

A Publication of the
National Wildfire
Coordinating Group

**NATIONAL INTERAGENCY
INCIDENT MANAGEMENT SYSTEM**

Sponsored by
United States
Department of Agriculture

TASK BOOK FOR THE POSITION OF

INCIDENT MEDICAL SPECIALIST MANAGER (IMSM)

United States
Department of the Interior

National Association of
State Foresters

PMS XXX-XX
NFES XXXX

January 2002

TASK BOOK ASSIGNED TO:
INDIVIDUAL'S NAME, DUTY STATION, AND PHONE NUMBER
TASK BOOK INITIATED BY:
OFFICIAL'S NAME, TITLE, DUTY STATION, AND PHONE NUMBER
LOCATION AND DATE THAT TASK BOOK WAS INITIATED

The material contained in this book accurately defines the performance expected of the position for which it was developed. This task book is approved for use as a position qualification document in accordance with the instructions contained herein.

**VERIFICATION / CERTIFICATION OF COMPLETED TASK BOOK
FOR THE POSITION OF**

FINAL EVALUATOR'S VERIFICATION

I verify that all tasks have been performed and are complete with signatures. I also verify that _____ has performed as a trainee and should therefore be considered for certification in this position.

EVALUATORS SIGNATURE AND DATE

EVALUATOR'S PRINTED NAME, TITLE, DUTY STATION, AND PHONE NUMBER

AGENCY CERTIFICATION:

I certify that _____

has met all requirements for qualification in this position and that such qualification has been issued.

CERTIFYING OFFICIAL'S SIGNATURE AND DATE

CERTIFYING OFFICIAL'S NAME, TITLE, DUTY STATION, AND PHONE NUMBER

Additional copies of this publication may be ordered from:

National Interagency Fire Center, ATTN: Supply
3833 S. Development Avenue
Boise, Idaho 83605-5354

Order NFES # XXXX

NATIONAL WILDFIRE COORDINATING GROUP POSITION TASK BOOK

Position Task Books (PTB) have been developed for designated positions within the National Interagency Incident Management System. Each PTB lists the performance requirements (tasks) for the **specific** position in a format that allows a trainee to be evaluated against written guidelines. Successful performance of all tasks, as observed and recorded by an evaluator, will result in a recommendation to the agency that the trainee be certified in that position.

Evaluation and confirmation of the individual's performance of all the tasks may involve more than one evaluator and can occur on incidents, in classroom simulation, and in other work situations. Designated PTBs require position performance during which the majority of required tasks are demonstrated on a single incident. Some positions also required that specific tasks be performed on a wildland fire performance of these tasks on other types of incidents are NOT qualifying. It is important that performance be critically evaluated and accurately recorded by each qualified evaluator. All tasks must be evaluated. All bullet statements within a task which require an action (contain an action verb) must be demonstrated before that task can be signed off.

A more detailed description of this process, definitions of terms, and responsibilities are included in the Wildland Fire Qualification Subsystem Guide 310-1. A brief list of responsibilities also appears below.

RESPONSIBILITIES:

1. The Local Office is responsible for:

- Selecting trainees based on the needs of the local office and the geographic area.
- Ensuring that the trainee meets the training and experience requirements included in the Wildland Fire Qualification Subsystem Guide 310-1.
- Issuing PTBs to document task performance.
- Explaining to the trainee the purpose and processes of the PTB as well as the trainee's responsibilities.
- Providing opportunities for evaluation and/or making the trainee available for evaluation.
- Providing an evaluator for local assignments.
- Tracking progress of the trainee.
- Confirming PTB completion.
- Determining certification per local policy.
- Issuing proof of certification.

2. The individual is responsible for:

- Reviewing and understanding instructions in the PTB.

