



Incident Command System
Position Manual

FIRELINE EMERGENCY MEDICAL
TECHNICIAN – PARAMEDIC

FEMP ICS 223-11

May 16, 2011

INTRODUCTION

This position task manual was developed at the request of the FIREScope Board of Directors based on the need conveyed by fire service personnel across the state. The overall intent of this manual is to provide a clear description of the role, duties and equipment pertinent to the position of the FEMP.

This manual was developed by the FIREScope EMS Specialist Group that has broad representation from the California Fire Service. There was also considerable input from many constituent groups including the Emergency Medical Services Administrators of California (EMDAC), and the California Emergency Medical Services Authority (EMSA).

The care provided by the FEMP is temporizing and often occurs in an austere environment. Space and weight limitations preclude the FEMP from delivering all of the care outlined in the California Code of Regulations, Title 22. As such, not every treatment modality will be employed on the fireline.

The very nature of EMS is such that it operates in a constantly changing medical environment. It is expected that there will be periodic changes and updates to this document. All input with respect to revisions is appreciated and should be directed to the address listed below.

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 source:

Cal EMA FIREScope
Document Control
2524 Mulberry Street
Riverside, CA 92501-2200
(951) 320-6199
Fax (951) 784-3026

The information contained in this document has been approved by the State Board of Fire Services and the Fire Rescue Service Advisory Committee/FIREScope Board of Directors 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 – PARAMEDIC (FEMP) CHECKLIST:

- a. Review common responsibilities (Chapter 1 of the ICS 420-1 Field Operations Guide).
- b. 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 local emergency medical system orientation.
- c. Receive assignment and assess current situation.
- d. Anticipate needs and ensure medical inventory as necessary.
- e. Utilize home EMS Agency forms/paperwork and documentation.
- f. Secure/clone portable radio with all incident frequencies consistent with the current IAP Incident Radio Communications Plan (ICS Form 205). Identify appropriate radio designator for use on incident.
- g. Obtain and review the current Incident Action Plan (IAP) emphasizing the Medical Plan (ICS Form 206).
- h. Identify the appropriate route to establish online medical control if such a consultation is desired and communication channels are available as outlined in the Medical Plan (ICS Form 206). Otherwise, follow standing, disrupted or communication failure orders established by your home EMS agency.
- i. Identify fireline supervisor and confirm your travel route, transportation and ETA **Prior** to leaving your check-in location.
- j. Meet with your assigned fireline supervisor and obtain briefing.
- k. Obtain briefing from the FEMT or FEMP you are relieving, if applicable.
- l. Upon arrival at assigned location, perform a radio check with assigned fireline supervisor, Incident Communications Unit and the Medical Unit, if established.
- m. Establish and maintain contact with personnel on assignment to assess medical needs and provide assistance.
- n. Make requests for transportation of ill and injured personnel through channels as outlined in the Medical Plan (ICS Form 206).

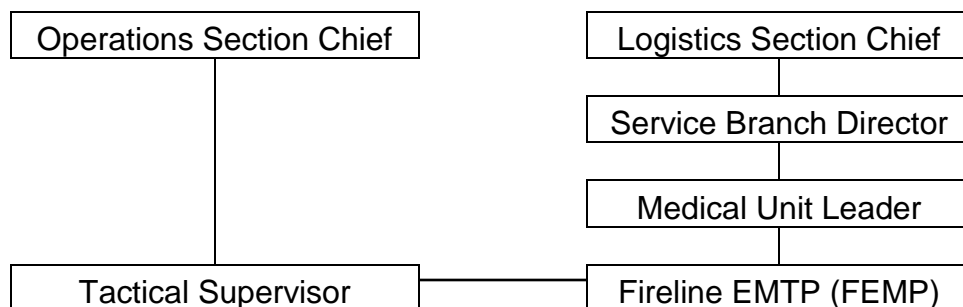
- o. Make notifications of incident related illnesses and injuries as outlined the Medical Plan (ICS Form 206).
- p. At the conclusion of each operational period, advise your fireline supervisor that you are departing and will report to the Medical Unit Leader for debriefing and submission of patient care documentation.
- q. Resupply expended materials prior to next operational period.
- r. Secure operations and demobilize as outlined in the Demobilization Plan.
- s. Maintain a Unit/Activity Log (ICS Form 214).

