Fire Service Casualty Module: NFIRS-5

Objectives

After completing the Fire Service Casualty Module the student will be able to:

- 1. Describe when the Fire Service Casualty Module is to be used.
- 2. Demonstrate how to complete the Fire Service Casualty Module, given the scenario of a hypothetical incident.

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Pretest #5 - Fire Service Casualty Module

1. The Fire Service Casualty Module is used to report injuries, deaths, or exposures to fire service, EMS, and other public safety personnel that occur in conjunction with any incident response.

(a) True.

(b) False.

2.	A Basic Module must be completed if the Fire Service Casualty Module is completed.
	(a) True.
	(b) False.
3.	The Fire Service Casualty Module is a required NFIRS Module.
	(a) True.
	(b) False.
4.	The Fire Service Casualty Module should be completed if a firefighter is injured while exercising at the fire station.
	(a) True.
	(b) False.
5.	The Fire Service Casualty Module should be completed if a firefighter is injured while off-duty away from the fire station.
	(a) True.
	(b) False.

Using the Fire Service Casualty Module

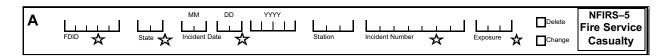
The Fire Service Casualty Module is used to report fire service personnel injuries, deaths, or exposures while on duty. This module is also used to collect information about protective equipment that failed and contributed to the injury.

An exposure is defined as contact by fire service personnel with a toxic substance or harmful physical or biological agent through any route of entry (e.g., inhalation, ingestion, skin absorption, or direct contact). Exposures can be reported regardless of the presence of clinical signs and symptoms.

NOTE: An exposure fire is **not** the same as an exposure to fire service personnel.

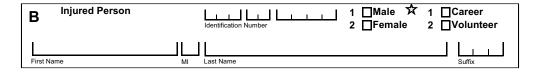
Recording firefighter casualty information provides data on specific, perhaps correctable, hazards. It also can indicate trends that can lead to future safety improvement efforts. Health and Safety Officers find this information particularly useful when working to reduce risks at incidents.

Section A: FDID, Incident Number, Exposure



The information in Section A of the Fire Module is drawn from Section A of the Basic Module. Use the data in the Basic Module to help you supply the requested information. If you are using an automated system the data need to be entered only once, then they will be transferred automatically into other modules that use the data.

Section B: Injured Person

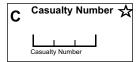


Section B is used to identify and classify the person injured or exposed using a variety of means.

Start completing Section B by entering an assigned identification number. While the individual's Social Security Number often is used for this purpose, this is not a recommended practice.

Next, check the appropriate boxes indicating male or female, and the casualty's affiliation (career or volunteer). Paid-per-call casualties should be considered volunteers when information for this section is entered. Lastly, enter the casualty's first and last name, middle initial, and any suffix (i.e., Jr., Sr., or III) in the lines provided.

Section C: Casualty Number



Each casualty is given a number. The numbers are assigned sequentially starting with one (001), and continuing based upon how many fire service individuals were injured or killed at the incident, or resulting from the incident.

Section D: Age or Date of Birth



Enter **either** the casualty's age or date of birth, but not both. If the age is entered, the numbers are assumed to represent years.

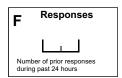
Section E: Date and Time of Injury



Enter the date and time of the injury in Section E. When the injury date is the same as the date of the incident, enter the same date information that you entered in the arrival block of Section E₁ of the Basic Module. If the injury date is different, then enter the correct month, day, and year.

The time, both hours and minutes, of the injury is entered using the 24-hour clock, where midnight is 0000.

Section F: Responses



Record the number of incidents that the casualty responded to within the 24-hour period immediately prior to the time of injury.

Section G: Usual Assignment, Physical Condition Just Prior To Injury, Severity, Taken To, Activity at Time of Injury

G ₁	Usual Assignment
1 2 3 4 5 6 7 8 0	□ Suppression □ EMS □ Prevention □ Training □ Maintenance □ Communications □ Administration □ Fire investigation □ Other

Describe the official assignment of the casualty in $Block\ G_1$. This may or may not coincide with the firefighter's activity at the time of injury.

G ₂	Physical Condition	on Just Prior to Injury
	1 Rested 2 Fatigued 4 Ill or injured	0

Record the general physical condition of the casualty just prior to the injury in Block G_2 .

G ₃	,	Severity 太
•	1	Report only, including exposure
	2	☐ First aid only
	3	☐ Treated by physician (no lost time)
	4	■ Moderate (lost time)
	5	☐ Severe (lost time)
	6	☐ Life threatening (lost time)
	7	☐ Death

Describe the severity or seriousness of the casualty in relation to death and time lost from work in $Block G_3$.

G4 Taken To □ Not trans	sported
1 ☐ Hospital 4 ☐ Doctor's office 5 ☐ Morgue/funeral home 6 ☐ Residence 7 ☐ Station or quarters 0 ☐ Other	

Use Block G4 to record where the casualty went after the injury.



Use Block G₅ to describe what type of activity was taking place at the time the injury occurred.

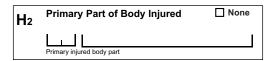
You will need to enter a code as part of the description. Use the NFIRS Complete Reference Guide (CRG) to identify the activity of the firefighter at the time of the injury.

