Emergency Medical Services (EMS) Module: NFIRS-6

Objectives

After completing the EMS Module the student will be able to:

- 1. Identify the different modules that are used to record casualties.
- 2. Understand the need for the various modules and which module to use in various circumstances.
- 3. Demonstrate how to complete the EMS Module, given hypothetical narrative reports.

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Pretest #6 - Emergency Medical Services (EMS) Module

2. EMS-type activities are a significant portion of a fire department's operational workload.

1. A Basic Module must be completed if the EMS Module is completed.

(a) True.

(b) False.

(a) True.

(b) False.

3.	The EMS Module is a required NFIRS Module.
	(a) True.
	(b) False.
4.	The purpose of the EMS Module is to gather basic data as they relate to the provision of emergency medical care by local fire service units.
	(a) True.
	(b) False.
5.	The EMS Module can be used instead of the Fire Service Casualty Module to document a fire-fighter injury.
	(a) True.
	(b) False.

Using the EMS Module

In its infancy, fire department activity reporting was limited to fires only - at least on a national level. Little recognition was given to the "other" activities that fire departments were performing on a daily basis. As fire department management became more responsive to the budgetary concerns and restrictions of fiscal policy, the need to justify all activities and expenditures grew. Many local fire departments began to collect data on their own, using the NFIRS program to attempt to gather management information concerning all of those other activities and stretching the program in directions that were never anticipated. Recognizing that EMS-type activities are a significant portion (well over 50 percent) of a fire department's operational workload, the EMS Module was created in 1996.

The EMS Module is an optional module. It should be used when that option has been chosen by your State or local authorities. The EMS Module is not intended to replace or otherwise interfere with State or local EMS patient care reporting requirements, nor is it intended to be a comprehensive EMS patient care report. Instead, the data elements in this module should be viewed as "core elements" around which a complete patient care report can be built.

The purpose of the EMS Module is to gather basic data as they relate to the provision of emergency medical care by local fire service units. It is intended to encompass both responding fire suppression units and fire department EMS units.

Use the optional EMS Module to report each medical incident that a department responds to. This module is completed only if the fire department provides emergency medical service. If an independent provider performs EMS, do not use this module.

NOTE: Data on fire services injuries or deaths are recorded on the Fire Service Casualty Module. The EMS Module does not replace the Civilian Fire Casualty Module in cases where a civilian injury or death results from a fire incident.

Whenever specific 300 series Incident Types (e.g., 311, 322, 371, etc.) are entered on the Basic Module, Section C, you also may complete the EMS Module. It also may be completed for injuries treated in certain other incident types (consult the CRG for specifics).

One EMS Module should be completed for each patient, and the number of modules submitted for an incident should match the Number of Patients entered in Block B of the paper form.

Section A: FDID, State, Incident Number, Incident



The information in Section A of the EMS 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: Number of Patients and Patient Number

В	Number of Patients	Patient Number 太
Use	a separate form for each patie	nt

Record the total number of patients in the incident on the first line of Section B. Remember that you need to fill out a separate form for each patient. Enter a number that identifies each individual patient on line two. Assign patient numbers starting with 001.

Section C: Date/Time



Use the first line to recordTime Arrived at Patient. This is the date and time when emergency personnel get to the same location as the patient. This data element is important in situations where there may be a significant amount of time between the time an emergency unit arrives on the scene and the time that direct contact is made with the patient.

Examples:

EMS personnel were prevented from approaching a patient because of a fire, criminal activity, or other adverse conditions.

Responders need to reach an upper floor of a highrise building in order to gain access to a patient.

Enter the Time of Patient Transfer on the second line. This documents the date and time that patient care was transferred from fire department personnel to another care provider, or the time transportation began to an emergency care facility.

Subtracting the Arrival at Patient time from the Transfer time provides an accurate reading of the actual time spent with the patient.

