resources include but are not limited to the delegation of authority or an IMT's SOG. For example, a team's SOG may read; "The goal is to have a medically trained person or team on scene and treating the patient of an IWI within 15 minutes of the call for help, 90% of the time. Furthermore, we aim to have an established plan in place to get the patient to definitive care in a timely fashion."

  - HAVE – Determine how many medical resources are currently assigned to the incident. Find this information by briefing with medical, operations, or safety personnel, or checking with logistics personnel or the Status/Check-In Recorder (SCKN).
    - ❖ Determine if there are any outstanding orders for medical resources. Depending on incident size and complexity, find this information by checking with the IC, logistics personnel, ORDM, or expanded dispatch.
  - NEED – Subtract the number of resources that are on the incident from the number needed (e.g., There is a need for 12 medical personnel, there are currently three assigned to the incident, and there are no outstanding orders: nine medical personnel need to be ordered).
- Order medical resources through the proper channels. Depending on the incident size, this should be accomplished by email, or a handwritten General Message (ICS 213) delivered to the ORDM, dispatch, logistics personnel, or IC.
  - It is very important that the General Message (ICS 213) is filled out completely and correctly. Starting from the top and working down.
    - Incident name: Write or type the incident name.
    - To (name and position): Write or type the name and the position on the incident that you are giving the message to.
    - From (name and position): Write or type your name and your position on the incident.
    - Subject: Write or type the reason for the message (example – ambulance order).
    - Date: Write or type the date that the General Message (ICS 213) is being submitted.
    - Time: Write or type the time that the General Message (ICS 213) is being submitted.
    - Message: Write or type the content of the message. Try to be as concise as possible.
    - Example: "Please order one qualified Fireline Paramedic (EMPF), and one qualified Fireline EMT (EMTF); 2 EMPFs are acceptable. They will be equipped with an ALS kit, Basic Life Support (BLS) kit, 4x4 vehicle, and an optional Utility Task Vehicle (UTV)." Write or type the date and time needed, where they are to report to, the name, and contact info of the person making the order.
    - Approved by: Enter the name, signature, and ICS position/title of the person approving the message.
    - Reply: The intended recipient will enter a reply to the message and return it to the originator.
    - Replied by: Enter the name, ICS position/title, and signature of the person replying to the message. Enter date (month/day/year) and time prepared (twenty-four-hour clock).

NOTE: Ordering medical resources can become complicated as many of them do not have Virtual Incident Procurement (VIPR) contracts. There are times when the Incident Business Advisor (INBA) or buying team will need to be involved to make the order process timely and smooth.

- Coordinate with local EMS resources.
    - Hospitals: Contact local hospital facilities to identify capabilities.
        - Identify local hospitals, trauma centers, and burn units. This can be done in many ways, including:
            - ❖ Talk to local fire/EMS departments to gather information on which facilities they transport patients with non-life threating injury, trauma patients, cardiac patients, and burn patients.
            - ❖ Use Google search.
            - ❖ Use past Medical Plans (ICS 206 WF) from other incidents in the area. This can be a great way to find information, however, details should be vetted to ensure currency /accuracy.
            - ❖ Once all local hospital facilities are identified, the capacities, capabilities, location, response times, communications (radio frequency), phone numbers, and hours of operations must be obtained. Document facility information on the ICS 206 WF and brief to all assigned personnel.
    - Local ground ambulances: Identify local ambulance agencies that have the legal authority to transport patients in the area of your incident.

Note: on large incidents, there may be several ambulance agencies who have authority to transport.

- Identify local hospitals, trauma centers, and burn units. This can be done in many ways, including:
    - ❖ Talk to the local fire/EMS departments to gather information.
    - ❖ Use Google search.
    - ❖ Use past Medical Plans (ICS 206 WFs) from other incidents in the area. This can be a great way to find information, however, details should be vetted to ensure currency/accuracy.
- After determining which agency has authority to transport, the MEDL and the supervisor of the local ambulance companies/agencies must discuss patient transport procedure to hospital facilities. For example, can incident ambulances transport, or do locals need to?

Note: Coordination with local ambulances can become complicated very quickly. Each state, county, and city have their own policies regarding who can legally transport patients in an area. This conversation should be documented on an Activity Log (ICS 214) or other form of documentation.

- Should policy require that local ambulances transport patients to hospital facilities, rendezvous locations should be established with incident assigned ambulances and local ambulances, and all resources should be briefed. If patients can be transported to hospital facilities by incident ambulances, all personnel assigned to the incident need to be briefed.
- Once all the local ground ambulances are identified, the capacities, capabilities, location, response times, communications (e.g., vmed 28 frequency), phone numbers, and hours of operations must be obtained. Document ambulance information on the Medical Plan (ICS 206 WF) and brief all assigned personnel.

- Identify local medical helicopters, fixed-wing aircraft, and extraction helicopters.
    - This can be done in many ways, including:
        - ❖ Talk to the local fire/EMS departments to gather information on what local air resources they use in the area of the incident.

- ❖ Use Google search.
- ❖ Use past Medical Plans (ICS 206 WFs) from other incidents in the area. This can be a great way to find information, however, details should be vetted to ensure currency/accuracy.