Section H: Primary Apparent Symptom and Primary Area of Body Injured

Record the primary symptom and areas of injury in **Section H**. Use **Block H**₁ to enter the code that describes the casualty's **most serious injury**.



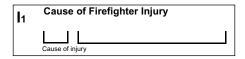
The Emergency Medical Technician (EMT) or the person responsible for the prehospital emergency care phase of treatment may provide you with a determination of what appears to be the casualty's most serious injury.



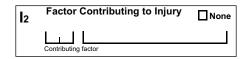
Block H_2 is used to record the body part or area that sustained the most serious injury. It should be the part of the body affected by the primary apparent symptom.

Section I: Cause of Firefighter Injury, Factor Contributing to Injury, and Object Involved in Injury

In **Section I**, record the data that describes the factors that caused the injury. Use the CRG to complete this section.



Use Block I₁ to describe the situation or circumstance that directly resulted in the casualty.



Enter the code and description for the most significant factor contributing to the casualty's injury in Block I_2 .



Then enter the code and description of the object that contributed to the injury in Block I3.

Section J: Where Injury Occurred, Story Where Injury Occurred, Specific Location, and Vehicle Type

Section J is completed to describe the location where the injury occurred.

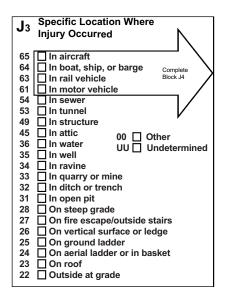
J ₁	Where Injury Occurred
1 □	En route to FD location
2	At FD location
3 □	En route to incident scene
	En route to medical facility
5	At scene in structure
	At scene outside
	At medical facility
8 _	Returning from incident
9 _	Returning from med facility
0 _	Other
υL	Undetermined

Mark the boxes in **Block** J₁ to indicate where the injury occurred.



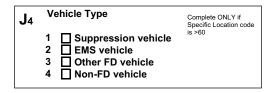
For Block J₂, check Box 1 if the person was inside or on the structure, and enter the story where the injury occurred on the line provided.

Check Box 2 if the injury occurred outside.



Block J₃ is used to identify the casualty's specific location at the time of the injury.

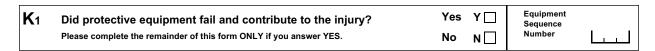
Note the codes by the specific location descriptions. If you selected a vehicle code greater than 60, also select the vehicle type in J_4 .



Block J4 is used to identify the vehicle type that was involved.

Section K: Protective Equipment

Section K allows you to record data involving protective equipment. If protective equipment failed and contributed to the injury, mark the "Yes" box in **Block** K_1 . Complete the rest of Section K if you have marked the "Yes" box.



NOTE: Equipment Sequence Number - When more than one piece of protective equipment was a factor in the casualty's injury, a module should be completed for each piece of equipment. Each item is given a number that is assigned consecutively starting with one (001) and continuing based on how many protective equipment items were involved.

K ₂ Protective Equipment Item	
Head or Face Protection	Coat, Shirt, or Trousers
11 Helmet 12 Full face protector 13 Partial face protector 14 Goggles/eye protection 15 Hood 16 Ear protector 17 Neck protector 10 Other	21 Protective coat 22 Protective trousers 23 Uniform shirt 24 Uniform T-shirt 25 Uniform trousers 26 Uniform coat or jacket 27 Coveralls 28 Apron or gown 20 Other
Boots or Shoes 31	toes only aseplate and steel toes bes only e and steel toes plate and steel toes
Respiratory Protection 41 SCBA (demand) open circuit 42 SCBA (positive pressure) op 43 SCBA closed circuit 44 Not self-contained 45 Cartridge respirator 46 Dust or particle mask 40 Other	
Hand Protection 51 Firefighter gloves with wristl 52 Firefighter gloves without wr 53 Work gloves 54 HazMat gloves 55 Medical gloves 50 Other	
Special Equipment	
73 Life preserver 74 Life belt or ladder belt 75 Personal alert safety system 76 Radio distress device	sable chemical suit able chemical suit osable chemical suit reathing apparatus (SCUBA) Was the failure of more than one item of protective equipment a factor in the
77 ☐ Personal lighting 78 ☐ Fire shelter or tent 79 ☐ Vehicle safety belt 70 ☐ Special equipment, other 00 ☐ Protective equipment, other	injury? If so, complete an additional page of this form for each piece of failed equipment.

Block K_2 is used to record the protective equipment item that failed and was a factor in the casualty's injury.

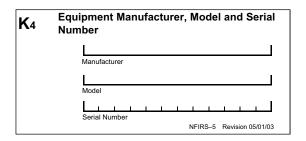
The choices are grouped into the following categories:

- Head or Face Protection
- Coat, Shirt, or Trousers
- Boots or Shoes

- Respiratory Protection
- Hand Protection
- Special Equipment

K 3	Protective Equipment Problem
١.,	Check one box to indicate the main problem that occurred.
11	Burned
12	☐ Melted
21	Fractured, cracked or broken
22	☐ Punctured
23	☐ Scratched
24	☐ Knocked off
25	Cut or ripped
31	☐ Trapped steam or hazardous gas
32	☐ Insufficient insulation
33	Object fell in or onto equipment item
41	Failed under impact
42	☐ Face piece or hose detached
43	☐ Exhalation valve inoperative or damaged
44	☐ Harness detached or separated
45	☐ Regulator failed to operate
46	Regulator damaged by contact
47	☐ Problem with admissions valve
48	☐ Alarm failed to operate
49	☐ Alarm damaged by contact
51	☐ Supply cylinder or valve failed to operate
52	☐ Supply cylinder/valve damaged by contact
53	☐ Supply cylinder—insufficient air/oxygen
94	☐ Did not fit properly
95	$\hfill \square$ Not properly serviced or stored prior to use
96	☐ Not used for designed purpose
97	☐ Not used as recommended by manufacturer
00	☐ Other equipment problem
UU	☐ Undetermined

Use K_3 to record the most significant problem with the piece of equipment that failed and contributed to the injury.



