



# Recommended Standards for Delivery of Medical Services on Incidents Managed by NWCWG Member Agencies



NWCWG Safety and Health Working Team  
Incident Emergency Medical Task Group  
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1 **Definitions**

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3 **Advanced EMT (AEMT)** – An EMS professional who provides basic and limited advanced life  
4 support skills and interventions for patients within the EMS system.

5

6 **Advanced Life Support (ALS)** –Emergency medical care and interventions performed by an  
7 Advanced EMT or Paramedic with limited supervision, using critical thinking and autonomous  
8 decision making skills which includes invasive procedures and medication administration.

9

10 **Basic Life Support (BLS)** – Emergency medical care and interventions performed by an EMT  
11 with minimal equipment, limited medications and non-invasive procedures.

12

13 **Certification** – Generally, recognition by the private sector of a nongovernmental and  
14 voluntarily achieved standard.

15

16 **Emergency Medical Technician (EMT)** - An EMS professional who provides basic life support  
17 skills and interventions for patients within the EMS system.

18

19 **Expanded Scope of Practice-** Skills and interventions not included in the *National EMS Scope*  
20 *of Practice Model* necessary for EMS professionals functioning in health care settings other than  
21 typical prehospital emergency care including, but are not limited to, emergency departments,  
22 physician’s offices, urgent care settings, occupational medicine, summer camps, wildland fire  
23 medical units, disasters, etc.

24

25 **Licensed Physician** – A physician licensed by a state Board of Medicine to practice medicine or  
26 surgery in that state.

27

28 **Licensure** – The permission granted by a state as a property right to an individual to practice a  
29 profession.

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31 **Medical Director** – A physician responsible for the oversight of the EMS system, EMS agencies  
32 and licensed EMS personnel.

33

34 **National Association of State EMS Officials** – The lead organization for developing national  
35 EMS policy and oversight, providing vision, leadership and resources for the improvement of  
36 state, regional and local EMS and emergency care systems.

37

38 **National Scope of Practice Model** - The *National EMS Scope of Practice Model* published by  
39 the National Highway Traffic Safety Administration defines and describes four levels of EMS  
40 licensure: Emergency Medical Responder (EMR), Emergency Medical Technician (EMT),

41 Advanced EMT (AEMT), and Paramedic. Each level represents a unique role, set of skills, and  
42 knowledge base.

43

44 **National Registry of EMTs (NREMT)** – A national organization that ensures graduates of  
45 EMS educational programs have met minimal standards by measuring competency through a  
46 uniform testing process.

47

48 **Over The Counter (OTC) Medications** – Drugs that can be purchased without a prescription.

49

50 **Paramedic** - An EMS professional who provides basic and advanced life support skills and  
51 interventions for patients within the EMS system.

52

53 **Scope of Practice** – A predefined set of skills, interventions or other activities that an EMS  
54 professional is legally authorized to perform when necessary, usually set by state law or  
55 regulation and local medical direction.

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57 **Standard of Care** - Conduct exercising the degree of care, skill, and judgment that would be  
58 expected under like or similar circumstances by a similarly educated, reasonable EMS  
59 professional.

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## 83 **Executive Summary**

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85 This document introduces stakeholders to the recommended standards developed by the Incident  
86 Emergency Medical Task Group (IEMTG) for the delivery of medical services on incidents  
87 managed by National Wildfire Coordinating Group (NWCG) member agencies.

88

89 The Incident Emergency Medical Task Group recognizes the *National EMS Scope of Practice*  
90 *Model* as the baseline standard for emergency medical service providers. Therefore, a key  
91 component of the recommended standards addresses the recognition of local, state, federal, and  
92 tribal jurisdiction authorities and the integration of medical services. Overall, the recommended  
93 standards seek to ensure that incident personnel receive quality, timely medical care on wildland  
94 fire incidents, which often occur in remote areas.

95

96 The recommended standards support the following goals of the Incident Emergency Medical  
97 Task Group:

98

- 99 • Establish a scope of practice and standard of care for medical personnel on wildland fire  
100 incidents.
- 101 • Provide national emergency medical and occupational health standards and procedures to  
102 ensure the health and safety of incident personnel in an efficient and cost effective  
103 manner on wildland fire incidents.
- 104 • Reduce the impact on community health and emergency medical service resources.
- 105 • Identify additional skills and medications needed on wildland fire incidents.
- 106 • Develop and recommend the additional training needed by EMS personnel on wildland  
107 fire incidents.
- 108 • Provide guidelines for appropriate emergency medical service personnel and equipment  
109 to properly staff incidents.
- 110 • Establish standardized data collection terminology and minimum data set to be collected  
111 for patients on NWCG incidents.

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113

## 114 **Introduction**

115  
116 The care of the sick and injured on incidents has expanded over the last 30 years. The mission of  
117 medical units on wildland fire incidents has evolved into a complex service which provides: 1)  
118 stabilization and emergency medical treatment of incident personnel, and 2) occupational health  
119 and preventative measures for incident personnel to remain safe and healthy.

120  
121 Wildland firefighting and all risk incidents require a unique array of support services due to  
122 remoteness, terrain, and multiple agencies involved in major responses. Medical support is  
123 essential because of the inherent risks found at these and other catastrophic events. The issues of  
124 standards of care and legal licensure of providers come into play when emergency medical  
125 providers from other jurisdictions cross state lines or other geopolitical boundaries to provide  
126 medical care.

127  
128 These situations are further complicated in areas where: 1) medical control is sometimes  
129 nonexistent, or 2) the capabilities of nearby medical facilities may be limited, including the  
130 variability of local emergency medical services agency capacities.

131  
132 The National Wildfire Coordinating Group (NWCG) is comprised of nine agencies.

- 133 1. Bureau of Land Management
- 134 2. Bureau of Indian Affairs
- 135 3. U.S. Fish and Wildlife
- 136 4. National Park Service
- 137 5. US Forest Service, Fire and Aviation Management
- 138 6. Fire Systems Research, U.S. Forest Service
- 139 7. National Association of State Foresters (NASF)
- 140 8. U.S. Fire Administration
- 141 9. Intertribal Timber Council

142  
143 The NWCG Safety and Health Working Team (SHWT) formed and chartered the Incident  
144 Emergency Medical Task Group (IEMTG) to address the issues of medical care on NWCG  
145 managed incidents.

## 146 147 **Background**

148  
149 NWCG member agencies recognize a difference between the typical 911/prehospital short-term  
150 patient contacts vs. the unique healthcare needs of wildland fire personnel. While it is more  
151 common for EMS providers to care for patients at the request of a 911 EMS system, on wildland  
152 fire incidents, EMS providers also serve to detect when minor illnesses or injuries results in a  
153 deteriorating patient condition and provide referral to definitive care.

154

155 Federal, state, and local agencies and their personnel continue to lack clearly defined standards  
156 and protocols to follow in the practice of emergency medical services (EMS) on incidents. This  
157 situation has led to a lack of uniform and consistent standards between local agencies, state EMS  
158 organizations, and federal agencies.

159  
160 A scope of practice in a medical profession is a description of what a licensed individual legally  
161 can, and cannot, do. The recently developed *National EMS Scope of Practice Model* identifies  
162 the psychomotor skills, interventions and knowledge base necessary for the minimum  
163 competence of each nationally identified level of EMS provider.

164  
165 The following link can be used to view the *National EMS Scope of Practice Model*.

