



**TO :**

**FROM :** National Wildfire Coordinating Group

**REPLY TO :** NWCG@nifc.gov

**DATE :** 07/25/2008

**SUBJECT :** SAFETY ADVISORY : NWCG Standards and Agency Administrator's Guide to Critical Incident Management

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The NWCG Safety and Health Working Team (SHWT) is pleased to announce the new updated Agency Administrator's Guide to Critical Incident Management (PMS 926) is now available. This publication is web-based only (cannot be ordered hard-copy) and can be viewed and downloaded from: <http://www.nwcg.gov/pms/pubs/pubs.htm> (select PMS 926)

The Agency Administrator's Guide to Critical Incident Management is designed to aid Agency Administrators in dealing with critical incidents. This document has been modified and streamlined to assist Agency Administrators prepare and to manage through those difficult and chaotic days that follow a death, serious injury, or other critical or highly visible event. The time to use it is now! The Guide's format is document protected; however, editing is permissible within the shaded areas which allows for site specific inputs and updates. It is recommended that site specific plans be reviewed and updated at least annually.

NWCG has also recently approved two new standards: Standards for Burn Injuries, and Interim Minimum Standards for Incident Emergency Medical Services (both attached). Individual agencies determine implementation of NWCG Standards.

A handwritten signature in black ink that reads 'Michelle G. Ryerson'.

Michelle G. Ryerson  
Chair, NWCG Safety and Health Working Team



NWCG#012-2008\_Memorandum\_Standards for Burn Injuries\_2008\_06\_27.pdf



NWCG#010-2008\_Memorandum\_Interim NWCG Minimum Standards for Incident Emergency Medical Services\_2008\_06\_30.pdf

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# NATIONAL WILDFIRE COORDINATING GROUP

National Interagency Fire Center  
3833 S. Development Avenue  
Boise, Idaho 83705

## MEMORANDUM

Reference: NWCG#012-2008

To: NWCG Executive Board

From: NWCG Chair *Brian McManis*

Date: July 10, 2008

Subject: Standards for Burn Injuries

The following standards will be used when any firefighter sustains burn injuries, regardless of agency jurisdiction.

After on-site medical response, initial medical stabilization, and evaluation are completed; the agency administrator or designee having jurisdiction for the incident and/or firefighter representative (e.g. Crew Boss, Medical Unit Leader, Compensations for Injury Specialist, etc.) should coordinate with the attending physician to ensure that a firefighter whose injuries meet any of the following burn injury criteria is immediately referred to the nearest regional burn center. It is imperative that action is expeditious, as burn injuries are often difficult to evaluate and may take 72 hours to manifest themselves. These criteria are based upon American Burn Association criteria as warranting immediate referral to an accredited burn center.

The decision to refer the firefighter to a regional burn center is made directly by the attending physician or may be requested of the physician by the agency administrator or designee having jurisdiction and/or firefighter representative.

The agency administrator or designee for the incident will coordinate with the employee's home unit to identify a Workers Compensation liaison to assist the injured employee with workers compensation claims and procedures.

Workers Compensation benefits may be denied in the event that the attending physician **does not agree** to refer the firefighter to a regional burn center. During these rare events, close consultation must occur between the attending physician, the firefighter, the agency administrator or designee and/or firefighter representative, and the firefighter's physician to assure that the best possible care for the burn injuries is provided.

### **Burn Injury Criteria**

- Partial thickness burns (second degree) involving greater than 5% Total Body Surface Area (TBSA).
- Burns (second degree) involving the face, hands, feet, genitalia, perineum, or major joints.
- Third-degree burns of any size are present.
- Electrical burns, including lightning injury are present.
- Inhalation injury is suspected.
- Burns are accompanied by traumatic injury (such as fractures).
- Individuals are unable to immediately return to full duty.

When there is any doubt as to the severity of the burn injury, the recommended action should be to facilitate the immediate referral and transport of the firefighter to the nearest burn center.

As list of possible burn care facilities can be found at:

<http://www.blm.gov/nifc/st/en/prog/fire/im.html>.

For additional NWCG incident emergency medical information see:

<http://www.nwcg.gov/teams/shwt/iemtg/index.html>

If you have any questions, please contact your agency representative to the Safety and Health Working Team.