- Once all the local air ambulances are identified, the capacities, capabilities, location, response times, communications (e.g., vmed 28 frequency), phone numbers, hours of operations, and night flight capability must be obtained. Documented air ambulance information on the Medical Plan (ICS 206 WF) and brief all assigned personnel.

After the initial plan is built, continue to coordinate, and fine-tune the plan with all incident functional areas and resources.

- The Medical Plan (ICS 206 WF) must be communicated to all personnel on the incident. Below are some of the ways to communicate the medical plan.
  - Brief on the ICS 206 WF in the planning meeting.
  - Review the ICS 206 WF with logistics and safety personnel.
  - Brief the ICS 206 WF to all medical personnel. Schedule regular, reoccurring meetings (in person or virtual) with medical personnel to maintain situational awareness.
  - The MEDL should attend both day and night shift operations meetings and be prepared to present the medical plan. It is imperative that all operations personnel understand the medical plan so they can provide accurate information to their subordinate resources in breakout briefings. Be sure to go into detail in the initial briefing session and highlight any changes to the plan in subsequent sessions.
  - In the breakout briefings, it is expected the DIVS will go over an in-depth medical plan for their assigned area.
- This process should be repeated daily.
  - The medical section is responsible for creating and briefing on the Incident Emergency Action Plan (IEAP). The IEAP should be in place no matter how complex the incident. The ICS 206 WF is the medical plan, and the IEAP is how to implement the plan in an orderly fashion.

*Establish, manage, and maintain medical unit aid station(s).

When to start task:

- The MEDL will receive a resource order and then communicate with logistics personnel regarding the pre-order of supplies and kits. Logistics advises the MEDL of additional spike camps.
- Once the MEDL is assigned to an incident, they will establish and maintain an aid station at ICP and spike camps. Anticipate and accommodate any special needs at camp locations (e.g., personnel, supplies, equipment), including biohazard handling and disposal procedures.
  - When spike camps are designated, the MEDL establishes and maintains an aid station as appropriate. Placing an ambulance at spike camp is done on a case-by-case basis as determined by the MEDL.
- The MEDL will continue to evaluate the medical unit's ability to perform patient assessments and care for and monitor trends in illness for a communicable disease outbreak.

Resources to complete task:

- Incident Medical Support Kit 001760 (formerly known as 100-man kit).
- Yurt, table, chairs, and power supply.

- Personnel to run aid station (depends on size of camp). Appendix K – of the *Interagency Standards for Fire and Fire Aviation Operations* (Red Book) – discusses when to order medical resources.
- EMTF, EMPF, REMS team, ALS ambulance.
- Radio (both mobile and handheld), cell phone.
- Computer with internet access.
- Pen and paper.
- Printer.
- Power or inverter.
- Activity log, unit patient contact log, General Message (ICS 213).
- Red biohazard bags and/or sharps containers.
- Identified storage locations; contracts with local healthcare facilities to accept biological waste (e.g., medical gloves, gowns, masks, and face shields), isolated treatment area for patient care, and cleaning supplies for proper decontamination after each use. For communicable disease outbreaks: designate MEDL or EMT to address outbreaks and work with local health agencies.
    - Isolated treatment areas
    - Signage to limit people in the unit
    - Isolation area
    - Personal Protective Equipment (PPE) for staff; gowns, gloves, masks, eye protection, face shields, hand sanitizer, and cleaning supplies

Note for Northern Rockies and Northwest Region IMT MEDLs: consider ordering an Incident Medical Specialist Technician (IMST)/Incident Medical Specialist Manager (IMSM) as staffing allows for over-the-counter medications (OTCs) and patient care in base and/or spike camps.

How to accomplish task:

Establish medical unit aid stations.

- Determine facility needs while keeping infectious disease in mind.
    - Shelters – tents, yurts, cabins, available buildings, rental truck, tent fly.
    - Tables and chairs – for MEDL, compensation specialist, patient care area, and a waiting area outside the unit.
    - Cots – at least one for the medical unit and several for the rest area/quarantine room.
    - Portable toilet – one placed near the medical unit (but not too close).
    - Hand washing station.
    - Generator and lights.
- Determine communications needs.
    - Radios – command and logistics frequencies.
    - Phone – cellular, satellite, or land line.
    - Batteries.
- ICP.
    - Place initial order.
        - All orders will be placed on General Message (ICS 213) forms through established incident procedures.
        - Use a separate General Message (ICS 213) for each kind of request. Personnel are ordered as overhead (“O” numbers), supplies as “S” numbers, and equipment (such as ambulances) are “E” number items.