166  
167 [http://nasemsd.org/EMSEducationImplementationPlanning/documents/EMS\\_Feb07\\_PMS314SOP.pdf](http://nasemsd.org/EMSEducationImplementationPlanning/documents/EMS_Feb07_PMS314SOP.pdf)

168  
169 Under this model, to be eligible for state licensure, EMS personnel must be verifiably competent  
170 in the minimum knowledge and skills needed to ensure safe and effective practice at that level.  
171 This competence is assured by the successful completion of an EMS educational program and  
172 didactic and psychomotor certification exams. Many states use the exams offered by the National  
173 Registry of EMT's for this purpose.

174  
175 The IEMTG compared the *National EMS Scope of Practice Model* with the existing medical  
176 programs of NWCG members already being utilized on wildland fire incidents. Included in the  
177 comparison were the National Park Service, Alaska Fire Medic Program, California Department  
178 of Forestry and Fire Protection, Smokejumper Program and two Incident Medical Specialist  
179 Programs. The resulting "Comparison Matrix", (Appendix G) includes three (3) columns labeled  
180 "NWCG EMT, NWCG AEMT and NWCG EMTP. These columns define the additional skills  
181 and medications being recommended as the *Wildland Fire Expanded Scope of Practice*.

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## 183 **NWCG Wildland Fire Expanded Scope of Practice**

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185 NWCG agencies have a unique need to augment the *National EMS Scope of Practice Model* due  
186 to the remote nature of our incidents, hazardous mission, and lack of medical personnel to meet  
187 incident needs.

188

189 The recommended *NWCG Wildland Fire Expanded Scope of Practice* recognizes the *National*  
190 *EMS Scope of Practice Model* as the baseline standard for emergency medical service providers.  
191 The IEMTG compared the *National EMS Scope of Practice Model* with existing NWCG medical  
192 programs to identify the skills, medications, and emergency medical procedures currently being  
193 used on wildland fire incidents.

194

195 The *NWCG Wildland Fire Expanded Scope of Practice* defines the recommended additional  
196 skills and medications that are not currently approved in the *National EMS Scope of Practice*  
197 *Model* at the levels listed. These are intended to be used on NWCG incidents for their personnel.  
198 The IEMTG's recommended *Wildland Fire Expanded Scope of Practice* recognizes three of the  
199 four EMS provider levels in the *National EMS Scope of Practice Model* and their associated  
200 scopes of practice. These three levels are Emergency Medical Technician (EMT), Advanced  
201 EMT (AEMT), and Paramedic.

202  
203 The benefit of staffed wildland fire incidents being as self sufficient as possible include a  
204 reduced negative impact to local medical services, clinics, and hospitals. Additionally, a cost  
205 savings to local, state, tribal and federal incident funding agencies is achieved by limiting off-site  
206 medical expenses for minor illnesses and injuries of incident personnel. Ultimately, wildfire  
207 EMS personnel help to keep incident personnel operational and available for their mission.

208  
209 The IEMTG recommends allowing wildland fire incident licensed EMS personnel to work under  
210 their state of origin license and within that associated allowable scope of practice for the duration  
211 of their incident assignment. The addition of specific skills, medications, and procedures for use  
212 by qualified emergency medical personnel on wildland fire incidents is also recommended.

213

## 214 **Recommended Equipment and Supply List**

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216 For a list of recommended equipment to be available on wildland fire incidents, see the attached  
217 *Recommended Equipment and Supply List*, (Appendices C, D, E and F). These lists are broken  
218 out by EMS provider level for the EMT, AEMT and Paramedic and build upon each previous  
219 list. The recommended over the counter medications commonly used at wildland fire incidents  
220 are also defined.

221

222 These lists are not all inclusive. Medical unit leaders or geographical areas may require  
223 additional supplies or equipment as defined by the associated scope of practice of the incident  
224 medical personnel and incident needs.

225

## 226 **Implementation**

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228 Initial efforts to validate the status of licensed EMS personnel and standardize medical care on  
229 wildland fire incidents resulted in the NWCG developing a *NWCG Limited Request for*  
230 *Recognition* form and a recommended guideline for the establishment of a medical unit. (See  
231 Appendix A, *NWCG Medical Unit EMS Guidelines* and Appendix B, the *NWCG Limited*  
232 *Request for Recognition* instructions, form and state EMS office contact information.)

233

234 While these documents have already been used voluntarily in some states, the *Wildland Fire*  
235 *Expanded Scope of Practice* proposes, for the first time, a national standard and unified approach  
236 to wildland fire medical care.

237

238 A scope of practice does not define a standard of care, nor does it define what should be  
239 done in a given situation (i.e., it is not a practice guideline or protocol). It defines what is  
240 legally permitted to be done by some or all of the licensed individuals at that level, not  
241 what must be done.

242

243 Following the adoption of the *NWCG Wildland Fire Expanded Scope of Practice*, the IEMTG  
244 will develop *NWCG Wildland Fire Medical Standard of Care Guidelines*.

245

## 246 **Time Frame**

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- 248 • May 2009 - Draft review with state EMS officials and subject matter experts
- 249 • May 2009 - Introduce draft *NWCG Wildland Fire Expanded Scope of Practice* to NWCG  
250 Safety & Health Working Team
- 251 • June 2009 - Introduce proposal to the National Association of State EMS Officials  
252 (NASEMSO)
- 253 • June 2009 to September 30, 2009 – Solicit comments and additional stakeholder input
- 254 • November 2009 - Request written response from NASEMSO after their annual meeting
- 255 • December 2009 - Address feedback from NASEMSO
- 256 • January 2010 - Establish NWCG roll-out and identify mechanism for assuring legal  
257 recognition of all wildland fire personnel. Options include;
  - 258 ○ Obtain state-by-state recognition of the *NWCG Wildland Fire Expanded Scope of*  
259 *Practice*
  - 260 ○ National compact (e.g., driver's license)

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276 **Appendix A**  
277 **NWCG Medical Unit EMS Guidelines**

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279 **Scope of Practice**

280 1. The MEDL will assure that the provider performs under the current scope of practice of their home  
281 state and that the provider submits their written protocols to the MEDL,

282 **Or**

283 2. The MEDL will ensure that the provider performs under the current scope of practice utilized by the  
284 state, in which the incident is located,

285  
286 **Or**

287 3. The provider will work under the national scope of practice recognized by NWCG and corresponding  
288 to the level at which they are trained and certified/licensed.

289  
290 **Administrative Contact**

291 1. The MEDL or designee will contact the state regulatory agency in charge of EMS. The MEDL or  
292 designee will advise the state EMS agency within 24 hours of the following information:

- 293 a. Location of event.  
294 b. Names of EMS providers present.  
295 c. Level of care provided.

296  
297 2. The MEDL will ensure a "*Limited Request for Recognition*" form is completed for all providers. This  
298 form will then be submitted to the appropriate state EMS office for the incident. The original will be  
299 retained with the medical unit records.

300  
301 3. If EMS care is provided on a managed incident crossing borders into more than one state, each state  
302 regulatory agency in charge of EMS must be notified.

303  
304 **Communications**

305 1. The medical unit will have the ability to maintain contact with their medical personnel within the  
306 event.

307  
308 2. The MEDL will work with the communication unit leader to assure that EMS personnel receive radio  
309 equipment, training and incident communication protocols.

310  
311 3. The medical unit will secure communication routes that are capable of transmitting to the appropriate  
312 medical facilities.

