

Fire Service Casualty Module



Fire Service Casualty Module

The Fire Service Casualty Module is used to report all injuries or deaths involving your fire service personnel.

This includes casualties that occur in conjunction with incident responses as well as with events such as station duties or training.

When you see a star ★ the field is required.

A - Header

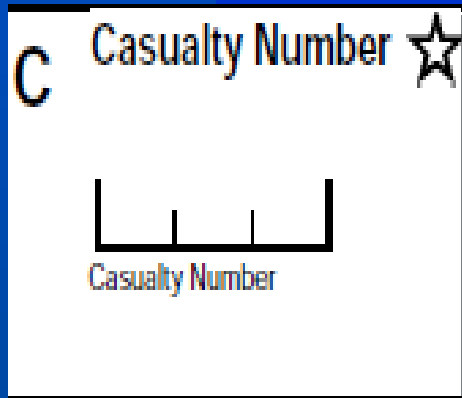
A

FDID	State	Incident Date	Station	Incident Number	Exposure	<input type="checkbox"/> Delete	NFIRS-5 Fire Service Casualty
★	★	MM DD YYYY ★		★	★	<input type="checkbox"/> Change	

Header information is repeated on all modules .

In an automated system, this information is entered once and imported into all modules.

C - Casualty Number




The diagram shows a rectangular form with a black border. In the top-left corner is a large black letter 'C'. To its right, the text 'Casualty Number' is written in a black sans-serif font, followed by a black five-pointed star icon. Below this text is a horizontal line with two vertical tick marks extending downwards from it, creating a space for writing. Underneath this line, the text 'Casualty Number' is written in a smaller, lighter font.

Each fire service casualty is assigned a number.

Always start with the number 001.

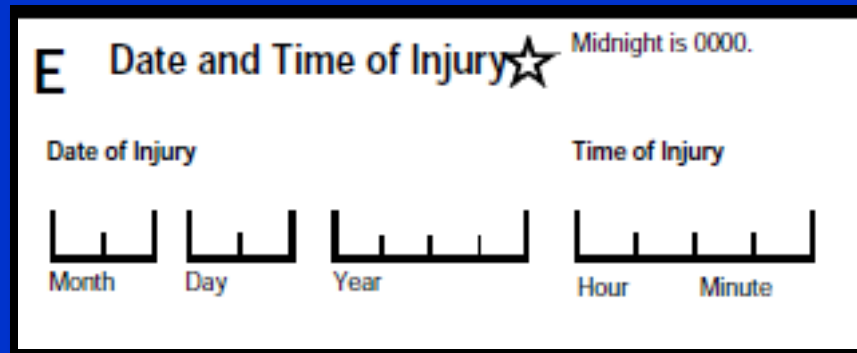
Complete a Fire Service Casualty Module for each fire service casualty.

E - Date and Time

E Date and Time of Injury  Midnight is 0000.

Date of Injury Time of Injury

Month Day Year Hour Minute

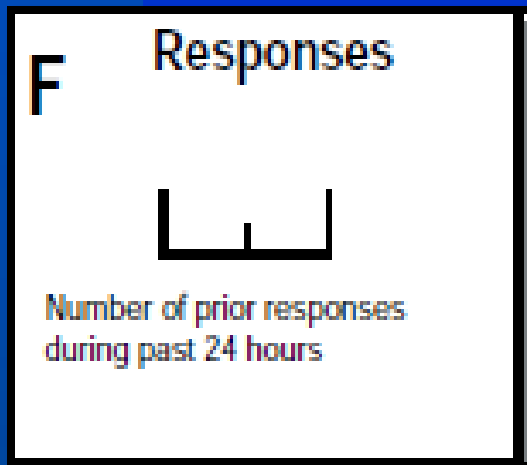


Captures the date and time of the fire service injury.

Hours and minutes are recorded in 24 hour time.

Midnight is 0000.

F - Responses



Identifies the number of responses that the firefighter made during the previous 24 hours.

G₁ - Usual Assignment

G ₁ Usual Assignment	
1	<input type="checkbox"/> Suppression
2	<input type="checkbox"/> EMS
3	<input type="checkbox"/> Prevention
4	<input type="checkbox"/> Training
5	<input type="checkbox"/> Maintenance
6	<input type="checkbox"/> Communications
7	<input type="checkbox"/> Administration
8	<input type="checkbox"/> Fire investigation
0	<input type="checkbox"/> Other

Identifies the usual assignment of the injured fire service personnel.

