



Incident Command System
Position Manual

FIRELINE EMERGENCY MEDICAL TECHNICIAN

**FIRELINE PARAMEDIC
(EMTF/EMPF)**

ICS 702

December 2016

INTRODUCTION

This position 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 intent of this manual is to provide a clear description of the role, duties and equipment pertinent to the position of the Fireline EMT (EMTF/EMPF). The information and requirements provided in this manual may conflict with out-of-state federal incident management team guidelines.

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 Association of California (EMSAAC), Emergency Medical Directors Association of California (EMDAC) and the California Emergency Medical Services Authority (EMSA).

The care provided by the EMTF/EMPF often occurs in a harsh environment. Space and weight limitations preclude the EMTF/EMPF 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 EMTF/EMPF is often required to hike significant distances while carrying heavy packs. The EMTF/EMPF may be assigned to duties within the Base/Camp or deployed with line personnel for extended periods of time.

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 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.

This document reflects the standards established by FIRESCOPE. Additional information and documentation can be obtained from the following source:

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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.

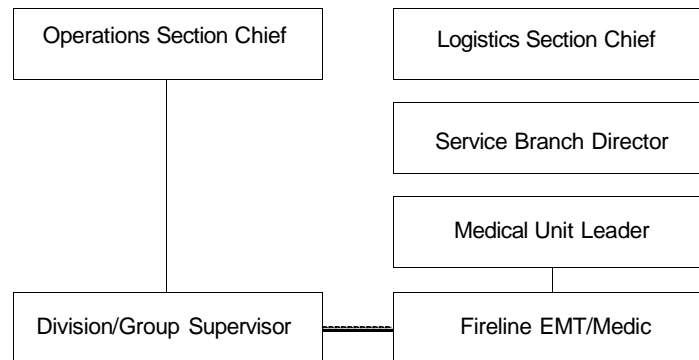
FIRELINE EMT/PARAMEDIC (EMTF/EMPF) CHECKLIST:

- a. Review Chapter 1 Common Responsibilities.
- b. Check in and obtain briefing from the Logistics Section Chief or the Medical Unit Leader, if established. Briefing should include 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. Secure/clone portable radio with all incident frequencies consistent with the current Incident Radio Communications Plan (ICS Form 205). Identify appropriate radio designator for use on incident.
- f. Obtain and review the current Incident Action Plan emphasizing the Medical Plan (ICS Form 206)
- g. Identify the appropriate route to establish medical control communication if such a consultation is desired and communication channels are available as outlined in the Medical Plan (ICS Form 206). If consultation is unavailable, follow home LEMSAs protocol
- h. Identify fireline supervisor and confirm your travel route, transportation, and ETA prior to leaving check-in location
- i. Meet with your assigned fireline supervisor, obtain briefing, and confirm you will remain paired with the other EMTF or EMPF assigned with you
- j. Obtain briefing from the EMTFs or EMPFs you are relieving, if applicable
- k. Upon arrival at assigned location, perform a radio check with assigned fireline supervisor, Incident Communications Center and the Medical Unit, if established
- l. Establish and maintain contact with personnel on assignment to assess medical needs and provide assistance
- m. Make requests for transportation of ill and injured personnel through channels as outlined in the Medical Plan (ICS Form 206)
- n. Make notifications of incident-related illnesses and injuries as outlined in the Medical Plan (ICS Form 206)
- o. At the conclusion of each operational period, advise your fireline supervisor when departing and report to the Medical Unit Leader for debriefing and submission of patient care documentation
- p. Resupply expended materials prior to next operational period
- q. Secure operations and demobilize as outlined in the Demobilization Plan
- r. Complete documentation required by home and/or host LEMSAs
- s. Maintain Unit/Activity Log (ICS Form 214)

ORGANIZATION, PERSONNEL, MAJOR RESPONSIBILITIES AND PROCEDURES**ORGANIZATION(MEDICAL CONTROL)**

- a. The EMTF/EMPF provides medical care to personnel operating on the fireline. The EMTF/EMPF initially reports to the Medical Unit Leader, if established, or the Logistics Section Chief. The EMTF/EMPF must establish and maintain liaison with and respond to requests from the fireline supervisor to whom they are assigned.
- b. Agencies shall not fill requests for EMTF/EMPFs unless authorized by their home LEMSA policy.
- c. The EMTF/EMPF will function within the scope of practice and protocols administered by the EMTF/EMPF's home LEMSA (CCR Title 22 100165). Continuous Quality Improvement (CQI) will be managed by the provider agency.
- d. The EMTF/EMPF shall follow home LEMSA reporting requirements regarding Prehospital Care Record (PCR) documentation. The EMTF/EMPF shall communicate with the MEDL prior to assignment to ensure they can meet the PCR documentation needs of the incident. In addition to the home LEMSA requirements, the EMTF/EMPF shall ensure they have the ability to generate a PCR for transporting agencies and receiving hospitals.
- e. The EMTF/EMPF shall follow standing, disrupted or communication failure orders established by your home EMS agency if unable to establish online medical consultation as established by the Medical Plan (ICS Form 206).
- f. Fire ground conditions (smoke, terrain, topography, flight restrictions, delayed medevac, etc.) may dictate the means of transportation available. The EMTF/EMPF will assist with determining primary and alternate modes of transportation of ill and injured personnel as outlined in the Medical Plan (ICS Form 206) and in the Incident Within an Incident Plan.