- 313  
314 a. Local frequency information should be obtained from a local EMS agency and/or the county  
315 sheriff's office and then should be documented on the Medical Plan, ICS-206 form.  
316 b. If available, cellular or satellite technology may be acceptable forms of communications, per  
317 incident protocol.

318  
319 **Medical Direction**

320 1. The MEDL will document that access to licensed physician oversight with an on-line contact for  
321 medical direction is available.

322  
323 2. The MEDL will ensure that each provider has access to and is familiar with written standing orders  
324 that are appropriate to the provider's certification/license level and education and are approved by a  
325 licensed physician.

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327 3. It is the responsibility of the designated licensed local physician to comply with any licensing requirements  
328 in the state in which the physician is practicing medicine.

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**Facilities**

1. The MEDL or designee is responsible for posting the location of the following medical facilities on the Medical Plan, ICS-206:
  - a. local clinic or hospital
  - b. tertiary care facility
  - c. local specialty referral center(s) (e.g., trauma center, burn center)

**Personnel Credentials**

1. The provider of emergency medical care at an NWCG incident will provide to the medical unit leader a current certification/licensure card from a state EMS certifying agency. (A National Registry of EMTs card is not recognized as a credential which would allow the holder to provide EMS patient care.)
2. The MEDL will verify that the EMS provider has a current certification/license at or above the level requested.
3. The MEDL will complete and submit a “*NWCG Limited Request for Recognition*” form to the appropriate EMS office.

**Equipment**

1. The MEDL will ensure that patient care equipment meets or exceeds the standards set in the minimum equipment list designated by the NWCG.
2. The MEDL will be responsible for the ordering of the correct equipment and supplies to treat the number of patients corresponding to the size of the incident.
3. The MEDL will ensure the minimum equipment is present to correspond with the protocols and scope of practice set forth in writing by the licensed physician in charge of the incident.
4. Incident medical personnel may provide emergency care to non-incident personnel and arrange transfer to local EMS resources for further care and transport.

**Transportation**

1. The MEDL or designated transportation unit leader will notify local/regional EMS transportation resources that an NWCG wildland fire incident is operating within their area. The transport agency, whether ground or air, must be credentialed as a licensed state EMS agency.
  - a. The MEDL or designee will post appropriate ground transportation resource options on the ICS-206.
  - b. The MEDL or designee will post appropriate air transportation resource options on the Medical Plan, ICS-206, with air service capabilities and back country limitations.
2. Use of non-EMS aircraft for patient medical transport to definitive care is discouraged. State EMS offices can provide the names and contact information for licensed air medical services.

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## Appendix B

### **Instructions for Completing the *NWCG Limited Request for Recognition Form***

The purpose of the “*Limited Request for Recognition*” form is to; 1) advise the state EMS office that a medical unit leader has established a medical unit within its jurisdiction, and 2) identify out-of-state licensed/certified EMS personnel who are going to be rendering EMS care for a limited period of time.

This form does not provide certification/licensure reciprocity; it only notifies authorities of the presence of out-of-state EMS resources. A National Registry card does not authorize EMS personnel to provide EMS patient care on NWCG wildland fire incidents. Only a current card issued by a state EMS office will be accepted as proof of EMS license/certification.

A new form must be completed for each incident and updated when new personnel arrive or as personnel move from incident to incident within that state. In-jurisdiction medical direction may be required, depending on individual state requirements. The state EMS office may be able to help you with this.

To locate any state EMS office, click on the National Association of State EMS Officials web address at: <http://www.nasemsd.org/>. Select “About NASEMSO” from the header to find the “Contact List of State EMS Agencies”. A list of state EMS office contacts is also provided here.

It is the responsibility of the Medical Unit Leader (or the Incident Medical Specialist Manager or Alaska Fire Medic Manager, if so designated) to complete and submit the *Limited Request for Recognition* form.

The form may be printed and filled out or filled out electronically.

### NWCG LIMITED REQUEST FOR RECOGNITION

(Complete the form and submit to the state EMS office. Use additional forms as necessary.)

*MEDL/IMSM's are responsible for reporting all arriving out of state EMS personnel resources within 24 hours to the state EMS office.*

Authorization for recognition is requested for the following emergency medical personnel assigned to the \_\_\_\_\_ incident. The identified personnel will provide emergency medical and health care services for incident personnel. It is anticipated that they may be providing these services for up to 21 days or longer from the date of this notification.

- |    |                      |                      |                      |                      |
|----|----------------------|----------------------|----------------------|----------------------|
| 1. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|    | Full Name            | License/Cert Level   | State                | License/Cert Number  |
| 2. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|    | Full Name            | License/Cert Level   | State                | License/Cert Number  |
| 3. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|    | Full Name            | License/Cert Level   | State                | License/Cert Number  |
| 4. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|    | Full Name            | License/Cert Level   | State                | License/Cert Number  |
| 5. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|    | Full Name            | License/Cert Level   | State                | License/Cert Number  |
| 6. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|    | Full Name            | License/Cert Level   | State                | License/Cert Number  |

The above individual(s) will be assigned starting on .

The location of the incident is .

The primary agency/unit jurisdictional authority is .

I attest that I have physically examined the state EMS license of the above individuals. (A NREMT card does not meet this requirement.)

Medical Unit Leader-Print                      Medical Unit Leader-Signature                      Date

Telephone Number  Fax Number

448 State EMS Office - Received Date

449

**Appendix C**

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**State EMS Office Contact List**

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	<b>Phone</b>	<b>Fax</b>		<b>Phone</b>	<b>Fax</b>
<b>Alabama</b>	334-206-5383	334-206-5260	<b>Montana</b>	406-444-3895	406-444-1814
<b>Alaska</b>	907-465-3027	907-465-4101	<b>Nebraska</b>	402-471-2158	402-471-0169
<b>Arizona</b>	602-364-3150	602-364-3568	<b>Nevada</b>	775-687-7590	775-687-7595
<b>Arkansas</b>	501-661-2262	501-280-4901	<b>New Hampshire</b>	1-800-735-2964	603-271-4567
<b>California</b>	916-322-4336	916-322-8765	<b>New Jersey</b>	609-633-7777	609-633-7954
<b>Colorado</b>	303-692-2980	303-691-7720	<b>New Mexico</b>	505-476-8200	505-476-8201
<b>Connecticut</b>	860-509-8000	860-509-7987	<b>New York</b>	518-402-0996	518-402-0985
<b>Delaware</b>	302-744-5400	302-744-5429	<b>North Carolina</b>	919-855-3935	919-733-7021
<b>District of Columbia</b>	202-671-4222	202-671-0707	<b>North Dakota</b>	701-328-2388	701-328-1890
<b>Florida</b>	850-245-4440	850-488-9408	<b>Ohio</b>	614-466-9447	614-995-7012
<b>Georgia</b>	404-679-0547	404-679-0526	<b>Oklahoma</b>	405-271-4027	405-271-4240
<b>Hawaii</b>	808-733-9210	808-733-8332	<b>Oregon</b>	971-673-0520	971-673-1299
<b>Idaho</b>	208-334-4000	208-334-4015	<b>Pennsylvania</b>	717-787-8740	717-772-0910
<b>Illinois</b>	217-785-2080	217-524-0966	<b>Rhode Island</b>	401-222-2401	401-222-3352
<b>Indiana</b>	317-232-3986	317-232-3895	<b>South Carolina</b>	803-545-4204	803-545-4989
<b>Iowa</b>	800-728-3367	515-281-0488	<b>South Dakota</b>	605-773-4031	605-773-6631
<b>Kansas</b>	785-296-7296	785-296-6212	<b>Tennessee</b>	615-741-2584	615-741-4217
<b>Kentucky</b>	866-97KBEMS	859-256-3128	<b>Texas</b>	512-834-6700	512-834-6736
<b>Louisiana</b>	225-763-5700	225-763-5702	<b>Utah</b>	801-538-6435	801-273-4162
<b>Maine</b>	207-626-3860	207-287-6251	<b>Vermont</b>	802-863-7310	802-863-7577
<b>Maryland</b>	410-706-5074	410-706-4768	<b>Virginia</b>	804-864-7600	804-864-7580
<b>Massachusetts</b>	617-753-7300	617-753-7320	<b>Washington</b>	360-236-2828	360-236-2829
<b>Michigan</b>	517-241-3024	517-241-9458	<b>West Virginia</b>	304-558-3956	304-558-8379
<b>Minnesota</b>	651-201-2800	651-201-2812	<b>Wisconsin</b>	608-266-1568	608-261-6392
<b>Mississippi</b>	601-576-7380	601-576-7373	<b>Wyoming</b>	307-777-7955	307-777-5639
<b>Missouri</b>	573-751-6356	573-751-6348			

