

*NFIRS 5.0 Self Study Program*  
*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.

Pre-Test #6 - Emergency Medical Services  
(EMS) Module

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1. A Basic Module must be completed if the EMS Module is completed.
  - (a) True
  - (b) False
  
2. EMS-type activities are a significant portion of a fire department's operational workload.
  - (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 it relates to the provision of emergency medical care by local fire service units.
  - (a) True
  - (b) False
  
5. The EMS Module can be used for all fire services casualties.
  - (a) True
  - (b) False

*Using the  
EMS Module*

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## Using the EMS Module

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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 40%) of a fire department’s operational workload. The National Fire Information Council (NFIC) encouraged the USFA to include an EMS Reporting Module in the new NFIRS 5.0 reporting system. The USFA acknowledged that EMS was integral to the needs of local fire departments and the data was critical to management of those departments. In-as-much, tasking for the development of an EMS Module was contained in the 1996 cooperative agreement between the USFA and NFIC. The EMS module is an optional module. It should be used when that option has been chosen by your State or local authorities.

An EMS reporting committee was formed with representation from local fire departments providing emergency medical services, State Fire Marshal’s Offices, a State EMS Director, and a physician advisor.

The starting point for the committee’s work was the Final Report of the August 1993 Uniform Pre-Hospital Emergency Medical Services (EMS) Data Conference sponsored by the National Highway Traffic Safety Administration (NHTSA). This document contains the 80 EMS data points and their definitions as agreed upon by the participants of the conference as being “essential” or “desirable” for EMS data systems. To view the 80 EMS data points and their definitions, see the NHTSA website at:

[www.nhtsa.gov/people/injury/ems/products.htm](http://www.nhtsa.gov/people/injury/ems/products.htm).

Upon review of the NHTSA data elements, the NFIRS EMS Reporting Committee concluded that many of the data elements did not pass the test for “collectable, reportable, or usable.” As a result, the committee pulled together patient care reports and EMS data forms from fire departments and state EMS agencies across the country and compared them for data elements that were universally being collected and reported. As much as practical, NHTSA codes and definitions were retained in order to provide linkage to databases, which employ these codes.

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 it relates 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.

*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 deaths results from a fire incident.*

Whenever a 300 series “Incident Type” (i.e. 311,322,371, etc.) is entered on the Basic Module Section C, you may also complete the EMS Module. It may also be completed for injuries treated in any other incident type.

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*

**Section A: FDID, State, Incident Number, Incident Date, Exposure Number**

<b>A</b>	<input type="text"/> FDID ☆	<input type="text"/> State ☆	<input type="text"/> Incident Date ☆	<input type="text"/> Station	<input type="text"/> Incident Number ☆	<input type="text"/> Exposure ☆	<input type="checkbox"/> Delete <input type="checkbox"/> Change	<b>NFIRS-6 EMS</b>
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The information here in Section A is consistent with the Basic Module. It can be used to recall the incident from computer program or to print a hard copy of an incident. In an automated system the information is only entered once in the Basic Unit. The system may be programmed to enter the data automatically in all other required data fields throughout the NFIRS modules.

*Section B*

**Section B: Number of Patients and Patient Number**

<b>B</b>	<b>Number of Patients</b>	<b>Patient Number</b> ☆
	<input type="text"/>	<input type="text"/>
	Use a separate form for each patient	

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 number one (001).

*Section C*

**Section C: Date/Time**

<b>C</b>	<b>Date/Time</b>						
	<input type="checkbox"/> Time Arrived at Patient	Month	Day	Year	Hour/Mins	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> Time of Patient Transfer	<input type="text"/>					

Check if same date as alarm

Use the first line to record "Time 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 high-rise 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 various types of patients.

*Section D*

**Section D: Provider Impression/Assessment**

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

Record the single clinical assessment that primarily drove 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 that is 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*

**Section E: Age or Date of Birth, Gender**

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*Block E<sub>1</sub>*

<b>E<sub>1</sub> Age or Date of Birth</b>		
<input type="text"/>	<input type="checkbox"/> Months (for infants)	
Age	<b>OR</b>	
<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year

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

*Block E<sub>2</sub>*

<b>E<sub>2</sub> Gender</b>	
1 <input type="checkbox"/> Male	2 <input type="checkbox"/> Female

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

*Section F*

**Section F: Race, Ethnicity**

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*Block F<sub>1</sub>*

<b>F<sub>1</sub> Race</b>	
1	White
2	Black
3	Am. Indian/Eskimo
4	Asian
0	Other, multi-racial
U	Undetermined

Mark the box that in Block F<sub>1</sub> to record the patient's race, if known.

