A Publication of the
National Wildfire Coordinating Group

Sponsored by
United States
Department of Agriculture

United States
Department of the Interior

National Association of
State Foresters

NATIONAL INTERAGENCY INCIDENT MANAGEMENT SYSTEM

TASK BOOK FOR THE POSITION OF

MEDICAL UNIT LEADER (MEDL)

PMS 311-39 **June 2004**
NFES 2349

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

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

EVALUATOR

DO NOT COMPLETE THIS UNLESS YOU ARE RECOMMENDING THE TRAINEE FOR CERTIFICATION

VERIFICATION/CERTIFICATION OF COMPLETED TASK BOOK FOR THE POSITION OF

_____

FINAL EVALUATOR'S VERIFICATION

I verify that all tasks have been performed and are documented with appropriate initials.

I also verify that _____

has performed as a trainee and should therefore be considered for certification in this position.

_____

FINAL EVALUATOR'S SIGNATURE AND DATE

_____

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

AGENCY CERTIFICATION

I certify that _____

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

_____

CERTIFYING OFFICIAL'S SIGNATURE AND DATE

_____

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

Additional copies of this publication may be ordered from:

National Interagency Fire Center
ATTN: Great Basin Cache Supply Office
3833 S. Development Avenue
Boise, Idaho 83705
Order NFES 2349
Also available at http://www.nwcg.gov/teams/pmswt/pms.htm

NATIONAL WILDFIRE COORDINATING GROUP
POSITION TASK BOOK

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

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

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

RESPONSIBILITIES:

1. The **Home Unit** is responsible for:
   - Selecting trainees based on the needs of the home unit and higher levels.
   - Ensuring that the trainee meets the training and experience requirements included in the NIIMS Wildland and Prescribed Fire Qualification System Guide, PMS 310-1.
   - Initiating PTBs to document task performance.
   - Explaining to the trainee the purpose and processes of the PTB as well as the trainee's responsibilities.
   - Providing opportunities for evaluation and/or making the trainee available for evaluation.
   - Providing an evaluator for local assignments.
   - Tracking progress of the trainee.
   - Confirming PTB completion.
   - Determining certification per local policy.
   - Issuing proof of certification.
2. The **Trainee** is responsible for:
   - Reviewing and understanding instructions in the PTB.
   - Identifying desired objectives/goals.
   - Providing background information to an evaluator.

- Satisfactorily demonstrating completion of all tasks for an assigned position within three years.
- Assuring the Evaluation Record is complete.
- Notifying home unit personnel when the PTB is completed and providing a copy.
- Keeping the original PTB in personal records.

3. The **Evaluator** is responsible for:

- Understanding the Wildland and Prescribed Fire Qualifications System.
- Being qualified and proficient in the position being evaluated.
- Meeting with the trainee and determining past experience, current qualifications, and desired objectives/goals.
- Reviewing tasks with the trainee.
- Explaining to the trainee the evaluation procedures that will be utilized and which objectives may be attained.
- Identifying tasks to be performed during the evaluation period.
- Accurately evaluating and recording demonstrated performance of tasks. Satisfactory performance shall be documented by dating and initialing completion of the task. Unsatisfactory performance shall be documented in the Evaluation Record.
- Completing the Evaluation Record found at the end of this PTB.

4. The **Final Evaluator** is responsible for:

- Signing the verification statement inside the front cover of the PTB when all tasks have been initialed and if the trainee is recommended for certification.

5. The **Incident Training Specialist** is responsible for:

- Identifying incident evaluation opportunities.
- Assuring that trainees have met prerequisites.
- Identifying and assigning a qualified evaluator that can provide a positive experience for the trainee, and making an accurate and honest appraisal of the trainee's performance.
- Providing PTBs to approved trainees on the incident when home unit was unable to provide them.
- Documenting the assignment.
- Conducting progress reviews.
- Conducting a closeout interview with the trainee and evaluator and assuring that documentation is proper and complete.
- Notifying trainee's home unit.