- Orders documented on a General Message (ICS 213) must be legible and contain the following information:
  - Date/time requested, and date/time needed.
  - National Fire Equipment System (NFES) numbers (if available).
  - Detailed description of item(s) (amount, sizes, unit of issue, brand name, generic name, etc.).
  - Special billing requirements.
  - Whom to notify when item is delivered.
  - Delivery points.
  - Name and position of requesting party.
  - Authorized approval.
- First aid kit.
- 24-person (crew kit).
- Incident Support Kit (initial aid station).
- Mobile medical unit.
- Local purchase/mail order.
- Other common supplies and equipment.
  - If you are buying items locally, try to purchase as many items as possible individually packaged for ease of distribution.
  - Preventative medications.
  - Bleach.
  - Oxygen (if not provided in the kits).
  - Litters (may be able to order from local fire departments or medical facility).
  - Disposable towels.
  - Shoe insole pads, size men's large (can be cut).
- Special needs
  - Defibrillator/ Automated External Defibrillator (AED).
  - ALS supplies need a Doctor of Medicine (MD)/Doctor of Osteopathic Medicine (DO) prescription and can't be ordered. Ensure resupply is possible through the contracted paramedic company or local transport ambulance.
- Intravenous supplies
- Epinephrine
- ALS drugs
  - Environmental treatments

Note: All first aid kits should be inventoried for completeness upon their arrival at an incident.

- Spike camp.
  - Place order for additional kits depending on capacity of spike camps.
  - Place order for additional supplies and OTCs for each camp, depending on trends seen on patient contact logs, and information from line and camp medics.

Maintain and manage medical unit aid stations.

- Upon arrival at the incident, supplies should be inventoried, and additional supplies should be ordered based on assessment of projected situation.
- Order supplies and personnel:
  - As inventory and resource lists indicate needs.

  - When line and/or camp medical personnel request supplies based on needs in their divisions or camps.
  - When unit patient contact list shows trends.
- Supplies.
  - Obtain a count of how many personnel will be assigned to the incident. Ways to find this information:
    - Ask supervisor (i.e., logistics personnel, SOF, or IC depending on the complexity of the incident).
    - Attend the tactics/pre-strategy meeting. The Operational Planning Worksheet (ICS 215) will have the total number of operations personnel that will be assigned to the incident for the upcoming shift.
    - Ask the PSC how many people are assigned to the incident.
    - Count the number of people in the IAP; listed on Division/Group Assignment List (ICS 204 WF).
  - Determine type and quantity of needed supplies.
    - Special needs
      - ❖ Defibrillator
      - ❖ ALS supplies as noted previously
      - ❖ Environmental treatments
    - Preventative medications
    - Bleach
    - Oxygen
    - Litters
    - Disposable towels
    - Shoe insoles
    - Shelters, tables, chairs, and cots
    - Portable toilets
    - Hand washing station
    - Generator with lights
    - Shelter for patient rest area
    - Incident Support Kit
    - Other assorted items as needed
  - If responding as a rostered member of an IMT, the MEDL may already have a pre-order of supplies that comes with the team.
    - Refer to General Message (ICS 213) form as an example.
- Organize medical unit.
  - Establish an area for private examination/consultation.
    - Separated from main medical unit (e.g., a separate room in a building, or a screened in area utilizing tent fly, black plastic, or tarps).
  - Establish an area for patient rest/quarantine.
    - Separated from main medical unit (e.g., separate tent, separate building).
  - Organize treatment areas.
    - Set up supplies for foot care in one place, for ear/nose/throat examinations in another area, etc.
  - Organize equipment and supplies in a user-friendly manner. Keep items separated from foot traffic to avoid shopping.
    - Shelving made from boxes, wood, or kits.
    - Label shelves to identify location of supplies for quick access.

        - Most common items near front.
        - Organize like remedies and supplies from head to toe.
    - Establish spaces for documentation, record keeping, and communications.
    - Arrange eating area for medical unit personnel if unable to leave unit (separate from care area).
    - Identify security.
        - Inventory control.
        - Medical unit staff may need to sleep in medical unit.
- Forms needed:
    - Activity log lists unit staff for operational period and identifies major events for operational period. Submit to documentation unit after each operational period.
        - Refer to Activity Log (ICS 214) for an example.
        - Can be photocopied and retained in the medical unit for reference.
    - General Message (ICS 213): used to record official correspondence.
        - Used for ordering resources.
        - Used to request non-emergency transportation.
    - Medical unit record of issues.
    - Patient care forms.
    - Medical Plan (ICS 206 WF).
    - Glide path.
    - Paper and electronic maps.
- Order personnel.
    - As a rule of thumb, it would be appropriate to have a minimum of one EMT (or individual of higher qualification) manage each aid station/medical unit. However, the preference would be to have teams of two people (EMT or higher).
        - On larger incidents (over 500 people) it may be necessary to have a medical team. These teams are staffed by one qualified EMPF, and one EMTF. Two EMPFs are acceptable. The medical team will be equipped with an ALS kit, BLS kit, and 4x4 vehicle.
        - If the aid station/medical unit is in ICP, the medical team may not need to be fireline qualified. In a spike camp, they may need to be fireline qualified. An ALS ambulance should be staged at the aid station, especially if it is in a remote location.
    - There may be some instances where a physician – MD/DO, nurse practitioner (NP), or physician assistant (PA) – may assist in care of personnel assigned to an incident (e.g., outbreaks of strep throat, large outbreaks of poison oak, etc.). Ordering of this resource type should be closely coordinated with agency and IMT leadership, (especially the finance section). The medical provider should be experienced in urgent/emergency care, or family practice with experience in urgent care.
    - In situations of remoteness, limited clinic access, daily patient counts, etc.; a mobile medical unit resource may be an option. An example of a mobile medical unit resource is a fully self-sufficient medical unit, staffed with the level(s) of providers needed: such as paramedics, registered nurse (RN), PA, or NP. These units may provide the ability for patients to see doctors virtually and prescribe medications, if needed. Ordering of this resource type should be closely coordinated with agency and IMT leadership (especially the finance section).