*Block F<sub>2</sub>*

<b>F<sub>2</sub></b> Ethnicity
1 <input type="checkbox"/> Hispanic

F<sub>2</sub> identifies the ethnicity of the patient. Ethnicity is an ethnic classification or affiliation. Current “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.

This data is useful for epidemiological studies and can also be important in accessing certain types of federal or state funds that are directed to specific racial or ethnic groups.

*Section G*

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**Section G: Human Factors and Other Factors**

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*Block G<sub>1</sub>*

<b>G<sub>1</sub></b> Human Factors
Check all applicable boxes
1 <input type="checkbox"/> Asleep
2 <input type="checkbox"/> Unconscious
3 <input type="checkbox"/> Possibly impaired by alcohol
4 <input type="checkbox"/> Possibly impaired by drugs
5 <input type="checkbox"/> Possibly mentally disabled
6 <input type="checkbox"/> Physically disabled
7 <input type="checkbox"/> Physically restrained
8 <input type="checkbox"/> Unattended person
N <input type="checkbox"/> None

There are nine boxes in Block G<sub>1</sub> 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.

*Block G<sub>2</sub>*

**Other Factors**

If an illness, not an injury, skip G2 and go to H3

1  Accidental  
 2  Self-inflicted  
 3  Inflicted, not self  
 N  None

Use Block G<sub>2</sub> to address other factors such as: accidental; self-inflicted; or inflicted, not self - which affect how the injury/illness occurred. Data can be used to show number comparisons between accidental and self-inflicted incidents.

*Section H*

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

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*Block H<sub>1</sub> & H<sub>2</sub>*

<b>H<sub>1</sub> Body Site of Injury</b> <small>List up to five body sites</small>	<b>H<sub>2</sub> Injury Type</b> <small>List one injury type for each body site listed under H<sub>1</sub></small>
<input type="text"/>	<input type="text"/>

You can record up to five body sites in Block H<sub>1</sub>. Describe the body site injured and its corresponding injury type, listing the body site with the most serious injury first. H<sub>2</sub> 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. This data is also used to analyze the correlation between injury assessment in the field and actual injuries as evaluated in medical receiving facilities.



*Section I*

Section I: Procedures Used

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<b>I Procedures Used</b>		Check all applicable boxes
01	<input type="checkbox"/> Airway insertion	14
02	<input type="checkbox"/> Anti-shock trousers	15
03	<input type="checkbox"/> Assist ventilation	16
04	<input type="checkbox"/> Bleeding control	17
05	<input type="checkbox"/> Burn care	18
06	<input type="checkbox"/> Cardiac pacing	19
07	<input type="checkbox"/> Cardioversion (defib) manual	20
08	<input type="checkbox"/> Chest/abdominal thrust	21
09	<input type="checkbox"/> CPR	22
10	<input type="checkbox"/> Cricothyroidotomy	23
11	<input type="checkbox"/> Defibrillation by AED	24
12	<input type="checkbox"/> EKG monitoring	NN
13	<input type="checkbox"/> Extrication	00
		<input type="checkbox"/> Intubation (EGTA)
		<input type="checkbox"/> Intubation (ET)
		<input type="checkbox"/> IO/IV therapy
		<input type="checkbox"/> Medications therapy
		<input type="checkbox"/> Oxygen therapy
		<input type="checkbox"/> OB care/delivery
		<input type="checkbox"/> Prearrival instructions
		<input type="checkbox"/> Restrain patient
		<input type="checkbox"/> Spinal immobilization
		<input type="checkbox"/> Splint extremities
		<input type="checkbox"/> Suction/aspirate
		<input type="checkbox"/> No Treatment
		<input type="checkbox"/> Other

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*

Section J: Safety Equipment

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<b>J Safety Equipment</b>	
Used or deployed by Patient	
1	<input type="checkbox"/> Safety/seat belts
2	<input type="checkbox"/> Child safety seat
3	<input type="checkbox"/> Airbag
4	<input type="checkbox"/> Helmet
5	<input type="checkbox"/> Protective clothing
6	<input type="checkbox"/> Flotation device
N	<input type="checkbox"/> None
0	<input type="checkbox"/> Other
U	<input type="checkbox"/> 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. This data provides 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 this data to study the effectiveness of safety devices in preventing injuries and reducing deaths. This information is also important to use when improvements are being made to existing safety devices, or when new safety devices are being developed.

