

SERIOUS ACCIDENT AND INCIDENT WITHIN THE INCIDENT PLAN

This plan is designed to identify the initial actions that should be taken by the first arriving personnel on a serious accident. This person may be a single resource, engine boss, or crew boss. Accidents or incidents within an incident happen rapidly and require good, calm initial decisions to handle the problem while still focusing on the main fire. The following checklist provides some key thoughts and actions.

The first arriving person to any accident should notify the Division Supervisor of the incident and what will be needed including:

- ❑ Accident scene safety assessment for incoming personnel.
- ❑ The number of injured and an estimate of the severity of the injuries.
- ❑ Special equipment needs such as extrication, low/high angle rescue, and fire protection or suppression.
- ❑ Remain aware of surroundings and delegate personnel to monitor the main fire.
- ❑ Assist the injured as necessary without endangering yourself or your personnel. Do not move trauma victims unless their safety is threatened.
- ❑ Use the PINK pages of the Incident Response Pocket Guide (IRPG) for patient assessment and other medical procedures.

The Division Supervisor will assume command of the accident/incident scene upon arrival. The following checklist outlines the general duties and tasks that should be completed on most accidents/incidents.

- ❑ Delegate division oversight to another Division Supervisor or other qualified personnel.
- ❑ Request a clear frequency from Communications. Communications will notify the Medical Unit Leader who will initiate the medical plan for injuries.
- ❑ Order resources appropriate for the accident/incident (Crew EMT's, Line EMT's).
- ❑ Notify Operations Section Chief and Safety Officer on all accidents/incidents.
- ❑ Begin to document the accident/incident accurately and completely. Use an ICS 201 if the accident/incident is large or complex.
- ❑ Protect the scene for Investigators.

Prepared by: _____
Print Name Position Signature

Approved by: _____ Date: _____
Signature