ORGANIZATION, PERSONNEL MAJOR RESPONSIBILITIES AND PROCEDURES

ORGANIZATION/MEDICAL CONTROL:

- a. The FEMP provides emergency medical care to personnel operating on the fireline. The FEMP initially reports to the Medical Unit Leader, if established, or the Logistics Section Chief. The FEMP must establish and maintain liaison, with and respond to requests from the fireline supervisors to whom they are assigned.
- b. Agencies that plan to fill requests for FEMP will make notification to their Local (Home) EMS Agency (LEMSA). This notification shall be made prior to receiving requests.
- c. The LEMSAs should adopt policy to allow ALS personnel to function under a modified scope of practice consistent with FEMP.
- d. The FEMP will function within the scope of practice and protocols administrated by the FEMP's LEMSAs (CCR Title 22 100165). Medical Control and Continuous Quality Improvement (CQI) will be maintained by the home LEMSAs. CQI can be augmented by the MEDL. EMS personnel may not exceed their scope of practice regardless of direction or instruction they may receive from any authority.

The FEMP is assigned as illustrated below:



PERSONNEL:

The FEMP shall be ordered at the discretion of the Incident Commander. The FEMP shall bring appropriate wildland PPE. The medical equipment identified for this position (ALS and BLS) shall be brought to the incident unless otherwise specified in the order.

The FEMP, when deployed on the fireline, will be paired with an FEMT or another FEMP with BLS supplies due to safety and workload considerations. The FEMT/P team members will balance the recommended ALS and BLS supplies between them with the ALS supplies carried by the FEMP.

The FEMP must be currently licensed as a California Emergency Medical Technician – Paramedic (EMT-P), be accredited with a California LEMSA and be employed by an approved California ALS Provider.

MAJOR RESPONSIBILITIES AND PROCEDURES:

The major responsibilities of the FEMP are stated below. Following each activity, the procedures for implementing the activity are listed:

- 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 local emergency medical system orientation. The briefing should provide the following:
 1. Current incident situation
 2. Review the Medical Plan (ICS Form 206)
 3. Incident communications channels
 4. Overview of the FEMP assignment and potential hazards to assigned line personnel
 5. Anticipated incident medical needs
 6. Overview of local EMS
 7. Documentation requirements (e.g., patient care records/ICS Form 214/AMA/other items as required by MEDL).
- 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 ensure medical inventory as necessary:
 1. Incident base assignments
 2. Fireline assignments
 3. Spike camp assignments
- d. Utilize home EMS Agency forms/paperwork and documentation.
- e. Secure/clone portable radio with all incident frequencies consistent with the current IAP Incident Radio Communication Plan (ICS Form 205). Identify appropriate radio designator for use on incident.

- f. Obtain and review the current Incident Action Plan (IAP) emphasizing the Medical Plan (ICS Form 206).
- g. Identify fireline supervisor and confirm your travel route, transportation and ETA **prior** to leaving your check-in location.
- h. Meet with your assigned fireline supervisor and obtain briefing
- i. Obtain briefing from the FEMT or FEMP you are relieving, if applicable.
- j. Upon arrival at assigned location, perform a radio check with assigned fireline supervisor, Incident Communications Unit and the Medical Unit, if established.
- k. Establish and maintain contact with personnel on assignment to assess medical needs and provide assistance.
- l. Make requests for transportation of ill and injured personnel through channels as outlined in the Medical Plan (ICS Form 206).
- m. Make notifications of incident related illnesses and injuries as outlined in the Medical Plan (ICS Form 206).
- n. At the conclusion of each operational period, advise your fireline supervisor that you are department and will report to the Medical Unit Leader for debriefing and submission of patient care documentation.
- o. Resupply expended materials prior to next operational period via or through MEDL.
- p. Secure operations and demobilize as outlined in the Demobilization Checkout (ICS Form 221).
- q. Maintain a Unit/Activity Log (ICS Form 214).