QUALIFICATION RECORD

POSITION: MEDICAL UNIT LEADER (MEDL)

TASK	CODE*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
GENERAL			
1. Obtain and assemble information and materials needed for kit. Kit will be assembled and prepared prior to receiving an assignment. Kit will contain critical items needed for the assignment and items needed for functioning during the first 48 hours. Kit will be easily transportable and within agency weight limitation (per National Interagency Mobilization Guide). The suggested materials are: • PMS 410-1, NWCG Fireline Handbook • ICS 206, Medical Plan • ICS 213, General Message • ICS 214, Unit Log • CA-1, Employee's Notice of Injury and Claim for Continuation of Pay/Compensation • CA-2, Employee's Notice of Occupational Disease • CA-16, Authorization for Examination and/or Treatment • OF 297, Emergency Equipment Shift Ticket • SF 261, Crew Time Report • First Aid Field Station Log, Patient Log • Medical Unit Record of Issues • Agency Provided Medical Care (APMC) • Paper, pencils, pens, and duct tape • Flashlight • Small calculator • Large, black marking pens • Alarm clock	O		

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I = task must be performed on an incident (flood, fire, prescribed fire, search & rescue, planned event, etc.)
W = task must be performed on a wildland fire incident
/R = Rare event—the evaluation assignment may not provide opportunities to demonstrate performance. The evaluator may be able to determine skills/knowledge through interview or the home office may need to arrange for another assignment or a simulation.
RX = task must be performed on a prescribed fire incident

QUALIFICATION RECORD
Continuation Sheet

POSITION: MEDICAL UNIT LEADER (MEDL)

TASK	CODE*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
2. <u>Establish and maintain positive interpersonal and interagency working relationships.</u> • Through briefings, discuss EEO, civil rights, sexual discrimination, and other sensitive issues with assigned personnel. • Create a work environment that provides diversity and equal opportunity for all personnel assigned to the incident. • Provide equal assignment opportunities based on individual skill level. • Monitor and evaluate progress based on expected work standards. • Arbitrate differences in individual agencies' values and policies that affect the operation in a manner that fosters continuous positive working relationships. • Integrate cultural resource considerations into all management activities.	O		
3. <u>Provide for the safety and welfare of assigned personnel during the entire period of supervision.</u> • Recognize potentially hazardous situations. • Inform subordinates of hazards. • Ensure that special precautions are taken when hazards exist. • Ensure adequate rest is provided to all unit personnel.	I		

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QUALIFICATION RECORD
Continuation Sheet

POSITION: MEDICAL UNIT LEADER (MEDL)

TASK	CODE*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
MOBILIZATION			
4. Obtain complete information from dispatch upon initial activation. • Incident name • Incident order number • Agency-specific funding code; e.g., "P" code or fire number • Request number • Reporting location • Reporting time • Transportation arrangements/travel routes • Contact procedures during travel (telephone/radio)	I		
5. Gather information to assess the incident assignment. This is an ongoing task throughout all phases of the incident.	I		
INCIDENT ACTIVITIES			
6. Arrive at incident and check in. Arrive properly equipped at incident assigned location within acceptable time limits. Check in according to agency guidelines.	I		

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QUALIFICATION RECORD
Continuation Sheet

POSITION: MEDICAL UNIT LEADER (MEDL)

TASK	CODE*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
7. <u>Obtain briefing from supervisor.</u> Examples of briefing items are: • Work space • Ordering process • Work schedule • Policies and operating procedures • Types of resources committed • Resources ordered and/or en route • Current and anticipated situation • Expected duration of assignment • Assigned contractors (ambulance, etc.) • Incident Medical Specialist (IMS) team assigned • Safety Officer assigned • Safety hazards • Timekeeping procedures • Where to obtain information on past medical incidents; e.g., medical unit log, injury/illness log, patient evaluations This list is not all-inclusive; you are responsible for asking adequate questions.	I		
8. <u>Receive Incident Action Plan (IAP).</u> • Determine support needs to meet the IAP.	I		

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QUALIFICATION RECORD
Continuation Sheet

