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Executive Director

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Medical Director

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Fireline EMT (FEMT) / PARAMEDIC (EMTP) 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 Emergency Medical Technicians (EMTs) and Paramedics treating patients during mutual aid deployments.

III. POLICY

A. Fireline EMT (EMTF) / Fireline Paramedic (EMTP) Training/Recognition Requirements

1. Currently Licensed as an EMT or Paramedic in the State of California
2. Current Certification as an EMT or Accreditation as a Paramedic in the Mountain-Valley EMS Agency (MVEMSA) Region
3. Current Employment as an EMT with a MVEMSA recognized BLS Fire First Responder Agency or as a Paramedic with an approved ALS Fire First Responder Agency.

B. Firescope Training Courses/Recognition

1. Currently Certified and Qualified as a Fireline EMT (EMTF) or Fireline Paramedic (EMTP) through the California Incident Command Certification System (CICCS)

C. Equipment Requirements

1. Equipment & Drug Inventory
 - a. Fireline Emergency Medical Technician (EMTF)
 - 1) Items listed – In FIREScope FIRELINE EMT (EMTF), ICS-223-10 Basic Life Support (BLS) Pack Inventory – Appendix “A”
 - b. Fireline Paramedic (EMTP)
 - 1) Items listed – In FIREScope FIRELINE Paramedic (EMTP), ICS-223-11 Basic Life Support (BLS) Pack Inventory - Appendix “A” and Advanced Life Support (ALS) Pack Inventory – Appendix “B”

IV. Incident Command System (ICS) – 223 – 11 / 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 shall be documented on MVEMSA approved PCR. (link: <http://mvemsa.com/documents/pcr2004-8x14.pdf>)

B. Controlled Substances, Security and Documentation

1. Fireline Paramedics (EMTP) will be responsible for the security and documentation of use for all controlled substances in their inventory during the mutual aid incident. Controlled Substances will be secured according to MVEMSA policy 439.00 (Controlled Substances) standards.

C. 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.

D. Continuous Quality Improvement (CQI)

1. 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.
- b. The Fireline EMT (EMTF) or Fireline Paramedic (EMTP) shall turn in a copy of the Prehospital Care Reports (PCRs) to MVEMSA within 24 hours of returning from the incident or the next business day.

2. Incident specific Local EMS Agency (LEMSA)

- a. On arrival at the incident the Fireline EMT (EMTF) or Fireline Paramedic (EMTP) will check in with the Medical Unit Leader for the incident (MEDL). The MEDL will have made contact with the LEMSA where the incident is occurring. Should there not be a MEDL designated the EMTF or EMTP will check in with the Logistics Section Chief.