- Identifying desired objectives/goals.
 - Providing background information to an evaluator.
 - Satisfactorily demonstrating completion of all tasks for an assigned position within three years.
 - Assuring the Evaluation Record is complete.
 - Notifying local office personnel when the PTB is completed and providing a copy.
 - Keeping the original PTB in personal records.
3. The **Evaluator (must be a qualified IMS Manager or Medical Unit Leader)** is responsible for:
- Being qualified and proficient in the position being evaluated.
 - Meeting with the trainee and determining past experience, current qualifications, and desired objectives/goals.
 - Re-viewing tasks with the trainee.
 - Explaining to the trainee the evaluation procedures that will be utilized and which objectives may be attained.
 - Identifying tasks to be performed during the evaluation period.
 - Accurately evaluating and recording demonstrated performance of tasks. Satisfactory performance shall be documented by dating and initialing completion of the task. Unsatisfactory performance shall be documented in the Evaluation Record.
 - Completing the Evaluation Record found at the end of each PTB.
 - Signing the verification statement inside the front cover of the PTB when all tasks have been initialed.
4. The **Training Specialist** is responsible for:
- Identifying incident evaluation opportunities.
 - Identifying and assigning an evaluator that can provide a positive experience for the trainee, and make an accurate and honest appraisal of the trainee's performance.
 - Providing PTBs to approved trainees on the incident when local agency was unable to provide them.
 - Documenting the assignment.
 - Conducting progress reviews.
 - Conducting a close-out interview with the trainee and evaluator and assuring that documentation is proper and complete.

QUALIFICATION RECORD
POSITION: INCIDENT MEDICAL SPECIALIST MANAGER (IMSM)

TASK	C O D E	Date & Evaluator Initials
<u>GENERAL</u>		
1. <u>Obtain and assemble information and materials needed for kit.</u> Kit will be assembled and prepared prior to receiving an assignment. Kit will contain critical items needed for the assignment and items needed for functioning during the first 48 hours. Kit will be easily transportable and within agency weight limitation (Personal gear 35# +line gear 20# + 40 # medical equipment).	O	
2. The basic information and materials needed. <ul style="list-style-type: none"> • Fireline Handbook 410. • IMS Manual • IMSA Taskbook • IMS Protocols • Incident Response Pocket Guide • Injury/Illness Log • ICS Form 206, Medical Plan • ICS Form 213, General Message • ICS Form 214, Unit Log • Managers Checklist • IMS Medical Protocols • Medical Equipment and Supplies Provided • Standards for Fire and Aviation Operations (Red Book) 	O	
3. <u>Establish and maintain positive interpersonal and interagency working relationships.</u> <ul style="list-style-type: none"> • Through briefings, discuss EEO, civil rights, sexual discrimination and other sensitive issues, with assigned personnel. • Correct cultural language difficulties as it impacts work output and expectations. • Provide equal assignment opportunities based on individual skill level. • Monitor and evaluate progress based on expected work standards not race, color or creed. • Individual agency values and policies are addressed throughout the tenure of the incident. • Differences in agency values and policies that affect the operation are arbitrated in a manner that fosters continuous positive working relationships. • Integrate cultural resource considerations into all management activities 	O	

*Code:

- O = Task can be completed in any situation (classroom, simulation, prescribed fire, daily job, etc.)
- I = Task must be performed on an incident (flood, fire, search & rescue, etc.)
- W = Task must be performed on a wildfire incident
- R = Rare event - the evaluation assignment may not provide opportunities to demonstrate performance. The evaluator may be able to determine skills/knowledge through interview or the home office may need to arrange for another assignment or a simulation.

TASK	C O D E	Date & Evaluator Initials
4. <u>Provide for the safety and welfare of assigned personnel during the entire period of supervision.</u> <ul style="list-style-type: none"> • Identify potentially hazardous situations and mitigate when possible. • Informs others of hazards. • Ensures that special precautions are taken when extraordinary hazards exist. • Ensures adequate rest is provided to all unit personnel. 	I/ W	
<p><u>MOBILIZATION</u></p> 5. <u>Obtain complete information from dispatch upon initial activation.</u> <ul style="list-style-type: none"> • Incident name. • Incident order number. • Request number. • Reporting location. • Reporting time. • Transportation arrangements. • Contact procedures during travel. 	I	
6. <u>Gather information necessary to assess incident assignment and determine immediate needs and actions.</u> <ul style="list-style-type: none"> • Incident Commander's /Supervisor's name, location, contact • Current resource commitments • Current situation • Expected duration of assignment • Type of incident • Terrain. • Weather (current and expected) • Agency administrator's name and method to reach. • Phone/radio contact procedures during travel. 	I	
<p><u>INCIDENT ACTIVITIES</u></p> 7. <u>Arrive at incident and check-in.</u> Arrive properly equipped at incident assigned location within acceptable time limits. Check in according to agency guidelines.	I	
8. <u>Obtain briefing from supervisor and other appropriate personnel.</u> Individual will insure briefings are complete and include minimum description of workspace, work schedule, policies, and operating procedures necessary to activate medical unit and prepare medical plan.	I	