Block K4 provides space to record information about the equipment manufacturer, model number or type, and the serial number.

Enter the name of the company that made/manufactured the piece of equipment involved on the first line. Enter the manufacturer's model name in the next space. If a model name is not available, you should give a general physical description of the equipment. Enter the manufacturer's serial number, usually stamped on the equipment's identification plate on the last line.

SUMMARY

The Fire Service Casualty Module is used to report fire service personnel injuries, deaths, or exposures while on duty. This casualty information is used by Health and Safety Officers to reduce the risks associated with all types of work-related casualties. The Fire Service Casualty Module is also used to collect information about protective equipment that failed and contributed to the injury.

Researchers, educators, equipment makers, design engineers, and governmental regulatory agencies may use the specific information provided to make various determinations, such as which specific pieces of equipment are involved in casualties. Complete information must be collected for each individual casualty in order to provide the data needed to make determinations related to improving job safety.

EXAMPLE: Highrise Fire

Directions: Read the call information in the example below. Then look at the completed Fire Service Casualty Module form. Look at each section and follow along with the proper use of the information as applicable to the Fire Service Casualty Module.

On May 21, 1999, FDID #TR300 received a Highrise Box 13-28 at 2235 hours and responded to 2045 Beach Blvd., North Brook, Wisconsin 12345. Fire was reported to be located on the 12th floor. The crew assigned to Engine 131 was sleeping prior to the call. It was their first call during a 24-hour shift that began at 0700 hours. E-131 responded with a crew of four personnel from Station #1. They assigned incident #7865481 to the response.

Ambulance 139 was returning to the station from a previous call and was sent on the box assignment. The ambulance arrived first. Their initial onscene report was of fire showing from the 12th floor with people trapped. They requested a second alarm. Chief 13 advised E-131 to do search and rescue and assigned the second engine company to attack the fire and provide a safe exit for evacuation. The personnel on E-131 consisted of career personnel Captain Tom Jones, Tech. Marc Helton, F/F Bob Wilson, and F/F Kenny Segal. F/F Wilson was 57 years old and the most experienced in suppression. He led the crew to the stairwell and planned to walk up to the 12th floor.

The building was about 20 years old and did not have an elevator emergency control system. At 2245, as the crew approached the 10th floor F/F Wilson began complaining of chest pains and shortness of breath, Captain Jones advised the officer in charge that his crew was taking a couple minutes' break to rest. At this point F/F Wilson collapsed and stopped breathing. Captain Jones started CPR on F/F Wilson and advised officer in charge to call for a medic unit for F/F Wilson. CPR was continued until the arrival of the advanced life support unit. F/F Wilson was removed from the building and then transported to Mercy General Hospital where he was pronounced dead at 2350 hours.

A	[T ₁ R ₁ 3 ₁ 0 ₁ 0] [W ₁ I] [0]	MM DD YYYY 2.1 1.9999 0.01 7.8.6.5.4.8.1 0.0.0 Delete Casualty
_	Injured Person Ob L	Male
D	Age or Date of Birth Age O 5 7 O 8 Month	Birth Date of Injury Time of Injury Time of Injury Date of Injury Time of Injury Number of prior responses during past 24 hours Number of prior responses during past 24 hours
G1 1 2 3 4 5 6 7 8 0	Usual Assignment Suppression EMS Prevention Training Maintenance Communications Administration Fire investigation Other	1 ☑ Rested 0 ☐ Other 2 ☐ Fatigued U ☐ Undetermined 4 ☐ III or injured 1 ☑ Hospital 4 ☐ Doctor's office 5 ☐ Morgue/funeral home 6 ☐ Residence 7 ☐ Station or quarters
H ₁	Primary Apparent Symptom 4 1 Cardiac Sym Primary apparent symptom Primary Part of Body Injured 8 2 Heart Primary injured body part	Cause of injury
2 3 4 5 6 7 8 9 0 U J2	Where Injury Occurred En route to FD location At FD location En route to incident scene En route to medical facility At scene in structure At scene outside At medical facility Returning from incident Returning from med facility Other Undetermined Story Where Injury Occurred Check this box and enter the story if the injury occurred inside or on a structure	Specific Location Where Injury Occurred Suppression vehicle Specific Location code is > 60