G₂ - Physical Condition

G ₂	Physical Condition Just Prior to Injury	
1	<input type="checkbox"/> Rested	0 <input type="checkbox"/> Other
2	<input type="checkbox"/> Fatigued	U <input type="checkbox"/> Undetermined
4	<input type="checkbox"/> Ill or injured	

Identifies the condition of the firefighter prior to the injury.

G₃ - Severity

G ₃		Severity ☆
1	<input type="checkbox"/>	Report only, including exposure
2	<input type="checkbox"/>	First aid only
3	<input type="checkbox"/>	Treated by physician (no lost time)
4	<input type="checkbox"/>	Moderate (lost time)
5	<input type="checkbox"/>	Severe (lost time)
6	<input type="checkbox"/>	Life threatening (lost time)
7	<input type="checkbox"/>	Death

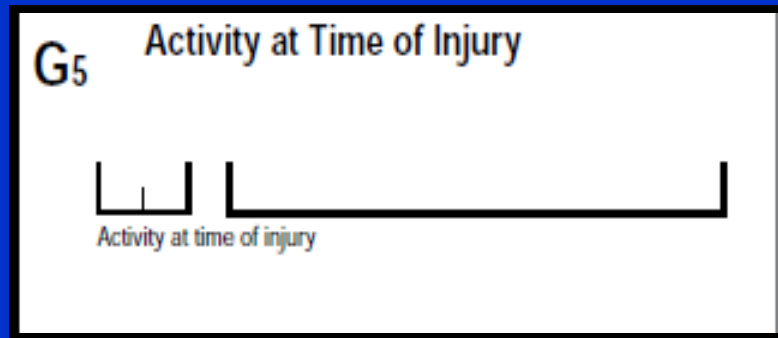
Identifies the severity of the injury.

G₄ - Taken To

- G₄ Taken To Not transported
- 1 Hospital
 - 4 Doctor's office
 - 5 Morgue/Funeral home
 - 6 Residence
 - 7 Station or quarters
 - 0 Other

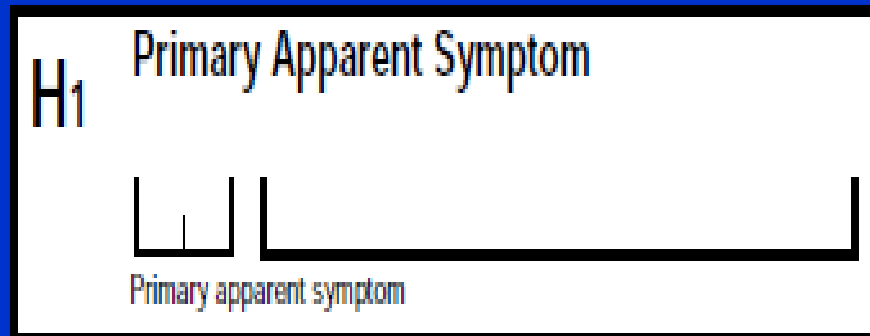
Identifies where the fire service casualty was taken after the injury occurred.

G₅ - Activity at Time of Injury



Identifies what the firefighter was doing at the time of injury.

H₁ - Primary Apparent Symptom



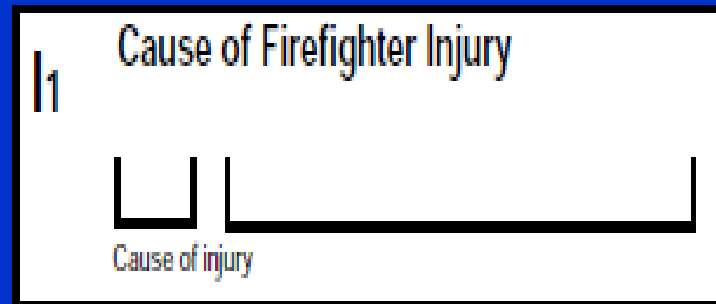
Describes the casualty's most serious apparent injury.

H₂ – Primary Part of Body Injured

H ₂	Primary Part of Body Injured	<input type="checkbox"/> None
	<input type="text"/>	
	Primary injured body part	

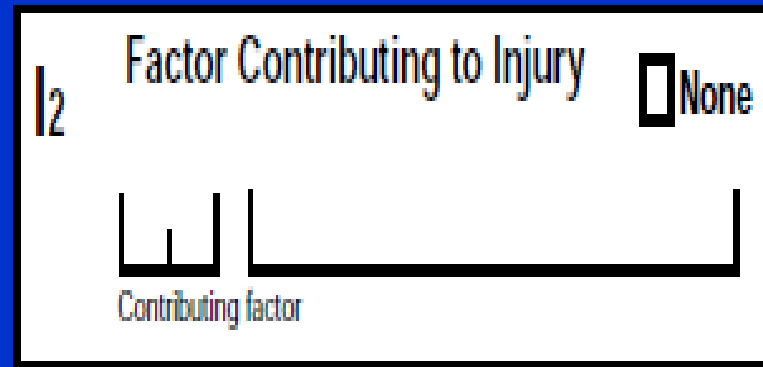
Identifies the part of the body which sustained the most serious injury.