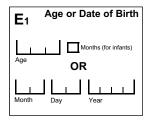
Section D: Provider Impression/Assessment

D	Provider Impression/Asses	sment **Check one box only	☐ None/no patient or refused treatment
10	Abdominal pain	18 Chest pain	26 Hypovolemia 34 Sexual assault
11		19 Diabetic symptom	27 Inhalation injury 35 Sting/bite
12	☐ Allergic reaction	20 Do not resuscitate	28 Obvious death 36 Stroke/CVA
13	☐ Altered LOC	21 Electrocution	29 OD/poisoning 37 Syncope
14	■ Behavioral/psych	22 General illness	30 Pregnancy/OB 38 Trauma
15	■ Burns	23 Hemorrhaging/bleeding	31 ☐ Respiratory arrest 00 ☐ Other
16	Cardiac arrest	24 Hyperthermia	32 Respiratory distress
17	☐ Cardiac dysrhythmia	25 Hypothermia	33 Seizure

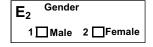
Record the single clinical assessment that most influenced the responder's actions by marking one of the coded boxes provided. If more than one choice applies to the patient, indicate the single most important clinical assessment that influenced the plan of therapy and management. The box marked should identify the actual assessment. This could be different from the original complaint that the unit responded to.

The assessment recorded on the form should provide the information needed to determine whether the treatments or medications provided matched the protocols related to the clinical impression at the time of treatment.

Section E: Age or Date of Birth, Gender

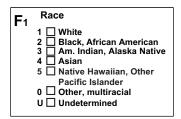


Either enter the patient's age or date of birth in **Block E**₁. You can record an infant's age by marking the Months box.

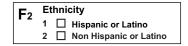


Record the patient's gender by marking the appropriate box.

Section F: Race, Ethnicity



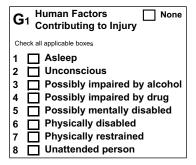
Mark the box that in **Block F**₁ to record the patient's race, if known.



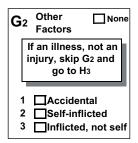
F₂ identifies the ethnicity of the patient. Ethnicity is an ethnic classification or affiliation. Currently Hispanic is the only U.S. Census Bureau classification. Hispanic is not considered a race because a person can be black and Hispanic, white and Hispanic, etc.

These data are useful for epidemiological studies, and also can be important in accessing certain types of Federal or State funds directed to specific racial or ethnic groups.

Section G: Human Factors Contributing to Injury and Other Factors

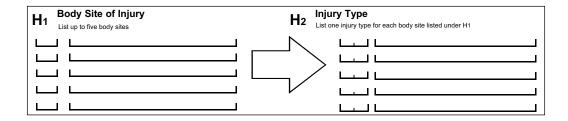


Use Block G₁ to clarify patient circumstances that may have contributed to the injury/illness. Mark as many boxes as are applicable. This information can be important to injury researchers who plan injury-reduction programs based on human factors.



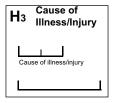
Use $Block\ G_2$ to address other factors such as accidental, self-inflicted, or inflicted, not self that affect how the injury/illness occurred. Data can be used to show number comparisons between accidental and self-inflicted incidents.

Section H: Body Site of Injury, Injury Type, and Cause of Injury/Illness



You can record up to five body sites in Block H_1 . Describe the body site injured and its corresponding injury type, listing the body site with the most serious injury first. H_2 links the type of each injury noted to each body site.

Site and type of injury are crucial data elements that will enable EMS planners to identify the types of injuries experienced by patients using the EMS system. These data also are used to analyze the correlation between injury assessment in the field and actual injuries as evaluated in medical receiving facilities.



Enter a code in **Block H**³ to capture the specific cause of the illness/injury. Data analysis provides an understanding of the conditions causing the injury. It also assists with planning treatments in the field and developing illness/injury programs.