K 1	K1 Did protective equipment fail and contribute to the injury? Please complete the remainder of this form ONLY if you answer YES.			Ye: No	_	_	Equipment Sequence Number	لبيا	NFIRS-5 Fire Service Casualty
11 12 13 14 15 16 17 10 Boo 31 32 33 34 35 36 37 38 30	Protective Equipment Item d or Face Protection Helmet Full face protector Goggles/eye protection Hood Ear protector Neck protector Other ts or Shoes Knee length boots with steel 3/4 length boots with steel basel and safety shoes with steel basel Safety shoes with steel basel Safety shoes with steel of the Safety shoes of the Safety shoes Other	Coat, Shirt, or To 21 Protect 22 Protect 23 Unifor 24 Unifor 25 Unifor 26 Unifor 27 Cover 28 Apron 20 Other baseplate and steels only and steel toes olate and steel to	rousers ctive coat ctive trousers rm shirt rm T-shirt rm trousers rm coat or jacket ralls a or gown teel toes	K3 11 12 21 22 23 24 25 31 32 33 41 42	Prof Check Bi M Fr Si Ci Ti In Fr	tectii k one urne eltec ractu unct cratc nock ut or rapp suffi	box to indicate ad d ured, cracke ured ched ked off r ripped ed steam o icient insul t fell in or c I under imp	onto equipmo act se detached	gas
41 42 43 44 45 46 40	SCBA (demand) open circuit SCBA (positive pressure) op SCBA closed circuit Not self-contained Cartridge respirator Dust or particle mask Other d Protection Firefighter gloves with wristl Firefighter gloves without wr Work gloves HazMat gloves Medical gloves Other	ets		43 44 45 46 47 48 49 51 52	Hair Ref	arne egul egul roble larm larm	ator failed to ator damagem with add failed to of damaged I	ged by contact perate by contact or valve faile	ed ct ve
61 62	Proximity suit for entry Proximity suit for entry Proximity suit for non-entry Totally encapsulated, reusal Partially encapsulated, dispos Partially encapsulated, dispos Partially encapsulated, dispos Flash protection suit Flight or jump suit Brush suit Exposure suit Self-contained underwater b Life preserver Life belt or ladder belt Personal alert safety system	able chemical subsable chemical subsable chemical reathing apparators (PASS)	uit suit tus (SCUBA) e failure of more	53 94 95 96 97 00 UU	Di Ni Ni Oi Oi Oi Eq	id not protect us of us ther ndet	ot fit proper roperly serviced for desi sed as reco equipment termined	viced or store igned purpos ommended by problem	ed prior to use
76 77 78 79 70 00	Radio distress device Personal lighting Fire shelter or tent Vehicle safety belt Special equipment, other Protective equipment, other	equipm injury? additio form fo	ne item of protective nent a factor in the If so, complete an nal page of this or each piece of equipment.			Mod	nufacturer del 	NFIRS-	5 Revision 05/01/03

EXERCISE SCENARIO 5-1: Fire Captain Injury on Scene of Fire

Directions: Read the call information in the exercise below. Use the information provided to complete the Fire Service Casualty Module form. Compare your work to the answers provided on the completed Fire Service Casualty Module form. If your answers are different from the ones provided, read over the Fire Service Casualty Module again.

At 0655 on November 21, 1997, the A-1 Alarm Company notified the Regional 9-1-1 dispatch center of smoke detector activation at the Busy Bee Market located at the corner of First and Main Streets in the town of North Brook, WI 12345. Engine 45 and Truck 22 from Station 13 of the North Brook Fire Department (FDID #TR100) were dispatched to the incident at 0658.

Truck 22 arrived at the market at 0705 and reported smoke showing from the one-story building and water running from under the front door. The crew of the truck company forced entry and found that a sprinkler head had been activated and was in the process of extinguishing a small fire behind the clerk's counter in the market.

Engine 45, which arrived on location at 0707, extinguished the remaining fire and the truck company ventilated smoke from the market and shut down the sprinkler system. The fire was declared under control at 0727.

While the crews were cleaning up and putting the sprinkler system back in service, the owner of the market, Angela Anderson, arrived. She told the Engine Company Captain that she had worked at the market until midnight. It had been a cold evening and she had plugged in an electric heater behind the counter to keep warm. She did not remember if the heater was shut off before she left the market. Ms. Anderson estimated damage to the store contents to be \$1,000. The one-story store had 2,500 square feet of floor space and damage to it was estimated to be \$4,000.

During the investigation, the Fire Marshal found a portable heater lying on its side behind the counter. He determined that the heater ignited a rubber mat on the floor near the cash register. The automatic shutoff feature on the heater failed to operate when the device tipped over. The heater was a Heatomatic, model 25, serial number 123666.

Further investigation determined that the hard-wired smoke/heat detector had operated properly and notified the alarm company of the fire. The sprinkler system also had operated properly - one sprinkler head activated and controlled the fire.

While other firefighters were advancing the hoseline to the seat of the fire, Captain Paul Clarke (age 37) was injured when he tripped on the hoseline. He suffered a fractured wrist.

Captain Clarke's injury occurred at 0715. Prior to this incident, Clarke and his crew, all career firefighters usually assigned to suppression, had responded to two other fires during the night and five other incidents on their shift. After the fire was extinguished, Captain Clarke was taken to Mercy Hospital. He returned to work the next week for desk duty. The last company cleared the scene at 0815. An incident number of 9700967 was assigned for this fire.