The EMTF/EMPF is assigned as illustrated below as an example:



PERSONNEL:

The EMTF/EMPF shall be ordered at the discretion of the Incident Commander. The EMTF/EMPF shall bring appropriate Personal Protective Equipment (PPE) and the medical equipment identified in Appendices A, B & C (as determined by the EMTF/EMPF's home LEMSA).

Every effort should be made to pair the EMTFs and EMPFs, when deployed on a line assignment, due to safety, accountability and workload considerations. The EMTF/EMPF team members will balance the recommended ALS and BLS supplies between them with the ALS supplies carried by the EMPF. EMTFs and EMPFs should take into consideration the appropriate items for line, base/camp and spike assignments.

EMTF/EMPFs are expected to be physically capable to perform the arduous nature of the assignment. Personnel may be affected by elevation and climate conditions when operating away from their normal working environment.

The EMPF must be currently licensed as a California Paramedic, be accredited with a California LEMSA and be employed by an approved California ALS Provider. The EMPF shall provide proof of State License and LEMSA accreditation to the MEDL.

The EMTF must be currently certified as an EMT. The EMTF may also be an EMTA or paramedic.

DEFINITIONS

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.

Continuous Quality Improvement (CQI) – Evaluation of services provided that includes defined standards, evaluation of methods and utilization of evaluation results for continued systems improvement.

EMPF – State licensed and locally accredited Paramedic assigned to an incident providing ALS level pre-hospital care as part of a team with either another EMTF or EMPF and appropriate equipment.

EMTF - State certified EMT assigned to an incident providing BLS level pre-hospital care as part of a team with either another EMTF or EMPF and appropriate equipment.

Home LEMSAs – The local emergency medical services agency that accredits the EMTF/EMPF.

Host LEMSAs – The local emergency medical services agency that has jurisdictional authority for pre-hospital emergency care in an area where the EMTF/EMPF is deployed.

License – Documentation that demonstrates one has met specific requirements as outlined by the State of California Code of Regulations, Title 22, for paramedics.

Protocol – An approved course of treatment for a medical emergency.

Scope of Practice – Laws, guidelines and regulations defining the policies, procedures and responsibilities for a given group or practice.

EQUIPMENT

- a. EMTF/EMPF personnel shall respond with Wildland Personal Protective Equipment (PPE) appropriate for the assignment.
- b. EMPF personnel should not rely on the incident for supply or restock of ALS supplies carried on the fireline. The incident may provide limited basic life support medical supplies for the EMTF/EMPF.
- c. In all cases, the EMPF is required to have the equipment outlined in Appendix A and B. The ability to carry ALS and BLS equipment is accomplished by “pairing” the EMTF/EMPF with another EMTF/EMPF. The pairing of EMTF/EMPFs shall be coordinated by the Logistics Section Chief/MEDL upon arrival at the incident.
- d. EMTF/EMPF personnel should carry personal equipment to be consistent with Appendix C.
- e. EMTF/EMPF personnel assigned to the line shall carry a standard firefighting hand tool.

TRAINING AND EXPERIENCE REQUIREMENTS

Required Training:

The EMTF/EMPF must meet the requirements as listed in the current California Incident Command Certification System (CICCS) Qualification Guide for Fireline EMT or Paramedic (EMTF/EMPF).

**APPENDIX A
EMTF and EMPF
BASIC LIFE SUPPORT (BLS) PACK INVENTORY**

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

APPENDIX B
EMPF
ADVANCED LIFE SUPPORT (ALS) PACK INVENTORY

IN ADDITION TO THE BASIC LIFE SUPPORT INVENTORY, THE FOLLOWING
ITEMS OR EQUIVALENTS SHALL BE CARRIED BY THE EMTF/EMPF TEAM

ALS AIRWAY EQUIPMENT:

- Endotracheal Intubation Equipment
 - ETT with stylette (6.0 and 7.5) (1 ea.)
 - Laryngoscope Blades Mac 4, Miller 4 (1 ea.)
 - Laryngoscope Handle (pediatric handle recommended to reduce weight)
- End Tidal CO₂ Detector (1)
- ETT Restraint (1)
- ETT Verification Device (1)
- Needle Thoracostomy Kit (1)
- Rescue Airway (1)

IV/MEDICATION ADMIN SUPPLIES:

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

BIOMEDICAL EQUIPMENT:

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

MEDICATIONS:

- Aerosolized Beta 2 Specific Bronchodilator (MDI with spacer) (1)
- Antiarrhythmic (quantity and type per local protocol)
- Aspirin-Chewable 81 mg (minimum 20 tablets)
- Atropine Sulfate 1 mg (2)
- Dextrose 50% 25 G. Pre-Load (1)
- Diphenhydramine 50 mg (4)
- Epinephrine 1:1,000 1 mg (4)
- Epinephrine 1:10,000 1mg (2)
- Glucagon 1 mg/unit (1)
- Morphine Sulfate 60 mg (or other LEMSA approved Schedule II analgesic)
- Naloxone – 2 mg (2)
- Nitroglycerin (10 patient-doses)
- Saline 0.9% IV 1,000 ML – Can be configured into two 500 cc or four 250 cc
- Valium 40 mg or Versed 20 mg

MISCELLANEOUS:

- Against Medical Advice (AMA) Forms (3)
- EMTF/EMPF Pack Inventory Sheet (1)
- Narcotic Storage (per local protocol)*
- Patient Care Record (PCR) (6)

**APPENDIX C
EMTF and EMPF
PERSONAL PACK INVENTORY**

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