Caus	se of Illness/Injury Codes				
10 11 12	Chemical Exposure Drug Poisoning Fall	20 21 22	Heat Explosives Fire and flames	31 32	Non-traffic vehicle (off-road) accident Physical assault/abuse
13 14	Aircraft related Bite, includes animal bites	23 25	Firearm Fireworks	33 34	Scalds/other thermal Smoke inhalation
15	Bicycle accident	26	Lightning	35	Stabbing assault
16	Building collapse/construction accident	27 28	Machinery Mechanical suffocation	36 37	Venomous sting Water transport
17	Drowning	29	Motor vehicle accident	00	Other cause
18 19	Electrical shock Cold	30	Motor vehicle accident, pedestrian	UU	Unknown

Example:

Patient with two stab wounds in different body sites and a blunt trauma injury to another body site.

Block H ₁	Block H ₂	Block H₃
(2) neck and shoulder	(18) puncture/stab	(35) stabbing
(7) lower extremities	(18) puncture/stab	(35) stabbing
(1) head	(11) blunt injury	(13) assault

The system captures each separate injury related to a particular body site for as many as five injuries.

Section I: Procedures Used

I	Procedures Used	Check all ap	plicable	e boxe:	No treatment
01			14		Intubation (EGTA)
02			15		Intubation (ET)
03	Assist ventilation		16		IO/IV therapy
04	□ Bleeding control		17		Medications therapy
05	Burn care		18		Oxygen therapy
06	Cardiac pacing		19		OB care/delivery
07	☐ Cardioversion (defib) r	nanual	20		Prearrival instructions
80	☐ Chest/abdominal thrus	t	21		Restrain patient
09	☐ CPR		22		Spinal immobilization
10	☐ Cricothyroidotomy		23	靣	Splinted extremities
11	■ Defibrillation by AED		24		Suction/aspirate
12	□ EKG monitoring		00	靣	Other
13					

Many possible procedures are listed in Section I. Procedures are defined as anything done to assess or treat the patient. Mark all applicable boxes to document the procedures either attempted or actually performed during the course of patient care.

Section J: Safety Equipment

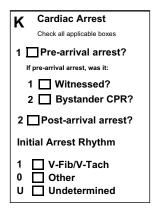
J	Safety ☐None Equipment
	Used or deployed by patient. Check all applicable boxes.
1 2 3 4 5 6 0 U	☐ Safety/seat belts ☐ Child safety seat ☐ Airbag ☐ Helmet ☐ Protective clothing ☐ Flotation device ☐ Other ☐ Undetermined

If the patient was using any safety equipment at the time of the injury record a description of the type used in Section J.

Nine options are provided. These data provide important information about whether or not appropriate safety devices are being used. This is especially important in industrial and motor vehicle incidents, which are regulated by Federal agencies and local and State laws.

Researchers, consumer groups, and manufacturers use these data to study the effectiveness of safety devices in preventing injuries and reducing deaths. This information also is important to use when improvements are being made to existing safety devices, or when new safety devices are being developed.

Section K: Cardiac Arrest

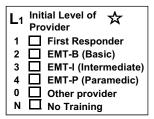


This section is used to indicate if patient cardiac arrest was pre- or postarrival on the scene of an incident. If it occurred pre-arrival, you should indicate whether or not it was witnessed and/or if bystanders performed CPR.

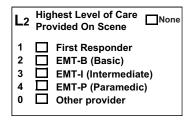
You also should record the initial arrest rhythm by checking the box next to either V-Fib/V-Tach, Other, or Undetermined.

Data from this section are used to evaluate prehospital CPR and the effect of cardiac care on reducing morbidity.

Section L: Initial Level of Provider and Highest Level of Care Provided on Scene



Block L₁ is used to collect data about the training level of the fire department responders who provided the initial care. Researchers can use these data to determine the effectiveness of care and measure any trends in the quality of prehospital care being provided by fire departments.



Block L_2 is used to gather training-level information on the fire department responders who provided the highest level of care at the scene of an incident. This knowledge can help determine what kind of effect there is on patient care in the field when responders have higher levels of training/certification.