*Section K*

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**Section: K Cardiac Arrest**

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<b>K</b>	<b>Cardiac Arrest</b>
	Check all applicable boxes
1	<input type="checkbox"/> Pre-arrival arrest?
	If pre-arrival arrest, was it?
1	<input type="checkbox"/> Witnessed
2	<input type="checkbox"/> Bystander CPR
2	<input type="checkbox"/> Post-arrival arrest?
	<b>Initial Arrest Rhythm</b>
1	<input type="checkbox"/> V-Fib/ V-Tach
0	<input type="checkbox"/> Other
U	<input type="checkbox"/> Undetermined

This section is used to indicate if patient cardiac arrest was pre- or post-arrival 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 should also record the initial arrest rhythm by checking the box next to either "V-fib/V-tach," "Other," or "Undetermined."

Data from this section is used to evaluate pre-hospital CPR and the affect of cardiac care on reducing morbidity.

*Section L*

Section L: Initial Level of Care and Highest Level of  
Care On Scene

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*Block L<sub>1</sub>*

<b>L<sub>1</sub></b>	<b>Initial Level of Provider</b>	☆
1	<input type="checkbox"/>	First Responder
2	<input type="checkbox"/>	EMT-B (Basic)
3	<input type="checkbox"/>	EMT-I (Intermediate)
4	<input type="checkbox"/>	EMT-P (Paramedic)
0	<input type="checkbox"/>	Other provider
N	<input type="checkbox"/>	No Training

Block L<sub>1</sub> is used to collect data about the training level of the fire department responders that provided the initial care. Researchers can use this data to determine the effectiveness of care and measure any trends in the quality of pre-hospital care being provided by fire departments.

*Block L<sub>2</sub>*

<b>L<sub>2</sub></b>	<b>Highest Level of Provider On Scene</b>	
1	<input type="checkbox"/>	First Responder
2	<input type="checkbox"/>	EMT-B (Basic)
3	<input type="checkbox"/>	EMT-I (Intermediate)
4	<input type="checkbox"/>	EMT-P (Paramedic)
0	<input type="checkbox"/>	Other provider
N	<input type="checkbox"/>	No care provided

Block L<sub>2</sub> 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*

**Section M: Patient Status**

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<b>M</b>	<b>Patient Status</b>
1	<input type="checkbox"/> Improved
2	<input type="checkbox"/> Remained same
3	<input type="checkbox"/> Worsened
Check if:	
	<input type="checkbox"/> 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*

**Section N: Disposition**

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<b>N</b>	<b>Disposition</b>
1	<input type="checkbox"/> FD transport to ECF
2	<input type="checkbox"/> Non-FD transport
3	<input type="checkbox"/> Non-FD trans/FD attend
4	<input type="checkbox"/> Non-emergency transfer
0	<input type="checkbox"/> Other
N	<input type="checkbox"/> Not transported
<small>NFIRS-6 Revision</small>	

There are six choices available for documenting the disposition of the patient. This 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 their EMS transport needs are.

## SUMMARY

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### *Summary*

Nationally, EMS activities are a significant part of the total service being provided by the fire department. The fire service can use the EMS Module to report all emergency medical incidents to which a fire department unit responds. When an "Incident Type" in the 300 series is noted on the Basic Module Section C, then the EMS Module may also be completed. 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 is dispatched on a medical call on May 1, 2002. A fire department unit is dispatched to respond to the call at 0223 hour. 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 0130 hour. The incident number is 0001234.**

**NFIRS 5.0 SELF STUDY PROGRAM  
EMERGENCY MEDICAL SERVICES (EMS) MODULE: NFIRS 6**

<b>A</b>	TR: <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/>	WI: <input type="text" value="1"/>	MM: <input type="text" value="0"/> <input type="text" value="5"/>	DD: <input type="text" value="0"/> <input type="text" value="1"/>	YYYY: <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="2"/>	Station: <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="1"/>	Incident Number: <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="4"/>	Exposure: <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/>	<input type="checkbox"/> Delete <input type="checkbox"/> Change	<b>NFIRS-6 EMS</b>
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<b>B</b> Number of Patients: <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="1"/>	Patient Number: <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="1"/>	<b>C</b> Date/Time	Month: <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="3"/>
Use a separate form for each patient		Check if same date as alarm <input type="checkbox"/> <input checked="" type="checkbox"/> Time Arrived at Patient	Day: <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="3"/>
		<input checked="" type="checkbox"/> Time of Patient Transfer	Year: <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="3"/>
			Hour/Mins: <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="3"/>

