

Fire Line Emergency Medical Technician - Paramedic (FEMP)

APPROVED:

EMS Medical Director

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Purpose

To establish procedures for fire line paramedic response from and to agencies within or outside (local) EMS Agency jurisdiction when requested through the statewide Fire and Rescue Mutual Aid System, to respond to and provide Advance Life Support (ALS) care on the fire line at wildland fires.

Authority

California Health and Safety Code, Division 2.5, Sections 1797.204, 1797.220 California Code of Regulations, Title 22, Division 9, Sections 100165 and 100167 California Fire Service and Rescue Emergency Mutual Aid System, Mutual Aid Plan, (3-2002).

Definitions

Fire line Emergency Medical Technician-P (FEMP): A paramedic who meets all prerequisites established by FIRESCOPE and is authorized by the paramedic's department to provide ALS treatment on the fire line to ill or injured fire suppression personnel.

County accredited paramedics shall carry the ALS/BLS inventory consistent with the FIRESCOPE FEMP Position Description. Appendix B contains variations in medication which are different from the original Fire Scope Fire Line Paramedic guidance document. These exceptions have the approval of the EMS Agency. The equipment lists are a minimalist scaled down version of standard inventory in order to meet workable/ packable weight limitations (45 lbs including wildland safety gear).

POLICY

Under the authority of State regulations, a paramedic may render ALS care during emergency operations as long as the following conditions are met:

- A. The paramedic is currently licensed by the State of California and is accredited by a County EMS Agency within California.
- B. The paramedic is currently employed with an ALS provider and possesses the requisite wildland fire line skills and equipment.

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- C. The paramedic does not exceed the scope of practice or medical control policies from their county of origin. Paramedics operating in the capacity of a fire line paramedic (FEMP) shall follow established LEMSA standing or communication failure protocols.
- D. If an incident occurs within San Mateo County boundaries, the FEMT-P is expected to check in and obtain a briefing from the Logistics Section Chief, or the Medical Unit Leader (MEDL) if established at the Wildfire Incident.
- E. Documentation of patient care will be completed using San Mateo County EMS Policy Documentation #4 (http://smchealth.org/sites/default/files/docs/32392082Documentation4.pdf), by end of shift or operational period. Documentation of patient care must follow San Mateo County protocol utilizing the ePCR, if available, or a paper form. All patient care reports shall be made available to be reviewed by the provider agency and the San Mateo County EMS Agency for QI purposes.
- F. Documentation of patient care (electronic or hand written) will be submitted to incident host agencies if paramedic is working outside of San Mateo County. If incident is within San Mateo County boundaries, patient care records will be submitted to the San Mateo County EMS Agency. If requested, a legible copy of the Patient Care Record (PCR) will be forwarded to the identified home LEMSA personnel.
- G. The FEMP will carry inventory in the ALS pack as per the attached inventory list. Inventory will be supplied and maintained by the employing provider agency. Additional items for restock should also be maintained and secured in a vehicle or in the Medical Unit trailer.
- H. Controlled substances must be under double lock and maintained on the FEMP person or secured in his/her vehicle at all times.
- I. FEMP may carry an inventory of controlled substances (i.e. Morphine and Midazolam) if authorized by the employing agency's Medical Director. The authorizing Medical Director is responsible to assure full compliance with all federal and state laws relating to purchase, storage and transportation of controlled substances. Only controlled substances approved for use in the incoming paramedic's county may be carried and their use must be in accordance with that county's EMS Agency patient care protocols.

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