

### MEDICAL CONTROL

P-430

### SPECIAL ASSIGNMENT - FIRELINE PARAMEDIC

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### I. PURPOSE

To establish procedures for Fireline Paramedic response from and to agencies within or outside of San Diego County when requested through the statewide Fire and Rescue Mutual Aid System, and to respond to and provide Advanced Life Support (ALS) care on the Fireline at wildland fires and on large-scale incidents.

II. AUTHORITY: Health and Safety Code, Division 2.5, Sections 1797.204 and 1797.220; California Code of Regulations, Title 22, Sections 100165 and 100167; and California Fire Service and Rescue Emergency Mutual Aid System, Mutual Aid Plan.

# III. DEFINITION(S)

**Fireline Paramedic:** A Paramedic who meets all pre-requisites established by FIRESCOPE and is authorized by their department to provide ALS treatment on the fireline.

FIRESCOPE (Firefighting Resources of Southern California Organized for Potential Emergencies): The organization/program of the California Emergency Management Agency (Cal EMA) Advisory Board and the organization/program of FIRESCOPE are to deal with mutual aid, cooperative agreements, and fire/rescue regional policy issues and to advise the Secretary of Cal EMA in matters of statewide importance.

#### IV. PRINCIPLES

- **A.** When authorized by the Incident Commander or designee at an incident, a Paramedic may utilize the scope of practice established and approved by the County of San Diego, Emergency Medical Services (CoSD EMS).
- **B.** These guidelines are not intended to replace existing regional EMS policies or circumvent the established response of EMS in the local County.

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- **C.** Upon initial request by an agency for the Fireline Paramedic support, the sending provider agency shall notify CoSD EMS via email with the following information: (email address: <a href="mailto:EMSnotifications@sdcounty.ca.gov">EMSnotifications@sdcounty.ca.gov</a> <a href="mailto:EMSnotifications@sdcounty.ca.gov">EMSnotification.HHSA@sdcounty.ca.gov</a>)
  - 1. First and last name of the Paramedic
  - 2. The State Paramedic number
  - 3. Local accreditation number
  - 4.3. The name and location of the incident where they are being sent
    Upon assignment completion, the provider agency shall also notify CoSD EMS via email of
    the Paramedic's return.
- **D.** Upon arrival on scene, the Fireline Paramedic is expected to check in and obtain a briefing from the Logistics Section Chief, the Medical Unit Leader, or Incident Commander.

## V. POLICY

- **A.** Under the authority of State regulations, a Paramedic may render ALS care during emergency operations as long as the following conditions are met:
  - 1. The Paramedic is currently licensed by the State of California and is accredited by an EMS within California.
  - 2. The Paramedic is currently employed with an ALS provider and possesses the requisite wildland fireline skills and equipment.
  - 3. The Paramedic does not exceed the scope of practice or medical control policies as established by their County of origin.
- **B.** The San Diego County Fireline Paramedic shall function within the CoSD EMS policies, procedures, and protocols. Paramedics shall follow the current communication failure policy (CoSD EMS Policy P-405 "Communications Failure").
- **C.** Continuous Quality Assurance (QA) and Improvement activities shall be in accordance with current CoSD EMS policies.
- **D.** Documentation of patient care shall be in accordance with CoSD EMS Policy S-601 "Documentation Standards and Transferal of Prehospital Care Record (PCR) Information" and records will be submitted to CoSD EMS upon completion of assigned duty. All ALS contacts require documentation via an approved method and documentation of all ALS contacts shall be reviewed through the agency's approved QA process.

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- **E.** Any QA issues identified in the review process require notification of CoSD EMS for resolution. It shall be the decision of CoSD EMS if the situation warrants notification of the host local EMS agency (LEMSA).
- **F.** Minimum ALS inventory required is listed in Part VCoSD EMS Policy S-804 "First Responder Inventory". This inventory shall be provided by the Paramedic's home agency.
- **G.** All controlled substances shall be obtained, secured, and inventoried as referenced in CoSD EMS Policy S-400 "Management of Controlled Substances for ALS Agencies".