POSITION: MEDICAL UNIT LEADER (MEDL)

TASK	CODE*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
9. <u>Determine initial requirements for the medical unit and place order using proper procedures.</u> • Use information obtained from the following sources: – IAP – Section briefings – Agency briefings – Other sources • Place order to support projected incident size. Order may include: – Supplies/materials – Communications – Transportation – Personnel – Security – Facility – Agency-specific forms	I		

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QUALIFICATION RECORD
Continuation Sheet

POSITION: MEDICAL UNIT LEADER (MEDL)

TASK	CODE*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
10. Establish and maintain medical unit operations. • Monitor and maintain supplies and personnel necessary to meet the complexity of the incident. • Maintain security for medical unit. • Coordinate with Facilities Unit Leader to maintain utilities, space, and facilities; e.g., shelter, hand washing stations, portable toilets. • Arrange for appropriate medical ground transport (Basic Life Support or Advanced Life Support). • Arrange for appropriate air support. • Anticipate special needs (personnel, supplies, and equipment). • Provide for biohazard handling and disposal procedures.	I		
11. Organize and supervise unit. • Brief and keep personnel informed and updated. • Establish unit time frames and schedules. • Assign and monitor work assignments. • Review and approve time. • Promote team work. • Provide direction and discipline as needed. • Ensure all inappropriate actions involving contractor personnel are reported to the Contracting Officer using proper procedures. • Brief relief personnel.	I		

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QUALIFICATION RECORD
Continuation Sheet

POSITION: MEDICAL UNIT LEADER (MEDL)

TASK	CODE*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
12. Prepare and update ICS 206, Medical Plan. • Establish contact with local medical services. Use their capabilities when developing the Medical Plan: – Fire department(s) – Hospital(s) – Clinic(s) – Ambulance services – Air ambulances • Have Safety Officer review and sign.	I		
13. Establish effective medical unit procedures. • Major medical emergency • Non-emergency transport • Patient return from medical facility	I		
14. Respond in an appropriate and timely manner to aid requests at the medical unit.	I		
15. Evaluate medical unit's ability to perform patient assessment and care.	I		

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QUALIFICATION RECORD
Continuation Sheet

POSITION: MEDICAL UNIT LEADER (MEDL)

TASK	CODE*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
16. Utilize the following documents correctly and legibly. • ICS 213, General Message • ICS 214, Unit Log • Medical Unit Record of Issues • First Aid Field Station Log, Patient Evaluation • Agency-specific forms • Daily Summary • Incident Summary	I		
17. Interact and coordinate with appropriate incident personnel; e.g., resources, facilities, supply, communications, air support.	I		
18. Coordinate with Safety Officer and Compensation/Claims Unit Leader. • Respond to Safety Officer requests for briefings on medical trends in reported illnesses and injuries. • Inform compensation/claims personnel of injuries/illnesses requiring medical attention and request follow-up regarding patient status.	I		

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QUALIFICATION RECORD
Continuation Sheet

POSITION: MEDICAL UNIT LEADER (MEDL)

TASK	CODE*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
19. Participate in service branch/logistics section planning activities. Provide information, capabilities, and advice concerning the medical unit. Coordinate with other logistical units to meet time frames outlined in the proposed IAP.	I		
20. Identify and release excess unit resources. Coordinate with other functions and provide a list of excess personnel and facilities. List will include who or what is excess and time and date of excess. The list will be reviewed daily for accuracy. Ensure that the medical unit demobilization is timely and complete.	I		
21. Evaluate performance of personnel as required by agency policy. Discuss performance evaluations with individual(s).	I		

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QUALIFICATION RECORD
Continuation Sheet

POSITION: MEDICAL UNIT LEADER (MEDL)