		MM DD YYYY Lident Date Station Incident	NFIRS-5 Number ☆ Exposure ☆ □Change Casualty
B L First Na	Injured Person	L Last Name	
, 	Age or Date of Birth Age Date of OR Month		F Responses Time of Injury Hour Minute Minute Responses Number of prior responses during past 24 hours
3	Usual Assignment Suppression EMS Prevention Training Maintenance Communications Administration Fire investigation Other	1 Rested 0 Other 2 Fatigued U Undetermine 4 Ill or injured	1
П1	Primary Apparent Symptom Primary apparent symptom Primary Part of Body Injured Primary injured body part	la Cause of Firefight Cause of Firefight Cause of injury I None I2 Factor Contributin Contributing factor	I3 in Injury

K 1	Did protective equipment fail an Please complete the remainder of this form		Yes Y Equipment Sequence Number NFIRS-5 No N Casualty
11 12 13 14 15 16 17 10 Boc 31 32 33 34 35 36 37 38 30	Full face protector Partial face protector Goggles/eye protection Hood Ear protector Neck protector Other The length boots with steel Knee length boots with steel House length boots with steel boots J4 length boots with steel boots J4 length boots with steel boots J4 length boots with steel boots J54 length boots with steel boots J55 length boots J65 length boots J66 length boots J67 length bo	toes only aseplate and steel toes bes only e and steel toes plate and steel toes	K3 Protective Equipment Problem Check one box to indicate the main problem that occurred. 11
41 42 43 44 45 46 40		en circuit	43 Exhalation valve inoperative or damaged 44 Harness detached or separated 45 Regulator failed to operate 46 Regulator damaged by contact 47 Problem with admissions valve 48 Alarm failed to operate 49 Alarm damaged by contact 51 Supply cylinder or valve failed to operate 52 Supply cylinder/valve damaged by contact
61 62	Proximity suit for non-entry Totally encapsulated, reusal Totally encapsulated, dispos Partially encapsulated, dispos Partially encapsulated, dispos Flash protection suit Flight or jump suit Brush suit Exposure suit Self-contained underwater b Life preserver Life belt or ladder belt Personal alert safety system Radio distress device Personal lighting Fire shelter or tent Vehicle safety belt Special equipment, other	reathing apparatus (SCUBA) Was the failure of more than one item of protective equipment a factor in the injury? If so, complete an additional page of this form for each piece of failed equipment.	53 Supply cylinder—insufficient air/oxygen 94 Did not fit properly 95 Not properly serviced or stored prior to use 96 Not used for designed purpose 97 Not used as recommended by manufacturer 00 Other equipment problem UU Undetermined K4 Equipment Manufacturer, Model and Serial Number Manufacturer Model

<u> </u>	T_R_1_0_0 W_I 1 1	MM DD 1 1997 0,13 9,7 ident Date Station Incident Nu	O O O O O O O O O O O O O O O O O O O
_	Injured Person aul Name Mi	1 Male 1 dentification Number 2 Fema	The property of the property
D	Age or Date of Birth Age O 3 7 In years OR Month		F Responses Time of Injury 9 9 7 0 7 1 5 Hour Minute Page Page
G1 1 2 3 4 5 6 7 8 0	Usual Assignment Suppression EMS Prevention Training Maintenance Communications Administration Fire investigation Other	1 Rested 0 Other 2 Fatigued U Undetermined 4 III or injured	G4 Taken To Not transported 1 Mespital 4 Doctor's office 5 Morgue/funeral home 6 Residence 7 Station or quarters 0 Other G5 Activity at Time of Injury Extinguishing fire/ Activity at time of injury Activity at time of injury
H ₁	Primary Apparent Symptom 3 2 Fracture Primary apparent symptom Primary Part of Body Injured 6 4 Wrist Primary injured body part	Cause of Firefighter 3 Slip/tr Cause of injury None 12 Factor Contributing Slippe: 5 0 uneven Contributing factor	ip to Injury None ry or None 13 in Injury Hose, 1,3 charged

K1 Did protective equipment fail an Please complete the remainder of this for		Yes Y ☐ Equipment Sequence No N ☒ Nimber ☐ Casualty
Read or Face Protection	Coat, Shirt, or Trousers 21	Casualty Casualty Casualty K3
30 Other Respiratory Protection 41 SCBA (demand) open circuit 42 SCBA (positive pressure) open circuit 43 SCBA closed circuit 44 Not self-contained 45 Cartridge respirator 46 Dust or particle mask 40 Other Hand Protection 51 Firefighter gloves with wrist 52 Firefighter gloves without we 53 Work gloves 54 HazMat gloves	en circuit	42
55	ble chemical suit sable chemical suit able chemical suit osable chemical suit oreathing apparatus (SCUBA)	52 Supply cylinder/valve damaged by contact 53 Supply cylinder—insufficient air/oxygen 94 Did not fit properly 95 Not properly serviced or stored prior to use 96 Not used for designed purpose 97 Not used as recommended by manufacturer 00 Other equipment problem UU Undetermined K4 Equipment Manufacturer, Model and Serial Number Manufacturer

EXERCISE SCENARIO 5-2: Cary Street Fire

Directions: Read the call information in the exercise below. Use the information provided to complete the entire Fire Service Casualty Module form and the other required forms. Compare your work to the answers provided in Appendix A. If your answers are different from the ones provided, read over the Fire Service Casualty Module again.