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TASK	C O D E	Date & Evaluator Initials
9. <u>Brief and keep subordinates informed.</u> Concise briefing from Incident Action Plan to include: <ul style="list-style-type: none"> • Objectives • Hazards • LCES and related safety principles. • Factors affecting medical support. • Organization • Fire weather and behavior. 	I	
10. <u>Participate in service branch/logistics section planning activities.</u> Individual will attend logistical section planning meetings as required. IMSM will come prepared with information/problems concerning his/her operation. Individual will assimilate information from planning meetings into next operational period Medical Plan.	I	
11. <u>Organizes work area. Consider key items.</u> <ul style="list-style-type: none"> • Acquire table(s); seating; additional supplies not in kit. • Acquire communications equipment: radio, telephones, data communication equipment and operator. • Establish filing system: cardholders or racks organized by operational period and section. 	I	
12. <u>Evaluates needs and orders supplies and materials to keep unit operating.</u> <ul style="list-style-type: none"> • Order materials and supplies using procedures established by the section chief. • Maintain quantities of forms, supplies, and materials at a level to prevent shortage of any basic needed items. 	I	
13. <u>Organizes and supervises unit.</u> <ul style="list-style-type: none"> • Identify and communicate need for medical resources to MEDL. • Brief and keep unit personnel informed. • Establish unit time frames and schedules. • Make assignments. • Spot check work. • Sign patient evaluations and review for quality assurance • Evaluate and record performance. • Review and approve time (in the absence of a MEDL). • Develop teamwork. • Provide counseling and discipline as needed. • Determine team member's skill and Incident Qualification Card, physical fitness level for appropriateness of duties. • Provide training for subordinates on equipment or techniques. • Individual is able to supervise a complex organizational structure involving a large incident with IMS and non-IMS personnel. This may also involve multiple camp locations. 	I	

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TASK	C O D E	Date & Evaluator Initials
<p>14. <u>Determine Level of emergency medical activities performed prior to the activation of the Medical Unit.</u></p> <ul style="list-style-type: none"> Individual will obtain information on past medical incidents from Safety Officer, previous medical unit logs, and records. Review of incidents will include identification of cause, numbers, severity, disposition, and agency involved. Perform follow-up as needed. 	I	
<p>15. <u>Medical Unit Operations</u></p> <ul style="list-style-type: none"> Individual demonstrates thorough knowledge of elements needed to operate a medical unit in ordering supplies and personnel necessary to meet the complexity of the incident. Individual must demonstrate knowledge in ordering procedures and be familiar with supply catalog and special orders. Individual will anticipate special medical needs when potential hazard conditions exist and order supplies prior to problems occurring. Assigns resources according to incident priorities. Changes tactics where necessary. Advise subordinates of changes. 	I	
<p>16. <u>Assist Medical Unit Leader with preparation of medical plan.</u> The ICS Form 206 (Medical Plan) will be prepared in consultation with the Safety Officer. It will be submitted to the Safety Officer for review in a timely fashion prior to each operational period for enclosure in Incident Action Plan. Plan will be updated as necessary, for each operational period, reflecting changes in incident and resource allocation. The plan will include:</p> <ul style="list-style-type: none"> Inventory of area/regional EMS and health care resources in the area and their capabilities. Incident EMS resources, assignment, and procedures for handling medivac and medical calls. 	I	
<p>17. <u>Assist Medical Unit Leader with preparation of medical unit procedures to be used in the event of a major medical emergency at the incident.</u> IMS personnel will assist with writing standard operating procedures for handling multi-casualty events. Those procedures will include allocation of EMS resources as well as procedure for communication notification of command personnel and receiving health care facilities.</p>	I	
<p>18. <u>In consultation with or in absence of the Medical Unit Leader declare major medical emergency as appropriate (optional task).</u> Appropriate actions are taken in the event of a major medical incident to access severity and magnitude and make proper notifications. Individual performs adequately under stressful conditions, maintaining control of situation and resources.</p>	R	

