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.

Table of Contents

Pretest #6 - Emergency Medical Services (EMS) Module 6-3
Using the EMS Module 6-4
Section A: FDID, State, Incident Number, Incident 6-5
Section B: Number of Patients and Patient Number 6-5
Section C: Date/Time 6-5
Section D: Provider Impression/Assessment 6-6
Section E: Age or Date of Birth, Gender 6-6
Section F: Race, Ethnicity 6-7
Section G: Human Factors Contributing to Injury and Other Factors 6-7
Section H: Body Site of Injury, Injury Type, and Cause of Injury/Illness 6-8
Section I: Procedures Used 6-9
Section J: Safety Equipment 6-9
Section K: Cardiac Arrest 6-10
Section L: Initial Level of Provider and Highest Level of Care Provided on Scene 6-10
Section M: Patient Status 6-11
Section N: Disposition 6-11
SUMMARY 6-12
EXAMPLE: Injured Person 6-13
EXERCISE SCENARIO 6.1: Unconscious Person 6-15
EXERCISE SCENARIO 6-2: MVA on I-95 6-18
Emergency Medical Services (EMS) Module Test 6-23

Pretest #6 - Emergency Medical Services (EMS) Module

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 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 firefighter 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

A FDID ☆ State ☆ MM DD YYYY Incident Date ☆ Station Incident Number ☆ Exposure ☆ ☐ Delete ☐ Change NFIRS–6 EMS

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

B **Number of Patients** **Patient Number** ☆

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 001.

Section C: Date/Time

C **Date/Time**

Check if same date as Alarm date

	Month	Day	Year	Hour/Min
☐ **Time Arrived at Patient**				
☐ **Time of Patient Transfer**				

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 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/Assessment** ☆ Check one box only ☐ **None/no patient or refused treatment**

10	☐ Abdominal pain	18	☐ Chest pain	26	☐ Hypovolemia	34	☐ Sexual assault
11	☐ Airway obstruction	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

E_1 Age or Date of Birth

Age ☐ Months (for infants)

OR

Month Day Year

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.

E_2 Gender

1 ☐ Male 2 ☐ Female

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

Section F: Race, Ethnicity

F_1 Race

1 ☐ White
2 ☐ Black, African American
3 ☐ Am. Indian, Alaska Native
4 ☐ Asian
5 ☐ Native Hawaiian, Other Pacific Islander
0 ☐ Other, multiracial
U ☐ Undetermined

Mark the box that in **Block F_1** to record the patient's race, if known.

F_2 Ethnicity

1 ☐ Hispanic or Latino
2 ☐ Non Hispanic or Latino

F_2 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

G_1 Human Factors Contributing to Injury ☐ None

Check 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

Use **Block G_1** 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.

G_2 Other Factors ☐ None

If an illness, not an injury, skip G_2 and go to H_3

1 ☐ Accidental
2 ☐ Self-inflicted
3 ☐ Inflicted, not self

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

H_1 Body Site of Injury
List up to five body sites

H_2 Injury Type
List one injury type for each body site listed under H1

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.

H_3 Cause of Illness/Injury

Cause of illness/injury

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.

Cause of Illness/Injury Codes

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

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 H_3
(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 applicable boxes	No treatment
01	Airway insertion	14	Intubation (EGTA)
02	Anti-shock trousers	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) manual	20	Prearrival instructions
08	Chest/abdominal thrust	21	Restrain patient
09	CPR	22	Spinal immobilization
10	Cricothyroidotomy	23	Splinted extremities
11	Defibrillation by AED	24	Suction/aspirate
12	EKG monitoring	00	Other
13	Extrication		

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

K Cardiac Arrest

Check all applicable boxes

1 ☐ Pre-arrival arrest?

If pre-arrival arrest, was it:

1 ☐ Witnessed?
2 ☐ Bystander CPR?

2 ☐ Post-arrival arrest?

Initial Arrest Rhythm

1 ☐ V-Fib/V-Tach
0 ☐ Other
U ☐ Undetermined

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

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

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.

