



Incident Command System  
Position Manual

FIRELINE EMERGENCY MEDICAL  
TECHNICIAN – PARAMEDIC

FEMP ICS 223-11

August 25, 2009

## 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/OES FIREScope  
Document Control  
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Riverside, CA 92501-2200  
(951) 782-4174  
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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.

## CONTENTS

Introduction.....	1
Contents .....	2
Checklist.....	3
Checklist Use .....	3
Fireline Emergency Medical Technician – Paramedic (FEMP) Checklist.....	3
Organization, Personnel, Major Responsibilities and Procedures .....	4
Organization/Medical Control .....	4
Personnel .....	5
Major Responsibilities and Procedures .....	5
Definitions .....	6
Equipment .....	7
Training and Experience Requirements .....	8
Appendix A: FEMT Basic Life Support (BLS) Pack Inventory.....	9
Appendix B: FEMT Paramedic (ALS) Pack Inventory.....	10
Appendix C: FEMT Personal Pack Inventory.....	12

**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).

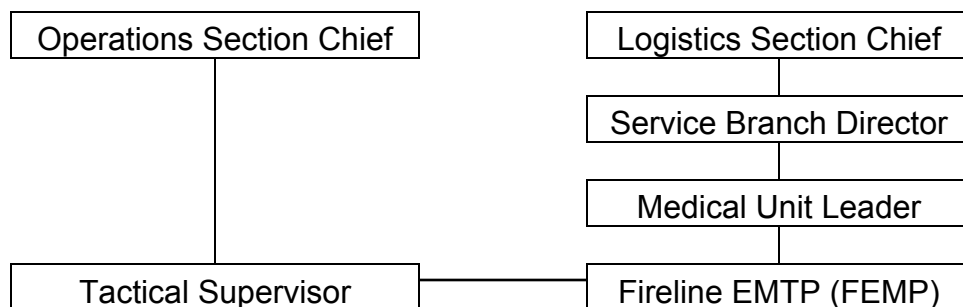
- o. Make notifications of incident related illnesses and injuries as outlined the Medical Plan (ICS Form 206).
- p. At the conclusion of each operational period, advise your fireline supervisor that you are departing and will report to the Medical Unit Leader for debriefing and submission of patient 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. LEMSA – Local Emergency Medical Services Agency.
- e. Home LEMSA – 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 and 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)

**APENDIX 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 CO<sub>2</sub> 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)