



Incident Command System
Position Manual

FIRELINE EMERGENCY MEDICAL TECHNICIAN
ICS-223-10

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This document contains information relative to the Incident Command System (ICS) component of the National Incident Management System (NIMS). This is the same Incident Command System developed by FIRESCOPE.

Additional information and documentation can be obtained from the following sources:

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The State Board of Fire Services and the Fire and Rescue Service Advisory Committee/FIRESCOPE Board of Directors have approved the information contained in this document for application in the statewide Fire and Rescue Mutual Aid System.

This material is a development of the FIRESCOPE Program.

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CHECKLIST

CHECKLIST USE: The checklist presented below should be considered as a minimum requirement for the position. Users of this manual may augment these lists as necessary. Note that some of the activities are one-time actions while others are ongoing for the duration of an incident.

FIRELINE EMERGENCY MEDICAL TECHNICIAN (FEMT) CHECKLIST:

- a. Check in and obtain briefing from the Logistics Section Chief, or the Medical Unit Leader if established. Briefing will include current incident situation, anticipated medical needs, and required local medical protocol including documentation.
- b. Receive assignment and assess current situation.
- c. Anticipate needs and obtain medical supplies from the incident.
- d. Secure copies of local emergency medical service forms/paperwork if available.
- e. Secure/check out portable radio with all incident frequencies.
- f. Obtain a copy of the Incident Action Plan (IAP) and review the Medical Plan (ICS 206 Form).
- g. Identify and contact your assigned tactical supervisor and confirm your travel route, transportation and ETA **prior** to leaving your check-in location.
- h. Meet with your assigned tactical supervisor and obtain briefing.
- i. Obtain briefing from the FEMT you are relieving, if applicable.
- j. Upon arrival at your assigned location, perform a radio check with your assigned tactical supervisor, incident Communications Unit and the Medical Unit, if established.
- k. Maintain ongoing contact and interaction with personnel on your assignment to assess medical needs and provide assistance when needed.
- l. Be prepared to make requests for transportation of ill and injured personnel, through channels, as outlined in the Medical Plan (ICS 206 Form).
- m. Make notifications of incident related illnesses and injuries as outlined in the Medical Plan (ICS 206 Form).
- n. At the conclusion of each shift advise your tactical supervisor that you are departing and will report to the Medical Unit Leader for debriefing and submission of patient care documentation.
- o. Secure operations and demobilize as outlined in the Demobilization Plan.
- p. Maintain a Unit/Activity Log (ICS 214 Form).

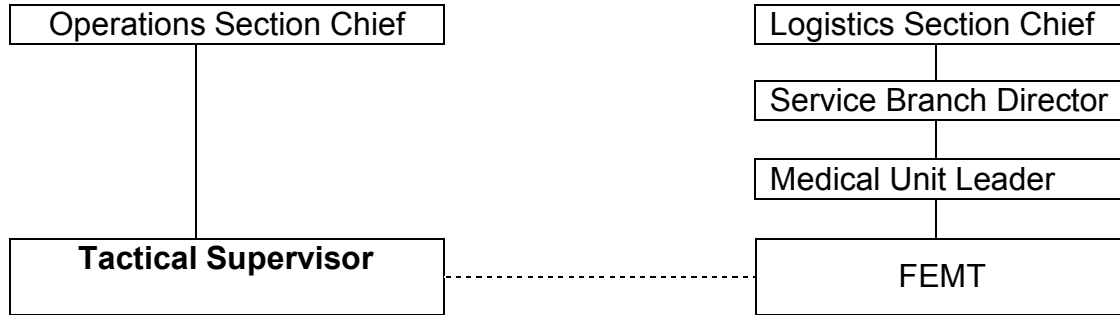
ORGANIZATION, PERSONNEL, PROCEDURES, AND EQUIPMENT

ORGANIZATION:

- a. The FEMT provides emergency medical care to personnel operating on the fireline. The FEMT initially reports to the Medical Unit Leader, if established, or the Logistics Section Chief.

The FEMT must establish and maintain liaison with, and respond to requests from, the operations personnel to whom they are assigned.

b. The FEMT is assigned as illustrated below:



Note: The FEMT will be supervised by the tactical (line) supervisor while at the tactical location.

PERSONNEL: The FEMT shall be ordered at the discretion of the Incident Commander. The FEMT Order will specify if the FEMT is to come with/without equipment. The number of tactically assigned FEMT’s will depend upon the complexity, duration, and hazards of the incident. The FEMT may be assigned as a single resource; however, they can be paired due to safety or workload considerations.

The FEMT must, at minimum, be currently certified/licensed as an Emergency Medical Technician (EMT-I). The FEMT may also be an EMT-II or Paramedic (EMT-P). All levels of EMT’s may be ordered to fulfil the role of an FEMT and are permitted to function within their Scope of Practice regardless of jurisdictional or political boundaries.

MAJOR RESPONSIBILITIES AND PROCEDURES: The major responsibilities of the FEMT are stated below. Following each activity, the procedures for implementing the activity are listed.

- a. Obtain briefing from the logistics section chief, or the medical unit leader, if established. The briefing should provide the following:
 - 1. Current incident situation.
 - 2. Review the Medical Plan and receive priorities.
 - 3. Incident communications channels.
 - 4. Overview of the FEMT assignment and potential hazards to assigned line personnel.
 - 5. Anticipated incident medical needs.
 - 6. Local medical protocols to include documentation procedures.
- b. Receive assignment and assess current situation:
 - 1. Number of personnel in assigned area.
 - 2. Fire behavior, weather conditions, terrain, other natural hazards, and safety alerts.
- c. Anticipate needs and obtain medical supplies from the incident. Refer to Medical Supply List as a recommended minimum requirement.
- d. Secure copies of local emergency medical service forms/ paperwork as necessary. If not available use FEMT’s jurisdictional agency EMS forms.