DEFINITIONS:

- a. Licensure – Documentation that demonstrates one has met specific requirements as outlined by the State.
- b. Protocol – A medically accepted course of treatment for a defined medical emergency. A protocol must be within the providers' scope of practice.
- c. Scope of practice – Laws, guidelines and regulation defining the policies, procedure and responsibilities for a given group or practice.
- d. LEMSAs – Local Emergency Medical Services Agency.
- e. Home LEMSAs – The local emergency medical services agency that accredits the FEMP.

- f. Host LEMSA – The local emergency medical services agency that has jurisdictional authority for pre-hospital emergency care in an area where the FMP is deployed.
- g. Against Medical Advice (AMA) – The refusal of treatment or transport by an emergency patient or his/her designated decision maker against the advice of the medical personnel on scene or of the receiving hospital.
- h. Continuous Quality Improvement (CQI) – A method of evaluation of services provided that includes defined standards, evaluation methodology (ies) and utilization of evaluation results for continued systems improvement.
- i. FEMP – State licensed and current locally accredited, EMT-P assigned to an incident providing ALS level pre-hospital care as part of a team with either another FEMP or FEMT and appropriate equipment.

EQUIPMENT

1. FEMP personnel shall respond with Wildland Personal Protective Equipment (PPE) appropriate for the assignment.
2. FEMP personnel shall not rely on the incident for supply or restock of materials carried to the fireline. The incident may provide limited basic life support medical supplies for the FEMP. 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.
3. If FEMP personnel are to be deployed with a vehicle and the expectation exists that the FEMP will not be required to hike or pack in, FEMP personnel shall carry at a minimum the basic life support and advanced life support equipment outlined in Appendix A and B. If the expectation exists that the FEMP will be required to hike, pack in or spike out, the FEMP shall carry, at a minimum, the equipment outlined in Appendix A. The FEMP will be paired with another FEMT or FEMP and between the two personnel, carry, at a minimum, the equipment listed in Appendix A and B to the work location.
4. FEMP personnel should carry personal equipment to be consistent with Appendix C.
5. Line assigned FEMP personnel shall carry a combi-tool or equivalent standard firefighting hand tool.

TRAINING AND EXPERIENCE REQUIREMENTS

Required Training:

California EMT-P License and local EMS Agency accreditation

Firefighter Training (S-130)

“Look Up, Look Down, Look Around” (S-133)

Introduction to Wildland Fire Behavior (S-190)

Incident Command System ICS 100 and ICS 200

Basic air operations course to include, but not limited to:

- Helicopter orientation and safety

- Landing zone specifications

- Approach and departure of aircraft

- Loading and unloading procedures/safety considerations

- Communication – radio and hand signals

- Emergency procedures

- Night time operations

Fulfillment of requirement shall be evidenced by course completion certificate or approved continuing education course certificate issued by training officer, fire chief or designee.

Additional Training That Supports Development of Knowledge and Skills:

Wilderness Emergency medical Technician

Introduction to Air Operations (ICS S-270) or equivalent

Prerequisite Experience

Satisfactory position performance as a wildland firefighter

Satisfactory position performance as an EMT-P

OR

Satisfactory position performance as a Fireline EMT on a wildland fire incident

Other position assignments that will maintain currency

Emergency Medical Technician Paramedic

Wildland Firefighter

Physical Fitness

Arduous

(END)

