



MEDICAL INCIDENT REPORT

Fire Communication Category

The new Medical Incident Report (MIR) form can be found at all of the following: pages 108-09 of the IRPG, Medical Plan ICS-206 WF form and in many Incident Action Plans (IAPs). The MIR evolved from, and has replaced, the "9 Line Form" and "Pink Sticker".

The MIR is not always tasked to the EMT or Paramedic in "Patient Care". The intent of the form is to:

- 1) establish control of the incident whether routine or life-threatening by initiating a new Incident Command System,
 - 2) have a systematic standard process for reporting medical incidents/injuries, similar to a fire size-up form for initial attack, and
 - 3) have any firefighter be able to fill it out and transmit with prior training and direction.
- Treat it like any incident. If the incident is overwhelming, ask for a more qualified IC to assume command and expand/contract the organization's size depending on the needs of the incident.
 - Fill this form out completely prior to transmitting the report to dispatch/communications. If there is a life threat, do not let documentation delay patient care.
 - When transmitting the report, state the number and title of each section and say "break" and pause between the sections (e.g., "*Dispatch, TFLD Jones, Stand by for Priority Medical Incident Report. All other radio traffic please hold **BREAK** (pause/wait for response.) 2. Incident Status: Nature of Illness is chest pain. Incident Name is Tank Medical. IC will be TFLD Jones. Patient Care will be Paramedic Smith. **BREAK.** 3. Initial Patient Assessment is...*").
 - When using the MIR during a Multi-Casualty Incident (MCI) state the number injured and their severity (Section 3), (e.g., "*3. Initial Patient Assessment, I have 5 patients. 3 Reds, 1 Yellow and 1 Green. Mechanism of Injury is...*").
 - Use the terms Paramedic or EMT with the provider's last name in "Patient Care." Do not use EMT to describe a Paramedic or the ambiguous term, "Medic." All those roles need to be clearly identified to understand the level of care and treatment the patient(s) will receive.
 - Enact more than one transport plan and clear more than one frequency if needed for Sections 5 and 6.
 - Always be ready for the first plan to fail and be flexible enough to move into an alternate plan. Use the acronym PACE (**P**rimary, **A**lternate, **C**ontingency, and **E**mergency) for planning purposes.

Action Items:

- Consider developing medical emergency tabletop scenarios as part of morning briefings or field scenarios on project work to become familiar with the process. The more comfortable with the MIR you are, the more it will be second nature under stress.
- Ensure dispatchers and radio operators are aware of their roles and responsibilities pertaining to the Medical Incident Report.
- Review your local units' Emergency Plans.

Additional Resources:

NWCG Incident Emergency Medical Subcommittee (IEMS)

This topic was submitted by AFMO Miles Ellis and Asst. State FMO Paul Hohn with Wyoming BLM and expanded upon by Grand Canyon Helitack's Eric Graff.

Have an idea? Have feedback? Share it.

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