L2 Highest Level of Care Provided On Scene ☐ None

1 ☐ First Responder
2 ☐ EMT-B (Basic)
3 ☐ EMT-I (Intermediate)
4 ☐ EMT-P (Paramedic)
0 ☐ Other provider

Block L2 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 Disposition ☐ Not transported

1 ☐ FD transport to ECF
2 ☐ Non-FD transport
3 ☐ Non-FD trans/FD attend
4 ☐ Non-emergency transfer
0 ☐ Other

NFIRS–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.

A FDID: TR200 | State: WI | Incident Date: MM 05 DD 01 YYYY 2002 | Station: 001 | Incident Number: 0001234 | Exposure: 000

☐ Delete ☐ Change

NFIRS–6 EMS

B Number of Patients 001 **Patient Number** 001

Use 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				0228
☒ Time of Patient Transfer				0256

D Provider Impression/Assessment Check one box only

☐ None/no patient or refused treatment

- 10 ☐ Abdominal pain
- 11 ☐ Airway obstruction
- 12 ☐ Allergic reaction
- 13 ☐ Altered LOC
- 14 ☐ Behavioral/psych
- 15 ☐ Burns
- 16 ☐ Cardiac arrest
- 17 ☐ Cardiac dysrhythmia
- 18 ☐ Chest pain
- 19 ☐ Diabetic symptom
- 20 ☐ Do not resuscitate
- 21 ☐ Electrocution
- 22 ☐ General illness
- 23 ☒ Hemorrhaging/bleeding
- 24 ☐ Hyperthermia
- 25 ☐ Hypothermia
- 26 ☐ Hypovolemia
- 27 ☐ Inhalation injury
- 28 ☐ Obvious death
- 29 ☐ OD/poisoning
- 30 ☐ Pregnancy/OB
- 31 ☐ Respiratory arrest
- 32 ☐ Respiratory distress
- 33 ☐ Seizure
- 34 ☐ Sexual assault
- 35 ☐ Sting/bite
- 36 ☐ Stroke/CVA
- 37 ☐ Syncope
- 38 ☐ Trauma
- 00 ☐ Other

E1 Age or Date of Birth

Age: 022 ☐ Months (for infants)

OR

Month ___ Day ___ Year ___

E2 Gender

1 ☐ Male 2 ☒ Female

F1 Race

- 1 ☒ White
- 2 ☐ Black, African American
- 3 ☐ Am. Indian, Alaska Native
- 4 ☐ Asian
- 5 ☐ Native Hawaiian, Other Pacific Islander
- 0 ☐ Other, multiracial
- U ☐ Undetermined

F2 Ethnicity

- 1 ☐ Hispanic or Latino
- 2 ☐ Non Hispanic or Latino

G1 Human Factors Contributing to Injury ☒ None

Check 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

G2 Other Factors ☐ None

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

- 1 ☐ Accidental
- 2 ☐ Self-inflicted
- 3 ☒ Inflicted, not self

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

H1 Code	Body Site	H2 Code	Injury Type
7	Lower Extremity	18	Puncture/Stab
6	Upper Extremity	12	Burn

H3 Cause of Illness/Injury

32

Cause of illness/injury: Physical Assault

I Procedures Used Check all applicable boxes ☐ No treatment

- 01 ☐ Airway insertion
- 02 ☐ Anti-shock trousers
- 03 ☐ Assist ventilation
- 04 ☒ Bleeding control
- 05 ☒ Burn care
- 06 ☐ Cardiac pacing
- 07 ☐ Cardioversion (defib) manual
- 08 ☐ Chest/abdominal thrust
- 09 ☐ CPR
- 10 ☐ Cricothyroidotomy
- 11 ☐ Defibrillation by AED
- 12 ☐ EKG monitoring
- 13 ☐ Extrication
- 14 ☐ Intubation (EGTA)
- 15 ☐ Intubation (ET)
- 16 ☐ IO/IV therapy
- 17 ☐ Medications therapy
- 18 ☐ Oxygen therapy
- 19 ☐ OB care/delivery
- 20 ☐ Prearrival instructions
- 21 ☐ Restrain patient
- 22 ☐ Spinal immobilization
- 23 ☐ Splinted extremities
- 24 ☐ Suction/aspirate
- 00 ☐ Other

J Safety Equipment ☒ None

Used or deployed by patient. Check all applicable boxes.