Section M: Patient Status

M Patient Status
1 Improved
2 Remained same
3 Worsened
Check if:
1 Pulse on transfer
2 No pulse on transfer

Mark the box that indicates whether the patient Improved, Remained same, or Worsened while under fire department care. This determination is made at the time of patient transfer. There is also a box that should be marked whether or not the patient had a pulse on transfer.

Section N: Disposition

N	EMS Disp	osition	N	ot transported
1		FD transp	ort	to ECF
2		Non-FD tra	ans	sport
3		Non-FD tra	ans	s/FD attend
4		Non-emer	ge	ncy transfer
0		Other		
		NFIR:	S-6	Revision 01/01/04

There are six choices available for documenting the disposition of the patient. These data will allow generation of reports that show the disposition for EMS responses, and can correlate various patient treatments to patient outcomes. This section may help the fire service to look at what its EMS transport needs are.

SUMMARY

Nationally, EMS activities are a significant part of the total service being provided by fire departments. The fire service can use the EMS Module to report all emergency medical incidents to which a fire department unit responds. A separate EMS Module is used for each patient.

EXAMPLE: Injured Person

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

Department FDID #TR200, Station #1, is dispatched on a medical call on May 1, 2002. A fire department unit is dispatched to respond to the call at 0223 hours. The unit arrives at 1245 S. First St., Brooklyn, WI 12345 at 0228 and is met by a 22-year-old white female. She has been stabbed in the leg and is bleeding from the wound. Further examination reveals burns on one arm. A first responder stops the bleeding, bandages the wound, and provides care for the burns. The patient's family chooses to provide transportation to the closest hospital for further treatment. She is transferred at 0256 hours. The incident number is 0001234.

Α	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	1 [0 0 0 1 2 3 4 0 0 0 Change Seposure A Delete EMS
\vdash	Number of Patients Patient Number C Date/Time O O 1 e a separate form for each patient Provider Impression/Assessment Check one box only	Month Day Year Hour/Min Time Arrived at Patient Time of Patient Transfer None/no patient or refused treatment
10 11 12 13 14 15 16 17	☐ Altered LOC 21 ☐ Electrocution ☐ Behavioral/psych 22 ☐ General illness	26 Hypovolemia 34 Sexual assault 27 Inhalation injury 35 Sting/bite 28 Obvious death 36 Stroke/CVA 29 OD/poisoning 37 Syncope 30 Pregnancy/OB 38 Trauma 31 Respiratory arrest 00 Other 32 Respiratory distress 33 Seizure
Age Month	Sandan State In	G1 Human Factors None Contributing to Injury Check all applicable boxes 1
H ₁	List up to five body sites 7 Lower Extremity	ry Type le injury type for each body site listed under H1 Last Puncture/Stab Last Burn Last Burn
02 [03 [04 [05 [06 [07 [08 [09 [10 [11 [12 [Procedures Used Check all applicable boxes No treatm Airway insertion 14 Intubation (EGTA) Anti-shock trousers 15 Intubation (ET) Assist ventilation 16 IO/IV therapy Bleeding control 17 Medications therapy Cardiac pacing 19 OB care/delivery Cardioversion (defib) manual 20 Prearrival instruct Chest/abdominal thrust 21 Restrain patient CPR 22 Spinal immobilizat Cricothyroidotomy 23 Splinted extremitic Defibrillation by AED 24 Suction/aspirate EKG monitoring 00 Other	Equipment Used or deployed by patient. Check all applicable boxes. Py 1
1 2	Initial Level of	M Patient Status 1

EXERCISE SCENARIO 6.1: Unconscious Person

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

A fire department first-responder unit, TR 100, Station 001, is dispatched at 1405 hours on April 1, 1997 to a medical call – incident #9704567. The unit is staffed with a driver, an officer, and an EMT. They arrive at 210 W. Main Street, Minlo, WI 12345 at 1407 hours and reach the patient's side at 1410. They find a 22-year-old white male unconscious on the floor. His friends tell them that he just shot up on heroin and has overdosed. The patient shows signs of shallow breathing, pin-point pupils, and has a faint pulse. The EMT inserts an airway, administers oxygen, and assists in ventilation.

