





NORTHERN WAKE FIRE DEPARTMENT

STANDARD OPERATING PROCEDURES

TITLE: Incident Reporting	SECTION/TOPIC: OPERATIONS
NUMBER: 300-10	ISSUE DATE: 8/11/17
REVISION DATES: 12/12/17 12/14/17 1/30/18 11/6/18 3/11/19	APPROVED BY:  Gary Vickerson <hr/> PRESIDENT – BOARD OF DIRECTORS  Tim Pope <hr/> FIRE CHIEF

I. PURPOSE

- A. The purpose of this Standard Operating Procedure is to define the incident reporting process for the department.

II. SCOPE

- A. This Standard Operating Procedure applies to all personnel within the Northern Wake Fire Department.

III. PROCEDURE

- A. Process
 - 1. This process will utilize Field Reports to insure that accurate data is captured while on-scene.
 - 2. Fire and Patient Care Field Reports will be available on all vehicles.
 - 3. ALL CREWS must also complete the Log Book in RMS for each period of duty in order to ensure that the highlights of each shift's events are recorded.
- B. Volunteer Personnel as Primary Unit
 - 1. Fire Reporting
 - a. At the incident, use a Fire Field Report to gather ALL information. BE DETAILED.
 - b. Enter the information from the Fire Field Report into RMS narrative upon returning to the station from the call, along with any additional details that may be needed.

- c. Leave the RMS report open for at least 15 minutes after the last unit clears and the Officer in Charge has terminated the event. (So other responders may sign-in)
- d. After 15-minutes, the Officer in Charge will review the RMS report, lock the RMS report and print the RMS report.
- e. The Officer in Charge will attach the RMS report to the Fire Field Report and place it in the station's "Incidents Box" so that the needed information will be available to the Full-Time Captain that is responsible for entering the NFRS report.

2. EMS Reporting

- a. At the incident, use a Patient Care Field Report to gather all information. **Do not include the patient's Name or Social Security Number on the Patient Care Field Report.** BE DETAILED.
- b. Once Wake County EMS (or other EMS provider) arrives, provide the attending Paramedic a copy of the Patient Care Field Report, as it then becomes the Paramedic's responsibility to enter patient care information into the patient's official record.
- c. Enter the information from the Patient Care Field Report into RMS narrative upon returning to the station from the call, along with any additional details that may be needed.
- d. At a minimum, the RMS report will include the following:
 - Location, Date and Time of the incident
 - Responding FIRE unit(s)
 - Responding FIRE personnel
 - Responding EMS unit(s)
 - Medical information gathered during assessment
 - Clinical findings, specific intervention(s) performed
 - EMS provider to whom care of patient is transferred to on scene
 - Any other pertinent information related to the incident.

Example:

Note: Location, Date, Time, Responding FIRE unit(s) and Responding FIRE personnel are already be listed on the RMS report.

Engine 11 was dispatched to a chest pains event. We arrived, accessed the patient, gathered patient information including vital signs, administered (4) baby aspirin and placed patient on 4 lpm of O2 by nasal cannula. EMS-12 arrived and we provided a copy of our Patient Field Report to Paramedic John Doe whom took over patient care. We assisted EMS-12 personnel in loading the patient and returned to service.

Nature: Chest Pains
Chief Complaint: Tightness in the chest with pain in left arm
Physical Findings: Patient sitting in a chair, cool and clammy skin
SPO2%: 94% Room Air
Time: 21:08
BP: 120/90
Pulse: 90
Respirations: 16
LOC: Alert
Glucose Level: 100
Medication Given: (4) Baby Aspirin
Previous Medical Hx: None
Current Medications: None
Allergies: None

- e. Leave the RMS report open for at least 15 minutes after the last unit clears and the Officer in Charge has terminated the event. (So other responders may sign-in)
- f. After 15-minutes, the Officer in Charge will review the RMS report, lock the RMS report and print the RMS report.
- g. The Officer in Charge will attach the RMS report to the Patient Care Field Report and place it in the station's "Incidents Box" so that the needed information will be available for the Full-Time Captain that is responsible for entering that NFIRS report.

C. Full-Time Personnel as Primary Unit

1. Fire Reporting

- a. At the incident, use a Fire Field Report to gather ALL information. BE DETAILED.
- b. Enter the information from the Fire Field Report into RMS narrative upon returning to the station from the call, along with any additional details that may be needed.
- c. Leave the RMS report open for at least 15 minutes after the last unit clears and the Officer in Charge has terminated the event. (So other responders may sign-in)
- d. After 15-minutes, the Officer in Charge will review the RMS report and lock the RMS report.