I₁ - Cause of Injury



Identifies the cause of the firefighter injury.

I₂ - Contributing Factors

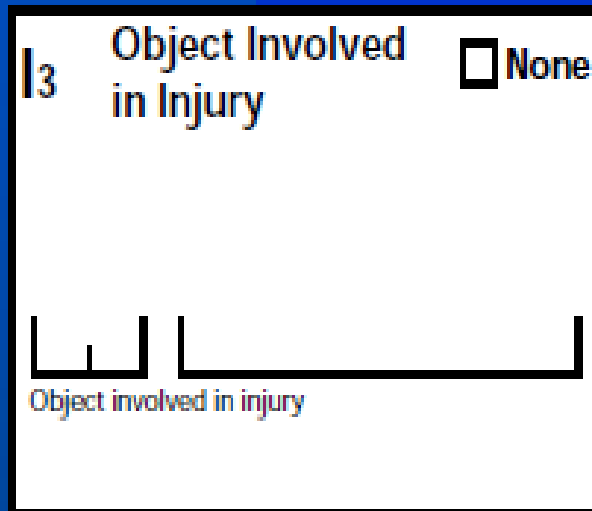


Identifies the most significant factor contributing to the injury.

I₃ - Object Involved in Injury

I₃ Object Involved in Injury None

Object involved in injury

A rectangular form with a black border. At the top left is the text 'I3'. To its right is the text 'Object Involved in Injury' followed by a small square checkbox and the word 'None'. Below this, there is a horizontal line with two vertical lines extending downwards from it, forming a U-shape. Below this U-shape is the text 'Object involved in injury'.

Is used to clarify what object contributed to the injury.

J₁ - Where Injury Occurred

J ₁ Where Injury Occurred	
1	<input type="checkbox"/> En route to FD location
2	<input type="checkbox"/> At FD location
3	<input type="checkbox"/> En route to incident scene
4	<input type="checkbox"/> En route to medical facility
5	<input type="checkbox"/> At scene in structure
6	<input type="checkbox"/> At scene outside
7	<input type="checkbox"/> At medical facility
8	<input type="checkbox"/> Returning from incident
9	<input type="checkbox"/> Returning from med facility
0	<input type="checkbox"/> Other
U	<input type="checkbox"/> Undetermined

Describes the location of the fire service casualty at the time of injury.

J₂ - Story Where Injury Occurred

J₂ Story Where Injury Occurred

1 Check this box and enter the story if the injury occurred inside or on a structure

Story of injury Below grade

2 Injury occurred outside

Identifies the story above or below grade where the injury occurred if the injury occurred inside or on a structure.

J₃ - Specific Location

J₃ Specific Location Where Injury Occurred

65	<input type="checkbox"/>	In aircraft
64	<input type="checkbox"/>	In boat, ship, or barge
63	<input type="checkbox"/>	In rail vehicle
61	<input type="checkbox"/>	In motor vehicle
54	<input type="checkbox"/>	In sewer
53	<input type="checkbox"/>	In tunnel
49	<input type="checkbox"/>	In structure
45	<input type="checkbox"/>	In attic
36	<input type="checkbox"/>	In water
35	<input type="checkbox"/>	In well
34	<input type="checkbox"/>	In ravine
33	<input type="checkbox"/>	In quarry or mine
32	<input type="checkbox"/>	In ditch or trench
31	<input type="checkbox"/>	In open pit
28	<input type="checkbox"/>	On steep grade
27	<input type="checkbox"/>	On fire escape/outside stairs
26	<input type="checkbox"/>	On vertical surface or ledge
25	<input type="checkbox"/>	On ground ladder
24	<input type="checkbox"/>	On aerial ladder or in basket
23	<input type="checkbox"/>	On roof
22	<input type="checkbox"/>	Outside at grade

00 Other
UU Undetermined

Complete Block J₄

Provides additional details on the specific location of the casualty at the time of injury.

If the **Specific Location** code is greater than 60, then complete **Block J₄**.