- 1 ☐ Safety/seat belts
- 2 ☐ Child safety seat
- 3 ☐ Airbag
- 4 ☐ Helmet
- 5 ☐ Protective clothing
- 6 ☐ Flotation device
- 0 ☐ Other
- U ☐ Undetermined

K Cardiac Arrest

Check all applicable boxes

1 ☐ Pre-arrival arrest?

If pre-arrival arrest, was it:

- 1 ☐ Witnessed?
- 2 ☐ Bystander CPR?

2 ☐ Post-arrival arrest?

Initial Arrest Rhythm

- 1 ☐ V-Fib/V-Tach
- 0 ☐ Other
- U ☐ Undetermined

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 Provided On Scene ☐ None

- 1 ☒ First Responder
- 2 ☐ EMT-B (Basic)
- 3 ☐ EMT-I (Intermediate)
- 4 ☐ EMT-P (Paramedic)
- 0 ☐ Other provider

M Patient Status

- 1 ☐ Improved
- 2 ☒ Remained same
- 3 ☐ Worsened

Check if:

- 1 ☒ Pulse on transfer
- 2 ☐ No pulse on transfer

N EMS Disposition ☐ Not transported

- 1 ☐ FD transport to ECF
- 2 ☐ Non-FD transport
- 3 ☐ Non-FD trans/FD attend
- 4 ☐ Non-emergency transfer
- 0 ☒ Other

NFIRS–6 Revision 01/01/04

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.

A FDID ☆ | State ☆ | Incident Date (MM DD YYYY) ☆ | Station | Incident Number ☆ | Exposure ☆

☐ Delete ☐ Change

NFIRS–6 EMS

B Number of Patients | Patient Number ☆

Use 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				
☐ Time of Patient Transfer				

D Provider Impression/Assessment ☆ Check one box only

☐ None/no patient or refused treatment

- 10 ☐ Abdominal pain
- 11 ☐ Airway obstruction
- 12 ☐ Allergic reaction
- 13 ☐ Altered LOC
- 14 ☐ Behavioral/psych
- 15 ☐ Burns
- 16 ☐ Cardiac arrest
- 17 ☐ Cardiac dysrhythmia
- 18 ☐ Chest pain
- 19 ☐ Diabetic symptom
- 20 ☐ Do not resuscitate
- 21 ☐ Electrocution
- 22 ☐ General illness
- 23 ☐ Hemorrhaging/bleeding
- 24 ☐ Hyperthermia
- 25 ☐ Hypothermia
- 26 ☐ Hypovolemia
- 27 ☐ Inhalation injury
- 28 ☐ Obvious death
- 29 ☐ OD/poisoning
- 30 ☐ Pregnancy/OB
- 31 ☐ Respiratory arrest
- 32 ☐ Respiratory distress
- 33 ☐ Seizure
- 34 ☐ Sexual assault
- 35 ☐ Sting/bite
- 36 ☐ Stroke/CVA
- 37 ☐ Syncope
- 38 ☐ Trauma
- 00 ☐ Other

E1 Age or Date of Birth

Age ☐ Months (for infants)

OR

Month Day Year

F1 Race

- 1 ☐ White
- 2 ☐ Black, African American
- 3 ☐ Am. Indian, Alaska Native
- 4 ☐ Asian
- 5 ☐ Native Hawaiian, Other Pacific Islander
- 0 ☐ Other, multiracial
- U ☐ Undetermined

