

Wildfire EMS WATCH OUT Situations

1. Incident and local EMS information limited or non-existent.
2. Substituting crew resources with EMS training for EMS resources in medical plan.
3. In unfamiliar country and unfamiliar with local EMS jurisdictional protocols/systems.
4. Medical unit and medical unit plan (ICS 206) not established or inadequate to incident operations/NWCG recommendations.
5. Unfamiliar with local hoist/extraction resources and limitations for day/night response and other limitations.
6. Uninformed of incident strategy, tactics, and hazards; and, agency/jurisdictional requirements/plans.
7. Instructions and EMS protocols for incident and to personnel not clear.
8. No/poor communication(s) with incident EMS resources, medical direction, EMS systems/transportation/care facilities.
9. Assigning unqualified EMS resources to medical unit/fireline. Permitting EMS resources to work outside of their qualifications/protocols/medical oversight-direction.
10. Attempting to provide care with unapproved equipment/materials/supplies and pharmaceuticals from their home unit without the appropriate authorization from their agency/medical director &/or outside their Scope of Practice.
11. Travel times from ICP/spike camp/aid stations to divisional assignments in excess of one hour and/or travel time from divisional assignments to definitive medical facilities in excess of one hour travel time.
12. Cannot establish/maintain good communication with EMS resources assigned to incident.
13. Assigned fireline EMS resources are in area with few, very marginal or without approved medevac/Helipsots sites, or difficult access terrain (i.e., slope, hazards, visibility, Wx, etc.).
14. Frequency & number of injuries/illnesses trending upwards.
15. Significance/nature of injuries/illnesses trending upwards.
16. Problems acquiring basic/essential EMS supplies, equipment, and resources through ordering process. Local EMS system(s) unable to provide any/inadequate incident support.
17. Terrain, location, size and complexity of incident create significant ground/air transportation issues.
18. EMS resources are scarce (locally, regionally, nationally) and/or fatigued.

Standard Wildfire EMS Principles

1. Keep informed of current recommended NWCG Wildfire Emergency/EMS Protocols, agency and jurisdictional requirements
2. Have a working knowledge of your incident tactics, know what the operational and medical/evacuation plans are at all times. Practice the emergency medical response/evacuation plan.
3. Base all medical plans (ICS 206) on current and expected operational plans and tactics and in coordination with local EMS.
4. Identify medical unit, aid stations and line EMS resources clearly, and make them known.
5. Position medical unit and aid stations in easily accessible/known locations to fire crews and support personnel.
6. Be alert. Keep calm. Think clearly. Plan for the worst. Act appropriately.
7. Maintain good communication with your EMS resources, monitor appropriate radio frequencies; and establish good communications/relationships with local EMS/EM systems/agencies.
8. Give clear instructions about medical protocol for incident and ensure they are understood by all EMS resources.
9. Maintain control and continually update your ability to render appropriate EMS and occupational health care to the incident at all times.
10. Respond promptly, treat and care for the injured/ill appropriately. Transport the sick/injured to the most appropriate definitive medical facility in an expeditious, reasonable and safe manner.