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| Massachusetts Fire Incident Reporting System – EMS Casualty |

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| A |  |  | | | | |  | | | | | |  | | | | | | | | | | | | | | | |  | |  | | | | | | | | | |  | | | | | Delete  Change | | | | | | | | | | | | | | | | | | | | | | |
| FDID \* | | | | | State \* | | | | | | Incident Date \* | | | | | | | | | | | | | | | | Station | | Incident Number \* | | | | | | | | | | Exposure \* | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| B |  |  | | | | | | |  | | | | | | | | | | |  | | | **C** | | | | |  | same as alarm date | | | | | | | |  | | | | | |  | | | | | | | | | | | | |  | **D** | |  |  | | | | | | | | |
| Number of Patients | | | | | | Patient Number \* | | | | | | | | | | |  | | |  | | | | |  |  | | | | | | | | Arrived at Patient | | | | | |  | | | | | | | | | | | | |  | | | | Provider Impression/Assessment \* | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | same as alarm date | | | | | | | |  | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | Transfer Patient | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | |
| E |  |  | | Months (for infants) | | | | | | | 1 Male  2 Female | | | | | | |  | | | **F** | | | | **RACE** | | | | | | | | | | | | | | | **G** | | **HUMAN FACTORS** | | | | | | | None | | | | | | | | | | | | | | | | | | **OTHER FACTORS** | |
| Age |  | | | | | | | | Gender | | | | | |  | | |  | | | | 1 White  2 Black  3 Am. Indian, Eskimo  4 Asian  0 Other, multi-racial  U Undetermined  **ETHNICITY**  Hispanic | | | | | | | | | | | | | | |  | | 1 Asleep  2 Unconscious  3 Possibly alcohol impaired  4 Possibly other drug impaired  5 Possibly mentally disabled | | | | | | | | | | | | | 6 Physically disabled  7 Physically restrained  8 Unattended person  N None | | | | | | | | | | | | If an illness, not an injury, skip to Section H **Cause of illness/injury**  1 Accidental  2 Self-inflicted  3 Inflicted. Not self  N None | |
|  | | | | | | | |  | | | | | | |  | | |  | | | |
| Date of Birth | | | | | | | | |  | | | | | |  | | |  | | | |
|  | | | | | | | | |  | | | | | |  | | |  | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | |
| **H** | **BODY SITE OF INJURY** | | | | | | | | | | |  | | | |  | **INJURY TYPE** | | | | | | | | | | | | | | | | | |  | **CAUSE OF ILLNESS/INJURY** | | | | | | | | | | | **I** | | |  | | | |  | | | | | | |  | | **J** | | | **SAFETY EQUIPMENT** | | |
| Site #1 | |  |  | | | | | | | | | |  | Type #1 | | | | | | | | | |  | | |  | | | | |  |  | | |  | | | | | |  | | | | | | | | | Procedures Used (multiple selections) | | | | | | | | | | | | 1 Safety/seat belts  2 Child safety seat  3 Airbag  4 Helmut  5 Protective clothing  6 Flotation device  N None  0 Other  U Undetermined | | |
| Site #2 | |  |  | | | | | | | | | |  | Type #2 | | | | | | | | | |  | | |  | | | | |  | Cause of illness/injury | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Site #3 | |  |  | | | | | | | | | |  | Type #3 | | | | | | | | | |  | | |  | | | | |  | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | |
|  | |  | | |  | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| K | **CARDIAC ARREST** | | | | | | | | |  | | | | **INITIAL ARREST RHYTHM** | | | | | | | | | | | | | | | | | | **L** | **LEVEL OF PROVIDER \*** | | | | | | | | | | | | | | | **M** | | | | | **PATIENT STATUS** | | | | | | | | | **N** | | | **DISPOSITION** | | | |
| 1 Pre-arrival arrest? | | | | | | | | | | | 1 V-Fib/V-Tach  0 Other  U Undetermined | | | | | | | | | | | | | | | | | |  | |  | | | |  | | | | |  | | | | | | | | | | 1 Improved  2 Remained same  3 Worsened | | | | | | | | | | | | 1 FD transport to ECF  2 Non-FD transport  3 Non-FD trans/FD attend  4 Non-emergency transfer  0 Other  N Not transported | | | |
| If pre-arrival arresst was it?  1 Witnessed  2 Bystander CPR | | | | | | | | | | |  | | Initial level of provider | | | | | | | | | | | | | | | | | | |
|  | |  | | | |  | | | | |  | | | | | | | | | | Check if: 1  Pulse on Transfer | | | | | | | | | | | |
| 2  Post-arrival arrest? | | | | | | | | | | |  | | | | |  | | | | |  | |  | | | | | |  | | Highest level of provider on scene | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |