

SUBJECT: **FIRELINE EMERGENCY MEDICAL
TECHNICIAN – PARAMEDIC (FEMP)**

PURPOSE: To establish procedures for Fireline paramedic response from and to agencies within or outside Los Angeles County 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 large scale incidents.

AUTHORITY: California Health and Safety Code, Division 2.5, Sections 1797.204, 1797.220
California Code of Regulations, Title 22, Division 9, Sections 100166 and 100167
California Fire Service and Rescue Emergency Mutual Aid System, Mutual Aid Plan, (3-2002).

DEFINITION:

Fireline Emergency Medical Technician-P (FEMP): A paramedic who meets all pre-requisites established by FIRESCOPE and is authorized by their department to provide Advanced Life Support (ALS) treatment on the fireline.

PRINCIPLES:

1. When authorized by the Incident Commander or designee at an incident a paramedic may utilize the scope of practice for which they are trained and accredited according to the policies and procedures established by their accrediting local EMS agency.
2. These guidelines are not intended to replace existing regional EMS policies or circumvent the established response of EMS in the local County.
3. Upon initial request by an agency for FEMP support, the sending provider agency shall notify the EMS Agency by contacting the Medical Alert Center (MAC) at (562) 378-1789 to provide the MAC operator with the following information: First and last name of the paramedic, State paramedic number, local accreditation number, and the name and location of the incident where they are being sent. Upon assignment completion, the provider agency shall also notify the MAC of the FEMP's return.
4. Upon arrival, the FEMP is expected to check in and obtain a briefing from the Logistics Section Chief, or the Medical Unit Leader or Incident Commander.

POLICY:


- I. 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.

EFFECTIVE: 12-1-09
REVISED: 04-01-21
SUPERSEDES: 06-01-18

PAGE 1 OF 3

APPROVED: _____


Director, EMS Agency


Medical Director, EMS Agency

-
- B. The paramedic is currently employed and on duty with an approved ALS provider and possesses the requisite wildland fireline skills and equipment.
- C. The paramedic does not exceed the scope of practice or medical control policies from their county of origin.
- II. The Los Angeles County FEMP will function within Ref. No. 1200, Treatment Protocols, et al. When communication capability is available, the Medical Alert Center (MAC) shall be contacted at (562) 378-1789 for the EMS Agency Medical Director or designee approval for all procedures. The FEMP may also provide the following treatment(s):
- A. Additional doses of morphine sulfate may be administered to patients with a pain level of seven (7) or greater as follows: if respiratory rate >10 per minute and SBP>100mmHg, 2mg slow intravenous (IV) push. May repeat every 5 minutes to a maximum total dose of 20mg.
- B. Additional doses of fentanyl may be administered to patients with a pain level of seven (7) or greater as follows: if respiratory rate >10 per minute and SBP>100 mmHg, 50-100mcg titrate to pain relief to a maximum adult dose of 200mcg.
FOR APPROVED PROVIDERS ONLY.
- C. Additional dose(s) of midazolam may be administered to actively seizing patients: 2-5mg slow IV push until the seizure stops, or to a maximum total dose of 10mg.
- D. Additional doses of epinephrine 0.5mg IM may be administered to patients with anaphylaxis, whose symptoms persist or recur, repeat every 20 minutes to a maximum of 3 doses.
- E. Diphenhydramine can be administered to those patients with hives and itching due to an allergic reaction and have adequate perfusion. It may be given as 50mg slow IV push, or deep IM.
- F. Fluid resuscitate in 250cc increments of normal saline to maximum of two liters for dehydration or shock (with the exception of cardiogenic shock). May repeat once as needed.
- G. An additional dose of ondansetron may be administered for nausea and/or vomiting, 4mg IV, or IM, or ODT (Orally Disintegrating Tablet). The 4mg dose may be repeated one time after 10 minutes if initial dose not effective.
- III. Controlled drugs will be obtained, secured, and inventoried as per Ref. No. 702, Controlled Drugs Carried on ALS Units. Controlled drugs shall be inventoried by two paramedics at least daily and anytime there is a change in staff as soon as a second paramedic is available to co-sign.
- IV. Documentation of patient care will be completed as per Ref. No. 606, Documentation of Prehospital Care, and legible copies of Patient Care Records (PCR) shall be distributed as follows:
- A. For incidences occurring within Los Angeles County, the FEMP shall ensure copies of PCRs (independent of normal daily PCRs), are forwarded to the Los Angeles County EMS Agency, Attention: Medical Director.
-

- B. For incidences occurring outside Los Angeles County, the LA County accredited FEMP shall provide copies of PCRs to the on-scene Medical Unit Leader for distribution to the jurisdictional Local Emergency Medical Services Agency of the incident. Additionally, it is the LA County accredited FEMP's responsibility to provide copies of PCRs to Los Angeles County EMS Agency through the mechanism outlined above.

- V. Upon arrival at the incident, the FEMP shall present their credentials (paramedic license and department identification) to the Medical Unit Leader, who will forward the information (deployment date and location) to the local EMS Agency as soon as possible.

- VI. County accredited FEMP shall respond with the ALS/BLS inventory as per Ref. No. 719, Fireline Paramedic ALS Pack Inventory, as a minimum standard in their pack while on the fireline. The inventory shall be supplied by the FEMP Provider Agency. (Based on FEMP operation assignments the inventory may be adjusted at the discretion of the Incident Medical Unit Leader).

CROSS REFERENCES:

Prehospital Care Manual:

- Ref. No. 606, **Documentation of Prehospital Care**
- Ref. No. 702, **Controlled Drugs Carried on ALS Units**
- Ref. No. 719, **Fireline Paramedic ALS Pack Inventory**
- Ref. No. 1006, **Paramedic Accreditation**
- Ref. No. 1200, **Treatment Protocols**, et al.

FIRESCOPE