

NFIRS 4 - Civilian Fire Casualty Module



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The Civilian Fire Casualty Module should be completed whenever there are civilian casualties resulting from a fire.

If a civilian injury is not directly related to fire, it may be reported on the optional EMS Module with the same incident ID information.

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-4 Civilian Fire 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.

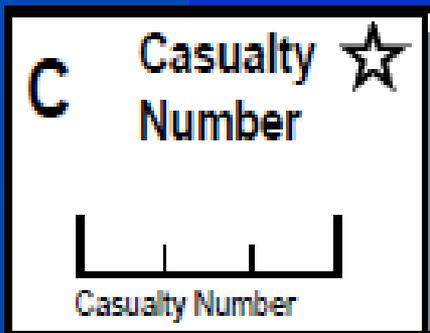
B - Injured Person

B Injured Person			★ Gender	
			1 <input type="checkbox"/> Male	2 <input type="checkbox"/> Female
_____	____	____ _____	____ ____	____ ____ ____
First Name	MI	Last Name	Suffix	

Identifies the name and gender (sex) of the casualty.

The **Gender** is required, the name is not.

C - Casualty Number



The diagram shows a rectangular label with a black border. On the left side, there is a large black letter 'C'. To the right of the 'C', the words 'Casualty' and 'Number' are stacked vertically. To the right of the word 'Number' is a black five-pointed star. Below the text, there is a horizontal line with two vertical tick marks, creating three rectangular boxes for digits. Below this line, the words 'Casualty Number' are written in a smaller font.

Assign a specific consecutive number to each casualty.

Always start with the number 001.

Complete a Civilian Fire Casualty Module for each civilian fire casualty.

C – Number of Casualties

The number of civilian fire casualties reported should be reflected in the Basic Module NFIRS 1 – Section H1.

D - Age or Date of Birth

D Age or Date of Birth ☆

Months (for infants)

OR

Date of Birth

Month Day Year



Identifies the age or date of birth of the casualty.

Use months for infants.

E₁ - Race / E₂ - Ethnicity

E₁ Identifies race of casualty.

Based upon US Census Bureau categories.

E₂ Identifies the ethnicity of the casualty.

Currently the only Census Bureau classification for ethnicity is Hispanic.

E₁	Race
1	<input type="checkbox"/> White
2	<input type="checkbox"/> Black, African American
3	<input type="checkbox"/> Am. Indian, Alaska Native
4	<input type="checkbox"/> Asian
5	<input type="checkbox"/> Native Hawaiian, Other Pacific Islander
0	<input type="checkbox"/> Other, multiracial
U	<input type="checkbox"/> Undetermined

E₂	Ethnicity
1	<input type="checkbox"/> Hispanic or Latino
0	<input type="checkbox"/> Non Hispanic or Latino

F - Affiliation

F	Affiliation
1	<input type="checkbox"/> Civilian
2	<input type="checkbox"/> EMS, not fire department
3	<input type="checkbox"/> Police
0	<input type="checkbox"/> Other

Identifies if the casualty was a civilian or a non-fire service emergency responder.

G - Date and Time of Injury

G 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 civilian injury.

Hours and minutes are recorded in 24 hour time.

Midnight is 0000.

H – Severity

H	Severity	☆
1	<input type="checkbox"/> Minor	
2	<input type="checkbox"/> Moderate	
3	<input type="checkbox"/> Severe	
4	<input type="checkbox"/> Life threatening	
5	<input type="checkbox"/> Death	
U	<input type="checkbox"/> Undetermined	

Identifies the relative severity of the casualty.

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I - Cause of Injury

	Cause of Injury
1	<input type="checkbox"/> Exposed to fire products including flame heat, smoke, and gas
2	<input type="checkbox"/> Exposed to toxic fumes other than smoke
3	<input type="checkbox"/> Jumped in escape attempt
4	<input type="checkbox"/> Fell, slipped, or tripped
5	<input type="checkbox"/> Caught or trapped
6	<input type="checkbox"/> Structural collapse
7	<input type="checkbox"/> Struck by or contact with object
8	<input type="checkbox"/> Overexertion or strain
9	<input type="checkbox"/> Multiple causes
0	<input type="checkbox"/> Other
U	<input type="checkbox"/> Undetermined

Identifies the physical event that caused the injury.

J - Human Factors Contributing to Injury

J Human Factors Contributing to Injury None

Check all applicable boxes

- 1 Asleep
- 2 Unconscious
- 3 Possibly impaired by alcohol
- 4 Possibly impaired by other drug
- 5 Possibly mentally disabled
- 6 Physically disabled
- 7 Physically restrained
- 8 Unattended person

Identifies the physical or mental state of the person that may have contributed to the injury.