G1 Human Factors Contributing to Injury ☐ None

Check 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

G2 Other Factors ☐ None

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

- 1 ☐ Accidental
- 2 ☐ Self-inflicted
- 3 ☐ Inflicted, not self

E2 Gender

1 ☐ Male 2 ☐ Female

F2 Ethnicity

- 1 ☐ Hispanic or Latino
- 2 ☐ Non Hispanic or Latino

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

I Procedures Used Check all applicable boxes ☐ No treatment

- 01 ☐ Airway insertion
- 02 ☐ Anti-shock trousers
- 03 ☐ Assist ventilation
- 04 ☐ Bleeding control
- 05 ☐ Burn care
- 06 ☐ Cardiac pacing
- 07 ☐ Cardioversion (defib) manual
- 08 ☐ Chest/abdominal thrust
- 09 ☐ CPR
- 10 ☐ Cricothyroidotomy
- 11 ☐ Defibrillation by AED
- 12 ☐ EKG monitoring
- 13 ☐ Extrication
- 14 ☐ Intubation (EGTA)
- 15 ☐ Intubation (ET)
- 16 ☐ IO/IV therapy
- 17 ☐ Medications therapy
- 18 ☐ Oxygen therapy
- 19 ☐ OB care/delivery
- 20 ☐ Prearrival instructions
- 21 ☐ Restrain patient
- 22 ☐ Spinal immobilization
- 23 ☐ Splinted extremities
- 24 ☐ Suction/aspirate
- 00 ☐ Other

J Safety Equipment ☐ None

Used or deployed by patient. Check all applicable boxes.

- 1 ☐ Safety/seat belts
- 2 ☐ Child safety seat
- 3 ☐ Airbag
- 4 ☐ Helmet
- 5 ☐ Protective clothing
- 6 ☐ Flotation device
- 0 ☐ Other
- U ☐ Undetermined

K Cardiac Arrest

Check all applicable boxes

1 ☐ Pre-arrival arrest?

If pre-arrival arrest, was it:

- 1 ☐ Witnessed?
- 2 ☐ Bystander CPR?

2 ☐ Post-arrival arrest?

Initial Arrest Rhythm

- 1 ☐ V-Fib/V-Tach
- 0 ☐ Other
- U ☐ Undetermined

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 Provided On Scene ☐ None

- 1 ☐ First Responder
- 2 ☐ EMT-B (Basic)
- 3 ☐ EMT-I (Intermediate)
- 4 ☐ EMT-P (Paramedic)
- 0 ☐ Other provider

M Patient Status

- 1 ☐ Improved
- 2 ☐ Remained same
- 3 ☐ Worsened

Check if:

- 1 ☐ Pulse on transfer
- 2 ☐ No pulse on transfer

N EMS Disposition ☐ Not transported

- 1 ☐ FD transport to ECF
- 2 ☐ Non-FD transport
- 3 ☐ Non-FD trans/FD attend
- 4 ☐ Non-emergency transfer
- 0 ☐ Other

NFIRS–6 Revision 01/01/04

A FDID: TR100 | State: WI | Incident Date: MM 04 DD 01 YYYY 1997 | Station: 001 | Incident Number: 9704567 | Exposure: 000

☐ Delete ☐ Change

NFIRS–6 EMS

B Number of Patients 001 **Patient Number** 001

Use 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				1410
☒ Time of Patient Transfer				1440

D Provider Impression/Assessment Check one box only ☐ None/no patient or refused treatment

10 ☐ Abdominal pain
11 ☐ Airway obstruction
12 ☐ Allergic reaction
13 ☐ Altered LOC
14 ☐ Behavioral/psych
15 ☐ Burns
16 ☐ Cardiac arrest
17 ☐ Cardiac dysrhythmia
18 ☐ Chest pain
19 ☐ Diabetic symptom
20 ☐ Do not resuscitate
21 ☐ Electrocution
22 ☐ General illness
23 ☐ Hemorrhaging/bleeding
24 ☐ Hyperthermia
25 ☐ Hypothermia
26 ☐ Hypovolemia
27 ☐ Inhalation injury
28 ☐ Obvious death
29 ☒ OD/poisoning
30 ☐ Pregnancy/OB
31 ☐ Respiratory arrest
32 ☐ Respiratory distress
33 ☐ Seizure
34 ☐ Sexual assault
35 ☐ Sting/bite
36 ☐ Stroke/CVA
37 ☐ Syncope
38 ☐ Trauma
00 ☐ Other