    - On large incidents where there are numerus spike camps that require aid stations/medical units, or where large potential for infectious disease outbreaks exist, it may be necessary to order a second MEDL to assist with running each aid station.
- Maintain supplies and personnel.
    - Supplies should be maintained to accommodate the needs of the assigned personnel on the incident.
    - The MEDL (or designee) should monitor supplies daily to forecast needs.
    - Having determined what supplies are needed, the MEDL or designee should place the order through the proper channels of the incident (logistics section, ORDM, dispatch, IC, etc.). The order should be documented on a General Message (ICS 213) form either electronic or carbon copy. These general messages are to be kept by the MEDL or designee and submitted to the DOCL, or appropriate person on the incident.
    - Personnel should be tracked on some form of a glide path. A glide path will allow the MEDL or designee to accurately track personnel and forecast when they may be timing out.
        - Depending on the incident, and national or regional PL, the MEDL should order replacement personnel in advance. Sometimes it may be necessary to order replacement personnel 3-5 days in advance.

Biohazard handling and disposal procedures: The MEDL should be familiar with proper procedures for disposal of biohazard materials.

- Check the Centers for Disease Control (CDC) and local health department guidelines for current practices.
- Identify location in unit for isolated patient treatment that can be decontaminated after each use.
- Identify suitable biohazard containers (e.g., bags, and sharps containers).
- Develop a procedure for disposal of biohazard materials and share with all medical staff.
- Coordinate with local health care providers for end disposal of biohazard material.
- Conduct ongoing evaluation of medical unit capacity for patient assessment and care, while monitoring for illness trends that could indicate a potential for communicable disease outbreak. Understand what illnesses most commonly occur in the firefighting environment.
- Become familiar with risks presented by large groups of people coming together from different regions, who work in close proximity and in less-than-ideal hygienic conditions.
- Establish relationships with county and state health departments prior to any disease issues. Gather information on current health issues being tracked by local health groups.
- Ensure the medical unit has the capacity to respond to and treat multiple sick patients in ICP and spike camps. Having some medical staff on reserve may be warranted to cover if a surge in sick patients occurs.
- Calculate threshold for number of sick patients to involve public health system. Consider the following:
    - More than two individuals present with similar symptoms of communicable disease.
    - Trends on unit contact log.
    - Reports from field or spike camps of trends observed on the fireline and in camp.
- Ensure adequate supplies are available to cover a serious disease outbreak. (Intravenous [IV] fluids, PPE, transport methods).
- Ensure adequate OTC supplies are available for symptomatic relief of clinically ill patients.

- In the event of disease outbreak, coordinate with logistics personnel to increase cleaning frequency and decontamination of camp facilities including food unit, porta potties, and handwash stations.
- Educate incident personnel on disease prevention, including covering mouth and nose, hand washing, and safe distancing.
- Audit use of OTC medications available in the medical unit to monitor trends and usage. Document OTC medication distribution by all medical resources.
    - Systematic tracking of medication distribution must be a daily duty of the medical unit, medical aid stations, and fireline medical providers.
- Accountability and inventory tracking will assist the medical unit in identifying incident trends regarding medical conditions and illnesses.
- Provide information for re-ordering or eliminating unnecessary OTC inventory.

Communicate and Coordinate

*Communicate and coordinate with local, regional, and state medical resources.

When to start task:

Upon notification of assignment.

Resources to complete task:

- Cell phone
- Laptop or tablet
- Scanner/printer
- Social engineering network
- Location: region, fuel type, terrain, weather
- PL status
- Emergency declaration in place (yes/no)

How to accomplish task:

Coordinate with state or regional EMS authorities for limited recognition of resources to ensure proper EMS laws and regulations are followed.

- Contact the state EMS regulatory agency or agencies.
- Contact the EMS regulatory agency for recognition of any non-state or non-federal land management agency resources, responding to the incident.
- Define time parameters that the recognition of resources will be valid for and provide resources with the information requested by the EMS regulatory agency.
- Dependent on state law or agency policy, attempt to establish medical oversight and coordination with local/regional/agency physician for consultation and/or direction.
- In cases with an emergency declaration in effect, a courtesy notification to the state regulatory agency is recommended.
- Establish contact with local and regional medical facilities (e.g., trauma center, hospitals, and clinics) to communicate the likelihood of increased patient volume during an incident.
- Gather information on location, region, PL status, fuel type, terrain, weather.
- Identify response capabilities and deficiencies for EMS, hospitals, health clinics, search and rescue teams, fire departments, and public health organizations.
- Task can be accomplished while responding to and arriving on the incident.

Coordinate with local and regional EMS providers to plan and arrange for appropriate medical ground transport (BLS or ALS)**.**

- Contact the state EMS regulatory agency or agencies.
- Obtain the contact information and proceed to contact the EMS agency for recognition of possible non-state resources, in response to the specific incident.
- Define the specified time the recognition of resources will be valid and provide them with the information the regulatory agency requests.
- In cases with an emergency declaration in effect, a courtesy notification to the state regulatory agency may be beneficial.