A private medic unit arrives and the Paramedic administers a dose of Narcan. The patient responds and begins breathing on his own. At 1440, the Paramedic determines that the patient has stabilized and arranges transport to an emergency room for further evaluation.

MM DD YYYY FDID State Incident Date Station	Delete Delete Change EMS
Check if same date	☐ Obvious death 36 ☐ Stroke/CVA ☐ OD/poisoning 37 ☐ Syncope ☐ Pregnancy/OB 38 ☐ Trauma ☐ Respiratory arrest 00 ☐ Other ☐ Respiratory distress
1 White	☐ Possibly impaired by alcohol ☐ Possibly impaired by drug 1 ☐ Accidental ☐ Possibly mentally disabled 2 ☐ Self-inflicted ☐ Physically disabled 3 ☐ Inflicted, not self ☐ Physically restrained
H1 Body Site of Injury List up to five body sites H2 Injury Ty List one injury List one injury	type for each body site listed under H1 H3 Cause of Illness/Injury Cause of illness/injury
Procedures Used Check all applicable boxes No treatment No treatment No treatment	J Safety
Provider Provider Provided On Scene Pro	Patient Status ☐ Improved ☐ Remained same ☐ Worsened ☐ Worsened ☐ Pulse on transfer ☐ Pulse on transfer ☐ Other ☐ Improved ☐ FD transport to ECF ☐ Non-FD transport ☐ Non-emergency transfer ☐ Other