E1 Age or Date of Birth
Age: 022 ☐ Months (for infants)
OR
Month / Day / Year

F1 Race
1 ☒ White
2 ☐ Black, African American
3 ☐ Am. Indian, Alaska Native
4 ☐ Asian
5 ☐ Native Hawaiian, Other Pacific Islander
0 ☐ Other, multiracial
U ☐ Undetermined

G1 Human Factors Contributing to Injury ☐ None
Check 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

G2 Other Factors ☐ None
If an illness, not an injury, skip G2 and go to H3
1 ☐ Accidental
2 ☒ Self-inflicted
3 ☐ Inflicted, not self

E2 Gender
1 ☒ Male 2 ☐ Female

F2 Ethnicity
1 ☐ Hispanic or Latino
2 ☐ Non Hispanic or Latino

H1 Body Site of Injury
List up to five body sites
8 Internal

H2 Injury Type
List one injury type for each body site listed under H1
00 Other

H3 Cause of Illness/Injury
11
Cause of illness/injury: Drug Overdose

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

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

K Cardiac Arrest
Check all applicable boxes
1 ☐ Pre-arrival arrest?
If pre-arrival arrest, was it:
1 ☐ Witnessed?
2 ☐ Bystander CPR?
2 ☐ Post-arrival arrest?

Initial Arrest Rhythm
1 ☐ V-Fib/V-Tach
0 ☐ Other
U ☐ Undetermined

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 Provided On Scene ☐ None
1 ☐ First Responder
2 ☒ EMT-B (Basic)
3 ☐ EMT-I (Intermediate)
4 ☐ EMT-P (Paramedic)
0 ☐ Other provider

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

N EMS Disposition ☐ Not transported
1 ☐ FD transport to ECF
2 ☒ Non-FD transport
3 ☐ Non-FD trans/FD attend
4 ☐ Non-emergency transfer
0 ☐ Other

NFIRS–6 Revision 01/01/04

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 FDID ☆ | State ☆ | Incident Date (MM DD YYYY) ☆ | Station | Incident Number ☆ | Exposure ☆

☐ Delete ☐ Change ☐ No Activity

NFIRS–1 Basic

B Location Type ☆

☐ 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 for wildland fires.

Census Tract

- ☐ Street address
- ☐ Intersection
- ☐ In front of
- ☐ Rear of
- ☐ Adjacent to
- ☐ Directions
- ☐ US National Grid

Number/Milepost | Prefix | Street or Highway | Street Type | Suffix

Apt./Suite/Room | City | State | ZIP Code

Cross Street, Directions or National Grid, as applicable

C Incident Type ☆

Incident Type

D Aid Given or Received ☆ ☐ None

1 ☐ Mutual aid received
2 ☐ Auto. aid received
3 ☐ Mutual aid given
4 ☐ Auto. aid given
5 ☐ Other aid given

Their FDID | Their State

Their Incident Number

E1 Dates and Times Midnight is 0000

Month | Day | Year | Hour | Min

Check boxes if dates are the same as Alarm Date.

ALARM always required

Alarm ☆

ARRIVAL required, unless canceled or did not arrive

☐ Arrival ☆

CONTROLLED optional, except for wildland fires

☐ Controlled

LAST UNIT CLEARED, required except for wildland fires

☐ Last Unit Cleared

E2 Shifts and 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 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 $, , ☐

Completed Modules

- ☐ Fire–2
- ☐ Structure Fire–3
- ☐ Civilian Fire Cas.–4
- ☐ Fire Service Cas.–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 ☐ 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.)

I Mixed Use Property ☐ 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 ☆ ☐ None

Structures

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

Outside

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

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

Property Use | Code

Property Use Description

NFIRS–1 Revision 01/01/05

K1 Person/Entity Involved

Local Option

Business Name (if applicable) | Area Code | Phone Number

☐ Check this box if same address as incident Location (Section B). Then skip the three duplicate address lines.

Mr., Ms., Mrs. | First Name | MI | Last Name | Suffix

Number | Prefix | Street or Highway | Street Type | Suffix

Post Office Box | Apt./Suite/Room | City

State | ZIP Code

☐ **More people involved? Check this box and attach Supplemental Forms (NFIRS–1S) as necessary.**

K2 Owner

Local Option

☐ Same as person involved? Then check this box and skip the rest of this block.