K - Factors Contributing to Injury

K Factors Contributing to Injury None

Enter up to three contributing factors

Contributing factor (1)

Contributing factor (2)

Contributing factor (3)

Identifies the most significant factors that contributed to the injury.

L - Activity When Injured

L Activity When Injured	
1	<input type="checkbox"/> Escaping
2	<input type="checkbox"/> Rescue attempt
3	<input type="checkbox"/> Fire control
4	<input type="checkbox"/> Return to fire before control
5	<input type="checkbox"/> Return to fire after control
6	<input type="checkbox"/> Sleeping
7	<input type="checkbox"/> Unable to act
8	<input type="checkbox"/> Irrational act
0	<input type="checkbox"/> Other
U	<input type="checkbox"/> Undetermined

Identifies the activity in which the person was engaged at the time of the injury.

M₁ - Location at Time of Incident

M ₁	Location at Time of Incident
1	<input type="checkbox"/> In area of origin and not involved
2	<input type="checkbox"/> Not in area of origin and not involved
3	<input type="checkbox"/> Not in area of origin, but involved
4	<input type="checkbox"/> In area of origin and involved
0	<input type="checkbox"/> Other location
U	<input type="checkbox"/> Undetermined

Identifies the location of the victim in relation to the fire origin.

M₂ - General Location at Time of Injury

M ₂ General Location at Time of Injury		
1 <input type="checkbox"/>	In area of fire origin	Skip to Section N
2 <input type="checkbox"/>	In building, but not in area	
3 <input type="checkbox"/>	Outside, but not in area	Skip to Block M ₅
U <input type="checkbox"/>	Undetermined	

Identifies the location of the victim at the time of injury.

If they were in the area of fire origin, skip to **Section N**.

If they were outside, but not in area, skip to **Block M₅**.

M₃ - Story at Start of Incident

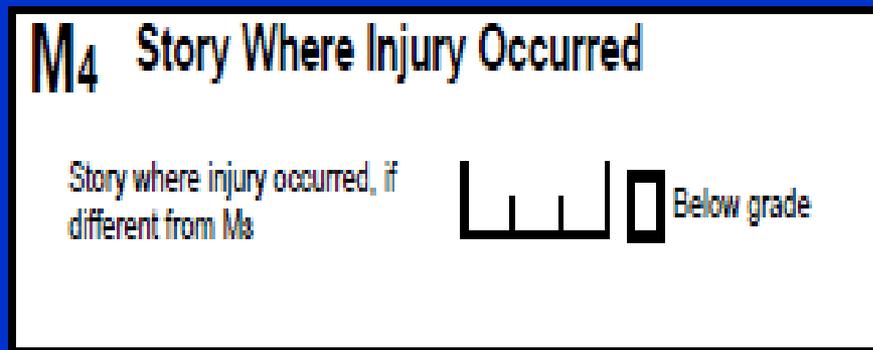
M₃ Story at Start of Incident
Complete ONLY if injury occurred INSIDE

Story at start of incident: 1 2 3 4 5 Below grade

Identifies the floor level where the victim was at the start of the incident.

Complete only if the injury occurred inside.

M₄ - Story Where Injury Occurred



Identifies the story (floor level) where the casualty was located at the time of the injury.

Only complete if different from M₃.

M₅ - Specific Location at Time of Injury

M₅ Specific Location at Time of Injury
Complete ONLY if casualty NOT in area of origin

Specific location at time of injury

Identifies the specific location at the time of injury.

Complete only if casualty was not in the area of origin.

N - Primary Apparent Symptom

N Primary Apparent Symptom	
01	<input type="checkbox"/> Smoke only, asphyxiation
11	<input type="checkbox"/> Burns and smoke inhalation
12	<input type="checkbox"/> Burns only
21	<input type="checkbox"/> Cut, laceration
33	<input type="checkbox"/> Strain or sprain
96	<input type="checkbox"/> Shock
98	<input type="checkbox"/> Pain only

Look up a code only if the symptom is NOT found above

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Primary apparent symptom

The casualty's most serious injury.

O - Primary Area of Body Injured

O Primary Area of Body Injured	
1	<input type="checkbox"/> Head
2	<input type="checkbox"/> Neck and shoulder
3	<input type="checkbox"/> Thorax
4	<input type="checkbox"/> Abdomen
5	<input type="checkbox"/> Spine
6	<input type="checkbox"/> Upper extremities
7	<input type="checkbox"/> Lower extremities
8	<input type="checkbox"/> Internal
9	<input type="checkbox"/> Multiple body parts

Describes the part of the body that sustained the most serious injury.

P - Disposition

P Disposition

Transported to emergency care facility

Identifies if the casualty was transported to an emergency care facility.

Remarks

Remarks	Local option

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The Remarks section is an area for any other remarks that might be made concerning the incident.

Only available on the paper form. Not included in an automated system.

Questions?

