

A Publication of the
National Wildfire
Coordinating Group

**NATIONAL INTERAGENCY
INCIDENT MANAGEMENT SYSTEM**

Sponsored by
United States
Department of Agriculture

TASK BOOK FOR THE POSITION OF

INCIDENT MEDICAL SPECIALIST TECHNICIAN (IMST)

United States
Department of the Interior

National Association of
State Foresters

PMS XXX-XX
NFES XXXX

January 2002

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.

**VERIFICATION / CERTIFICATION OF COMPLETED TASK BOOK
FOR THE POSITION OF**

FINAL EVALUATOR'S VERIFICATION

I verify that all tasks have been performed and are complete with signatures. I also verify that

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

EVALUATORS 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: Supply
3833 S. Development Avenue
Boise, Idaho 83605-5354

Order NFES # XXXX

NATIONAL WILDFIRE COORDINATING GROUP POSITION TASK BOOK

Position Task Books (PTB) 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 individual's performance of all the tasks may involve more than one evaluator and can occur on incidents, in classroom simulation, and in other work situations. Designated PTBs require position performance during which the majority of required tasks are demonstrated on a single incident. Some positions also required that specific tasks be performed on a wildland fire performance of these tasks on other types of incidents are NOT qualifying. It is important that performance be critically evaluated and accurately recorded by each qualified evaluator. All tasks must be evaluated. 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 Wildland Fire Qualification Subsystem Guide 310-1. A brief list of responsibilities also appears below.

RESPONSIBILITIES:

1. The Local Office is responsible for:

- Selecting trainees based on the needs of the local office and the geographic area.
- Ensuring that the trainee meets the training and experience requirements included in the Wildland Fire Qualification Subsystem Guide 310-1.
- Issuing 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 individual 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 local office personnel when the PTB is completed and providing a copy.
 - Keeping the original PTB in personal records.
3. The **Evaluator (must be a qualified IMS Manager)** is responsible for:
- Being qualified and proficient in the position being evaluated.
 - Meeting with the trainee and determining past experience, current qualifications, and desired objectives/goals.
 - Re-viewing 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 each PTB.
 - Signing the verification statement inside the front cover of the PTB when all tasks have been initialed.
4. The **Training Specialist** is responsible for:
- Identifying incident evaluation opportunities.
 - Identifying and assigning an evaluator that can provide a positive experience for the trainee, and make an accurate and honest appraisal of the trainee's performance.
 - Providing PTBs to approved trainees on the incident when local agency was unable to provide them.
 - Documenting the assignment.
 - Conducting progress reviews.
 - Conducting a close-out interview with the trainee and evaluator and assuring that documentation is proper and complete.

QUALIFICATION RECORD
POSITION: INCIDENT MEDICAL SPECIALIST TECHNICIAN (IMST)

TASK	C O D E	Date & Evaluator Initials
<p><u>GENERAL</u></p> <p>1. <u>Obtain and assemble information and materials needed for kit.</u> Kit will be assembled and prepared prior to receiving an assignment. Kit will contain a complete trauma bag as designated by the manager. Kit will be easily transportable and within agency weight limitation (Personal gear 35# + line gear 20# + medical equipment 25#).</p>	O	
<p>2. The basic information and materials needed.</p> <ul style="list-style-type: none"> • Fireline Handbook 410. • IMS Manual (mission statement, roster, job description) • IMST Taskbook • Medical protocols • Incident Response Pocket Guide • Standards for Fire and Aviation Operations (Red Book) 	O	
<p>3. <u>Bring adequate personal gear and effects according to agency policy.</u></p> <ul style="list-style-type: none"> • Have available personal protective equipment (PPE). • Report with adequate personal gear and effects for extended assignment. Kit generally includes: • Individual first aid kit • Canteens • Gloves • Hardhat with chin strap • Goggles • Ear Plugs • Fire resistant shirt and trousers • Socks and underwear • Jacket • Boots (8 inch high, leather, lace up, traction sole) • Toiletry items • Fire shelter • Pocket notebook • Compass • Headlamp • Other items depending on climate and location and type of incident or assignment (e.g., sunscreen, long johns, structural protection gear) 	O	

*Code:

O = Task can be completed in any situation (classroom, simulation, prescribed fire, daily job, etc.)

I = Task must be performed on an incident (flood, fire, search & rescue, etc.)

W = Task must be performed on a wildfire 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.

TASK	C O D E	Date & Evaluator Initials
<p><u>MOBILIZATION</u></p> <p>4. <u>Obtain complete information from dispatch upon initial activation.</u></p> <ul style="list-style-type: none"> • Incident name. • Incident order number. • Request number. • Reporting location. • Reporting time. • Transportation arrangements. • Check-in location • Travel Route • Phone/radio contact procedures during travel 	I	
<p><u>INCIDENT ACTIVITIES</u></p> <p>5. <u>Arrive at incident and check-in.</u> Arrive properly equipped at incident assigned location within acceptable time limits. Check in according to agency guidelines.</p>	I	
<p>6. <u>Obtain briefing from supervisor and other appropriate personnel.</u> Individual will insure they have complete understanding and minimum description of workspace, work schedule, and operating procedures necessary to function in the medical unit.</p>	I	
<p>7. <u>Activation of medical unit.</u></p> <ul style="list-style-type: none"> • Individual develops basic knowledge of elements needed to operate a medical unit. (i.e. medications, facility, cleaning station, tent, etc.) • Individual gain basic understanding of ordering procedures. • Individual develops understanding of the medical protocols. 	I	
<p>8. <u>Demonstrate skill in patient assessment and treatment appropriate for the incident setting.</u></p> <ul style="list-style-type: none"> • Demonstrate a good knowledge base and proper usage of the <u>IMS Protocols</u> in the assessment and treatment of medical or trauma patients. • Evaluate routine health problems and determine treatment or transportation needs appropriately, using the <u>IMS Clinical Protocols</u> and <u>Tables of Medications</u> as needed. • Demonstrate proper use of Body Substance Isolation and Infectious Disease Control procedures. • Consults with IMSM or IMSA to determine when patient needs to receive further medical evaluation. 	I	

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- I = Task must be performed on an incident (flood, fire, search & rescue, etc.)
- W = Task must be performed on a wildfire 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.