2. EMS Reporting

- a. At the incident, use a Patient Care Field Report to gather all information. **Do not include the patient's Name or Social Security Number on the Patient Care Field Report.** BE DETAILED.

- c. Once Wake County EMS (or other EMS provider) arrives, provide the attending Paramedic a copy of the Patient Care Field Report, as it then becomes the Paramedic's responsibility to enter patient care information into the patient's official record.
1. Enter the information from the Patient Care Field Report into RMS narrative upon returning to the station from the call, along with any additional details that may be needed.
2. At a minimum, the RMS report will include the following:
 - Location, Date and Time of the incident
 - Responding FIRE unit(s)
 - Responding FIRE personnel
 - Responding EMS unit(s)
 - Medical information gathered during assessment
 - Clinical findings, specific intervention(s) performed
 - EMS provider to whom care of patient is transferred to on scene
 - Any other pertinent information related to the incident.

Example:

Note: Location, Date, Time, Responding FIRE unit(s) and Responding FIRE personnel are already be listed on the RMS report.

Engine 11 was dispatched to a chest pains event. We arrived, accessed the patient, gathered patient information including vital signs, administered (4) baby aspirin and placed patient on 4 lpm of O2 by nasal cannula. EMS-12 arrived and we provided a copy of our Patient Field Report to Paramedic John Doe whom took over patient care. We assisted EMS-12 personnel in loading the patient and returned to service.

<i>Nature:</i>	<i>Chest Pains</i>
<i>Chief Complaint:</i>	<i>Tightness in the chest with pain in left arm</i>
<i>Physical Findings:</i>	<i>Patient sitting in a chair, cool and clammy skin</i>
<i>SPO2%:</i>	<i>94% Room Air</i>
<i>Time:</i>	<i>21:08</i>
<i>BP:</i>	<i>120/90</i>
<i>Pulse:</i>	<i>90</i>
<i>Respirations:</i>	<i>16</i>
<i>LOC:</i>	<i>Alert</i>
<i>Glucose Level:</i>	<i>100</i>
<i>Medication Given:</i>	<i>(4) Baby Aspirin</i>
<i>Previous Medical Hx:</i>	<i>None</i>
<i>Current Medications:</i>	<i>None</i>
<i>Allergies:</i>	<i>None</i>

3. Leave the RMS report open for at least 15 minutes after the last unit clears and the Officer in Charge has terminated the event. (So other responders may sign-in)
- g. After 15-minutes, the Officer in Charge will review the RMS report and lock the RMS report.

D. NFIRS REPORTING

1. The assigned Full-Time Captain or his/her designee will then enter the incident information from the RMS report directly into NFIRS.
 - a. For all incidents, except for EMS incidents, copy the RMS narrative over to the NFIRS narrative section of the report and fully complete the report.
 - b. For EMS incidents in which patient care was provided, copy the RMS narrative over to the NFIRS PCR narrative section of the report and fully complete the report.
2. Once the NFIRS report is complete, all Field Reports will be destroyed.

E. QUALITY CONTROL

1. In order to ensure consistent and proper incident reporting, the following quality control measures will be utilized in incident reporting.
 - a. Once incidents reports have been completed and are ready for review, an assigned opposing shift Full-Time Station Captain will be responsible for reviewing and making any needed corrections to the incident report.
 - b. Once the reviewing Full-Time Station Captain has made any necessary corrections and has completed his/her review, he/she will show that the incident report has been reviewed, by entering his/her password.
 - c. Any corrections that are made will be notated by the reviewing Full-Time Station Captain and will be submitted by email to the Full-Time Station Captain that entered the initial report.
 - d. The Fire Chief or his/her designee will randomly check reviewed and incident reports for consistency before exporting to NFIRS.
 - e. The Incident Report Review Assignments are as follows:
 - Station 1A reviews Station 4C
 - Station 1B reviews Station 4A
 - Station 1C reviews Station 4B
 - Station 4A reviews Station 1C
 - Station 4B reviews Station 1A

- Station 4C reviews Station 1B
 - Station 2D reviews Station 3E
 - Station 2E reviews Station 3D
 - Station 3D reviews Station 2E
 - Station 3E reviews Station 2D
- f. All reports should be reviewed within 7-days of the initial completion date.

NOTE: The completed NFIRS report is solely the responsibility of the Full-time Station Captain. While he/she may delegate the NFIRS report entry responsibility, the Full -Time Station Captain is fully responsible for ensuring that all reports are timely, complete and thorough.

Process Flow Chart