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453 If you prefer to submit the NWCG *Limited Request for Recognition* form electronically, please  
 454 contact the state EMS office for the correct e-mail address.

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## Appendix D

### NWCG Basic Life Support (EMT Personnel)

### Recommended Equipment and Supply List

\*Additional equipment/supplies as allowed for by licensure, credentialing and/or incident medical director and specific to incident needs.  
Number of items needed is dependant on the size of the incident. This list is not intended to define or limit contractual purchases.

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#### Oxygen & Airway

Oxygen cylinder, Jumbo-D, filled	Nasal cannula, Adult
Bag-Valve-Mask, Hand Operated, Self Re-Expanding Bag, Adult, Clear Mask, Tubing & Reservoir (no CO2)	Suction unit, hand-powered, wide-bore tubing, rigid pharyngeal curved suction tip, tonsillar, suction catheters, 5F-14F (Suction Easy, or like)
CPR Pocket Mask, "Seal Easy" Blob®, w/Oxygen Port & 2 ea one-way valve, or like	Bag, oxygen, sized to hold listed contents, & suitable for back country operations
Oxygen regulator, 0-15 LPM & 1 spare gasket	Oxygen Masks, adult, non-rebreather
Airway, Oropharyngeal (1 ea. Size 2, 3, 4, 5 & 6)	Airway, Nasopharyngeal, size 30, 32, 34 & 36 FR

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#### Trauma Supplies

Bandage, Gauze, Sterile, 4x4	Dressing, Finger Tip, Cloth
Bandage, Gauze, Sterile, 2x2	Dressing, Band-Aid, Cloth, 1" x 3"
Bandage, Gauze, non-sterile, 4x4 bulk	Dressing, Butterfly, Large
Bandage, Gauze, 3" x 5 yards	Dressing, Butterfly, Small
Bandage, Conforming Gauze Bandage, 4.5"	Dressing, Non-Adhering, 3" x 3", "Telfa®" or like
Bandage, Conforming Gauze Bandage, 2", or like	Dressing, Transparent, 4" x 4 1/2", "Tegaderm®" or like
Bandage, Self Adherent Wrap, Coban®, 1" or like	Dressing, Transparent, 2" x 3 1/2", "Tegaderm®" or like
Bandage, Self Adherent Wrap, Coban®, 2" or like	Bandage, underwrap, athletic
Bandage, Self Adherent Wrap, Coban®, 3" or like	Dressing, 2nd Skin®, 1" squares
Bandage, Elastic, 4", ACE® wrap or like	Dressing, 2nd Skin®, 3" circles
Tourniquet, arterial occlusion type	Dressing, 2nd Skin®, pack
Bandage, Triangular, 40" x 40" x 56"	Moleskin®, 10" x 5 yards
Dressing, Knuckle, Cloth	Dressing, Occlusive, 4" x 4" or like
Dressing, Multi-Trauma, 10" X 30"	Tape, Porous (athletic), 2"
Dressing, Combo, 5" x 9"	Tape, Transpore®, 1"
Dressing, Non-Adherent, 2" x 3"	Prep-Pad, Providone / Iodine
Tincture of Benzoin	

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### Equipment

Pulse Oximeter, finger w/case	Holster, belt type
Safety Pins	Shears, Bandage, 7 1/2"
Ring Cutter	Shears, Bandage, 4 1/2"
Tweezers, splinter	Shears, Trauma, 7 1/2"
Tweezers, splinter w/magnifier	Scissors, Tissue, Straight
Thermometer, Oral, digital w/10 sheath	Scissors, Tissue, Curved
Forceps, 5-1/2"	Clipper, finger nail
Sphygmomanometer, adult, of high quality	Stethoscope, of high quality
Penlight	Clipper, toe nail
Scalpel, disposable	Clipboard, 9" x 12 1/2"
Magnifier, hand held, with light	Bag, Backpack first aid, "True North Medic Pack®", or like, for line walking
Automated External Defibrillator w/appropriate supporting supplies	

### Splinting Items

C-Collar, Stiff Neck® Type adjustable, or like	Head Blocks, adjustable
C-Collar, Stiff Neck®, No-Neck, or like	Splint, finger
Splint, Sam® splint or like	Splint, Traction (KTD® folding or like)
Upper and lower extremity immobilization devices, air or vacuum type	Bag or case (hold listed items except backboard) w/attachment system to hold bag to backboard
Backboard, (prefer folding 350 lb. capacity)	Splints, Cardboard, assort. or like in lieu of air or vacuum
Restraint Strap(s), suggest Spider strap-color coded	Extrication Device, KED® or Oregon Spine Splint II® or like
SKED® Rescue Litter, vacuum spine board or like	Pelvic splint, T-POD®, Sam Sling® or like

### Burn Supplies

Burn sheet, non-disposable	Burn sheet, disposable
Burn Kit, Water-Jel (1 ea. Dressing 36" x 30", 8" x 18", 4" x 16" & face, 3 ea. 4" x 4", 4 ea. 4" x 3" gauze a 1 ea. Scissors) or like kit	Fluid, Sodium Chloride, 0.9% (Normal Saline)

### General Supplies

Pencil, mechanical or writing pen	Emergency blanket
Bag, Bio-Hazard, 5 gal, 12" x 15"	Hot pack, disposable, 5" x 8" or larger
Bag, Plastic, Zip-Lock, (snack size )	Cold pack, disposable, 5" x 8" or larger
Bag, Plastic, Zip-Lock, (gallon size)	Solution, hydrogen peroxide, 16 oz
Eye protection (full peripheral glasses or goggles)	Bedpan, disposable
Face Mask w/splash shield	Urinal, disposable
Gloves, non-latex exam, med.	Isopropyl Alcohol, 99%, cleaning
Gloves, non-latex exam, large	Betadine Solution, skin cleaning microbicide
Gloves, non-latex exam, small	Emesis bag
Gloves, non-latex exam, XL	Tongue Depressor, Sterile
Eye, Irrigating solution, 4 oz	Lock Box to store patient evaluation forms per agency regs.
Disinfectant hand wash, commercial antimicrobial (towelette, spray, liquid)	Disinfectant solution – equipment
Hand sanitizer. 4 oz	Brush, scrub surgical
Gown, disposable, open back	Syringe, Sterile, 20-60 cc (wound cleaning)
Sterile Water or Normal Saline (wound cleaning)	

