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Emergency Medical Services Division

Fireline Paramedic Policies and Procedures

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Revision Listing:

05/09/2013 – Document created and approved by EMCAB

08/15/2014 – Added Fentanyl, Zofran. Changed normal saline to isotonic balanced salt solutions

08/26/2015 xx/xx/xx –Removed inventory list. ~~Removed Morphine and Valium~~ Updated Level II procedures. Revised cardiac monitor capabilities.

I. AUTHORITY

California Health and Safety Code, Division 2.5, Sections 1797.204, 1797.218, 1797.220
California Code of Regulations, Title 22, Division 9, Sections 100165 and 100167
California Code of Regulations Title 22, Division 9, Section 100165

II. GENERAL PROVISIONS

- A. The goal of this policy is to facilitate a Fireline paramedic (FEMP) program, when needed and requested by local, state, and federal agencies to provide ALS care on a wildfire incident consistent with FIRESCOPE guidelines.
- B. The policy establishes the regulations and procedures for the FEMP program. However, authorization for a fire department or other organization to implement such a program shall only be valid through execution of a formal agreement with the EMS Division, in accordance with Section 1797.178 and 1797.218 of the Health and Safety Code.
- C. The FEMP Program is a specialized pre-hospital advanced life support program authorized by the EMS Division (Division) in cooperation with participating fire department agencies. The program functions as an extension of county rules and regulations, and operates under the medical control and authority of the EMS Division Medical Director (Medical Director).
- D. The FEMP Program is to be operated with continual evaluation of program effectiveness, incident critiques, and program activity by participating fire department agencies.
- E. The paramedics involved in the FEMP program may not have duty assignments that allow regular use and practice of ALS skills and procedures. To help ensure quality care is provided consistently, FEMP shall meet the minimum skill retention criteria established by the EMS Division.
- F. The FEMP Program entails the use of specially trained paramedic(s) with state licensure and local accreditation operating as a part of a multi-agency wildfire incident deployment.
- G. The participating fire department agencies shall be responsible for planning and coordination of EMS resources during operations, and direct provision of pre-hospital advanced life support within operational boundaries of the wildfire incident. Pre-hospital advanced life support may only be provided by licensed and locally accredited paramedic personnel.

- H. The FEMP Program operates in a treatment only capacity. No patient shall be transported by participating FEMP Program personnel or their equipment. Transport of patients may only be conducted by LEMSA-approved ALS or BLS transport agency.
- I. Wildland firefighting operations require a unique array of services due to the remoteness, terrain, and complexity of using multiple agencies. Medical support is essential because of the inherent risks and exposures associated with these events. ALS care authorized by this policy shall only be applicable to FEMP assigned to and working on a multi-agency wildland fire incident. Emergency medical treatment shall be limited to care of incident personnel.
- J. The Division reserves the right to change or update these policies and procedures as deemed necessary in accordance with Health and Safety Code.

III. DEFINITIONS

- A. EMS Division(Division) – The Kern County Emergency Medical Services Division
- B. Fireline Emergency Medical Technician: A fire based EMT authorized by the Division as a member of the participating fire agency assigned to a wildfire incident providing BLS level pre-hospital care to incident personnel.
- C. Fireline Emergency Medical Technician Paramedic (FEMP): State licensed and Kern County accredited, paramedic assigned to a multi-agency wildfire incident providing ALS level pre-hospital care to incident personnel.
- D. LEMSA – The Local Emergency Medical Services Authority
- E. Host LEMSA – The local emergency medical services authority that has jurisdictional authority for pre-hospital emergency care in an area where the FEMT/FEMP is deployed.
- F. Medical Unit Leader (MEDL) – The ICS position responsible for supervising the Medical Unit and assigned Medical Unit personnel on a wildland fire incident.
- G. Medical Unit Personnel – Personnel assigned to function under the direction of the Medical Unit Leader.
- H. FEMP Inventory – List of required medical equipment and supplies to be maintained at all times per each deployment.

IV. SCOPE OF PRACTICE

- A. FEMP personnel are authorized to provide pre-hospital advanced life support and basic life support within the scope of practice allowed by the State of California and the Division in accordance with the individual's level of certification.