*Establish and maintain positive internal and external interpersonal working relationships.

When to start task:

When assigned to the incident.

Resources to complete task:

- Ability to listen and formulate plans based on information received.
- Must be able to work with people of diverse backgrounds.
- Ability to read and understand contractual requirements.
- Ability to work through problems that arise quickly.

How to accomplish task:

- Maintain a positive working relationship with medical unit personnel, fireline personnel, as well as contracted medical personnel and their employing organizations.
    - Meet with personnel prior to, and after morning briefing, to gain situational awareness of assignments and line locations from the DIVS.
    - Debrief or AAR each night at end of shift on; things that went well, issues that have arisen on the fireline or in camp, and possible assignment changes for the next day.
    - Ask if contract employees have any concerns that need to be discussed with their contract organization.
    - Maintain knowledge of EMS providers contract requirements.
- Maintain a positive working relationship with other IMT members.
    - Meet with IMT members at scheduled times.
    - Provide input at strategy meetings to ensure timely completion of objectives.
    - Work with the SOF to ensure that Medical Plan (ICS 206 WF) is completed in a timely manner. Monitor personnel for symptoms of critical incident stress.
    - Work with communications unit to establish standard procedures for using the MIR, and ensure they are understood.
    - Work with Public Information Officers (PIO) to supply information for the media, if requested.
    - Work with air operations personnel on procedures for ordering medical evacuation utilizing incident aircraft, or air ambulance service.
    - Work with operations personnel to ensure that the number of medical personnel assigned to fireline is sufficient.
    - Work with the planning section and resources unit to determine number of rostered EMTs on crews and number of personnel on incident.
    - Work with situation unit to obtain incident maps products.
    - Work with documentation unit for photocopy and fax service.
    - Work with demobilization unit when sending incident personnel home for medical reasons.
    - Work with logistics personnel to provide sufficient work areas for the medical unit and support staff.
    - Work with finance personnel to ensure that employee time and shift tickets are submitted in a timely manner.
    - Work with compensation/claims unit to ensure that patients are receiving care outside the medical unit in a timely manner.
    - Work with HRSP regarding incidents pertaining to civil rights.

    - Work with food unit for:
        - Special dietary considerations
        - Storage of cold wraps
        - Notification of illness trends (e.g., diarrhea)
    - Keep IC and SOF informed of any serious injuries or illnesses that are being dealt with and existing possibility of associated trends.
- Maintain a positive working relationship with cooperators and local EMS providers.
    - Keep local EMS providers (hospitals, air ambulances, ground ambulances) informed on the incident progress.
    - Provide copies of daily IAP and incident maps, if requested.

*Consult with public health officials on response to medical emergencies that have the potential for a significant number of patients (e.g., communicable disease outbreak).

When to start task:

You get assigned to the incident and/or there is a growing trend of an illness.

Resources to complete task:

- Computer, printer
- Cell phone or landline phone
- General Message (ICS 213)
- Activity Log (ICS 214)
- Pen and paper

How to accomplish task:

- When the MEDL arrives at the incident, they should contact the Local Public Health Authority (LPHA) to receive input on how they will respond to a potential outbreak on a crew, in a spike camp, or at ICP.
    - What capabilities, personnel, and equipment does the LPHA have?
    - What can the incident provide to prevent, or limit, further spread of the disease?
    - For additional information, refer to Infectious Disease Guidance For Wildland Fire Incidents on the NWCG Website, https://www.nwcg.gov/committee/emergency-medical-committee/infectious-disease-guidance.

*Coordinate with safety and operations functional areas.

When to start task:

Ongoing during incident.

Resources to complete task:

- Radio (both mobile and handheld), cell phone
- Computer, printer, internet
- EMTF, EMPF, REMS team, ALS ambulance
- General Message (ICS 213), Activity Log (ICS 214), Medical Plan (ICS 206 WF)
- Pen and paper
- Power or inverter

How to accomplish task:

- Once assigned to the incident a formal meeting schedule will be created.
- Coordination with SOF and operations personnel is potentially the most important role a MEDL has.
    - Coordination with operations and safety will happen in C&G meetings, pre-strategy meetings, tactics meetings, planning meetings, operations pre-briefing, and end of operational period meetings. The MEDL should attend all meetings.
    - Review status of patients with SOF.
    - If there are limitations to response capabilities, safety hazards, or emerging injury or illness trends are identified, the MEDL should communicate with SOF and operations personnel to respond to such incidents.
    - Once the limitations are identified, it is up to operations personnel regarding how to respond. The MEDL should be involved in the conversation on how to mitigate the limitations.
    - Coordinate with operations personnel:
        - Their role in medical evacuations
        - Number of fireline EMTs needed per division
        - Coordinate with DIVS
        - Access
        - Information regarding crews
        - Supervision/location of EMTs on the fireline

*Coordinate with the Facilities Unit Leader (FACL) to provide and maintain utilities, space, and facilities.

When to start task:

You are assigned to the incident.