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### Suggested Printed Items

Patient care charts/forms	OTC issue/tracking form
First Aid reference guide(s)	Medical Direction approved Protocols

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- \* Any support supplies or items like batteries or bags to hold equipment, etc. are to be included**
- \*\* In general, equipment & supplies are to be suitable for remote field operations & fire line walking**
- \*\*\* This equipment & supply list may change with updated treatment protocols & standards orders**
- \*\*\*\* When building kits, appropriate personal protective equipment for medical personnel bloodborne pathogen and biohazard exposure is to be included.**

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**Appendix E**

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**NWCG Intermediate Life Support (AEMT Personnel)**

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**Recommended Equipment and Supply List**

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(This list is in addition to the BLS equipment &amp; supplies listed above, when medical control is established)

<b>Airway &amp; Equipment</b>	
Advanced Airway kit -per medics protocols – Multi-lumen only (i.e. LMA®, Combitube®, etc.)	Oxygen Mask, Nebulizer w/1 ea tubing, mouthpiece, tee adapter & reservoir

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<b>IV Supplies (needleless systems required when available)</b>	
Bag, IV starter Kit	Syringe, Sterile, assorted sizes (10, 20 & 60 cc)
IV Catheters, Protectiv® Plus, or like, assorted sizes	Tourniquet, IV, Disposable, non-latex
Pressure Infuser Bag, Disposable	Sharps case, 1 qt
IV Fluid Administration Set, Needleless, Adjustable (selec-3) Macro-drip 10-15-60 gtts	Fluid, Lactated Ringers, 1000 ml bags (per standing orders)
Syringe, Sterile, "VanishPoint®", or like, 3cc w/25g x 5/8" needle	Syringe, Sterile, "VanishPoint®", or like, 1cc w/25g x 5/8" needle
Needle, Hypodermic, 25 gauge	Needle, Hypodermic, 18 Gauge
Sharps Container, Pocket Size	Prep Pad, alcohol, large
Intraosseous device, w/supporting supplies (per standing orders)	Prep Pad, iodine/providone, large
Fluid, Sodium Chloride, 0.9% (Normal Saline), 1000 or 500 ml. bags (or fluids per standing orders)	IV Starter kit, Veniguard® or like system

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<b>Drugs mg/ml fix</b>	
Albuterol Inhaler, 17 gm, with spacer	Naloxone Hydrochloride, 2 mg per mfg
Albuterol Sulfate Solution, 2.5 mg/3 ml per mfg	Nitroglycerin 0.4 mg, Tablet, 25/bottle
Dextrose 50% Injection, 25 g/50 ml per mfg	

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## Appendix F

### NWCG Advanced Life Support (Paramedic)

### Recommended Equipment and Supply List

(This list is in addition to the BLS & ILS equipment & supplies listed above, when medical control is established)

<b>Airway &amp; Equipment</b>	
Advanced Airway kit -per medics protocols (i.e. ET Kit, King Airway®etc.)	Monitor/Defibrillator, Portable, battery-operated w/appropriate supporting supplies

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<b>Drugs mg/ml fix</b>	
Atropine Sulfate, 0.1 mg/1 ml, 10 ml per mfg	Epinephrine 1:10000, 0.1mg/ml, 10 ml per mfg
Dopamine Medicated IV Drip	Epinephrine 1/1000, 1mg/ml, 1 ml per mfg
Calcium Chloride 10%, 10 ml vial	Lidocaine 2%, 20 mg/ml, 5 ml per mfg
Diphenhydramine, 50 mg/ml, 1 ml per mfg	Lidocaine Medicated IV Drip
Sodium Bicarbonate Preload	Diltiazem – (Cardizem®, Dilacor®, Tiazac®)
Morphine 10 mg vial/carpject	Magnesium Sulfate 1 gm vial
Fentanyl 100 mcg vial	Demerol 100 mg vial/carpject
Valium 5 mg vial/carpject	Midazolam – (Versed®) 5 mg vial
*Preloaded syringes preferred when available	
**Additional drugs as allowed for by licensure, credentialing and/or incident medical director.	

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## Appendix G

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### Over-the-Counter Products

501 This list of items is to be provided by established programs, or incident medical units, with medical  
 502 control approval. These items are not normally approved for individuals to carry or provide. Unit doses  
 503 are preferred as available, to assure recipient retains drug identification, indications, contraindications  
 504 and dosage directions.

Antacid, Tablet, unit dose	Cough Drops, Halls® type or like
Anti-Diarrheal, unit dose	Diphenhydramine, 25 mg caps or dissolving strips, unit dose
Anti-Fungal Cream, Athlete's Foot, .5 oz, unit dose	Hand Lotion, unit dose
Anti-Itch Cream, Hydrocortisone 1%, 1/32oz, unit dose	Eye drops, 1/2, unit dose
Anti-Pain gel or liquid , Tooth, unit dose	Eye Irrigating Solution, 4 oz
Nasal Spray, saline, unit dose	Lip Balm, unit dose SPF (Hydrating not wax)
Anti-Pain/Inflammatory, Acetaminophen, 500 mg, unit dose	Bacitracin® Ointment, or Polysporin®, or like, 1/32 oz, unit dose
Anti-Pain/Inflammatory, Aspirin, 325 mg, unit dose	Nasal Decongestant, "Afrin Spray®", unit dose
Anti-Pain/Inflammatory, Ibuprofen, 200 mg, unit dose	Nasal Decongestant, Day Time, unit dose
Anti-Pain/Inflammatory, Naproxen, 220 mg, unit dose	Nasal Decongestant, Night Time, unit dose
Muscle Rub, Ben Gay® or like, 2 oz	Providone-Iodine, ampoules
Bag Balm®/Aquaphor®, unit dose	Glucose, Insta 15g, unit dose
Cough Drop, Chloraseptic®, or like, unit dose	Tampon & Sanitary Napkins
Foot Powder, 2 to 4 oz., Gold Bond® or like	Anti-Itch Cream, Calagel® or like, unit dose
Poison ivy/oak creams – Tecnu®, Zanfel® or like	Lotion, Sun Block, 20 SPF or higher, 1 to 2 oz.
Hemorrhoidal suppositories or creams	Dextrose, tube, 15gm
Cough suppressant, mucolytic or like	Acid Reducer (Prilosec®, Zantac®, Tagamet®)

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## Appendix H

### Comparison Matrix

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This comparison matrix lists the major wildland fire suppression organizations that have programs that provide medical services on incidents. The intent of this matrix is to show what is currently being provided by agencies and compare them with the National Scope of Practice Model. The rose colored columns list the additional skills and drugs NWCG is recommending approval for, that are not currently approved in the National Scope of Practice at the levels listed. These skills & drugs are intended to be used on NWCG incidents for their personnel.