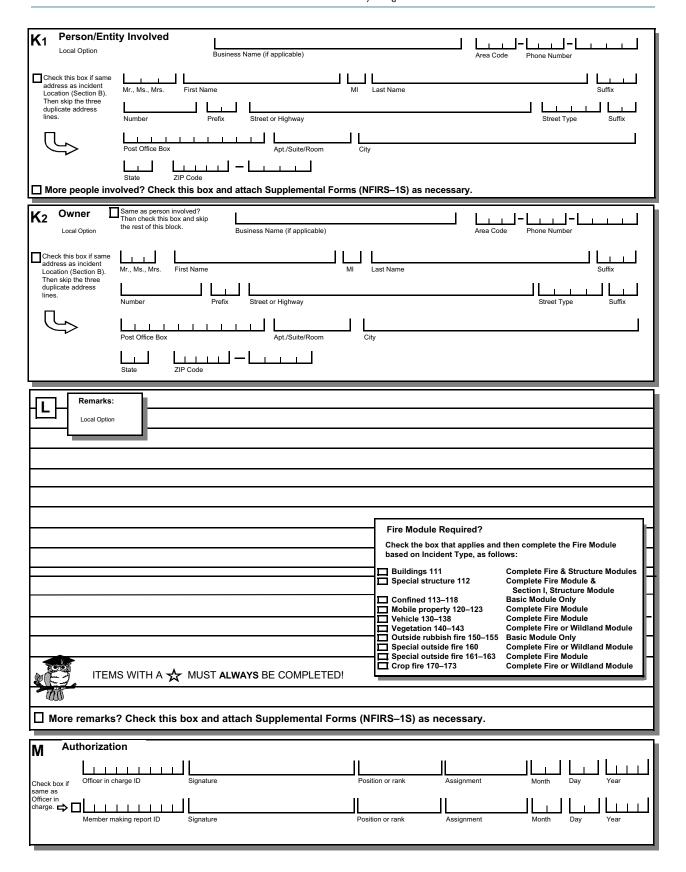
Α	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	1 1 19 7 0 4 5 6 7 10 0 0 Delete EMS
\vdash	Number of Patients Patient Number C Date/Time O O 1 a separate form for each patient C Date/Time Check if same date as Alarm date	Month Day Year Hour/Min ☐ Time Arrived at Patient ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
10 11 12 13 14 15 16 17	Provider Impression/Assessment	None/no patient or refused treatment 26
E ₁ Age Month	Age or Date of Birth 2 2	G1 Human Factors None Contributing to Injury Scheck all applicable boxes 1 Asleep 2 Unconscious 3 Possibly impaired by alcohol 4 Possibly impaired by drug 5 Possibly mentally disabled 6 Physically disabled 7 Physically restrained 8 Unattended person
H ₁	List up to five body sites List on	y Type e injury type for each body site listed under H1 0,0 Other 1 1 Cause of Illness/Injury 1 1 Cause of Illness/Injury Cause of Illness/Injury Drug Overdose
02 [03 [04 [05 [06 [07 [08 [10 [11 [12 [Procedures Used Check all applicable boxes No treatm Alivay insertion 14 Intubation (EGTA) Anti-shock trousers 15 Intubation (ET) Assist ventilation 16 IO/IV therapy Bleeding control 17 Medications therapy Cardiac pacing 19 OB care/delivery Cardioversion (defib) manual Chest/abdominal thrust 21 Restrain patient CPR 22 Spinal immobilizat Cricothyroidotomy 23 Splinted extremities Defibrillation by AED 24 Suction/aspirate EKG monitoring 00 Other	Equipment Used or deployed by patient. Check all applicable boxes. Dy 1 Safety/seat belts 2 Child safety seat 3 Airbag 4 Helmet 5 Protective clothing 5 Initial Arrest Rhythm Check all applicable boxes 1 Pre-arrival arrest? If pre-arrival arrest? If pre-arrival arrest? 2 Bystander CPR? 2 Post-arrival arrest?
1 2	Initial Level of ☆ Provider □ First Responder □ EMT-B (Basic) □ EMT-P (Paramedic) □ Other provider □ No Training □ Highest Level of Care Provided On Scene □ Provided On Scene □ None Provided On Scene □ Provided On Scene □ None Provided On Scene □ None Provided On Scene □ First Responder □ EMT-B (Basic) □ EMT-P (Intermediate) □ Other provider □ Other provider	Patient Status Mark

EXERCISE SCENARIO 6-2: MVA on I-95

Directions: Read the call information in the exercise below. Use the information provided to complete the entire EMS Module form and 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 EMS Module again.

The Alberta Fire Department (FDID #92188) received a call for an MVA on I-95 near mile marker 73 and Exit 2B in Brunswick, Virginia, 23351 on May 3, 2005. The dispatcher assigned the incident (#5455) to Engine Co. 2 and Truck 1 from Shift C. The units received the alarm at 11:58 p.m. and arrived at the scene in six minutes with 4 firefighters on each unit. The owner of the vehicle, Mr. Robert L. Anderson, was driving to Emporia, Virginia, to return his son, Joseph, to his mother. Mr. Anderson lives at 1630 Second Avenue, Jarrett, North Carolina, 24501. His telephone number is 555-432-0987. He said that he was driving for 2 hours and became drowsy from a prescription drug that he took; he lost control of the car and it crashed into the guardrail. He called 9-1-1 from his cellular telephone. The vehicle was a 1999 Ford Explorer, Virginia License Plate Number ACZ586, and VIN 1FBEU54X3ABC45634. Mr. Anderson, a 49-year-old black male, was bleeding from the head. He cut his head when his car hit the guardrail. He was not wearing a safety belt and the airbag in the vehicle did not inflate. Firefighter Steve Cooke, EMT-Basic, approached Officer Morrison at 12:06 a.m. Firefighter Cooke stopped the bleeding. No other treatment was needed. Mr. Anderson's overall status improved. The towing service provider gave Mr. Anderson a ride from the incident. The last unit cleared the scene at 12:35 a.m. FF1 Steve B. LaCivita, Badge No. 230, completed the report after returning to Station No. 1. Captain Ernest Greene, Badge No. 100, was the officer in charge. The incident was in Census Tract 501.2, District A05. The Virginia Department of Transportation, 23 Washington Street NE, Richmond, VA 23219, manages Virginia highways.