Business Name (if applicable) | Area Code | Phone Number

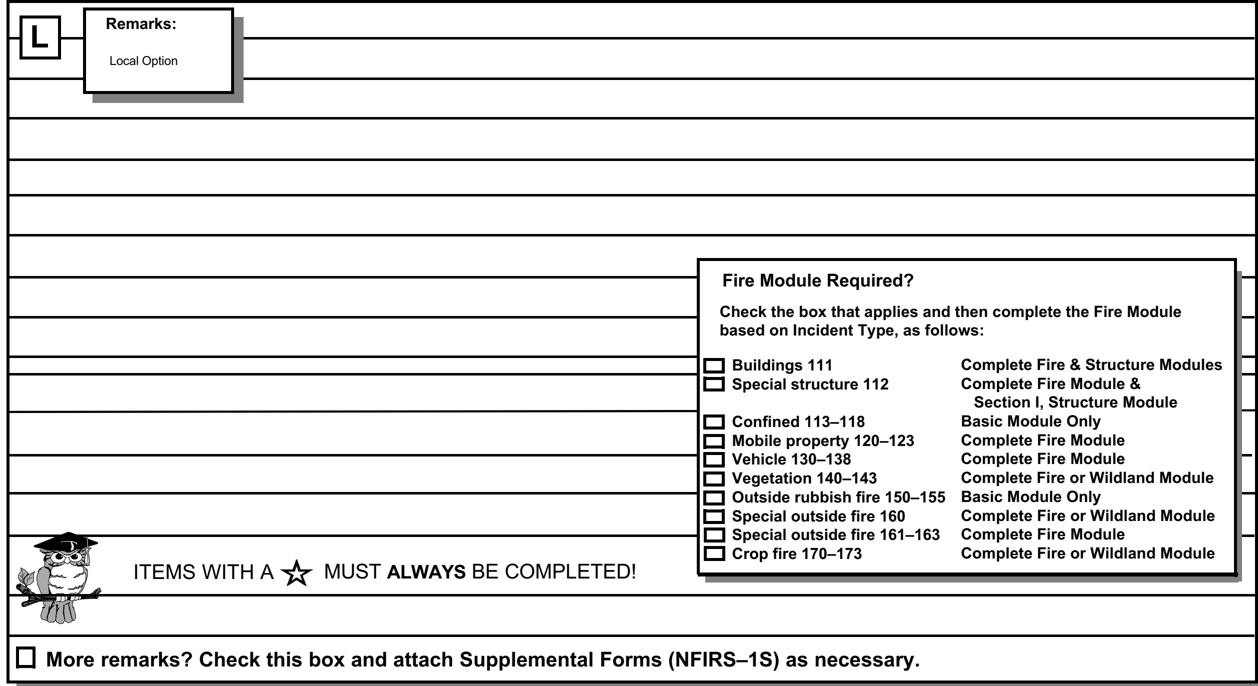
☐ Check this box if same address as incident Location (Section B). Then skip the three duplicate address lines.

Mr., Ms., Mrs. | First Name | MI | Last Name | Suffix

Number | Prefix | Street or Highway | Street Type | Suffix

Post Office Box | Apt./Suite/Room | City

State | ZIP Code



L Remarks:

Local Option

Fire Module Required?

Check the box that applies and then complete the Fire Module based on Incident Type, as follows:

Incident Type	Required Module
☐ Buildings 111	Complete Fire & Structure Modules
☐ Special structure 112	Complete Fire Module & Section I, Structure Module
☐ Confined 113–118	Basic Module Only
☐ Mobile property 120–123	Complete Fire Module
☐ Vehicle 130–138	Complete Fire Module
☐ Vegetation 140–143	Complete Fire or Wildland Module
☐ Outside rubbish fire 150–155	Basic Module Only
☐ Special outside fire 160	Complete Fire or Wildland Module
☐ Special outside fire 161–163	Complete Fire Module
☐ Crop fire 170–173	Complete Fire or Wildland Module

ITEMS WITH A ☆ MUST **ALWAYS** BE COMPLETED!