**D Provider Impression/Assessment**  Check one box only

10 <input type="checkbox"/> Abdominal pain 11 <input type="checkbox"/> Airway obstruction 12 <input type="checkbox"/> Allergic reaction 13 <input type="checkbox"/> Altered LOC 14 <input type="checkbox"/> Behavioral/psych 15 <input type="checkbox"/> Burns 16 <input type="checkbox"/> Cardiac arrest 17 <input type="checkbox"/> Cardiac dysrhythmia	18 <input type="checkbox"/> Chest pain 19 <input type="checkbox"/> Diabetic symptom 20 <input type="checkbox"/> Do not resuscitate 21 <input type="checkbox"/> Electrocution 22 <input type="checkbox"/> General illness 23 <input checked="" type="checkbox"/> Hemorrhaging/bleeding 24 <input type="checkbox"/> Hyperthermia 25 <input type="checkbox"/> Hypothermia	26 <input type="checkbox"/> Hypovolemia 27 <input type="checkbox"/> Inhalation injury 28 <input type="checkbox"/> Obvious death 29 <input type="checkbox"/> OD/poisoning 30 <input type="checkbox"/> Pregnancy/OB 31 <input type="checkbox"/> Respiratory arrest 32 <input type="checkbox"/> Respiratory distress 33 <input type="checkbox"/> Seizure	34 <input type="checkbox"/> Sexual assault 35 <input type="checkbox"/> Sting/bite 36 <input type="checkbox"/> Stroke/CVA 37 <input type="checkbox"/> Syncope 38 <input type="checkbox"/> Trauma 00 <input type="checkbox"/> Other NN <input type="checkbox"/> None/no patient or refused treatment
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<b>E1</b> Age or Date of Birth	<b>F1</b> Race	<b>G1</b> Human Factors	<b>G2</b> Other Factors
<input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="2"/> <input type="checkbox"/> Months (for infants) Age <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="2"/> OR Month Day Year	1 <input checked="" type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> Am. Indian/Eskimo 4 <input type="checkbox"/> Asian 0 <input type="checkbox"/> Other, multi-racial U <input type="checkbox"/> Undetermined	Check all applicable boxes 1 <input type="checkbox"/> Asleep 2 <input type="checkbox"/> Unconscious 3 <input type="checkbox"/> Possibly impaired by alcohol 4 <input type="checkbox"/> Possibly impaired by drugs 5 <input type="checkbox"/> Possibly mentally disabled 6 <input type="checkbox"/> Physically disabled 7 <input type="checkbox"/> Physically restrained 8 <input type="checkbox"/> Unattended person N <input checked="" type="checkbox"/> None	If an illness, not an injury, skip G2 and go to H3 1 <input type="checkbox"/> Accidental 2 <input type="checkbox"/> Self-inflicted 3 <input checked="" type="checkbox"/> Inflicted, not self N <input type="checkbox"/> None
<b>E2</b> Gender	<b>F2</b> Ethnicity		
1 <input type="checkbox"/> Male 2 <input checked="" type="checkbox"/> Female	1 <input type="checkbox"/> Hispanic		

<b>H1</b> Body Site of Injury	<b>H2</b> Injury Type	<b>H3</b> Cause of Illness/Injury
List up to five body sites	List one injury type for each body site listed under H1	
<input type="text" value="7"/> Lower Extremity <input type="text" value="6"/> Upper Extremity <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text" value="1"/> <input type="text" value="8"/> Puncture/Stab <input type="text" value="1"/> <input type="text" value="2"/> Burn <input type="text"/> <input type="text"/>	<input type="text" value="3"/> <input type="text" value="2"/> Cause of illness/injury <input type="text" value="Physical Assault"/>