Resources to complete task:

- General Message (ICS 213)
- Computer, printer
- Pen and paper

How to accomplish task:

Communication with the FACL to:

- Acquire sufficient work area for medical unit to; provide patient care, secure medical supplies, and complete administrative work.
- Provide workspace (e.g., tent, yurt, office) with adequate room to treat patients at beginning and end of shift.
- Provide privacy area inside workspace for exams.
    - Separate area from main medical unit (e.g., screened area utilizing tent fly, black plastic, tarps, or separate room in building).
- Provide area inside the workspace for administrative tasks with access to a computer, printer, phone, and desk.
- Provide area inside workspace to secure medical supplies.
- Provide heaters or air conditioning in medical workspace, as needed.
- Provide adequate lighting in medical workspace.

- Provide coolers for ice. If bottled water is placed in coolers, ensure that coolers are sanitized daily, and melted ice is chemically treated with bleach.
- Provide additional tables and chairs as needed.
- Provide toilet facilities and handwash stations near medical unit.
- Provide additional workspaces and equipment for spike camps and possible quarantine areas.
- Consider the following when organizing the unit:
    - Location (consider access and possible expansion for quarantine unit)
    - Proximity to crew sleeping area
    - Proximity to communications unit
    - Proximity to shower unit
    - Noise levels and shade
    - Adequate drainage
    - Distance from dusty roads
    - Well-marked/signed
    - Proximity to handwashing and bathrooms
        - Ask for designated handwash station.
        - Ask for designated portable toilet.
    - Adequate trash containers at appropriate locations

*Coordinate with the Compensation/Claims Unit Leader (COMP) for patients with injuries or illness requiring care outside the medical unit aid station.

When to start task:

- During set up of medical unit or arrival at incident**.**
- Ongoing on the incident as needed.

Resources to complete task:

- Computer, printer
- Cell phone or landline phone
- General Message (ICS 213)
- Activity Log (ICS 214)
- Pen and paper

How to accomplish task:

- Establish communication with finance unit and compensation/claims unit regarding the process to provide treatment for patients with injuries or illnesses requiring care outside the medical unit.
    - Contact the finance unit and get contact information for the COMP. Where will that person be located?
- Get a list of local clinics, hospitals, and dental facilities with addresses and phone numbers. The local unit should be able to provide a list with capabilities of each facility.
    - Coordinate this effort with the COMP to maintain mutual situational awareness.
- Know what paperwork the medical unit must provide to patients to bring to the medical facility.
    - Know which forms to use for the appropriate medical situation; Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation (CA-1) or Notice of Occupational Disease and Claim for Compensation (CA-2).
    - A copy of the patient care report should be sent with the patient to the receiving medical facility. The original copy of the patient care report is the patient's and should be kept

with all supporting documents that will be taken home.
- Send copy of firefighter activity/exposure form with patient to provide physician with better knowledge of the firefighter's work tasks and environment.

*Coordinate with the Communications Unit Leader (COML) and Radio Operator (RADO) regarding IWI procedures.

When to start task:

Arrival at the incident.

Resources to complete task:

- Completed Medical Plan (ICS 206 WF)
- Radio

How to accomplish task:

- Meet with COML, Incident Communications Center Manager (INCM), and RADOs to review MIR and determine who will be tasked with certain jobs during the IWI.
  - Refer to Medical Plan (ICS 206 WF) for the MIR.
  - Determine whether RADOs have been through an IWI.
  - Determine whether INCM and RADOs have practiced on an IWI scenario.
- Determine where IMT members will meet during an IWI: inside of communications unit or separate room away from communications unit to create quiet workspace.
- Determine who will be talking on the radio.
- Determine who will be scribe(s).
- Is a voice recorder available to tape any IWI traffic?
  - If communications unit does not have an electronic voice recorder, how long would it take to get one?
- Does the communications unit have a current map showing locations of line medical personnel staging areas?
  - Line medical personnel will establish radio communications with the communications unit once they have reached their assigned work area. Personnel need to confirm positive radio communications at staging area location.

  Line medical personnel will contact communications unit upon departing the work area and again on arrival in camp.

Manage Risk

*Account for and monitor the health, safety, and welfare of assigned incident personnel.

When to start task:

Upon arrival at the incident.

Resources to complete task:

- Organizational skills
- Supervisory skills
- Medical Plan (ICS 206 WF)

How to accomplish task:

- The MEDL is responsible for the health and safety of assigned personnel.
    - Gather information at incident to assess assignment. Gain situational awareness on; medical aid units, ICP layout, spike camp layout, as well as medical personnel and resources.
    - Establish and maintain a positive interpersonal and interagency working relationship.
    - Monitor and maintain medical aid units.
    - Coordinate with SOF to help address any medical or health related safety risks.

*Anticipate staffing needs; ensure an appropriate level of medical support providers are available and staged appropriately throughout the incident.

When to start task:

- The MEDL should verify staffing on the IMT pre-order with logistics personnel when they first accept their assignment.
- Upon arrival at the incident, verify incoming staffing with the ORDM.
- Should operations section indicate a need for increase/decrease in staffing, adjust medical staffing accordingly.
- Upon review of the Division/Group Assignment List (ICS 204 WF).
- When glide path shows medical personnel will be timing out (usually three days prior).
- Safety and/or operations sections indicate certain hazards that require specialty staffing (e.g., REMS).