☐ **More remarks? Check this box and attach Supplemental Forms (NFIRS–1S) as necessary.**

M Authorization

Officer in charge ID | Signature | Position or rank | Assignment | Month | Day | Year

Check box if same as Officer in charge. ☐ Member making report ID | Signature | Position or rank | Assignment | Month | Day | Year

A FDID ☆ | State ☆ | Incident Date (MM DD YYYY) ☆ | Station | Incident Number ☆ | Exposure ☆

☐ Delete ☐ Change

NFIRS–2 Fire

B Property Details

B1 Estimated number of residential living units in building of origin *whether or not all units became involved* ☐ Not Residential

B2 Number of buildings involved ☐ Buildings not involved

B3 Acres burned (outside fires) ☐ None ☐ Less than one acre

C On-Site Materials or Products ☐ None

Complete if there were any significant amounts of commercial, industrial, energy, or agricultural products or or materials on the property, *whether or not they became involved*

Enter up to three codes. Check one box for each code entered.

On-Site Materials Storage Use

On-site material (1)
1 ☐ Bulk storage or warehousing
2 ☐ Processing or manufacturing
3 ☐ Packaged goods for sale
4 ☐ Repair or service
U ☐ Undetermined

On-site material (2)
1 ☐ Bulk storage or warehousing
2 ☐ Processing or manufacturing
3 ☐ Packaged goods for sale
4 ☐ Repair or service
U ☐ Undetermined

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

D1 Area of fire origin ☆

D2 Heat source ☆

D3 Item first ignited ☆ 1 ☐ Check box if fire spread was confined to object of origin.

D4 Type of material first ignited — Required only if item first ignited code is 00 or <70

E1 Cause of Ignition ☆

☐ Check box if this is an exposure report. ⇨ Skip to Section G

1 ☐ Intentional
2 ☐ Unintentional
3 ☐ Failure of equipment or heat source
4 ☐ Act of nature
5 ☐ Cause under investigation
U ☐ Cause undetermined after investigation

E2 Factors Contributing to Ignition ☆ ☐ None

Factor contributing to ignition (1)

Factor contributing to ignition (2)

E3 Human Factors Contributing to Ignition ☆

Check all applicable boxes ☐ None

1 ☐ Asleep
2 ☐ Possibly impaired by alcohol or drugs
3 ☐ Unattended person
4 ☐ Possibly mentally disabled
5 ☐ Physically disabled
6 ☐ Multiple persons involved

7 ☐ Age was a factor

Estimated age of person involved

1 ☐ Male 2 ☐ Female

F1 Equipment Involved in Ignition

☐ None ⇨ If equipment was not involved, skip to Section G

Equipment Involved

Brand

Model

Serial #

Year

F2 Equipment Power Source

Equipment Power Source

F3 Equipment Portability

1 ☐ Portable
2 ☐ Stationary

Portable equipment normally can be moved by one or two persons, is designed to be used in multiple locations, and requires no tools to install.

G Fire Suppression Factors ☐ None

Enter up to three codes.

Fire suppression factor (1)

Fire suppression factor (2)

Fire suppression factor (3)

H1 Mobile Property Involved ☐ None

1 ☐ Not involved in ignition, but burned
2 ☐ Involved in ignition, but did not burn
3 ☐ Involved in ignition and burned

H2 Mobile Property Type and Make

Mobile property type

Mobile property make

Mobile property model

Year

License Plate Number | State | VIN

Structure fire? Please be sure to complete the Structure Fire form (NFIRS–3).