<b>I</b> Procedures Used	<b>J</b> Safety Equipment	<b>K</b> Cardiac Arrest
Check all applicable boxes	Used or deployed by Patient	Check all applicable boxes
01 <input type="checkbox"/> Airway insertion 02 <input type="checkbox"/> Anti-shock trousers 03 <input type="checkbox"/> Assist ventilation 04 <input checked="" type="checkbox"/> Bleeding control 05 <input checked="" type="checkbox"/> Burn care 06 <input type="checkbox"/> Cardiac pacing 07 <input type="checkbox"/> Cardioversion (defib) manual 08 <input type="checkbox"/> Chest/abdominal thrust 09 <input type="checkbox"/> CPR 10 <input type="checkbox"/> Cricothyroidotomy 11 <input type="checkbox"/> Defibrillation by AED 12 <input type="checkbox"/> EKG monitoring 13 <input type="checkbox"/> Extrication 14 <input type="checkbox"/> Intubation (EGTA) 15 <input type="checkbox"/> Intubation (ET) 16 <input type="checkbox"/> IO/IV therapy 17 <input type="checkbox"/> Medications therapy 18 <input type="checkbox"/> Oxygen therapy 19 <input type="checkbox"/> OB care/delivery 20 <input type="checkbox"/> Prearrival instructions 21 <input type="checkbox"/> Restrain patient 22 <input type="checkbox"/> Spinal immobilization 23 <input type="checkbox"/> Splint extremities 24 <input type="checkbox"/> Suction/aspirate NN <input type="checkbox"/> No Treatment 00 <input type="checkbox"/> Other	1 <input type="checkbox"/> Safety/seat belts 2 <input type="checkbox"/> Child safety seat 3 <input type="checkbox"/> Airbag 4 <input type="checkbox"/> Helmet 5 <input type="checkbox"/> Protective clothing 6 <input type="checkbox"/> Flotation device N <input checked="" type="checkbox"/> None 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	1 <input type="checkbox"/> Pre-arrival arrest? If pre-arrival arrest, was it? 1 <input type="checkbox"/> Witnessed 2 <input type="checkbox"/> Bystander CPR 2 <input type="checkbox"/> Post-arrival arrest? Initial Arrest Rhythm 1 <input type="checkbox"/> V-Fib/ V-Tach 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined

<b>L1</b> Initial Level of Provider	<b>L2</b> Highest Level of Provider On Scene	<b>M</b> Patient Status	<b>N</b> Disposition
1 <input type="checkbox"/> First Responder 2 <input checked="" type="checkbox"/> EMT-B (Basic) 3 <input type="checkbox"/> EMT-I (Intermediate) 4 <input type="checkbox"/> EMT-P (Paramedic) 0 <input type="checkbox"/> Other provider N <input type="checkbox"/> No Training	1 <input type="checkbox"/> First Responder 2 <input checked="" type="checkbox"/> EMT-B (Basic) 3 <input type="checkbox"/> EMT-I (Intermediate) 4 <input type="checkbox"/> EMT-P (Paramedic) 0 <input type="checkbox"/> Other provider N <input type="checkbox"/> No care provided	1 <input type="checkbox"/> Improved 2 <input checked="" type="checkbox"/> Remained same 3 <input type="checkbox"/> Worsened Check if: 1 <input checked="" type="checkbox"/> Pulse on Transfer	1 <input type="checkbox"/> FD transport to ECF 2 <input type="checkbox"/> Non-FD transport 3 <input type="checkbox"/> Non-FD trans/FD attend 4 <input type="checkbox"/> Non-emergency transfer 0 <input checked="" type="checkbox"/> Other N <input type="checkbox"/> Not transported

NFIRS-6 Revision

## 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 subsequent 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 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.**