- e. Secure/check out portable radio with all incident frequencies.
- f. Prior to each shift, obtain a copy of the Incident Action Plan (IAP) and review the Medical Plan (ICS 206 Form).
- g. Identify and contact your assigned tactical supervisor and confirm your travel route, transportation and ETA **prior** to leaving your check-in location.
- h. Meet with your assigned tactical supervisor and obtain a briefing.
- i. Obtain a briefing from the FEMT you are relieving, if applicable.
- j. Upon arrival at your assigned location, perform a radio check with your assigned tactical supervisor, incident Communications Unit and the Medical Unit, if established.
- k. Maintain ongoing contact and interaction with personnel on your assignment to assess medical needs and provide assistance when needed.
- l. Be prepared to make requests for transportation of ill and injured personnel, through channels, as outlined in the Medical Plan (ICS 206 Form).
- m. Make notifications of incident related illnesses and injuries as outlined in the Medical Plan (ICS 206 Form).
- n. At the conclusion of each shift advise your tactical supervisor that you are departing and will report to the Medical Unit Leader for debriefing and submission of patient care documentation.
- o. Secure operations and demobilize as outlined in the Demobilization Plan.
- p. Maintain a Unit/Activity Log (ICS 214 Form).

DEFINITIONS:

- a. Licensure/Certification- Documentation certifying that one has met specific requirements. These requirements may be successfully passing a written examination, skills examination and/or peer review process.
- b. Protocol- A medically accepted course of treatment for a defined medical emergency. A protocol must be within the rescuer's Scope of Practice.
- c. Scope Of Practice- Laws, guidelines and regulations defining the policies, procedures and responsibilities for a given group or practice. These are the authorized skills and procedures that an EMT-I, EMT-II or EMT-P may perform on a patient within scope of practice of their certifying authority.

EQUIPMENT: The FEMT shall respond with Personal Protective Equipment (PPE) appropriate for the assignment.

The incident should provide medical supplies for the FEMT to meet or exceed the contents listed below. The FEMT can be ordered with/without equipment. Additionally, 12' (feet) of fluorescent flagging tape and a beacon-strobe (NFES 0298) to be used to identify an aircraft-landing zone should be provided by the incident.

QTY	DESCRIPTION
3 EA	Airway, nasal pharyngeal, adult large, medium and small
3 EA	Airway, oral pharyngeal, adult large, medium and small (clear)
2 EA	Bag, biohazard
1 EA	Bag-valve-mask, adult, with large, medium and small masks (clear)
6 EA	Bandage, compress, 4"x4"
6 EA	Bandage, gauge, 2 ply, 3"x 5 YD
4 EA	Bandage, triangular
2 EA	Blanket, space, combat casualty, fluorescent orange & silver
1 EA	Case, back-pack, medical
3 EA	Collar, cervical, adult small, medium and large (Stiff-Neck)
3 EA	Compress, cold
1 TU	Dextrose, oral
4 EA	Dressing, field, 4"x7"
4 BT	Eye wash, (Dacruise)
1 EA	Flashlight, disposable
2 EA	Foot powder, can, 6 OZ
1 EA	Forceps, 5-1/2"
4 EA	Gauze, non-adhering, 4"x 4"
6 EA	Gloves, latex, examination
2 EA	Gowns, disposable
2 PG	Insect swabs (6/pg)
2 EA	Coban Wraps/Ace Bandage

QTY	DESCRIPTION
4 EA	Kerlix, 6 ply, 4 1/2"
2 KT	Kit, eye dressing (4 pd: 2 left and 2 right)
2 EA	Mask, disposable, face w/eye shield & ties
1 EA	Mask, pocket, w/oxygen inlet
2 PG	Moleskin
1 PD	Pad, writing, DI-5A or equal
1 EA	Pen, ball point, black or blue
1 EA	Pencil, mechanical
1 PG	Pin, safety (12/pg)
1 EA	Scalpel, curved tip
1 PR	Scissors, paramedic
2 EA	Sheet, burn, 72" x 108"
2 BT	Solution, saline, 500 ML
1 EA	Sphygmomanometer
2 EA	Splint, wire mesh, 3 1/4x30"
6 EA	Sponge, surgical, 4"x4"
1 EA	Stethoscope
1 EA	Suction, manual, (V-Vac)
2 RO	Tape, adhesive, 1" x 5 YD
1 EA	Tourniquet
8 EA	Towelette, anti-septic
2 EA	Light Stick

TRAINING AND EXPERIENCE REQUIREMENTS:

Required Training

- Agency approved Emergency Medical Technician course
- Firefighter Training (S-130)
- “Look Up, Look Down, Look Around” (S-133)
- Introduction to Wildland Fire Behavior (S-190)

Additional Training Which Supports Development of Knowledge and Skills

- Introduction to ICS (I-100)
- Introduction to Air Operations (S-170)

Prerequisite Experience

- Current certification as an Emergency Medical Technician
- PLUS**
- Satisfactory position performance as a wildland firefighter
- OR**
- Satisfactory position performance as a Fireline EMT on a wildland fire incident

Other position assignments that will maintain currency

- Emergency Medical Technician
- Wildland Firefighter

Physical Fitness

- Arduous