APPENDIX A
FIRELINE EMERGENCY MEDICAL TECHNICIAN
BASIC LIFE SUPPORT (BLS) PACK INVENTORY

- Airway, Oral Pharyngeal Kit
- Biohazard Bag (2)
- Bag Valve Mask (1)
- Space Blanket (2)
- Bandage, Sterile 4 x 4 (6)
- Bandage, Triangular (2)
- Cervical Collar, Adjustable
- Cold Pack (3)
- Dextrose Oral (1)
- Dressing, Multi-Trauma (4)
- Eye Wash (1 bottle)
- Pen Light (1)
- Exam Gloves
- Coban Wraps/Ace Bandage (2 ea.)
- Kerlix, Kling, 4.5, Sterile (2)
- Mask, Face, Disposable w/eye shield (1)
- Pad, Writing (1)
- Pen and Pencil (1 ea.)
- Triangular Dressing with Pin (2)
- Splinter Kit (1)
- Scissors, Medic (1)
- Sheet, Burn or equivalent (2)
- Stethoscope (1)
- Sphygmomanometer (1)
- Splint, Moldable
- Suction, Manual Device (1)
- Tape, 1 inch, Cloth (2 rolls)
- Petroleum Dressing (2)
- Thermometer, Digital (1)
- Triage Tags (6)

(END)

APPENDIX B
FIRELINE EMERGENCY MEDICAL TECHNICIAN
PARAMEDIC (ALS) PACK INVENTORY

**IN ADDITION TO THE BASIC LIFE SUPPORT INVENTORY, THE FOLLOWING
ADDITIONAL ITEMS OR EQUIVALENTS SHALL BE CARRIED BY THE FEMP

ALS AIRWAY EQUIPMENT:

- Endotracheal Intubation Equipment (6.0, 7.5 ET – Mac 4, Miller 4, stylette and handle-
pedi recommended for weight)
- Rescue Airway (1)
- ETT Restraint
- End Tidal CO₂ Detector
- ETT Verification Device
- Needle Thoracostomy Kit (1)

IV/MEDICATION ADMIN SUPPLIES:

- IV Administration Set-Macro-Drip (2)
- Venaguard (2)
- Alcohol Preps (6)
- Betadine Swabs (4)
- Tourniquet (2)
- Razor (1)
- Transpore Tape (1)
- 14 ga. IV Catheter (2)
- 16 ga. IV Catheter (2)
- 18 ga. IV Catheter (2)
- 20 ga. IV Catheter (2)
- 10 cc Syringe (2)
- 1 cc TB Syringe (2)
- 18 ga. Needle (4)
- 25 ga. Needle (2)
- Glucometer Test Strips (4)
- Lancet (4)

MISCELLANEOUS:

- Sharps Container (1)
- Narcotic Storage (per local protocol)*
- FEMP Pack Inventory Sheet (1)
- PCR (6)
- AMA Forms (3)

Appendix B FEMT Paramedic (ALS) Pack Inventory Continued

BIOMEDICAL EQUIPMENT:

- Compact AED/SAD (waveform display preferred) (1)
- AED/SAD Patches (2)
- Pulse Oximeter (1 Optional)
- Glucometer or Equivalent (1)

MEDICATIONS:

- Aerosolized Beta 2 Specific Bronchodilator (4)
- Antiarrhythmic (quantity and type per local protocol)
- Aspirin-Chewable 80 mg (1 bottle)
- Atropine Sulfate 1 mg (2)
- Dextrose 50% 25 G. Pre-Load (1)
- Diphenhydramine 50 mg (4)
- Epinephrine 1 10,000 1mg (2)
- Epinephrine 1 1,000 1 mg (4)
- Glucagon 1 mg/unit (1)
- Valium 40 mg or Versed 20 mg
- Morphine Sulfate 10 mg/ml (6) or other LEMSA approved Class II analgesic Naloxone – 2 mg (2)
- Nitroglycerin 1/150 gr (1)
- Saline 0.9% IV 1,000 ML – Can be configured into two 500 cc or four 250 cc

Quantity of narcotics carried may be mandated by LEMSA

(END)