**NFIRS 5.0 SELF STUDY PROGRAM  
EMERGENCY MEDICAL SERVICES (EMS) MODULE: NFIRS 6**

<b>A</b> FDID ☆    State ☆    Incident Date ☆    Station    Incident Number ☆    Exposure ☆		<input type="checkbox"/> Delete <input type="checkbox"/> Change	<b>NFIRS-6 EMS</b>
<b>B</b> Number of Patients    Patient Number ☆		<b>C</b> Date/Time    Month    Day    Year    Hour/Mins	
Use a separate form for each patient		<input type="checkbox"/> Time Arrived at Patient <input type="checkbox"/> Time of Patient Transfer	
<b>D</b> Provider Impression/Assessment ☆ Check one box only			
10 <input type="checkbox"/> Abdominal pain 11 <input type="checkbox"/> Airway obstruction 12 <input type="checkbox"/> Allergic reaction 13 <input type="checkbox"/> Altered LOC 14 <input type="checkbox"/> Behavioral/psych 15 <input type="checkbox"/> Burns 16 <input type="checkbox"/> Cardiac arrest 17 <input type="checkbox"/> Cardiac dysrhythmia	18 <input type="checkbox"/> Chest pain 19 <input type="checkbox"/> Diabetic symptom 20 <input type="checkbox"/> Do not resuscitate 21 <input type="checkbox"/> Electrocution 22 <input type="checkbox"/> General illness 23 <input type="checkbox"/> Hemorrhaging/bleeding 24 <input type="checkbox"/> Hyperthermia 25 <input type="checkbox"/> Hypothermia	26 <input type="checkbox"/> Hypovolemia 27 <input type="checkbox"/> Inhalation injury 28 <input type="checkbox"/> Obvious death 29 <input type="checkbox"/> OD/poisoning 30 <input type="checkbox"/> Pregnancy/OB 31 <input type="checkbox"/> Respiratory arrest 32 <input type="checkbox"/> Respiratory distress 33 <input type="checkbox"/> Seizure	34 <input type="checkbox"/> Sexual assault 35 <input type="checkbox"/> Sting/bite 36 <input type="checkbox"/> Stroke/CVA 37 <input type="checkbox"/> Syncope 38 <input type="checkbox"/> Trauma 00 <input type="checkbox"/> Other NN <input type="checkbox"/> None/no patient or refused treatment
<b>E1</b> Age or Date of Birth Age <input type="checkbox"/> Months (for infants) OR Month    Day    Year	<b>F1</b> Race 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> Am. Indian/Eskimo 4 <input type="checkbox"/> Asian 0 <input type="checkbox"/> Other, multi-racial U <input type="checkbox"/> Undetermined	<b>G1</b> Human Factors Check all applicable boxes 1 <input type="checkbox"/> Asleep 2 <input type="checkbox"/> Unconscious 3 <input type="checkbox"/> Possibly impaired by alcohol 4 <input type="checkbox"/> Possibly impaired by drugs 5 <input type="checkbox"/> Possibly mentally disabled 6 <input type="checkbox"/> Physically disabled 7 <input type="checkbox"/> Physically restrained 8 <input type="checkbox"/> Unattended person N <input type="checkbox"/> None	<b>G2</b> Other Factors If an illness, not an injury, skip G2 and go to H3 1 <input type="checkbox"/> Accidental 2 <input type="checkbox"/> Self-inflicted 3 <input type="checkbox"/> Inflicted, not self N <input type="checkbox"/> None
<b>E2</b> Gender 1 <input type="checkbox"/> Male    2 <input type="checkbox"/> Female	<b>F2</b> Ethnicity 1 <input type="checkbox"/> Hispanic		
<b>H1</b> Body Site of Injury List up to five body sites		<b>H2</b> Injury Type List one injury type for each body site listed under H1	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>H3</b> Cause of Illness/Injury Cause of illness/injury			
<input type="text"/> <input type="text"/>			
<b>I</b> Procedures Used    Check all applicable boxes		<b>J</b> Safety Equipment    Used or deployed by Patient	
01 <input type="checkbox"/> Airway insertion 02 <input type="checkbox"/> Anti-shock trousers 03 <input type="checkbox"/> Assist ventilation 04 <input type="checkbox"/> Bleeding control 05 <input type="checkbox"/> Burn care 06 <input type="checkbox"/> Cardiac pacing 07 <input type="checkbox"/> Cardioversion (defib) manual 08 <input type="checkbox"/> Chest/abdominal thrust 09 <input type="checkbox"/> CPR 10 <input type="checkbox"/> Cricothyroidotomy 11 <input type="checkbox"/> Defibrillation by AED 12 <input type="checkbox"/> EKG monitoring 13 <input type="checkbox"/> Extrication	14 <input type="checkbox"/> Intubation (EGTA) 15 <input type="checkbox"/> Intubation (ET) 16 <input type="checkbox"/> IO/IV therapy 17 <input type="checkbox"/> Medications therapy 18 <input type="checkbox"/> Oxygen therapy 19 <input type="checkbox"/> OB care/delivery 20 <input type="checkbox"/> Prearrival instructions 21 <input type="checkbox"/> Restrain patient 22 <input type="checkbox"/> Spinal immobilization 23 <input type="checkbox"/> Splint extremities 24 <input type="checkbox"/> Suction/aspirate NN <input type="checkbox"/> No Treatment 00 <input type="checkbox"/> Other	1 <input type="checkbox"/> Safety/seat belts 2 <input type="checkbox"/> Child safety seat 3 <input type="checkbox"/> Airbag 4 <input type="checkbox"/> Helmet 5 <input type="checkbox"/> Protective clothing 6 <input type="checkbox"/> Flotation device N <input type="checkbox"/> None 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	<b>K</b> Cardiac Arrest    Check all applicable boxes 1 <input type="checkbox"/> Pre-arrival arrest? If pre-arrival arrest, was it? 1 <input type="checkbox"/> Witnessed 2 <input type="checkbox"/> Bystander CPR 2 <input type="checkbox"/> Post-arrival arrest? Initial Arrest Rhythm 1 <input type="checkbox"/> V-Fib/ V-Tach 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined
<b>L1</b> Initial Level of Provider ☆	<b>L2</b> Highest Level of Provider On Scene	<b>M</b> Patient Status	<b>N</b> Disposition
1 <input type="checkbox"/> First Responder 2 <input type="checkbox"/> EMT-B (Basic) 3 <input type="checkbox"/> EMT-I (Intermediate) 4 <input type="checkbox"/> EMT-P (Paramedic) 0 <input type="checkbox"/> Other provider N <input type="checkbox"/> No Training	1 <input type="checkbox"/> First Responder 2 <input type="checkbox"/> EMT-B (Basic) 3 <input type="checkbox"/> EMT-I (Intermediate) 4 <input type="checkbox"/> EMT-P (Paramedic) 0 <input type="checkbox"/> Other provider N <input type="checkbox"/> No care provided	1 <input type="checkbox"/> Improved 2 <input type="checkbox"/> Remained same 3 <input type="checkbox"/> Worsened Check if: 1 <input type="checkbox"/> Pulse on Transfer	1 <input type="checkbox"/> FD transport to ECF 2 <input type="checkbox"/> Non-FD transport 3 <input type="checkbox"/> Non-FD trans/FD attend 4 <input type="checkbox"/> Non-emergency transfer 0 <input type="checkbox"/> Other N <input type="checkbox"/> Not transported