Resources to complete task:

- Medical Plan (ICS 206 WF).
- Division/Group Assignment List (ICS 204WF).
- Access to tactics or pre-planning meeting.
- Glide path with accurate staffing info.
- General Message (ICS 213) for communications with ORDM.
- Good working relationship with operations and safety personnel.
- Computer or pen and paper.
- Cell phone.
- Knowledge of regional and national preparedness levels to identify potential staffing shortages.

How to accomplish task:

- Check with SCKN to see if ordered personnel arrived.
- Having accepted an assignment, check the Incident Management Situation Report (IMSR) for situational awareness of the incident (e.g., size, and resources assigned).
- Check with logistics personnel to determine what resources and supplies (i.e., kits) have been ordered in the IMT pre-order.
- Request additional resources if needed with a General Message (ICS 213) to ORDM.
- Build your glide path or a tracking system so that you are aware when people are timing out.
- Track trends on the Division/Group Assignment Lists (ICS 204WF) and operational map each shift for increases in incident size or personnel.
- Order additional resources based on the above information.

*Ensure adequate personnel and equipment resources are available for emergency medical evacuation of patients from remote areas.

When to start task:

- During preparation of the Medical Plan (ICS 206 WF).
- Should operations or safety personnel identify potential challenges for evacuation.

Resources to complete task:

- Cell phone or satellite phone.
- Computer with internet.
- General Message (ICS 213).
- Division/Group Assignment Lists (ICS 204 WF).
- Incident Radio Communications Plan (ICS 205).
- Medical Plan (ICS 206 WF).
- REMS team.
- Helibase contact info.
- Contact information for all local and regional emergency evacuation resources (e.g., Lifeflight/Medflight, search and rescue, REMS, short-haul, hoist, etc.).
- Operational map.
- Local intel.

How to accomplish task:

- Use the Division/Group Assignment List (ICS 204), Medical Plan (ICS 206 WF), and operational map to determine location of resources and any evacuation challenges.
- Identify EMTs and equipment locations and determine if additional/specialty resources are needed.
- Meet with operations and safety personnel for additional information (e.g., terrain, topography, and work assignments).
- Gather information regarding specialty rescue resources such as REMS, short-haul, and hoist, and how to activate them when needed.
- Order additional resources as identified by using the General Message (ICS 213); document the resource requested, the date and time needed on the incident, and equipment they should bring. Deliver it by hard copy or email to the ORDM.
- Once resource requests are filled and resources arrive on scene, meet with operations to assign resources to identified divisions.

- Brief all incoming resources.
- Make sure all incoming resources are identified on the Medical Plan (ICS 206 WF) and the Division/Group Assignment Lists (ICS 204).

*Ensure that the Medical Plan (ICS 206 WF) is current and medical responders are briefed with updated communication procedures and transportation plans.

When to start task:

When there is active engagement of resources within the incident area.

Resources to complete task:

Coordination with operations, logistics, and safety personnel on deployment of resources. Active involvement with pre-planning sessions using the Operational Planning Worksheet (ICS 215).

How to accomplish task:

- Contact local medical facilities for patient treatment and transport limitations.
- Determine the ambulance response services in the incident area. Consider both ground and air transport.
- What local EMS providers are located adjacent to the incident and what are their limitations?
- Plan for how to contact transport services (phone and radio frequencies) and know the response times to the incident.
- Develop back-up plans (PACE model).
- During transfer of command, verify all Medical Plan (ICS 206 WF) information for accuracy and validation with current operational activities.

Document

*Complete, authorize, and ensure timely submission of medical unit documentation through proper channels.

When to start task:

Begin at check-in and maintain through all phases of the assignment.

Resources to complete task:

- Cell phone
- Computer with internet
- Pens, pencils, notebooks, logbook
- Resources listed below

How to accomplish task:

Utilize appropriate, agency approved documentation forms and reference publications:

- *NWCG Standards for Interagency Incident Business Management*, PMS 902.
- *NWCG NFES Catalog – Part 1: Fire and Supplies and Equipment*, PMS 449-1.
- *NWCG NFES Catalog – Part 2: Publications*, PMS 449-2.
- Medical Plan (ICS 206 WF).
- General Message (ICS 213).
- Activity Log (ICS 214).
- Daily Summary, Field First Aid Station.
- Medical Unit Record of Issues.
- Patient Evaluation Log.
- Employee's Notice of Injury and Claim for Continuation of Pay/Compensation, CA-1.
- Employee's Notice of Occupational Disease, CA-2.
- Authorization for Examination and/or Treatment, CA-16.
- Agency Provided Medical Care Authorization and Medical Report (APMC), FS-6100-16.
- Crew Time Report (CTR), SF 261.
- Emergency Equipment Shift Ticket, OF 297.
- Other agency/area specific medical forms.
- Medical supply catalogs (if available).
- Paper, pencils, pens, large marking pens.
- Duct tape, flashlight, small calculator, alarm clock, calendar.

NOTE: CA-1, CA-2, CA-16, and APMC forms are the ultimate responsibility of the finance section but may be carried out by the MEDL to expedite the process when necessary.