A description of the agencies represented are as follows:

- National Wildfire Coordinating Group (NWCG)  
The purpose of the NWCG is to provide national leadership and establish, implement, maintain, and communicate policy, standards, guidelines, and qualifications for wildland fire program management.
- National Park Service (NPS)  
The NPS provides emergency medical care through out our national parks lands.
- Fire Medic Program (FMP)-Alaska  
The FMP provides emergency aid stations (EMTs, equipments & supplies) in support of incidents through out Alaska.
- Incident Medical Specialist Program in Region-1 (R-1)  
The R-1 program provides EMTs, equipment & supplies in support of incidents in Montana, North Dakota & Northern Idaho.
- California Department of Forestry and Fire Protection (Cal Fire)  
Cal Fire has an integrated EMS program within their fire suppression organization in California providing medical support.
- Incident Medical Specialist Program Region-6 (R-6)  
The R-6 program provides EMTs, equipment & supplies in support of incidents in Oregon & Washington.
- National Smokejumper EMT Program (SMJ)  
The SMJ's have jumpers that also provide emergency medical care and equipment from their jump bases through out the western states & Alaska.

## National Scope of Practice (SOP) Model – Skills Comparisons with-

**NWCG Recommended Additional Skills - National Park Service (NPS) - Fire Medic Program (FMP)**

**Incident Medical Specialist Program Region-1 (R-1) - California Department of Forestry (Cal Fire)**

**Incident Medical Specialist Program Region-6 (R-6)**

AIRWAY / VENTILATION / OXYGENATION	SOP	SOP	SOP	NWCG	NWCG	NWCG	NPS	NPS	FMP	FMP	FMP	R1	CAL FIRE	CAL FIRE	R-6	R-6	R-6
Skill	EMT	AEMT	P	EMT	AEMT	EMTP	BLS	ALS	EMT- 1	EMT- 2	EMT- 3	IMS	EMT- 1	P	EMT	EMT- I	EMTP
Airway - Esophageal/Tracheal - Multi Lumen Only		X	X	X			X	X		X	X	X		X	X	X	X
Airway – Nasal	X	X	X						X	X	X	X	X	X	X	X	X
Airway – Oral	X	X	X						X	X	X	X	X	X	X	X	X
Bag-Valve-Mask (BVM)	X	X	X				X	X	X	X	X	X	X	X	X	X	X
BiPAP			X														X
Chest Decompression – Needle			X					X			X			X			X
Chest Tube Placement – Assist Mode Only			X														
Chest Tube – Monitoring & Management			X														
CPAP			X														X
Cricoid Pressure (Sellick)	X	X	X						X	X	X		X	X		X	X
Cricothyroidotomy – Needle			X								X			X			X
Cricothyroidotomy – Surgical			X														
Demand Valve – Oxygen powered	X	X	X						X	X	X						
End Tidal CO <sub>2</sub> Monitoring/Capnometry			X		X				X	X	X			X	X	X	X
Gastric Decompression – NG Tube			X					Optional									X
Gastric Decompression – OG Tube			X					Optional									

<b>AIRWAY / VENTILATION / OXYGENATION cont.</b>	SOP	SOP	SOP	NWCG	NWCG	NWCG	NPS	NPS	FMP	FMP	FMP	R1	CAL FIRE	CAL FIRE	R-6	R-6	R-6
<b>Skill</b>	<b>EMT</b>	<b>AEMT</b>	<b>P</b>	<b>EMT</b>	<b>AEMT</b>	<b>EMTP</b>	<b>BLS</b>	<b>ALS</b>	<b>EMT- 1</b>	<b>EMT- 2</b>	<b>EMT- 3</b>	<b>IMS</b>	<b>EMT- 1</b>	<b>P</b>	<b>EMT</b>	<b>EMT I</b>	<b>EMTP</b>
Head-tilt/chin-lift	X	X	X						X	X	X	X	X	X		X	X
Intubation – Digital			X														
Intubation - Lighted Stylet			X													X	X
Intubation – Medication Assisted (non-paralytic)			X							X	X					X	X
Intubation – Medication Assisted (paralytics) (RSI)			X														X
Intubation – Nasotracheal			X											X			X
Intubation - Orotracheal			X		X			X			X			X			X
Intubation – Retrograde			X														
Jaw-thrust	X	X	X						X	X	X	X	X	X	X	X	X
Jaw-thrust - Modified (trauma)	X	X	X						X	X	X	X	X	X	X	X	X
Mouth-to-Barrier	X	X	X						X	X	X	X	X	X	X	X	X
Mouth-to-Mask	X	X	X						X	X	X	X	X	X	X	X	X
Mouth-to-Mouth	X	X	X						X	X	X	X	X	X	X	X	X
Mouth-to-Nose	X	X	X						X	X	X	X	X	X	X	X	X
Mouth-to-Stoma	X	X	X						X	X	X	X	X	X	X	X	X
Obstruction – Direct Laryngoscopy			X								X			X			
Obstruction – Manual	X	X	X						X	X	X	X	X	X	X	X	X
Oxygen Therapy – Humidifiers	X	X	X						X	X	X		X	X			
Oxygen Therapy – Nasal Cannula	X	X	X				X	X	X	X	X	X	X	X	X	X	X
Oxygen Therapy – Non- Rebreather Mask	X	X	X				X	X	X	X	X	X	X	X	X	X	X

<b>AIRWAY / VENTILATION / OXYGENATION cont.</b>	SOP	SOP	SOP	NWCG	NWCG	NWCG	NPS	NPS	FMP	FMP	FMP	R1	CAL FIRE	CAL FIRE	R-6	R-6	R-6
<b>Skill</b>	<b>EMT</b>	<b>AEMT</b>	<b>P</b>	<b>EMT</b>	<b>AEMT</b>	<b>EMTP</b>	<b>BLS</b>	<b>ALS</b>	<b>EMT-1</b>	<b>EMT-2</b>	<b>EMT-3</b>	<b>IMS</b>	<b>EMT-1</b>	<b>P</b>	<b>EMT</b>	<b>EMT I</b>	<b>EMTP</b>
PEEP – Therapeutic (>6cm H <sub>2</sub> O pressure)			X														X
Pulse Oximetry	X	X	X						X	X	X			X	X	X	X
Suctioning – Tracheobronchial			X														
Suctioning – Upper Airway	X	X	X						X	X	X	X	X	X	X	X	X
Automatic Transport Ventilator	X	X	X														
Transtracheal Jet Insufflation								X									
<b>CARDIOVASCULAR / CIRCULATION</b>	SOP	SOP	SOP	NWCG	NWCG	NWCG	NPS	NPS	FMP	FMP	FMP	R1	CAL FIRE	CAL FIRE	R-6	R-6	R-6
<b>Skill</b>	<b>EMT</b>	<b>AEMT</b>	<b>P</b>	<b>EMT</b>	<b>AEMT</b>	<b>EMTP</b>	<b>BLS</b>	<b>ALS</b>	<b>EMT-1</b>	<b>EMT-2</b>	<b>EMT-3</b>	<b>IMS</b>	<b>EMT-1</b>	<b>P</b>	<b>EMT</b>	<b>EMT I</b>	<b>EMTP</b>
Cardiac Monitoring – Multi Lead (interpretive)			X		X						X			X			X
Cardiac Monitoring – Single Lead (interpretive)			X		X						X			X		X	X
Cardiopulmonary Resuscitation (CPR)	X	X	X						X	X	X	X	X	X	X	X	X
Cardioversion – Electrical			X								X			X			X
Carotid Massage			X														
Defibrillation–Automated / Semi-Automated	X	X	X				X	X	X	X	X	X	X	X	X	X	X
Defibrillation – Manual			X		X						X			X		X	X
Hemorrhage Control – Direct Pressure	X	X	X				X	X	X	X	X	X	X	X	X	X	X
Hemorrhage Control – Pressure Point	X	X	X				X	X	X	X	X	X	X	X	X	X	X
Hemorrhage Control – Tourniquet	X	X	X				X	X	X	X	X	X	X	X	X	X	X