## EXERCISE SCENARIO 6-2: VEHICLE FIRE 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) responded to a vehicle fire on I-95 near mile marker 73 and Exit 2B in Brunswick, Virginia 23351 on May 3. The dispatcher assigned the incident (#5455) to Engine Co. 2 from Shift C. The unit received the alarm at 11:58 p.m. and arrived at the scene in six minutes with a four-person engine crew and a two-person truck crew. Flame and smoke was coming from the vehicle. 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 414-432-0987. He said that his front seat caught on fire. In an effort to extinguish the fire, the car crashed into the guardrail. He called 911 from his cellular telephone. He said that he was driving for two hours and became drowsy from a prescription drug that he took. The vehicle was a 1999 Ford Explorer, Virginia License Plate Number ACZ586, and VIN 1FBEU54X3ABC45634. The firefighters extinguished the fire; it was under controlled at 12:10 a.m. They determined that a burning cigarette caused the fire. The cigarette ignited the seat causing \$26,000 property damage and no content loss to the vehicle. 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 fire department keeps records on the location of all responses. 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.

Mr. Anderson, 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 overall change in status improved. He was release to the on-scene towing service provider, Ace Towing, at 12:25 a.m. The towing service provider gave Mr. Anderson a ride from the incident

**NFIRS 5.0 SELF STUDY PROGRAM  
EMERGENCY MEDICAL SERVICES (EMS) MODULE: NFIRS 6**

**A** FDID  State  Incident Date  Station  Incident Number  Exposure   Delete  Change  No Activity **NFIRS - 1 Basic**

**B** Locatio   Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B "Alternative Location Specification". Use only

Street address  Intersection  In front of  Rear of  Adjacent to  Directions

Number/Milepost Prefix Street or Highway Street Type Suffix

Apt./Suite/Room City State Zip Code

Cross street or directions, as applicable

**C** Incident Type  Incident Type

**D** Aid Given or Received  1  Mutual aid received 2  Automatic aid recv. 3  Mutual aid given 4  Automatic aid given 5  Other aid given N  None

Their FDID Their State Their Incident Number

**E1** Dates & Times Midnight is 0000 Month Day Year Hour Min

Check boxes if dates are the same as Alarm Date. Alarm  Arrival  Controlled  Last Unit Cleared

**E2** Shifts & Alarms Local Option Shift or platoon Alarms District

**E3** Special Studies Local Option Special Study ID# Special Study Value

**F** Actions Taken  Primary Action Taken (1) Additional Action Taken (2) Additional Action Taken (3)

**G1** Resources  Check this box and skip this section if an Apparatus or Personnel form is used.

Apparatus Personnel Suppression EMS Other

Check box if resource counts include aid received resources.

