



Incident Command System
Position Manual

FIRELINE EMERGENCY MEDICAL TECHNICIAN
ICS-223-10

January 2014

INTRODUCTION

This position task manual was developed at the request of the FIRESCOPE Board of Directors. The intent of this manual is to provide a clear description of the role, duties and equipment pertinent to the position of the Fireline Emergency Medical Technician (FEMT). The information and requirements provided in this manual may conflict with out of state federal incident management team guidelines.

This manual was revised by the FIRESCOPE EMS Specialist Group that has broad representation from the California Fire Service. There was 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 FEMT often occurs in a harsh environment. Space and weight limitations preclude the FEMT 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 FEMT is often required to hike significant distances while carrying heavy packs and may be paired with a Fireline Emergency Medical Technician – Paramedic (FEMP) as a team to assist providing Advanced Life Support (ALS) services on the fireline. The FEMT is not routinely assigned to duties within the Base/Camp, but is 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. Personnel may be assigned to incidents that are managed by agencies that adhere to NWCG Standards for Medical Units. Personnel assigned to such incidents should be familiar with the NWCG Standards document. The NWCG document is available at:

[http://www.nwcg.gov/branches/pre/rmc/iems/policyguides/minimum_stds_for_medical_u
nits.pdf](http://www.nwcg.gov/branches/pre/rmc/iems/policyguides/minimum_stds_for_medical_units.pdf)

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

OES FIRESCOPE
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CONTENTS

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

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. 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. 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 the incident.
- f. Obtain and review the current Incident Action Plan (IAP) emphasizing the Medical Plan (ICS Form 206).
- g. Identify the appropriate route to establish online medical control if such a consultation is desired (if EMTs are approved to do so by your home Local EMS Agency) and communication channels are available as outlined in the Medical Plan (ICS Form 206). If consultation is unavailable, follow standing, disrupted or communication failure orders established by your home Local EMS Agency (LEMSA).
- 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 and obtain briefing.
- j. Obtain briefing from the FEMT you are relieving, if applicable, the FEMP you are being teamed with.
- 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).

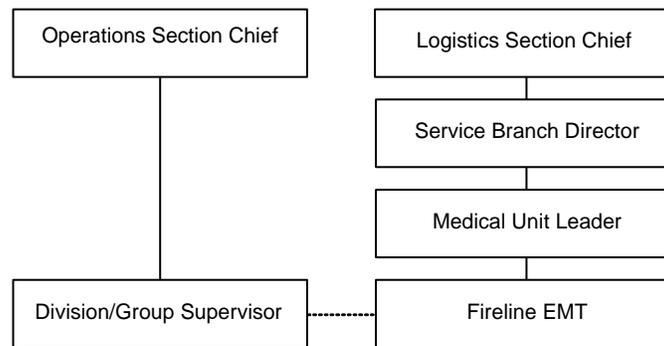
- n. Make notifications of incident related illnesses and injuries as outlined the Medical Plan (ICS Form 206).
- o. At the conclusion of each operational period, advise your fireline supervisor when departing and report to the Medical Unit Leader for debriefing and submission of patient care documentation.
- 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 LEMSA.
- s. Maintain a Unit/Activity Log (ICS Form 214).

ORGANIZATION, PERSONNEL, MAJOR RESPONSIBILITIES AND PROCEDURES

ORGANIZATION:

- a. The FEMT provides medical care to personnel operating at a wildland incident. 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 fireline supervisor to whom they are assigned.
- b. Agencies shall not fill requests for FEMTs unless authorized by their home LEMSA policy.
- c. The FEMT will function within the scope of practice and protocols administrated by the FEMT's home LEMSA (CCR Title 22 100165). Continuous Quality Improvement (CQI) will be managed by the provider agency.
- d. The FEMT shall utilize home LEMSA Patient Care Records (PCR) forms/paperwork and documentation.
- e. The FEMT 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 FEMT 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 FEMT is assigned as illustrated below:



PERSONNEL:

The FEMT shall be ordered at the discretion of the Incident Commander. The FEMT shall bring appropriate Wildland Personal Protective Equipment (PPE) and the medical equipment identified in Appendix A (as determined by the FEMT's home LEMSA).

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

FEMTs 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 FEMT must be currently certified as an Emergency Medical Technician (EMT). The FEMT may also be an Advanced EMT or Paramedic.

MAJOR RESPONSIBILITIES AND PROCEDURES:

The major responsibilities of the FEMT are stated below.

- a. Check in and 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 (ICS Form 206) and Incident Within an Incident Plan
 3. Incident communications channels
 4. Overview of the FEMT assignment and potential hazards to assigned line personnel
 5. Anticipated incident medical needs
 6. Overview of the local EMS system and its integration with the incident
 7. Documentation requirements (e.g., patient care records/ICS Form 214/AMA/other items as required by the MEDL)
- b. Anticipate needs and ensure medical inventory as necessary:
 1. Incident base assignments
 2. Fireline assignments
 3. Spike camp assignments

- c. Complete patient care documentation according to applicable home LEMSA policies.
- d. Make requests for transportation of ill and injured personnel through channels as outlined in the Medical Plan (ICS Form 206).
- e. Make notifications of incident related illnesses and injuries as outlined in the Medical Plan (ICS Form 206).
- f. 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.
- g. Resupply expended materials prior to next operational period.
- h. Secure operations and demobilize as outlined in the Demobilization Checkout (ICS Form 221).
- i. Maintain a Unit/Activity Log (ICS Form 214).

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.

Certification - Documentation that demonstrates one has met specific requirements as outlined by the State of California Code of Regulations, Title 22, for EMTs.

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

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

FEMT – An individual who possess a California State issued Emergency Medical Technician certification assigned to an incident providing BLS level pre-hospital care as part of a team with an FEMT or FEMP and appropriate equipment.

Home LEMSA – The local emergency medical services agency that accredits the FEMP.

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

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

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. FEMT personnel shall respond with Wildland Personal Protective Equipment (PPE) appropriate for the assignment.
- b. In all cases, each FEMT is required to have the equipment outlined in Appendix A.
- c. FEMT personnel should carry personal equipment to be consistent with Appendix B.
- d. FEMT personnel assigned to the line shall carry a standard firefighting hand tool.

TRAINING AND EXPERIENCE REQUIREMENTS

Required Training:

The FEMT must meet the requirements as listed in the current California Incident Command Certification System (CICCS) Qualification Guide for Fire Line Emergency Medical Technician (FEMT).

**APPENDIX A
FIRELINE EMERGENCY MEDICAL TECHNICIAN
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
FIRELINE EMERGENCY MEDICAL TECHNICIAN
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