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TASK	C O D E	Date & Evaluator Initials
19. <u>Maintains ICS Form 214 (Unit Log).</u> Unit Log will be kept current and legible for all major activities.	I	
20. <u>Respond to request for medical aid, supplies, and transportation.</u> <ul style="list-style-type: none"> • Provides personnel appropriate and timely medical care. • Medical inventories are maintained and updated. • Implement Infectious Disease Control Plan. 	I	
21. <u>Interact and coordinate with appropriate unit leader and operations personnel.</u> <ul style="list-style-type: none"> • Receive and transmit needed information. • Keep supervisor informed of progress, problems, and needs. 	I	
22. <u>Prepare and submit reports.</u> All reports will be completed daily on a scheduled basis and more often as required by the MEDL, Logistics Section Chief and Safety Officer.	I	
23. <u>Coordinate with Safety Officer and Compensation/Claims Officer in handling significant illnesses and injuries.</u> <ul style="list-style-type: none"> • Periodically brief MEDL or Safety Officer of trends in medical complaints experienced by personnel in order to identify safety problems. • Inform claims/compensation personnel of injuries/illnesses requiring medical attention and must be familiar with CA-1, CA-2, CA-16 and APMC. 	I	
24. <u>Incident Medical Specialist demonstrates skill in patient assessment and treatment appropriate for the camp setting.</u> <ul style="list-style-type: none"> • Demonstrate a good knowledge base and experience in the assessment and treatment of acute medical or trauma patients. • Evaluate routine health problems and treat appropriately with the over-the-counter medications • Know when patient needs to receive further medical evaluation. • Demonstrates expert knowledge of IMS protocols. Provides instruction to subordinates on protocol usage, equipment usage, and patient care. 	I	
25. <u>Evaluate performance of team members required by agency policy.</u> Performance evaluations are done for all unit personnel prior to their release from the incident. Performance evaluations are discussed with the individual.	I	

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TASK	C O D E	Date & Evaluator Initials
<u>TRANSITION</u> 26. <u>Receive or supply information from/to current medical operations.</u> <ul style="list-style-type: none"> • Ongoing medical issues relative to specific patients • Existing Trends and conditions 	I	
<u>DEMOBILIZATION</u> 27. <u>Demobilization and check-out.</u> <ul style="list-style-type: none"> • Receive demobilization instructions from work supervisor. • Brief subordinate staff on demobilization procedures and responsibilities. • Ensure that incident and agency demobilization procedures are followed. If required, ICS Form 221 (Demobilization Check-Out) is completed and turned in to the appropriate person. 	I	
28. <u>Resources and supplies are released in accordance with the situation and demobilization plan upon approval of Logistics Section Chief.</u>	I	
29. <u>Attend the IMS Managers Meeting.</u> This meeting is generally held during month of November each year. Must attend the Managers portion of this meeting to complete the taskbook.	O	

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INSTRUCTIONS for EVALUATION RECORD

There are four separate blocks allowing evaluations to be made. These evaluations may be made on incidents, by simulation in classroom, or in daily duties, depending on what the position task book indicates. This should be sufficient for qualification in the position if the individual is adequately prepared. If additional blocks are needed, a page can be copied from a blank task book and attached.

Evaluator's name, incident/office title, & agency: List the name of the evaluator, his/her incident position (on incidents) or office title, and agency.

Evaluator's home unit address & phone: self-explanatory.

#: The number in the upper left corner of the experience block identifies a particular experience or group of experiences. This number should be placed in the column labeled "Evaluation Record#" on the Qualification Record in order to indicate the circumstances under which a particular task was performed.

Location of Incident/Simulation: Identify the location where the tasks were performed by agency and office.

Incident Type: Enter type of incident, e.g., wildfire, search and rescue, flood, etc.

Number and Type of Resources: Enter the number of resources and types assigned to the incident pertinent to the trainee's task book position.

Duration: Enter inclusive dates during which the individual was evaluated. This block may indicate a span of time covering several small and similar incidents if the individual has been evaluated on that basis, i.e., several initial attack fires in similar fuel types.