**G2** Estimated Dollar Losses & Values

LOSSES: Required for all fires if known. Optional for non None

Property \$ Contents \$ PRE-INCIDENT VALUE: Optional Property \$ Contents \$

**Completed Modules**  Fire-2  Structure-3  Civilian Fire Cas.-4  Fire Serv. Casualty-5  EMS-6  HazMat-7  Wildland Fire-8  Apparatus-9  Personnel-10  Arson-11

**H1** Casualties  None Deaths Injuries Fire Service Civilian

**H2** Detector Required for confined fires. 1  Detector alerted occupants 2  Detector did not alert them U  Unknown

**H3** Hazardous Materials Release N  None 1  Natural gas: slow leak, no evacuation or HazMat actions 2  Propane gas: <21 lb. tank (as in home BBQ grill) 3  Gasoline: vehicle fuel tank or portable container 4  Kerosene: fuel burning equipment or portable storage 5  Diesel fuel/fuel oil: vehicle fuel tank or portable storage 6  Household solvents: home/office spill, cleanup only 7  Motor oil: from engine or portable container 8  Paint: from paint cans totaling <55 gallons 0  Other: Special HazMat actions required or spill > 55 gal., Please complete the HazMat form

**Mixed Use Property** NN  Not mixed 10  Assembly Use 20  Education use 33  Medical use 40  Residential use 51  Row of stores 53  Enclosed mall 58  Business & residential 59  Office use 60  Industrial use 63  Military use 65  Farm use 00  Other mixed use

**J** Property Use  Structures 341  Clinic, clinic type infirmary 539  Household goods, sales, repairs 131  Church, place of worship 342  Doctor/dentist office 579  Motor vehicle/boat sales/repairs 161  Restaurant or cafeteria 361  Prison or jail, not juvenile 571  Gas or service station 162  Bar/tavern or nightclub 419  1- or 2- family dwelling 599  Business office 213  Elementary school or kindergart. 429  Multi-family dwelling 615  Electric generating plant 215  High school or junior high 439  Rooming/boardng house 629  Laboratory/science lab 241  College, adult ed. 449  Commercial hotel or motel 700  Manufacturing plant 311  Care facility for the aged 459  Residential, board and care 819  Livestock/poultry storage (barn) 331  Hospital 464  Dormitory/barracks 882  Non-residential parking garage 519  Food and beverage sales 891  Warehouse

**Outside** 124  Playground or park 936  Vacant lot 981  Construction site 655  Crops or orchard 938  Graded/cared for plot of land 984  Industrial plant yard 669  Forest (timberland) 946  Lake, river, stream 807  Outdoor storage area 951  Railroad right of way 960  Other street 919  Dump or sanitary landfill 961  Highway/divided highway 962  Residential street/driveway 931  Open land or field 962  Residential street/driveway

Look up and enter a Property Use code only if you have NOT checked a Property Use box:  Property Use

NFIRS-1 Revision







## Emergency Medical Services (EMS) Module Test

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1. The EMS Module is:
  - (a) intended to be a comprehensive EMS patient care report
  - (b) not intended to replace state or local EMS patient care reporting.
  - (c) one of the five required NFIRS modules
  - (d) intended to include responding fire suppression units but not fire department EMS units
  
2. The EMS Module can be used:
  - (a) for fire services injuries or deaths
  - (b) for non fire related civilian injuries or deaths
  - (c) to replace the civilian fire casualty module in cases where a civilian casualty results from a fire
  - (d) only for 300 series "Incident Type" - Emergency medical service
  
3. To determine the actual time fire department spent with the patient which data elements are needed:
  - (a) Arrival time
  - (b) Time Arrived at Patient
  - (c) Time of Patient Transfer
  - (d) Last Unit Clear Time
  
4. Which two data elements enable EMS planners to identify the types of injuries experienced by EMS patients?
  - (a) Human Factors & Other Factors
  - (b) Initial Level of Provider On Scene & Highest Level of Provider On Scene
  - (c) Body Site of Injury & Injury Type
  - (d) Primary Area of Body Injures & Factor Contributing to Injury
  
5. To determine what was done to assess or treat the patient, use the following data element:
  - (a) Provider Impression/Assessment
  - (b) Human Factors
  - (c) Procedures Used
  - (d) Highest Level of Provider On Scene