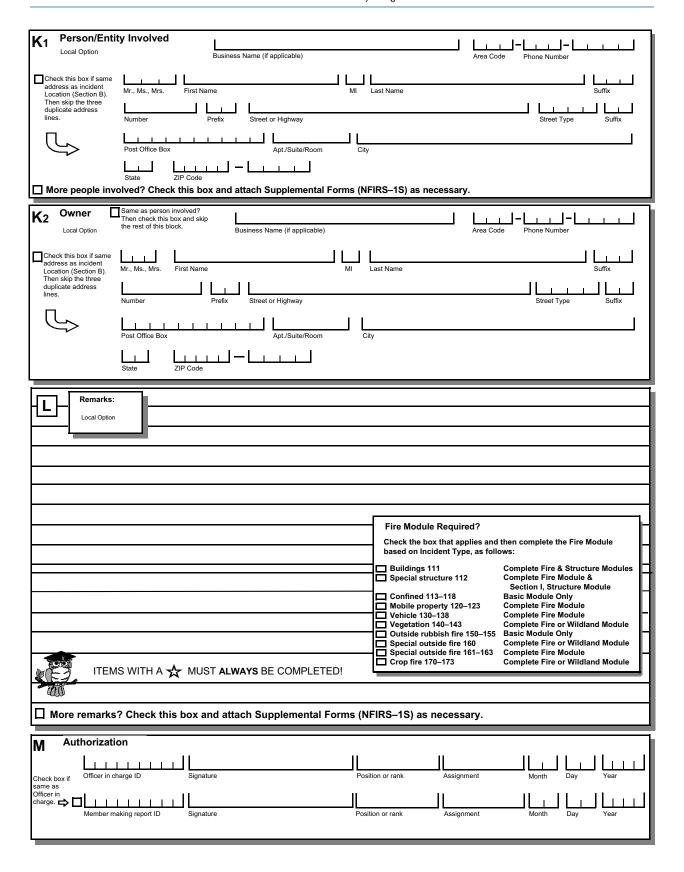
The Alberta Fire Department (FDID #92188) received a call for a reported house fire at 5 East Cary Street, Brunswick, Virginia 23351 on May 1, 2005. The dispatcher assigned the incident (#5433) to Engine 1, Engine 2, and Truck 1 from Shift A, Station 2. The units received the alarm at 12:53 p.m. and arrived at the scene at 1:05 p.m. Each piece of apparatus was staffed with four firefighters.

The owner of the single-family dwelling, Mrs. Christy A. Gordon, said that she was warming her lunch on the stove when the grease from the pan began to burn. The gas stove was a Whirlpool, Model RF330PXVN, Serial Number F925888840, Year 2000. The fire spread from the pan to the curtains. She had fallen asleep upstairs and was alerted when the hardwired smoke detector activated. The flame damage was confined to the kitchen. The 2,000 square feet, two-story home was filled with smoke in the other rooms. She called 9-1-1. The firefighters extinguished the fire and removed smoke from the other rooms. The fire was brought under control at 1:25 p.m. There was \$24,000 fire loss to property and \$9,600 content loss. The value of the property was \$161,000 and the content value was \$80,400. The last unit cleared the scene at 2:40 p.m. FF1 Adam C. Wallner, Badge No. 224, completed the report after returning to Station No.2. Captain Tonya S. Gordon, Badge No. 105, was the officer in charge. The fire department keeps records on the location of all responses. The incident was in Census Tract 501.10, District A12.

Mrs. Gordon, 66-year old, white female, was overcome by smoke in her bedroom. She had problems finding the exit because of the smoke. Her injury occurred at 12:50 p.m. Fire department personnel treated her at the scene. Her injury was considered minor but since she said that she felt dizzy, a local EMS provider transported her to the Proctor Medical Hospital for observation.

While investigating the incident, Fire Officer Juan M. Mills, a 36-year old, Hispanic, white male, slipped on debris located on the first floor and sprained his right ankle. His normal assignment is investigation. He was injured at 2:15 p.m. and treated at the scene by local EMS provider personnel. For precautions, he was also transported to Proctor Medical Hospital for X-rays. He was treated by the physician and given the okay to return to work. This was his first response in the 24-hour period. Officer Mills is a career member of the department. His badge number is 317.

A MM DD FDID State Incident Date	YYYY Delete NFIRS-1 Change Basic No Activity
	ate that the address for this incident is provided on the Wildland Fire Alternative Location Specification." Use only for wildland fires. Street or Highway Street Type Suffix State ZIP Code
D Aid Given or Received Mutual aid received None	E1 Dates and Times Month Day Year Hour Min Check boxes if dates are the same as Alarm Date. Alarm Alarm Alarm Alarms Local Option ARRIVAL required, unless canceled or did not arrive ARRIVAL required, unless canceled or did not arrive Controlled Controlled Special Studies Last Unit Cleared Last Unit Cleared Study Value Controlled Study Value
F Actions Taken ☆ L	G1 Resources Check this box and skip this block if an Apparatus or Personnel Module is used. Apparatus Personnel Suppression EMS Other Check box if resource counts include aid received resources. G2 Estimated Dollar Losses and Values LOSSES: Required for all fires if known. Optional for non-fires. None Property Contents PRE-INCIDENT VALUE: Optional Property Contents Contents
Fire-2	7 Motor oil: from engine or portable container 60 Industrial use paints 8 Paint: from paint cans totaling <55 gallons 63 Military use
Structures 131	Clinic, clinic-type infirmary S39