- B. Due to the remote locations commonly associated with FEMP deployments base contact may be impossible. In situations where it is impossible to establish or maintain base contact the Kern County FEMP shall **NOT** follow radio communications failure protocol for Level II procedures and medications, with the exception of the below listed items. Furthermore, any and all patient contacts in which any of the below listed medications or procedures is administered or performed shall be fully reviewed by the FEMP QA/QI staff and reported to the Division.

In situations where base contact cannot be established or maintained, the Kern County FEMP may:

1. Perform an emergency cricothyrotomy, using an approved device, when indicated.
 2. Perform thoracic decompression when indicated.
 3. Administer Diphenhydramine 50-100 mg IM or 25-50 mg IV over 2-3 minutes
 4. Administer Glucagon 1 mg IM
 5. Administer Midazolam 0.1 mg/kg IV/IO MAX of 5 mg per dose or 0.2 mg/kg IM/IN MAX of 5 mg per dose for active seizures. May repeat once for continued seizure activity.
- C. FEMP personnel shall only provide pre-hospital advanced life support during incidents that involve multi-agency wildland fire operations and incident personnel. ALS treatment and care shall be limited to those personnel assigned to the wildland fire incident. The purpose of this program is to serve the immediate needs of other firefighters suffering a traumatic injury or medical condition while on the fire line.
- D. FEMP Paramedic personnel shall be required to comply with all State and local paramedic rules, regulations, policies, procedures, and protocols.
- E. During a mutual aid response into another jurisdiction, the paramedic shall use the scope of practice for which the paramedic is trained and accredited according to the policies and procedures established by the Division. See Section IV.B above for base hospital radio communications failure limitations to scope of practice.
- F. The FEMP must be currently licensed as a California Paramedic, be accredited by the Division and be employed by an approved FEMP Provider.
- G. The FEMP personnel shall not exceed their local scope of practice regardless of direction or instruction they may receive from any authority.

V. PROVIDER

- A. Division authorization shall be required for a provider to operate a FEMP program. Authorization shall not be valid until execution of a formal agreement.

- B. Fire departments seeking authorization to establish and implement a FEMP program shall submit a written request and an operational plan containing the following information for approval by the Division. Participating FEMP programs shall be required to update the operational plan once every two years or upon proposing any significant changes. Changes to the operational plan may not be implemented without prior approval from the Division.
1. Describe the need for the FEMP to provide ALS services.
 2. Educational and skills maintenance continuing education plan for FEMP personnel.
 3. Number of paramedic staff included in the FEMP program. Initial application shall list the names, State license numbers, and copies of the NWCG/CICCS Redcard showing FEMP qualification for each paramedic to be authorized by this program. This list shall be updated and provided to the Division as personnel changes occur.
 4. Number and type of response vehicles used for the FEMP program.
 5. Medication restock process, and plan for security and control of controlled substances.
 6. QA/QI program for review of paramedic services and monitoring of skills and competencies.
 7. Any other additional information requested by the Division.
- B. FEMP provider authorization may be revoked if the provider is unable to provide personnel meeting the requirements of these policies.
- C. The FEMP provider shall maintain continuous compliance with the following:
1. Maintain a valid agreement with the EMS Division for pre-hospital basic and advanced life support consistent with California Code of Regulations Title 22, Article 7, Section 100167 entitled "Paramedic Service Provider" and applicable provisions of the California Health and Safety Code for the FEMP program;
 2. Have and maintain an EMS Division-approved FEMP training program;
 3. Maintain required supplies and equipment for the FEMP program;
 4. Have and maintain a FEMP quality improvement program to ensure proper deployment, operation, use, and skills competency; and
 5. Submission of electronic patient care records and compliance with all requirements of the *Patient Care Record Policies and Procedures*
- D. The FEMP provider agency shall ensure this program is continually operated according to these policies and procedures. Program authorization may be revoked for non-compliance with these policies and procedures.

VI. DEPLOYMENT

- A. FEMP personnel will be activated in accordance with their respective agencies' procedures for activation.