*Maintain all required incident documentation generated through operation of the incident medical unit.

When to start task:

Establishment of an incident medical unit.

Resources to complete task:

- Incident operational guidelines and delegation responsibilities.

How to accomplish task:

- Submit required information to the documentation unit leader.
    - Individual Personnel Performance Rating (ICS 225 WF).
    - Daily and incident documents.

*Properly dispose of any Personally Identifiable Information (PII)/Protected Health Information (PHI) at the end of the incident.

When to start task:

During incident closeout and turnover of records to the host agency.

Resources to complete task:

- Secure a location to file and store PII and PHI information and documentation.
- Clear direction or guidelines from the host agency regarding what constitutes PII or PHI, and procedures for distribution or transfer of PII/PHI during the incident or at closeout. (i.e., who can view and who has access to PII/PHI).

How to accomplish task:

- Refer to IMT Instructions for Managing Incident Records, https://fs-prod-nwcg.s3.us-gov-west-1.amazonaws.com/s3fs-public/2023-06/ips-imt-instructions-for-managing-incident-records.pdf.
    - As soon as the medical unit starts patient contacts, a potential exists for PII or PHI.

Demobilize

*Anticipate demobilization, identify excess resources, and coordinate with your incident supervisor to prepare the demobilization schedule.

When to start task:

- When the mobilization of incident resources and tempo of activity start to slow, and support personnel needed to meet operational objectives go into demobilization status.
- When resources are no longer required or have reached the end of their 14- or 21-day assignment.
- When the current IMT starts the process of transfer of command, and an incoming team has been identified.

Resources to complete task:

- Situational awareness of operational objective status, facilities daily incident personnel counts, size, and complexity of incident.
- Coordination with finance section for demobilization of contracted medical resources (e.g., ambulance, field EMT patrols).
- Transfer of command reminders; generate updated Medical Plan (ICS 206 WF), compile a status report of medical resources to remain at incident, and identify assigned resource time-out dates or glide path. Additional items to pass to incoming MEDL; contingency plans for IWI, and report on-incident safety issues/trends.

How to accomplish task:

- Identify excess unit resources.
    - Coordinate with other functions and identify excess resources (e.g., personnel, equipment, supplies).
    - Discuss incident priorities and needs with other functions.
    - Reevaluate unit personnel needs to support the incident.
    - Consider release of personnel and equipment based on national and/or local priorities.
    - Ensure adequate staff throughout demobilization (e.g., number of personnel, gender mix, skill level).
    - Determine when resources will be excess (date and time).
    - Reevaluate and verify excess resources throughout the duration of the incident.
    - Recognize that priorities and needs can change daily.
- Evaluate performance of staff.
    - Discuss performance with individual(s).
    - Complete performance ratings using Incident Personnel Performance Rating (ICS 225 WF), if required.
    - Provide a copy of the rating to the individual.
    - List training, if needed or desired.
    - Maintain accuracy and fairness.
        - Verify and document completed items in PTB as needed.

- Initiate demobilization and check-out.
    - Receive demobilization instructions from the LSC/supervisor.
    - Brief staff on demobilization procedures and responsibilities.
        - Post copy of demobilization plan.
        - Emphasize and adhere to rest and release requirements listed in the demobilization plan.
- Consider the following for supply/equipment demobilization:
    - Sharps (needles or scalpels) and biohazardous materials should be disposed of by medical unit personnel at nearest medical facility – **not returned with kit**.
    - Gather supplies/equipment from helibase and other locations.
- Submit required information to the DOCL (reference documentation section).
- Document lost/damaged equipment on agency-specific forms.
    - Provide copies of forms to the documentation unit and to the issuing agency.
- Participate in a transition briefing for any incoming IMT; be sure to include relevant documentation.
    - Brief replacement personnel
        - Supplies/equipment inventory
            - Amount
            - Location
            - Rental agreement provisions
        - Medical personnel
            - Length of assignment
            - Incident position
            - Performance evaluations
        - Incident information from IAP and briefings
        - Medical unit information
            - Trends
            - Outstanding medical emergencies
            - Patients in process
            - Unit procedures
            - Medical facilities not included in Medical Plan (ICS 206 WF)
        - Contractors
            - Agreement provisions
            - Emergency Equipment Shift Tickets, OF 297
    - Ensure that incident and agency demobilization procedures are followed.
        - If required, complete Demobilization Check-Out (ICS 221) form and submit to the designated unit.

The *NWCG Incident Position Standards for Medical Unit Leader* is developed and maintained by the Incident Medical Unit Subcommittee (IMUS), under the direction of the Emergency Medical Committee (EMC), an entity of the National Wildfire Coordinating Group (NWCG).

Previous editions: first.

While they may still contain current or useful information, previous editions are obsolete. The user of this information is responsible for confirming that they have the most up-to-date version. NWCG is the sole source for the publication.

This publication is available electronically at https://www.nwcg.gov/publications/pms350-39.

Submit comments, questions, and recommendations to the appropriate agency program manager assigned to the IMUS using the NWCG Publication Review Form, https://www.nwcg.gov/publications/publication-review-form. View the complete roster at https://www.nwcg.gov/committee/incident-operations-subcommittee/roster.