



NATIONAL WILDFIRE COORDINATING GROUP

National Interagency Fire Center
3833 S. Development Avenue
Boise, Idaho 83705

MEMORANDUM

Reference: NWCG#010-2008

To: NWCG Executive Board

From: NWCG Chair *Brian McManis*

Date: June 30, 2008

Subject: Interim NWCG Minimum Standards for Incident Emergency Medical Services

The following interim NWCG Minimum Standards for Incident Emergency Medical Services will assist wildland fire incident commanders with determining the level and number of emergency medical resources and related supplies needed based upon the number incident personnel.

These standards are interim while incident medical services scope of practice and standards of care are formally developed by the Incident Emergency Medical Task Group (IEMTG), who are working under the auspices of the NWCG Safety and Health Working Team.

As you review the standards, the requirement for Automated Electronic Defibrillator's (AED) is identified for incidents of 250 or more personnel. The Fire Equipment Working Team (FEWT) was tasked with developing the method(s) by which AED's will be made available when required. The FEWT presented options for meeting this requirement to NWCG. NWCG approved the recommendation from FEWT for AED's to be part of the Medical Kit hired with a Paramedic through a contract, and any ambulance or other contracted medical service would also be required to come equipped with an AED. FEWT is still evaluating alternatives for agency personnel within the medical unit to have an AED. Please consult your respective state emergency medical services policy for further information on AED's. Final recommendations concerning this method of support will be presented to NWCG at their Fall 2008 Meeting.

This standard as well as other incident medical information can be found on the IEMTG website at: <http://www.nwcg.gov/teams/shwt/iemtg/index.html>

If you have any questions, please contact your agency representative to the Safety and Health Working Team.

Attachment

Interim NWCG Minimum Standards of Incident Emergency Medical Services 2008

NOTE: Regional differences/protocols exist: e.g., **Northern Rockies** (Incident Medical Specialist Program), **Pacific Northwest** (Incident Medical Specialist Program) and **Alaska** (Firemedic Program) that are different from these guidelines and may require a higher level of EMS service.

Incident Size	Initial Attack	Fewer than 250 people	Between 250 and 500	More than 500 people
Medical Unit Leader (MEDL)	No	TBD by IC and jurisdictional agency	YES (1)	YES (1)
First Responder or Basic FA	Yes	Yes	N/A	N/A
MEDL EMTs	No	No	1	2
EMTs	No	To be determined by the IC or jurisdictional agency with consideration given to size and complexity of fire	1	2
MEDL Quals	N/A	N/A	310-1 Basic EMT	310-1 Basic EMT
Med Unit EMT Quals	N/A	Basic EMT	310-1 Basic EMT	310-1 Basic EMT
EMTs per Division	N/A	To be determined in consultation with Operations and/or Medical Unit		
Establish Local Medical Direction	N/A	To be determined by the IC or jurisdictional agency with consideration given to size and complexity of fire	Yes	Yes
First Aid Kits	Pocket & Vehicle First Aid Kits	Pocket, Vehicle & Crew First Aid Kits	Pocket, Vehicle & Crew First Aid Kits	Pocket, Vehicle & Crew First Aid Kits
100 person First Aid Kit	No	To be determined by the IC or jurisdictional agency with consideration given to size and complexity of fire	Yes	No

500 person First Aid Kit NFES#	No	No	No	Yes
AED	No	To be determined by the IC or jurisdictional agency with consideration given to size and complexity of fire	Yes	Yes
Oxygen	No	No	TBD	Yes
OTC Meds	No	To be determined in consultation with Safety Officer, Medical Unit Leader, and Finance Section Chief		
Emergency Transport	N/A	Method to provide transport to the nearest medical facility is to be identified in the Incident Action Plan		