#### VI. REQUIRED FIRELINE PARAMEDIC INVENTORY

The following is a list of required equipment for ALS packs:

| A. ALS Airway Equipment                                      | Minimum Requirements |
|--------------------------------------------------------------|----------------------|
| Hand Held Nebulizer                                          | 2                    |
| 10 Fr Suction Catheter                                       | 4                    |
| Manual or Portable Suction Device                            | 4                    |
| Laryngoscope Handle with Miller/McIntosh Blades (Adult Size) | <del>1 set</del>     |
| Adult Magill Forceps                                         | 4                    |
| Water Soluble Lubricant                                      | <del>5 packets</del> |
| Tube Introducer                                              | 4                    |
| ET Tubes, Cuffed 6.0 and 7.5                                 | <del>1 each</del>    |
| Stylette (Adult)                                             | 4                    |
| ETT Holder                                                   | 4                    |
| Combitube (Small Adult) or King Airway (Size 3, 4, 5)        | <del>1 each</del>    |
| Needle Thoracostomy Kit or 14g, 3-3.5" Angiocath             | 4                    |
| End Tidal CO₂-Detector                                       | 4                    |

| B. IV and Medications Administration Supplies       | Minimum Requirements |
|-----------------------------------------------------|----------------------|
| Normal Saline Solution (0.9%) for IV Administration | 1000 mL (total)      |
| Tourniquets for IV Start                            | 2                    |
| Syringes 10 mL, 1 mL TB                             | <del>2 each</del>    |
| IV Catheters (14 g, 16 g, 18 g, 20 g)               | <del>2 each</del>    |
|                                                     |                      |
| Needles (25 g, 18 g)                                | <del>2, 4</del>      |
| Alcohol Prep Wipes                                  | 6                    |
| Adhesive or Transpore Tape                          | 4                    |

| C. Miscellaneous                        | Minimum Requirements |
|-----------------------------------------|----------------------|
| Sharps Container                        | 4                    |
| Fireline Paramedic Pack Inventory Sheet | 4                    |
| Patient Care Records                    | 6                    |
| Narcotics Storage System and Log Sheet  | 4                    |

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| C. Miscellaneous (cont.)                         | Minimum Requirements |
|--------------------------------------------------|----------------------|
| AMA Forms                                        | 3                    |
| Basic Life Support (BLS) Pack                    | 4                    |
| Defibrillator or AED, Waveform Display Preferred | 4                    |
| Pulse Oximeter (optional)                        | 4                    |
| Defibrillator/AED Patches (Adult Size)           | 2                    |
| Glucometer with Test Strips and Lancet           | 4                    |

| D. Medications                                          | Minimum Requirements                  |
|---------------------------------------------------------|---------------------------------------|
|                                                         |                                       |
| Albuterol Sulfate                                       | <del>15 mg</del>                      |
| Aspirin, Chewable, 81 mg                                | 1 bottle                              |
| Atropine Sulfate                                        | <del>2 mg</del>                       |
| Diphenhydramine (IV, IM, and PO)                        | 200 mg (total)                        |
| Epinephrine 1:1,000                                     | 4 mg                                  |
| Epinephrine 1:10,000                                    | <del>2 mg</del>                       |
| Glucagon                                                | <del>1 mg</del>                       |
| Glucose Paste/Tablets                                   | <del>15 g tube <b>or</b> 3 tabs</del> |
| Midazolam IV (5mg/ml)                                   | <del>20 mg</del>                      |
| Morphine Sulfate (IV/IM) 10mg/1ml                       | <del>60 mg</del>                      |
| OR (units may carry morphine or fentanyl, but not both) |                                       |
| Fentanyl Citrate 50mcg/ml                               | 600 mcg                               |
| Naloxone IV                                             | 4 mg                                  |
| Nitroglycerine 0.4 mg                                   | 1 bottle/container                    |
| Ondansetron 4 mg ODT                                    | <del>16 mg</del>                      |
| Ondansetron IV                                          | <del>16 mg</del>                      |