Local Use

☐ **Pre-Fire Plan Available**

Some of the information presented in this report may be based upon reports from other agencies:

☐ Arson report attached
☐ Police report attached
☐ Coroner report attached
☐ Other reports attached

NFIRS–2 Revision 01/01/05

NFIRS–6 EMS

A FDID ☆ | State ☆ | Incident Date (MM DD YYYY) ☆ | Station | Incident Number ☆ | Exposure ☆ | ☐ Delete ☐ Change

B Number of Patients | **Patient Number** ☆
Use a separate form for each patient

C Date/Time (Month Day Year Hour/Min)
Check if same date as Alarm date
☐ Time Arrived at Patient
☐ Time of Patient Transfer

D Provider Impression/Assessment ☆ Check one box only — ☐ None/no patient or refused treatment

- 10 ☐ Abdominal pain
- 11 ☐ Airway obstruction
- 12 ☐ Allergic reaction
- 13 ☐ Altered LOC
- 14 ☐ Behavioral/psych
- 15 ☐ Burns
- 16 ☐ Cardiac arrest
- 17 ☐ Cardiac dysrhythmia
- 18 ☐ Chest pain
- 19 ☐ Diabetic symptom
- 20 ☐ Do not resuscitate
- 21 ☐ Electrocution
- 22 ☐ General illness
- 23 ☐ Hemorrhaging/bleeding
- 24 ☐ Hyperthermia
- 25 ☐ Hypothermia
- 26 ☐ Hypovolemia
- 27 ☐ Inhalation injury
- 28 ☐ Obvious death
- 29 ☐ OD/poisoning
- 30 ☐ Pregnancy/OB
- 31 ☐ Respiratory arrest
- 32 ☐ Respiratory distress
- 33 ☐ Seizure
- 34 ☐ Sexual assault
- 35 ☐ Sting/bite
- 36 ☐ Stroke/CVA
- 37 ☐ Syncope
- 38 ☐ Trauma
- 00 ☐ Other

E1 Age or Date of Birth
Age ☐ Months (for infants)
OR
Month Day Year

E2 Gender
1 ☐ Male 2 ☐ Female

F1 Race
- 1 ☐ White
- 2 ☐ Black, African American
- 3 ☐ Am. Indian, Alaska Native
- 4 ☐ Asian
- 5 ☐ Native Hawaiian, Other Pacific Islander
- 0 ☐ Other, multiracial
- U ☐ Undetermined

F2 Ethnicity
- 1 ☐ Hispanic or Latino
- 2 ☐ Non Hispanic or Latino

G1 Human Factors Contributing to Injury ☐ None
Check 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

G2 Other Factors ☐ None
If an illness, not an injury, skip G2 and go to H3
- 1 ☐ Accidental
- 2 ☐ Self-inflicted
- 3 ☐ Inflicted, not self

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

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

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

K Cardiac Arrest
Check all applicable boxes
- 1 ☐ Pre-arrival arrest?

If pre-arrival arrest, was it:
- 1 ☐ Witnessed?
- 2 ☐ Bystander CPR?

- 2 ☐ Post-arrival arrest?

Initial Arrest Rhythm
- 1 ☐ V-Fib/V-Tach
- 0 ☐ Other
- U ☐ Undetermined

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 Provided On Scene ☐ None
- 1 ☐ First Responder
- 2 ☐ EMT-B (Basic)
- 3 ☐ EMT-I (Intermediate)
- 4 ☐ EMT-P (Paramedic)
- 0 ☐ Other provider

M Patient Status
- 1 ☐ Improved
- 2 ☐ Remained same
- 3 ☐ Worsened

Check if:
- 1 ☐ Pulse on transfer
- 2 ☐ No pulse on transfer

N EMS Disposition ☐ Not transported
- 1 ☐ FD transport to ECF
- 2 ☐ Non-FD transport
- 3 ☐ Non-FD trans/FD attend
- 4 ☐ Non-emergency transfer
- 0 ☐ Other

NFIRS–6 Revision 01/01/04

Emergency Medical Services (EMS) Module Test

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 replaces the Civilian Fire Casualty Module to document a civilian injured as a result of a fire.

   (a) True.

   (b) False.

3. To determine the actual time the fire department spent with the patient, which two 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 and Other Factors.

   (b) Initial Level of Provider and Highest Level of Care Provided on Scene.

   (c) Body Site of Injury and Injury Type.

   (d) Primary Area of Body Injured and Human Factors 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 Care Provided on Scene.