<b>CARDIOVASCULAR / CIRCULATION cont.</b>	SOP	SOP	SOP	NWCG	NWCG	NWCG	NPS	NPS	FMP	FMP	FMP	R1	CAL FIRE	CAL FIRE	R-6	R-6	R-6
<b>Skill</b>	EMT	AEMT	P	EMT	AEMT	EMTP	BLS	ALS	EMT-1	EMT-2	EMT-3	IMS	EMT-1	P	EMT	EMT I	EMTP
Internal Cardiac Pacing – Monitoring Only			X														
MAST/PASG	X	X	X				X	X	X	X	X	X			X	X	X
Mechanical CPR Device*	X	X	X														
Transcutaneous Pacing – Manual			X								X						X
Shock Prevention/Treatment	X	X	X				X	X	X	X	X	X	X	X	X	X	X
<b>IMMOBILIZATION</b>	SOP	SOP	SOP	NWCG	NWCG	NWCG	NPS	NPS	FMP	FMP	FMP	R1	CAL FIRE	CAL FIRE	R-6	R-6	R-6
<b>Skill</b>	EMT	AEMT	P	EMT	AEMT	EMTP	BLS	ALS	EMT-1	EMT-2	EMT-3	IMS	EMT-1	P	EMT	EMT I	EMTP
Spinal Immobilization – Assessment Based			X	X	X				X	X	X						
Spinal Immobilization – Cervical Collar	X	X	X				X	X	X	X	X	X	X	X	X	X	X
Spinal Immobilization – Long Board	X	X	X				X	X	X	X	X	X	X	X	X	X	X
Spinal Immobilization – Manual Stabilization	X	X	X				X	X	X	X	X	X	X	X	X	X	X
Spinal Immobilization – Seated Patient (KED-etc.)	X	X	X						X	X	X	X	X	X	X	X	X
Splinting – Manual	X	X	X				X	X	X	X	X	X	X	X	X	X	X
Splinting – Rigid	X	X	X				X	X	X	X	X	X	X	X	X	X	X
Splinting – Soft	X	X	X				X	X	X	X	X	X	X	X	X	X	X
Splinting – Vacuum	X	X	X				X	X	X	X	X		X	X	X	X	X
Splinting – Traction	X	X	X				X	X	X	X	X	X	X	X	X	X	X
Reduction of Dislocated Digit				X	X	X	X	X	X	X	X	X			X	X	X
Reduction of Dislocated Hip				X	X	X	X	X	X	X	X				X	X	X
Reduction of Dislocated Patella				X	X	X	X	X	X	X	X	X			X	X	X
Reduction of Dislocated Shoulder				X	X	X	X	X	X	X	X	X			X	X	X
Fracture Reduction – If no CMS				X	X	X	X	X	X	X	X						

<b>IV INITIATION / MAINTENANCE / FLUIDS</b>	SOP	SOP	SOP	NWCG	NWCG	NWCG	NPS	NPS	FMP	FMP	FMP	R1	CAL FIRE	CAL FIRE	R-6	R-6	R-6
<b>Skill</b>	<b>EMT</b>	<b>AEMT</b>	<b>P</b>	<b>EMT</b>	<b>AEMT</b>	<b>EMTP</b>	<b>BLS</b>	<b>ALS</b>	<b>EMT-1</b>	<b>EMT-2</b>	<b>EMT-3</b>	<b>IMS</b>	<b>EMT-1</b>	<b>P</b>	<b>EMT</b>	<b>EMT-I</b>	<b>EMTP</b>
Central Line – Monitoring & Access Only			X														
Arterial Line – Monitoring & Access Only			X														
Intraosseous – Initiation		Ped	X		X			X		X	X					X	X
Peripheral – Initiation		X	X					X		X	X					X	X
Umbilical – Initiation			X														
Maintenance – Medicated IV Fluids			X		X					X	X			X		X	X
Maintenance – Non-Medicated IV Fluids		X	X							X	X					X	X
<b>MEDICATION ADMINISTRATION – ROUTES</b>	SOP	SOP	SOP	NWCG	NWCG	NWCG	NPS	NPS	FMP	FMP	FMP	R1	CAL FIRE	CAL FIRE	R-6	R-6	R-6
<b>Skill</b>	<b>EMT</b>	<b>AEMT</b>	<b>P</b>	<b>EMT</b>	<b>AEMT</b>	<b>EMTP</b>	<b>BLS</b>	<b>ALS</b>	<b>EMT-1</b>	<b>EMT-2</b>	<b>EMT-3</b>	<b>IMS</b>	<b>EMT-1</b>	<b>P</b>	<b>EMT</b>	<b>EMT-I</b>	<b>EMTP</b>
Aerosolized/Nebulized		L	X						X	X	X	X		X	X	X	X
Buccal	L	L	X	X	X				X	X	X	X			X	X	X
Endotracheal Tube (ET)			X		X					X	X			X			X
Intramuscular (IM)		L	X		X			X	X	X	X			X	X	X	X
Intranasal		L	X														X
Intravenous (IV)		X	X					X		X	X			X		X	X
Intravenous (IV) Piggyback			X		X			X			X					X	X
Intravenous (IV) Push		D50	X							X	X			X		X	X
Nasogastric			X														X
Oral	L	L	X	X	X		X	X	X	X	X	X	X	X	X	X	X
Rectal			X					X	X	X	X			X	X	X	X

<b>MEDICATION ADMINISTRATION – ROUTES cont.</b>	SOP	SOP	SOP	NWCG	NWCG	NWCG	NPS	NPS	FMP	FMP	FMP	R1	CAL FIRE	CAL FIRE	R-6	R-6	R-6
<b>Skill</b>	<b>EMT</b>	<b>AEMT</b>	<b>P</b>	<b>EMT</b>	<b>AEMT</b>	<b>EMTP</b>	<b>BLS</b>	<b>ALS</b>	<b>EMT-1</b>	<b>EMT-2</b>	<b>EMT-3</b>	<b>IMS</b>	<b>EMT-1</b>	<b>P</b>	<b>EMT</b>	<b>EMT-I</b>	<b>EMT P</b>
Subcutaneous		L	X		X				X	X	X	L		X	X	X	X
Sub-lingual		L	X	X	X				X	X	X	X		X	X	X	X
Auto-Injector (self or peer care)	X	X	X				X		X	X	X	X		X	X	X	X
Auto-Injector (patient's own prescribed meds)	X	X	X						X	X	X	X	X	X	X	X	X
Infraglossal Injection								X									
<b>MISCELLANEOUS</b>	SOP	SOP	SOP	NWCG	NWCG	NWCG	NPS	NPS	FMP	FMP	FMP	R1	CAL FIRE	CAL FIRE	R-6	R-6	R-6
<b>Skill</b>	<b>EMT</b>	<b>AEMT</b>	<b>P</b>	<b>EMT</b>	<b>AEMT</b>	<b>EMTP</b>	<b>BLS</b>	<b>ALS</b>	<b>EMT-1</b>	<b>EMT-2</b>	<b>EMT-3</b>	<b>IMS</b>	<b>EMT-1</b>	<b>P</b>	<b>EMT</b>	<b>EMT-I</b>	<b>EMTP</b>
Arterial Blood Sampling, Radial Site – Obtaining			X														
Assisted Delivery (child-birth)	X	X	X				X	X	X	X	X	X	X	X	X	X	X
Assisted Complicated Delivery (child-birth)	X	X	X				X	X						X	X	X	X
Blood Glucose Monitoring		X	X	X			X-optional	X	X	X	X	X		X	X	X	X
Blood Pressure – Manual/Automated	X	X	X				X	X	X	X	X	X	X	X	X	X	X
Capillary Blood Sampling – Obtaining (other than blood glucose monitoring)			X				X										
Eye Irrigation	X	X	X				X	X	X	X	X	X	X	X	X	X	X
Eye Irrigation – Morgan Lens			X	X	X				X	X	X						
Hemodynamic Monitoring			X														
ICP Monitoring			X														
Initiation of IV at Central Line Port			X														
Over-the-Counter Medications (OTC)	X	X	X						X	X	X	X			X	X	X