Α	FDID State Incident Date	_{үү}	Station Incident Number	Exposu	⊥ re ☆	☐ Delete ☐ Change	NFIRS-2 Fire
B B ₁	Property Details Not Residential Estimated number of residential living units in building of origin whether or not all units became involved		C On-Site Materials or Products Enter up to three codes. Check one entered. On-site material (1)	None commercial or material	ıl, industri	ere any significant amount al, energy, or agricultural roperty, whether or not the Storage Use 1 Bulk storage c Precessing or 3 Packaged god 4 Repair or serv Undetermined	products or ey became involved als or warehousing manufacturing ds for sale ice
B ₂	Number of buildings involved	red	On-site material (2)		J	1 ☐ Bulk storage of 2 ☐ Processing or 3 ☐ Packaged goo 4 ☐ Repair or serv	ice
B ₃	Acres burned (outside fires) None Less than one acre		On-site material (3)		J	1 Bulk storage of 2 Processing or 3 Packaged goo 4 Repair or serv	ice
D	Ignition	⊏1	tause of Ignition	Skip to	ן E₃	Human Factor Contributing	
D ₁		∐ Int	tentional	Section	Chec	k all applicable boxes	□None
D ₂	Heat source U	Fa Fa Ac G Ca J Ca	nintentional nilure of equipment or head at of nature ause under investigation ause undetermined after in actors Contributing to Ignit	vestigation	3 [4 [5 [Asleep Possibly impail alcohol or drug Unattended per Possibly menta Physically disa	rson ally disabled bled
D4	1 Check box if fire spread was confined to object of origin.	Factor cor	ntributing to ignition (1)		7 Es	Age was a factoristimated age of erson involved	
F1 Equip Branc Mode Seria Year	None If equipment was not involved, skip to Section G If equipment was not involved, skip to Section G If equipment was not involved, skip to Section G If equipment was not involved, skip to Section G If equipment was not involved, skip to Section G If equipment was not involved, skip to Section G If equipment was not involved, skip to Section G If equipment was not involved, skip to Section G If equipment was not involved, skip to Section G If equipment was not involved, skip to Section G If equipment was not involved, skip to Section G If equipment was not involved, skip to Section G If equipment was not involved, skip to Section G If equipment was not involved, skip to Section G If equipment was not involved, skip to Section G If equipment was not involved was not involved with the section of the sec	F3 Portable one or t	=	Fire Suppression factors	tor (1)	sion Factors	□None
╽∟	Involved in ignition, but did not burn Involved in ignition and burned	Mobile prop	perty make Year	So	me of the sed upon	Pre-Fire Plan Ava information presented in the reports from other agencie. Arson report atta Police report atta Coroner report a Other reports atta	nis report may be s: uched uched ttached ached
						NFIRS-2 R	evision 01/01/05

Structure Type	I3 Height Count the roof as phighest story. & operating outlinely used jor renovation d secured d unsecured nolished I3 Height Count the roof as phighest story. Total number of: above grade Total number of: above grade Total number of: above grade	Structure Fire Structure Fire OR L. L. L. BY L. L. L. BY L. L. L. L. BY L. L. L. L. BY L. BY L. L. L. L. L. BY L. L. L. L. L. BY L. BY L. L. L. L. L. BY L. BY L. L. L. L. L. L. BY L. BY L. L. L. L. L. L. BY
Story of fire origin January	cories Damaged by Flame of the highest story. stories w/minor damage ume damage) stories w/significant damage lame damage) stories w/heavy damage lame damage) stories w/extreme damage flame damage)	K Type of Material Contributing Most to Flame Spread Check if no flame spread OR if same as Material First Ignited (Block D4, Fire Module) OR if unable to determine. K1 Litem contributing most to flame spread K2 Type of material contributing Required only if item contributing code is 00 or <70.
Combination smoke and heat Sprinkler, water flow detection Other Undetermined Compared Compared	wire with battery -in with battery nanical ple detectors & power -lies r etermined tor Operation po small to activate	L5 Detector Effectiveness Required if detector operated. 1 Alerted occupants, occupants responded 2 Alerted occupants, occupants failed to respond 3 There were no occupants 4 Failed to alert occupants U Undetermined L6 Detector Failure Reason Required if detector failed to operate 1 Power failure, shutoff, or disconnect 2 Improper installation or placement 3 Defective 4 Lack of maintenance, includes not cleaning 5 Battery missing or disconnected 6 Battery discharged or dead 0 Other U Undetermined
M1 Presence of Automatic Extinguishing System N None Present Present D Present Undetermined Type of Automatic Extinguishing System Required if fire was within designed range of AES M2 Type of Automatic Extinguishing System Required if fire was within designed range of AES M2 Type of Automatic Extinguishing System Required if fire was within designed range of AES Dry-pipe sprinkler Dry-pipe sprinkler Dry-pipe sprinkler system Dry chemical system Foam system Halogen-type system Carbon dioxide (CO ₂) system Other special hazard system Undetermined	M3 Operation of Aut Extinguishing Sy Required if fire was within designed Operated/effective Derated/not effect Failed to operate (street) Undetermined Number of Sprinter operated Number of sprinkler heads operation	WIS Extinguishing System Failure