# NATIONAL WILDFIRE COORDINATING GROUP

National Interagency Fire Center  
3833 S. Development Avenue  
Boise, Idaho 83705

## MEMORANDUM

Reference: NWCG#010-2008

To: NWCG Executive Board

From: NWCG Chair *Brian McManis*

Date: June 30, 2008

Subject: Interim NWCG Minimum Standards for Incident Emergency Medical Services

The following interim NWCG Minimum Standards for Incident Emergency Medical Services will assist wildland fire incident commanders with determining the level and number of emergency medical resources and related supplies needed based upon the number incident personnel.

These standards are interim while incident medical services scope of practice and standards of care are formally developed by the Incident Emergency Medical Task Group (IEMTG), who are working under the auspices of the NWCG Safety and Health Working Team.

As you review the standards, the requirement for Automated Electronic Defibrillator's (AED) is identified for incidents of 250 or more personnel. The Fire Equipment Working Team (FEWT) was tasked with developing the method(s) by which AED's will be made available when required. The FEWT presented options for meeting this requirement to NWCG. NWCG approved the recommendation from FEWT for AED's to be part of the Medical Kit hired with a Paramedic through a contract, and any ambulance or other contracted medical service would also be required to come equipped with an AED. FEWT is still evaluating alternatives for agency personnel within the medical unit to have an AED. Please consult your respective state emergency medical services policy for further information on AED's. Final recommendations concerning this method of support will be presented to NWCG at their Fall 2008 Meeting.

This standard as well as other incident medical information can be found on the IEMTG website at: <http://www.nwcg.gov/teams/shwt/iemtg/index.html>

If you have any questions, please contact your agency representative to the Safety and Health Working Team.

Attachment

## Interim NWCG Minimum Standards of Incident Emergency Medical Services 2008

**NOTE:** Regional differences/protocols exist: e.g., **Northern Rockies** (Incident Medical Specialist Program), **Pacific Northwest** (Incident Medical Specialist Program) and **Alaska** (Firemedic Program) that are different from these guidelines and may require a higher level of EMS service.

Incident Size	Initial Attack	Fewer than 250 people	Between 250 and 500	More than 500 people
Medical Unit Leader (MEDL)	No	TBD by IC and jurisdictional agency	YES (1)	YES (1)
First Responder or Basic FA	Yes	Yes	N/A	N/A
MEDL EMTs	No	No	1	2
EMTs	No	To be determined by the IC or jurisdictional agency with consideration given to size and complexity of fire	1	2
MEDL Quals	N/A	N/A	310-1 Basic EMT	310-1 Basic EMT
Med Unit EMT Quals	N/A	Basic EMT	310-1 Basic EMT	310-1 Basic EMT
EMTs per Division	N/A	To be determined in consultation with Operations and/or Medical Unit		
Establish Local Medical Direction	N/A	To be determined by the IC or jurisdictional agency with consideration given to size and complexity of fire	Yes	Yes
First Aid Kits	Pocket & Vehicle First Aid Kits	Pocket, Vehicle & Crew First Aid Kits	Pocket, Vehicle & Crew First Aid Kits	Pocket, Vehicle & Crew First Aid Kits
100 person First Aid Kit	No	To be determined by the IC or jurisdictional agency with consideration given to size and complexity of fire	Yes	No

<b>500 person First Aid Kit NFES#</b>	<b>No</b>	<b>No</b>	<b>No</b>	<b>Yes</b>
<b>AED</b>	<b>No</b>	<b>To be determined by the IC or jurisdictional agency with consideration given to size and complexity of fire</b>	<b>Yes</b>	<b>Yes</b>
<b>Oxygen</b>	<b>No</b>	<b>No</b>	<b>TBD</b>	<b>Yes</b>
<b>OTC Meds</b>	<b>No</b>	<b>To be determined in consultation with Safety Officer, Medical Unit Leader, and Finance Section Chief</b>		
<b>Emergency Transport</b>	<b>N/A</b>	<b>Method to provide transport to the nearest medical facility is to be identified in the Incident Action Plan</b>		