



# INLAND COUNTIES EMERGENCY MEDICAL AGENCY POLICY AND PROTOCOL MANUAL

**Reference No. 4060**  
Effective Date: 04/01/23  
Supersedes: 04/01/22  
Page 1 of 3

## FIRELINE EMT-P

### I. PURPOSE

To provide guidance and medical oversight for an ICEMA paramedic (EMT-P) deployed to function as a fireline paramedic (FEMP).

This protocol is for use by authorized FEMPs during fire suppression activities and treatment of fire suppression personnel only.

### II. REQUIREMENTS

- Must be a currently licensed EMT-P in California.
- Must be currently accredited EMT-P in the ICEMA region.
- Must be currently employed by an ICEMA approved ALS provider.
- The FEMP will follow FIRESCOPE FEMP ICS 223-11 Position Manual and all other ICS protocols.
- The FEMP will check in and obtain briefing from the Logistics Section Chief or the Medical Unit Leader, if established. Briefing will include current incident situation, anticipated medical needs, and local emergency medical system orientation.
- The FEMP will provide emergency medical treatment to personnel operating on the fireline.
- The FEMP will follow ICEMA prior to contact protocols if unable to contact the assigned base hospital.
- The FEMP may not perform skills outside of the ICEMA scope of practice.

### III. PROCEDURE

- The EMS provider will notify ICEMA of the deployment of the FEMP to an incident. Use the Fireline Paramedic (FEMP) Deployment Notification form, which is on the ICEMA website at ICEMA.net.
- The FEMP will carry inventory in the advanced life support (ALS) pack as per the below inventory list (see Section IV. Fireline EMT-P (ALS) Pack Inventory). Inventory will be supplied and maintained by the employing ALS provider. Additional items for restock should also be maintained and secured in a vehicle or in the Medical Unit trailer.
- Incident Medical Units may not have the capability of resupplying controlled substances (narcotics). EMS providers should stock sufficient quantities of medical supplies and medications, especially controlled substance medications, to assure adequate supplies and medications.
- Narcotics must be under double lock and maintained on the FEMP person or secured in his/her vehicle at all times as per the ICEMA Drug and Equipment List.

- FEMP may carry an inventory of controlled substances (i.e., Fentanyl, Ketamine and Midazolam) if authorized by the employing ALS provider'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 ICEMA region may be carried and their use must be in accordance with current ICEMA patient care protocols.
- Radio communication failure protocols will not be used. Prior to base hospital contact protocols will be followed. If further treatment is needed, radio contact with the base hospital should be established as soon as possible.
- Documentation of patient care must follow ICEMA protocol utilizing the electronic patient care report (ePCR), if available, or a paper O1A form. All PCRs will be reviewed by the ALS provider and ICEMA for quality improvement (QI) purposes.
- A FEMP will be paired with a fireline EMT (FEMT) or another FEMP who will assist with basic life support (BLS) treatment and supplies.

#### IV. FIRELINE EMT-P (ALS) PACK INVENTORY

**Minimum Requirements:** The weight of the pack will dictate if the EMT-P chooses to carry additional ALS supplies.

#### MEDICATIONS/SOLUTIONS

Medications/Solutions	ALS
Albuterol Solution 2.5 mg Handheld Nebulizer or Multidose Inhaler	4
Atropine Sulfate 1 mg	2
Ipratropium Bromide Solution 0.5 mg Handheld Nebulizer or Multidose Inhaler	4
Lidocaine 100 mg IV pre-load	2
Aspirin 80 mg chewable	1 bottle
Dextrose 10%/250 ml (D10W 25 gm) IV/IO Bolus	1
Diphenhydramine 50 mg	4
Epinephrine 1: 10,000 1 mg	2
Epinephrine 1: 1000 1 mg	4
Glucagon 1 mg	1
Naloxone 2 mg	2
Nitroglycerin - Spray 0.4 metered dose and/or tablets (tablets to be discarded 90 days after opening)	1 (equivalent of 10 patient doses)
Saline 0.9% IV 1000 ml may be divided in two 500 ml bags or four 250 ml bags.	
Tranexamic Acid (TXA) 1 gm	1

#### CONTROLLED SUBSTANCE MEDICATIONS

Controlled Substance Medications MUST BE DOUBLED LOCKED	ALS
Midazolam	20 mg
Fentanyl (amount determined by the medical director)	200 - 400 mcg
Ketamine	120 - 1000 mg

### ALS AIRWAY EQUIPMENT

<b>Airway Equipment</b>	<b>ALS</b>
Endotracheal Tubes - 6.0, 7.0 and/or 7.5 cuffed with stylet	1 each
Laryngeal blades - #0, #1, #2, #3, #4 curved and/or straight	1 each
Laryngoscope handle with batteries - or 2 disposable handles	1 each
ET Tube holder	1
End Tidal CO2 Detector	1
Needle Cricothyrotomy Kit	1
Needle Thoracostomy Kit	1

### IV/MEDICATION ADMINISTRATION SUPPLIES

<b>IV/Medication Administration Supplies</b>	<b>ALS</b>
IV administration set macro drip	2
Venaguard	2
Alcohol preps	6
Betadine swabs	4
Tourniquet	2
Razor	1
Tape	1
IV catheters - 14, 16, 18 and 20 gauge	2
10 cc syringe	2
1 cc TB syringe	2
18 gauge needle	4
25 gauge needle	2

### MISCELLANEOUS EQUIPMENT

<b>Miscellaneous</b>	<b>ALS</b>
Sharps container	1
Narcotic storage per protocol	
FEMP pack inventory sheet	1
Patient care report or ePCR (Toughbook)	
AMA forms	3

<b>Equipment</b>	<b>ALS</b>
Compact AED or compact monitor defibrillator combination	
Appropriate cardiac pads	
Pulse oximetry (optional)	
Glucometer, test strips and lancets	4

The BLS pack and supplies will be carried by the FEMT or accompanying FEMP. Personal items and supplies cannot be carried in either the ALS pack or the BLS pack.