Mgt. Level: Indicate ICS organization level, i.e., Type 4, Type 3, Type 2, Type 1 or Area Command.

NFFL Fuel Model: For wildfire experience, enter number (1-130 of the fuel model in which the incident occurred and under which the individual was evaluated.)

- | | |
|---------------------------------|--------------------------------|
| 1. Short Grass (1 foot) | 8. Closed Timber Litter |
| 2. Timber (grass & understory) | 9. Hardwood Litter |
| 3. Tall grass (2 1/2 feet) | 10. Timber (litter understory) |
| 4. Chaparral (6 feet) | 11. Light Logging Slash |
| 5. Brush (2 feet) | 12. Medium Logging Slash |
| 6. Dormant brush-Hardwood Slash | 13. Heavy Logging Slash |
| 7. Southern Rough | |

Recommendation: Check as appropriate and/or make comments regarding the future needs for development of this trainee. **Note:** Recommendation for advancement requires 2 qualifying fire assignments with satisfactory evaluation from 2 different evaluators.

Date: List the date the record is being completed.

Evaluator's initials: Initial here to authenticate your recommendations and to allow for comparison with initials in the Qualification Record.

Evaluator's relevant red card rating: List your certification relevant to the trainee position you supervised.

Evaluation Record

 TRAINEE NAME

 TRAINEE POSITION

#1	Evaluator's name, Incident/office title & agency:				
Evaluator's home unit address & phone:					
Location of incident or Simulation (agency & area)	Incident Type (wildfire, search & rescue, etc.)	Number & Type of Resources Pertinent to Trainee's Position	Duration (inclusive dates in trainee status)	Mgt. Level (Area Command, Type 1, 2, 3 or 4)	NFFL Fuel Model
			To		

The tasks initialed & dated by me have been performed under my supervision and in a satisfactory manner by the above named trainee. I recommend the following for further development of this trainee:
 _____ The individual has successfully performed all tasks for the position and should be considered for certification.
 _____ The individual was not able to complete certain tasks for the position and should not be considered for certification.
 _____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.
 _____ The individual is severely deficient in the performance of tasks for the position and must complete all training (both mandatory & suggested) prior to further assignment as a trainee.
 Recommendations: _____
 Date: _____ Evaluator's Initials: _____
 Evaluator's relevant red card (or agency certification) rating: _____

#2	Evaluator's name, Incident/office title & agency:				
Evaluator's home unit address & phone:					
Location of incident or Simulation (agency & area)	Incident Type (wildfire, search & rescue, etc.)	Number & Type of Resources Pertinent to Trainee's Position	Duration (inclusive dates in trainee status)	Mgt. Level (Area Command, Type 1, 2, 3 or 4)	NFFL Fuel Model
			To		

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 _____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.
 _____ The individual is severely deficient in the performance of tasks for the position and must complete all training (both mandatory & suggested) prior to further assignment as a trainee.
 Recommendations: _____
 Date: _____ Evaluator's Initials: _____ Evaluator's relevant red card (or agency certification) rating: _____

Evaluation Record
(Continue Sheet)

TRAINEE NAME

TRAINEE POSITION

#3	Evaluator's name, Incident/office title & agency:
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Evaluator's home unit address & phone:

Location of incident or Simulation (agency & area)	Incident Type (wildfire, search & rescue, etc.)	Number & Type of Resources Pertinent to Trainee's Position	Duration (inclusive dates in trainee status)	Mgt. Level (Area Command, Type 1, 2, 3 or 4)	NFFL Fuel Model
			To		

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Recommendations: _____

Date: _____ Evaluator's Initials: _____ Evaluator's relevant red card (or agency certification) rating: _____

#4	Evaluator's name, Incident/office title & agency:
-----------	--

Evaluator's home unit address & phone:

Location of incident or Simulation (agency & area)	Incident Type (wildfire, search & rescue, etc.)	Number & Type of Resources Pertinent to Trainee's Position	Duration (inclusive dates in trainee status)	Mgt. Level (Area Command, Type 1, 2, 3 or 4)	NFFL Fuel Model
			To		

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Recommendations: _____

Date: _____ Evaluator's Initials: _____ Evaluator's relevant red card (or agency certification) rating: _____