A State MM DD YYYY FDID State Incident Date Station Incident Number Exposure Change Casualty							
B Injured Person	×	Gender 1	C Casualty 💢				
First Name	MI Last Name	Suffix	Casualty Number				
Months (for infents)	White □ Black, African American □ Am. Indian, Alaska Native □ Asian □ Native Hawaiian, Other Pacific Islander □ Other, multiracial □ Undetermined □ Undetermined □ Date of Inju	iliation Civilian EMS, not fire department Police Other te and Time of Injury Time of Injury Year Hour Minute	H Severity A 1				
Cause of Injury Exposed to fire products include heat, smoke, and gas Exposed to toxic fumes other Jumped in escape attempt Fell, slipped, or tripped Caught or trapped Structural collapse Struck by or contact with object of the product of the pr	r than smoke Check all applicable boxes 1	to Injury to Injury Enter up to three contributing factors L Contributing factor (1) Contributing factor (1) Contributing factor (2) Saibly impaired by other drug saibly mentally disabled ysically disabled ysically restrained to Injury Enter up to three contributing factors Contributing factor (2) Contributing factor (2) Contributing factor (3)					
Activity When Injured Sescaping Rescue attempt Fire control	M1 Location at Time of Incident 1	t involved volved Story at start of incident M4 Story Where Inj njury Story where injury occurred, if different from Ms	courred INSIDE LILI Below grade ury Occurred Below grade on at Time of Injury ty NOT in area of origin				
N Primary Apparent Symptom 01	ion lation	Transported to Remarks Loc	emergency care facility al option NFIRS-4 Revision 01/01/04				

L		MM DD YYYY LILI LILI LILI LILI LILI LILI LIL
B	Injured Person	Casualty Number Casualty N
D	Age or Date of Birth Age Date of OR Month	E Date and Time of Injury
G1 1 2 3 4 5 6 7 8 0	Usual Assignment Suppression EMS Prevention Training Maintenance Communications Administration Fire investigation Other	1 Rested 0 Other 2 Fatigued U Undetermined 4 Ill or injured 1 Hospital 4 Doctor's office 5 Morgue/funeral home 6 Residence 7 Station or quarters
H ₁	D-i	
H ₂	Primary Apparent Symptom	Tale Cause of injury

K 1	Did protective equipment fail and contribute to the injury? Please complete the remainder of this form ONLY if you answer YES.			Ye: No		Equipment Sequence Number	NFIRS-5 Fire Service Casualty		
Protective Equipment Item			Protective Equipment Problem						
K ₂ Protective Equipment item			Check one box to indicate the main problem that occurred.						
	Head or Face Protection Coat, Shirt, or Trousers			11 Burned					
11 12	=			12 Melted					
13 14	☐ Partial face protector☐ Goggles/eye protection	23 Uniform shirt 24 Uniform T-shirt			☐ Fra	ctured, cracked or broke	en		
15 16	Hood	25 <u> </u>		22	☐ Pur	nctured			
16 17	☐ Neck protector	27	Coveralls	23	23 Scratched				
10	☐ Other	28 <u> </u>	Apron or gown Other	24					
Boo 31	ts or Shoes	haaanlat	a and steel too	25	☐ Cut	t or ripped			
32	☐ Knee length boots with steel☐ Knee length boots with steel☐	toes only	y	31	☐ Tra	pped steam or hazardou	s gas		
33 34	,	es only		32	☐ Ins	ufficient insulation			
35 36	☐ Boots without steel baseplate☐ Safety shoes with steel base			33	Obj	ject fell in or onto equip	ment item		
37 38	☐ Safety shoes with steel toes of Non-safety shoes	only		41	☐ Fail	led under impact			
30	Other			42 Face piece or hose detached					
Res 41	piratory Protection SCBA (demand) open circuit			43	☐ Exh	nalation valve inoperativ	e or damaged		
42	SCBA (positive pressure) op	en circuit	t	44 Harness detached or separated					
43 44	SCBA closed circuit Not self-contained			45	Reg	gulator failed to operate			
45 46	☐ Cartridge respirator☐ Dust or particle mask			46	☐ Reg	gulator damaged by cont	act		
40	Other			47	☐ Pro	blem with admissions v	alve		
	d Protection	-4-		48	☐ Ala	rm failed to operate			
	Firefighter gloves without wr			49	☐ Ala	rm damaged by contact			
53 54	☐ HazMat gloves			51	☐ Sup	oply cylinder or valve fai	led to operate		
55 50	☐ Medical gloves☐ Other			52 Supply cylinder/valve damaged by contact					
Spe	cial Equipment			53	☐ Sup	oply cylinder—insufficie	nt air/oxygen		
61 62	Proximity suit for entry			94	☐ Did	not fit properly			
62 63	Totally encapsulated, reusab			95	☐ Not	t properly serviced or sto	ored prior to use		
64 65	☐ Totally encapsulated, dispos☐ Partially encapsulated, reusa	ble chen	nical suit	96	☐ Not	used for designed purp	ose		
66 67	Partially encapsulated, dispo	sable ch	nemical suit	97	☐ Not	used as recommended	by manufacturer		
68 Flight or jump suit				00	☐ Oth	ner equipment problem			
71 Exposure suit				UU	☐ Un	determined			
72 73	72 Self-contained underwater breathing apparatus (SCUBA) 73 Life preserver			K ₄	•	ipment Manufacturer, Mo	odel and Serial		
74 75					Num	iper I	ı		
76						Manufacturer			
						Model			
79 Vehicle safety belt form for each piece of					<u> </u>				
00	Protective equipment, other		failed equipment.			Serial Number	RS-5 Revision 05/01/03		