APPENDIX C
FIRELINE EMERGENCY MEDICAL TECHNICIAN
PERSONAL PACK INVENTORY

- Flagging Tape. Fluorescent (1 roll)
- Glo-Stick (2-Incident Cache)
- Beacon Strobe, NFES 0298 (Incident Cache)
- Signal Mirror
- Dispatch Printout (Cal EMA/OES, Order, Request Numbers)
- Topo Maps
- Clonable Portable Radio (Required)
- GPS
- Cellular Phone w/DC Adaptor
- PPE, Wildland, Web Gear, Full (Required)
- Food Rations
- Compass, Silva-Ranger Type
- Clamshell With Extra Batteries
- Hand Tool
- Head Lamp
- Fire Starter
- Whistle
- EMS Credentials (Licenses, Certificates)
- Ear Plugs
- Nylon Blister Proof Socks
- Mid-Heavy Weight Hiking Over-Socks
- Multi-Tool (Optional)
- Mini-Binoculars (Optional)
- Weather Kit, Belt (Optional, Available at Incident Cache)
- Sun Screen
- Chap Stick
- Sun Glasses
- Poison Oak Prophylaxis and Treatment
- Tent
- Sleeping Bag
- Sleeping Pad
- Toiletries
- Camp Shoes
- Cold Weather Gear
- Duct Tape, Roll
- Inset Swabs
- Moleskin
- Personal Medications (Tylenol, etc.)

(END)

**APPENDIX D
MEDL Local EMS Agency Contact Log**

The MEDL should make contact with the host LEMSA(s) at the beginning of the incident and provide their staff with the following information. The LEMSA(s) should be updated as new paramedics are assigned to the incident. If the incident involves multiple LEMSA's, all should be notified. Contact information for the LEMSA's is attached. The current list of LEMSA's can also be found at: <http://www.emsa.ca.gov/local/admins.asp>.

LEMSA Contact √	Name of Paramedic	License Number	County of Accreditation	Employer

**APPENDIX E
LOCAL EMS AGENCIES**

Agency	Counties Served	Contact Number	Fax
Alameda	Alameda	510-618-2099	510-618-2099
Central California	Fresno, Kings, Madera, Tulare	559-445-3387	559-445-3205
Coastal Valleys	Sonoma, Mendocino, Napa	707-565-6501	707-565-6510
Contra Costa	Contra Costa	925-645-4690	925-646-4379
El Dorado	El Dorado	530-621-6500	530-621-2758
Imperial	Imperial	760-482-2974	760-336-3903
Inland Counties	San Bernardino, Inyo, Mono	909-388-5823	909-388-5825
Kern	Kern	661-868-5200	661-322-8453
Los Angeles	Los Angeles	562-347-1604	562-941-5835
Marin	Marin	415-473-6833	415-473-3747
Merced	Merced	209-381-1255	209-381-1259
Monterey	Monterey	831-755-5013	831-455-0680
Mountain Valley	Alpine, Amador, Calaveras, Mariposa, Stanislaus	209-529-5085	209-529-1496
North Coast	Del Norte, Humboldt, Lake	707-445-2081	707-445-0443
Northern	Glenn, Lassen, Modoc, Plumas, Sierra, Trinity	530-229-3979	530-229-3984
Orange	Orange	714-834-3500	714-834-3125
Riverside	Riverside	951-358-5029	951-358-5160
Sacramento	Sacramento	916-875-9753	916-875-9711
San Benito	San Benito	831-207-5016	831-636-4037
San Diego	San Diego	619-285-6429	619-285-6531
San Francisco	San Francisco	415-487-5000	415-552-0194
San Joaquin	San Joaquin	209-468-6818	209-468-6725
San Luis Obispo	San Luis Obispo	805-546-8728	805-546-8736
San Mateo	San Mateo	650-573-2579	650-573-2029
Santa Barbara	Santa Barbara	805-681-5274	805-681-5142
Santa Clara	Santa Clara	408-885-3538	408-885-3538
Santa Cruz	Santa Cruz	831-454-4120	831-454-4272
Sierra-Sacramento	Butte, Colusa, Nevada, Placer, Shasta, Siskiyou, Sutter, Tehama, Yolo, Yuba	916-625-1702	916-625-1730
Solano	Solano	707-784-8608	707-784-8608
Tuolumne	Tuolumne	209-533-7460	209-533-7406
Ventura	Ventura	805-981-5301	805-981-5300