- B. The Provider shall ensure appropriate deployment and use of medical personnel and resources. Provider shall deploy resources to incidents in both state and federal jurisdictions where mutual aid is requested.
- C. 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 FEMP team members will balance the recommended ALS and BLS supplies between them with the ALS supplies carried by the FEMP.
- D. 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.
- E. Medications, including narcotics, must be maintained and secured according to FDA rules and regulations. At no time does the use of FEMP personnel grant waivers or variations to these requirements.
- F. The FEMP is responsible to assure full compliance with all federal and state laws relating to storage and transportation of medications including controlled substances. Only medications approved for use by the Division may be carried and their use must be in accordance with current EMS Division policies, procedures, and protocols.

VII. DOCUMENTATION AND QUALITY IMPROVEMENT PROGRAM:

- A. Patient care records shall be maintained in accordance with *EMS Division Patient Care Record Policies and Procedures*.
- B. The FEMP shall provide a brief written patient care report (i.e., Ambulance Report Form) to ambulance personnel, when possible, before start of patient transport. This is in addition to a patient care report that shall be completed and submitted according to Division requirements.
- ~~C.~~ The participating agency shall provide incident reports, related data or program evaluations to the EMS Division, upon request.
- ~~D.~~ ~~C.~~
- ~~E.~~ ~~D.~~ On or before the 20th of each month, the FEMP provider agency shall submit the following reports in an electronic format approved by the EMS Division.
 1. Current listing of all personnel involved in the FEMP program and authorized by the provider agency to be deployed to an incident. List will include name, rank, and State Paramedic number, local accreditation number, and copy of NWCG/CICCS Redcard showing FEMP qualification.
 2. List of all incidents in the preceding month in which FEMP personnel were deployed and/or used as a fireline medic. List will include name of incident,

location of incident (county and state), name of personnel deployed, dates of deployment, and number of patient contacts by medic.

3. Internal QA/QI report of all patient contacts in which Level II medications and/or procedures were initiated.
4. Records attesting to the completion of skills competency maintenance and continuing education by each FEMP member associated with the program.

F.E. The Division shall be notified in advance of any anticipated changes in the FEMP program regarding unit(s), use, personnel, or functions. The participating fire agency shall monitor the program for overall operational and medical quality improvement. The fire agency's quality improvement program shall be submitted to the Division for approval.

G.F. The participating fire agency shall participate in the EMS system-wide quality improvement program, as it is expanded and further developed, along with all other ALS providers, as requested by the Division.

VIII. EMS RESOURCE USE

Upon arrival to an incident and prior to deployment on the fireline, the FEMP shall coordinate with the Medical Unit Leader, or equivalent, to understand the incident/local EMS procedures for transporting a patient to a hospital and arranging for ambulance services. The FEMP shall be responsible for notification, response, and the efficient use of resources to safely extract the patient to the most appropriate mode of transportation to the hospital, as mandated by the local EMS agency.

Upon arrival of an ambulance, the FEMP shall provide a verbal report and in most cases a written report (Ambulance Report Form) to the ambulance personnel. Patient care authority shall automatically transition with transfer of care to the ambulance paramedic, unless otherwise specified by the EMS agency of the jurisdiction where the incident occurs.

If a BLS ambulance arrives at scene and ALS patient care procedures are indicated, initiated, or executed, the FEMP must continue ALS care and bring necessary equipment and supplies to manage and attend the patient during transport to an ALS ambulance or the hospital.

Nothing in these policies shall supersede the *Kern County Scene Control Policy* applicable to incidents in Kern County. Local EMS agency jurisdiction authority will not be superseded by the FEMP. The FEMP shall be in a support capacity and may assist with patient care at the discretion of the ambulance paramedic.

IX. REQUIRED EQUIPMENT AND SUPPLIES

- A. The FEMP Provider is required to maintain a complete inventory of equipment and supplies as specified in [Provider Mandatory Inventory List](#) ~~these policies~~. The provider is responsible for the care and maintenance of the FEMP inventory.

B. The inventory shall be specially configured for use within the wildland environment. Equipment shall only be used by FEMP personnel when associated with a wildland fire operation.

B.C. FEMP personnel will be required to have 12 lead capabilities with a cardiac monitor that is capable of printing, diagnosing, defibrillation, cardioversion and pacing. Compliance will be required by December 31st, 2016.

C.D. The FEMP inventory is subject to change and inspection by the Division.

D.E. The provider shall maintain a minimum inventory for the FEMP deployment referenced in Provider Mandatory Inventory List as follows:

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