J₄ - Vehicle Type

J ₄	Vehicle Type	Complete ONLY if Specific Location code is >60
	1 <input type="checkbox"/>	Suppression vehicle
	2 <input type="checkbox"/>	EMS vehicle
	3 <input type="checkbox"/>	Other FD vehicle
	4 <input type="checkbox"/>	Non-FD vehicle

Complete only if the fire service casualty was in a vehicle at the time of injury.

K₁ - Protective Equipment

K₁ Did protective equipment fail and contribute to the injury? Please complete the remainder of this form ONLY if you answer YES.	Yes Y <input type="checkbox"/>	Equipment Sequence Number	NFIRS-5 Fire Service Casualty
	No N <input type="checkbox"/>		

Captures details on the protective equipment that failed or was a factor in the injury of the firefighter.

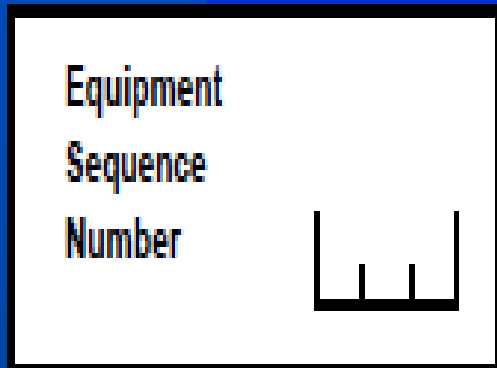
K₁ - Protective Equipment

K₁	Did protective equipment fail and contribute to the injury?	Yes	Y <input type="checkbox"/>
	Please complete the remainder of this form ONLY if you answer YES.	No	N <input type="checkbox"/>

If the answer to **K₁** is **Yes**, complete equipment sequence field, and the remainder of the Module.

If there are multiple pieces of equipment that failed and contributed to the injury, complete **Section K** for each piece of equipment.

K₁ - Equipment Sequence



A unique number assigned to each piece of equipment that failed and contributed to the injury.

First piece of faulty equipment should always start with 001.

K₂ - Protective Equipment Item

K ₂ Protective Equipment Item	
Head or Face Protection	Coat, Shirt, or Trousers
11 <input type="checkbox"/> Helmet	21 <input type="checkbox"/> Protective coat
12 <input type="checkbox"/> Full face protector	22 <input type="checkbox"/> Protective trousers
13 <input type="checkbox"/> Partial face protector	23 <input type="checkbox"/> Uniform shirt
14 <input type="checkbox"/> Goggles/eye protection	24 <input type="checkbox"/> Uniform T-shirt
15 <input type="checkbox"/> Hood	25 <input type="checkbox"/> Uniform trousers
16 <input type="checkbox"/> Ear protector	26 <input type="checkbox"/> Uniform coat or jacket
17 <input type="checkbox"/> Neck protector	27 <input type="checkbox"/> Coveralls
10 <input type="checkbox"/> Other	28 <input type="checkbox"/> Apron or gown
	20 <input type="checkbox"/> Other
Boots or Shoes	
31 <input type="checkbox"/> Knee length boots with steel baseplate and steel toes	
32 <input type="checkbox"/> Knee length boots with steel toes only	
33 <input type="checkbox"/> 3/4 length boots with steel baseplate and steel toes	
34 <input type="checkbox"/> 3/4 length boots with steel toes only	
35 <input type="checkbox"/> Boots without steel baseplate and steel toes	
36 <input type="checkbox"/> Safety shoes with steel baseplate and steel toes	
37 <input type="checkbox"/> Safety shoes with steel toes only	
38 <input type="checkbox"/> Non-safety shoes	
30 <input type="checkbox"/> Other	

Identifies the piece of equipment that contributed to the injury of the firefighter.

Partial List

Handbook page 7-28

K₃ - Protective Equipment Problem

- K₃ Protective Equipment Problem**
Check one box to indicate the main problem that occurred.
- 11 Burned
 - 12 Melted
 - 21 Fractured, cracked or broken
 - 22 Punctured
 - 23 Scratched
 - 24 Knocked off
 - 25 Cut or ripped
 - 31 Trapped steam or hazardous gas
 - 32 Insufficient insulation
 - 33 Object fell in or onto equipment item
 - 41 Failed under impact
 - 42 Face piece or hose detached

Describes the most serious problem with the piece of equipment that failed and contributed to the injury.

Partial List

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K₄ - Equipment Manufacturer, Model, & Serial Number

K₄ Equipment Manufacturer, Model and Serial Number

Manufacturer

Model

Serial Number

NFIRS-5 Revision 05/01/03

Provides detailed information on the specific equipment that failed and contributed to the injury.

Questions?