TASK	C O D E	Date & Evaluator Initials
<p>9. <u>Demonstrate knowledge of the contents of the NFES #1835 and IMS Kits.</u> Ability to utilize equipment and supplies in the kits appropriately.</p> <ul style="list-style-type: none"> • K.E.D./Sked • Sager • Combitube • Administer Epinephrine for Anaphylaxis • Otoscope/Ophthalmoscope • Flourescein/Cobalt light • Oxygen equipment 	I	
<p>10. <u>Coordinate with Safety Officer and Compensation/Claims Officer in handling significant illnesses and injuries.</u></p> <ul style="list-style-type: none"> • Alert IMSM and others of safety and welfare issues of assigned incident personnel. • Periodically brief IMSM or MEDL of trends or medical complaints experienced by personnel in order to identify safety problems. • Inform claims/compensation personnel and manager of injuries/illnesses requiring medical attention. Gain familiarity with CA-1, CA-2, CA-16, and APMC. 	I	
<p><u>DEMOBILIZATION</u></p> <p>12. <u>Demobilization and check-out.</u></p> <ul style="list-style-type: none"> • Receive demobilization instructions from work supervisor. • Ensure that incident and agency demobilization procedures are followed. If required, ICS Form 221 (Demobilization Check-Out) is completed and turned in to the appropriate person. 	I	

*Code:

- O = Task can be completed in any situation (classroom, simulation, prescribed fire, daily job, etc.)
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- W = Task must be performed on a wildfire incident
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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, by simulation 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.

Evaluator's name, incident/office title, & agency: List the name of the evaluator, his/her incident position (on incidents) or office title, and agency

Evaluator's home unit address & phone: self-explanatory.

#: The number in the upper left corner of the experience block identifies a particular experience or group of experiences. This number should be placed in the column labeled "Evaluation Record#" on the Qualification Record in order to indicate the circumstances under which a particular task was performed.

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

Incident Type: Enter type of incident, e.g., wildfire, search and rescue, flood, etc.

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 individual was evaluated. This block may indicate a span of time covering several small and similar incidents if the individual has been evaluated on that basis, i.e., several initial attack fires in similar fuel types.

Mgt. Level: Indicate ICS organization level, i.e., Type 4, Type 3, Type 2, Type 1 or Area Command.

NFFL Fuel Model: For wildfire experience, enter number (1-130 of the fuel model in which the incident occurred and under which the individual was evaluated.)

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

Recommendation: Check as appropriate and/or make comments regarding the future needs for development of this trainee. **Note:** Recommendation for advancement requires 2 qualifying fire assignments with satisfactory evaluation from 2 different evaluators.

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 Qualification 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:
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Evaluator's home unit address & phone:

Location of incident or Simulation (agency & area)	Incident Type (wildfire, search & rescue, etc.)	Number & Type of Resources Pertinent to Trainee's Position	Duration (inclusive dates in trainee status)	Mgt. Level (Area Command, Type 1, 2, 3 or 4)	NFFL Fuel Model
			To		

The tasks initialed & dated by me have been performed under my supervision and 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 for the position and should not be considered for certification.

_____ 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 must complete all training (both mandatory & suggested) prior to further assignment 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's home unit address & phone:

Location of incident or Simulation (agency & area)	Incident Type (wildfire, search & rescue, etc.)	Number & Type of Resources Pertinent to Trainee's Position	Duration (inclusive dates in trainee status)	Mgt. Level (Area Command, Type 1, 2, 3 or 4)	NFFL Fuel Model
			To		

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_____ 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 must complete all training (both mandatory & suggested) prior to further assignment as a trainee.

Recommendations: _____

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

Evaluation Record
(Continue Sheet)

TRAINEE NAME

TRAINEE POSITION

#3	Evaluator's name, Incident/office title & agency:
-----------	--

Evaluator's home unit address & phone:

Location of incident or Simulation (agency & area)	Incident Type (wildfire, search & rescue, etc.)	Number & Type of Resources Pertinent to Trainee's Position	Duration (inclusive dates in trainee status)	Mgt. Level (Area Command, Type 1, 2, 3 or 4)	NFFL Fuel Model
			To		

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_____ The individual is severely deficient in the performance of tasks for the position and must complete all training (both mandatory & suggested) prior to further assignment as a trainee.

Recommendations: _____

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

#4	Evaluator's name, Incident/office title & agency:
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Evaluator's home unit address & phone:

Location of incident or Simulation (agency & area)	Incident Type (wildfire, search & rescue, etc.)	Number & Type of Resources Pertinent to Trainee's Position	Duration (inclusive dates in trainee status)	Mgt. Level (Area Command, Type 1, 2, 3 or 4)	NFFL Fuel Model
			To		

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

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Recommendations: _____

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