

APPROVED: Signature On File In EMS Office
Executive Director

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Medical Director

EFFECTIVE DATE 04/15/2010
SUPERSEDES: _____
REVISED: _____
REVIEW DATE: 04/2015
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Fireline EMT-P Authorization & Procedures

I. AUTHORITY

Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9

II. PURPOSE

To identify the training requirements and to serve as the treatment standard for Paramedics in treating patients during mutual aid deployments as Fireline Paramedics.

III. POLICY

A. Fireline EMT-P Training/Recognition Requirements

1. Currently Licensed as an EMT-P in the State of California
2. Current Accreditation as an EMT-P in the MVEMS Region
3. Current Employment with a MVEMSA Approved ALS Provider Agency as an EMT-P

B. Firescope Training Courses/Recognition

1. S-130 - Wildland Firefighter Training Course – National Wildfire Coordination Group
2. S-133 - “Look Up, Look Down, Look Around” – National Wildfire Coordination Group
3. S-190 - Introduction to Wildland Fire Behavior – National Wildfire Coordination Group
4. ICS Courses - ICS 100 & ICS 200
5. S-270 - Introduction to Air Operations – National Wildfire Coordination Group
6. Incident Qualification Card
 - a. Incident Qualification Card issued by a MVEMSA ALS Provider Agency that is also a recognized fire suppression agency in the California Firescope – Master Mutual Aid Agreement

C. Equipment Requirements

1. Equipment & Drug Inventory
2. MVEMSA Policy #407.00 for ALS non-transport standard inventory list – All items to be carried in the response vehicle and/or in ALS & BLS Packs
 - a. BLS Pack
 - 1) Items listed – In FIRESCOPE FIRELINE EMT-P – BLS Pack Inventory – Appendix “A” are part of the overall inventory and are carried in a BLS pack
 - b. ALS Pack
 - 1) Items listed – In FIRESCOPE FIRELINE EMT-P – ALS Pack Inventory – Appendix “B” are part of the overall inventory and are carried in an ALS pack

IV. PROTOCOL

A. Patient Care Documentation

1. Prehospital Care Report
 - a. Existing MVEMSA Prehospital Care Report already approved by MVEMSA will be utilized for patient care findings, treatments and transfer of care to other provider documentation. Patient Contact must be documented on MVEMSA approved PCR. (link: <http://mvemsa.com/documents/pcr2004-8x14.pdf>)

B. Controlled Substances

1. Controlled Substances will be secured in compartment according to MVEMSA policy 439.00 (Controlled Substances) standards.

C. Security and Documentation

1. EMT-Ps will be responsible for the security and documentation of use for all controlled substances in their inventory during the mutual aid incident. For extended incidents the secured storage area in the response vehicle will serve as a restock location for the controlled substance cache carried in the ALS pack. The cache in the vehicle should be in a secured safe or knox box secured to the vehicle in a manner approved by the MVEMSA.

D. Patient Care Treatment Protocols

1. Standing Orders

- a. All treatment rendered will be in compliance with MVEMSA treatment “Standing Order” protocols.

2. Base Physicians Orders

- a. Contact with a MVEMSA base station hospital shall be attempted via cell phone or radio. For patients in extremis – Base Physician orders can be considered with the appropriate “unable to make base contact” post incident paperwork. 100% of these cases will be reviewed by the MVEMSA Medical Director in accordance with MVEMSA policy 554.00.

E. CQI

1. Established MVEMSA CQI Process

- a. All patient care rendered during mutual aid deployments will be reviewed following the provider agencies and MVEMSA’s established CQI process and committees. All data relating to patient care will be entered into the provider agencies electronic data management system.

2. LEMSA CQI Process

- a. On arrival at the incident, Fireline EMT-P’s are directed to make contact with the Medical Division Leader for the incident (MEDL – ICS title). The MEDL will have made contact with the LEMSA where the incident is occurring.