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	YYYY 	Station Incident Number	£xposu	∐ re ☆	☐ Delete☐ Change	NFIRS-2 Fire	
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	I, industrial, s on the pro	e any significant amount, energy, or agricultural pperty, whether or not the On-Site Materis Storage Use 1 □ Bulk storage to □ Processing or 3 □ Packaged god	products or ey became involved als or warehousing manufacturing dds for sale ice		
B ₂	B2		On-site material (2)		_	1 Bulk storage or warehousing 2 Processing or manufacturing 3 Packaged goods for sale 4 Repair or service U Undetermined		
B3		On-site material (3)			1 ☐ Bulk storage or warehousing 2 ☐ Processing or manufacturing 3 ☐ Packaged goods for sale 4 ☐ Repair or service U ☐ Undetermined			
D	Ignition		Cause of Ignition	Skip to	E 3	Human Facto		
D ₁		1 🔲 In	section G Section G			Check all applicable boxes None 1 Asleep 2 Possibly impaired by alcohol or drugs 3 Unattended person 4 Possibly mentally disabled		
D ₂	D2 Heat source 3		nintentional ailure of equipment or heat source ct of nature ause under investigation ause undetermined after investigation		3 🗆			
Item first ignited 1 Check box if fire spread was confined to object of origin. D4		ributing to ignition (1)			6 Multiple persons involved 7 Age was a factor Estimated age of person involved			
	Equipment Involved in Ignition		Equipment Power Source	- Fire Su		ion Factors	None	
F1 Equip Branc Mode Seria Year	None If equipment was not involved, skip to Section G ment Involved	F3 Portab one or	Equipment Portability 1 Portable 2 Stationary ble equipment normally can be moved by two persons, is designed to be used in le locations, and requires no tools to install.	G	tor (1)		None	
╽∟	Not involved in ignition, but burned [Involved in ignition, but did not burn Involved in ignition and burned [Involved in ignition and burned]	Mobile pro	obile Property Type and Ma	Sor	ne of the intended upon rep Ar Co	re-Fire Plan Ava formation presented in to ports from other agencie reson report atta blice report atta proner report at ther reports att	his report may be us: ached ached ttached	
License Plate Number State VIN Structure fire? Please be sure to complete the Structure Fire form (NFIRS-3).								
The state of the s					NFIRS-2 Revision 01/01/05			

MM DD YYYY Delete FDID
Number of Patients
F1 Race White Slack African American Slack African American Slack African American Slack African American Slack African American Slack African American Slack African American Slack African American Slack African American Slack African American Slack African American Slack African American Slack African American Slack African American Slack African American Slack African American Slack African American Slack African American Slack African American Slack African American Slack African American Slack African American Slack African American Asleep Slack African American Slack African American Slack African American African Americ
H1 Body Site of Injury List up to five body sites H2 Injury Type List one injury type for each body site listed under H1 H3 Cause of Illness/Injury Cause of illness/injury
Procedures Used
L1 Initial Level of ☆ Provider 1 ☐ First Responder 2 ☐ EMT-B (Basic) 3 ☐ EMT-I (Intermediate) 4 ☐ EMT-P (Paramedic) 0 ☐ Other provider N ☐ No Training L2 Highest Level of Care ☐ None Provided On Scene M Patient Status 1 ☐ Improved 2 ☐ Remained same 3 ☐ Worsened 2 ☐ EMT-B (Basic) 3 ☐ EMT-I (Intermediate) 4 ☐ EMT-P (Paramedic) 0 ☐ Other provider N ☐ No Training