TASK	CODE*	EVALUATION RECORD #	EVALUATOR: Initial & date upon completion of task
22. Coordinate with and submit all required information to the appropriate units. • Coordinate with Compensation/Claims Unit for completion of patient evaluation (follow-up). • Forward information for statistical analyses where appropriate. • Submit all required information to the Documentation Unit Leader. • Transfer information to relief as necessary.	I		
DEMOBILIZATION 23. Demobilize and check out. • Receive demobilization instructions from work supervisor. • Brief personnel staff on demobilization procedures and responsibilities. • Ensure that incident and agency demobilization procedures are followed. If required, complete ICS 221, Demobilization Checkout and turn in to the appropriate person. • Ensure personnel in the unit are demobilized correctly.	I		

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INSTRUCTIONS FOR EVALUATION RECORD

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

COMPLETE THESE ITEMS AT THE START OF THE EVALUATION PERIOD:

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

Evaluator's home unit address and phone: Self-explanatory

#: The number in the upper left corner of the Evaluation Record identifies a particular experience or group of experiences. This number should be placed in the column labeled "Evaluation Record #" on the Qualification Record for each task performed satisfactorily.

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

Incident Kind: Enter kind of incident; e.g., wildland fire, prescribed fire, search and rescue, flood, etc.

COMPLETE THESE ITEMS AT THE END OF THE EVALUATION PERIOD:

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

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

Management Level or Prescribed Fire Complexity Level: Indicates ICS organization level; i.e., Type 5, Type 4, Type 3, Type 2, Type 1, Area Command or prescribed fire complexity level (low, moderate, high).

NFFL Fuel Model: For wildland fire and prescribed fire experience, enter number (1-13) of the fuel model(s) in which the incident occurred and under which the trainee was evaluated.

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

Recommendation: Check as appropriate and/or make comments regarding the future needs for development of this trainee.

Date: List the date the record is being completed.

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

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

Evaluation Record

TRAINEE NAME	TRAINEE POSITION

#1	Evaluator's name: Incident/office title & agency:				
Evaluator' home unit address & phone:					
Name and Location of Incident or Simulation (agency & area)	Incident Kind (wildland fire, search & rescue, etc.)	Number & Type of Resources Pertinent to Trainee's Position	Duration (inclusive dates in trainee status)	Management Level or Prescribed Fire Complexity Level	NFFL Fuel Model(s)
			to		

The tasks initialed & dated by me have been performed under my supervision in a satisfactory manner by the above named trainee. I recommend the following for further development of this trainee.

_____ The individual has successfully performed all tasks for the position and should be considered for certification.

_____ The individual was not able to complete certain tasks (comments below) or additional guidance is required.

_____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.

_____ The individual is severely deficient in the performance of tasks for the position and needs further training (both required & knowledge and skills needed) prior to additional assignment(s) as a trainee.

Recommendations: _____

_____

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

#2	Evaluator's name: Incident/office title & agency:				
Evaluator' home unit address & phone:					
Name and Location of Incident or Simulation (agency & area)	Incident Kind (wildland fire, search & rescue, etc.)	Number & Type of Resources Pertinent to Trainee's Position	Duration (inclusive dates in trainee status)	Management Level or Prescribed Fire Complexity Level	NFFL Fuel Model(s)
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Recommendations: _____

_____

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

Evaluation Record
(Continuation Sheet)

TRAINEE NAME	TRAINEE POSITION

#3	Evaluator's name: Incident/office title & agency:				
Evaluator' home unit address & phone:					
Name and Location of Incident or Simulation (agency & area)	Incident Kind (wildland fire, search & rescue, etc.)	Number & Type of Resources Pertinent to Trainee's Position	Duration (inclusive dates in trainee status)	Management Level or Prescribed Fire Complexity Level	NFFL Fuel Model(s)
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Recommendations: _____
_____

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

#4	Evaluator's name: Incident/office title & agency:				
Evaluator' home unit address & phone:					
Name and Location of Incident or Simulation (agency & area)	Incident Kind (wildland fire, search & rescue, etc.)	Number & Type of Resources Pertinent to Trainee's Position	Duration (inclusive dates in trainee status)	Management Level or Prescribed Fire Complexity Level	NFFL Fuel Model(s)
			to		

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Recommendations: _____
_____

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