<b>MISCELLANEOUS cont.</b>	SOP	SOP	SOP	NWCG	NWCG	NWCG	NPS	NPS	FMP	FMP	FMP	R1	CAL FIRE	CAL FIRE	R-6	R-6	R-6
<b>Skill</b>	<b>EMT</b>	<b>AEMT</b>	<b>P</b>	<b>EMT</b>	<b>AEMT</b>	<b>EMTP</b>	<b>BLS</b>	<b>ALS</b>	<b>EMT-1</b>	<b>EMT-2</b>	<b>EMT-3</b>	<b>IMS</b>	<b>EMT-1</b>	<b>P</b>	<b>EMT</b>	<b>EMT I</b>	<b>EMTP</b>
Thrombolytic Therapy – Initiation			X														
Thrombolytic Therapy – Monitoring			X														
Urinary Catheterization			X														
Venous Blood Sampling – Obtaining			X													X	X
Blood Chemistry Analysis			X														
Wound Care/Dressing	X	X	X				X	X	X	X	X	X	X	X	X	X	X
Patient Restraint	X	X	X				X	X	X	X	X	X		X	X	X	X
START Triage Multi Casualty Reporting				X	X	X	X	X	X	X	X	X	X	X	X	X	X
Gamow Bag - Altitude Illness							Optiona l	Optiona l									
IV-Rehydration/Heat Illness					X	X	X	X	X	X	X	X	X			X	X
Ear Examination – Otoscope				X	X	X			X	X	X	X			X	X	X
Eye Examination - Fluorescein Dye				X	X	X						X			X	X	X

L=limited medications (Poisoning & Hypoglycemia) - \* = Requires additional specialty training & device approval

**National Scope of Practice (SOP) Model – Medication Comparisons with-**  
**NWCG Recommended Additional Medications - National Park Service (NPS) - Fire Medic Program (FMP)**  
**Incident Medical Specialist Program Region-1 (R-1) - California Department of Forestry (Cal Fire)**  
**Incident Medical Specialist Program Region-6 (R-6) – Wildfire Smokejumper Program (SMJ)**  
**RX drugs for AEMT - allowed when permitted by state scope of practice, licensure & medical direction within NWCG programs.**

MEDICATION FORMULARY	SOP	SOP	SOP	NWCG	NWCG	NWCG	NPS	NPS	FMP	FMP	FMP	R-1	CAL FIRE	CAL FIRE	R-6	R-6	R-6	SMJ
	EMT	AEMT	P	EMT	AEMT	EMTP	BLS	ALS	EMT-1	EMT-2	EMT-3	BLS	BLS	ALS	BLS	INT	P	EMT
Acetaminophen & Diphenhydramine Citrate (Excedrin PM)			X	X	X										X	X	X	
Acetaminophen & Diphenhydramine HCl (Tylenol PM)			X	X	X										X	X	X	
Acetaminophen (Tylenol)			X	X	X		X	X	X	X	X	X			X	X	X	
Acetaminophen, Aspirin, & Caffeine (Excedrin Migraine)			X	X	X				X	X	X	X		X	X	X	X	
Acetylsalicylic acid (Aspirin)	X	X	X				X	X	X	X	X	X			X	X	X	X
Activated Charcoal			X	X	X				X	X	X	X		X	X	X	X	
Adenosine (Adenocard)			X											X			X	
Albumin			X															
Albuterol sulfate (Ventolin, Proventil)		X	X	L				X	X	X	X	X		X	X	X	X	X
Albuterol Sulfate Inhalation Solution			X		X				X	X	X			X	X	X	X	
Alteplase Recombinant (tPA)			X															
Aluminum hydroxide, magnesium hydroxide, simethicone, sorbitol (Maalox, Mylanta)			X	X	X							X			X	X	X	
Aminophylline			X															
Amiodarone (Cordarone)			X															
Amrinone (Inamrinone, Inocor)			X															
Amyl nitrite			X															

MEDICATION FORMULARY	SOP	SOP	SOP	NWCG	NWCG	NWCG	NPS	NPS	FMP	FMP	FMP	R-1	CAL FIRE	CAL FIRE	R-6	R-6	R-6	SMJ
	EMT	AEMT	P	EMT	AEMT	EMTP	BLS	ALS	EMT -1	EMT -2	EMT -3	BLS	BLS	ALS	BLS	INT	P	EMT
Anistreplase (APSAC)			X															
Atenolol (Tenormin)			X															
Atracurium (Tracurium)			X															
Atropine sulfate			X					X			X			X				X
Benzocaine & Resorcinol (Vagisil)			X	X	X				X	X	X				X	X	X	
Benzocaine (Anbesol, Orabase)			X	X	X				X	X	X	X			X	X	X	
Beta Agonist			X															
Bismuth Subsalicylate (Pepto-Bismol)			X	X	X				X	X	X	X			X	X	X	
Blood Products			X															
Bretylium (Bretylol)			X															
Bulk Fiber Supplement (Citrucel, Fibercon, Metamucil)			X	X	X				X	X	X	X			X	X	X	
Bumetadine (Bumex)			X															
Butorphanol (Stadol)			X															
Calcium carbonate (Tums)			X	X	X				X	X	X	X			X	X	X	
Calcium Chloride			X											X				
Calcium Gluconate			X															
Chlordiazepoxide (Librium)			X															
Chlorpheniramine (Chlor-Trimeton)			X															
Chlorpromazine (Thorazine)			X															
Clotrimazole (Gyne-Lotrimin)			X	X	X				X	X	X				X	X	X	
Dexamethasone (Decadron)			X					X										
Dextran			X															

MEDICATION FORMULARY	SOP	SOP	SOP	NWCG	NWCG	NWCG	NPS	NPS	FMP	FMP	FMP	R-1	CAL FIRE	CAL FIRE	R-6	R-6	R-6	SMJ
	EMT	AEMT	P	EMT	AEMT	EMTP	BLS	ALS	EMT -1	EMT -2	EMT -3	BLS	BLS	ALS	BLS	INT	P	EMT
Dextromethorphan (Robitussin, Vicks44)			X	X	X				X	X	X	X			X	X	X	
Dextrose			X					X	X	X	X			X		X	X	
Dextrose 25% solution			X		X					X	X			X		X	X	
Dextrose 5% / Normal Saline solution			X															
Dextrose 5% solution			X															
Dextrose 50%		X	X					X		X	X			X		X	X	
Dextrose, Levulose & Phosphoric Acid (Emetrol)			X	X	X										X	X	X	
Diazepam (Valium)			X		X						X			X				
Diazoxide (Hyperstat)			X															
Digoxin (Lanoxin)			X															
Digoxin immune fab (Digibind)			X															
Diltiazem (Cardizem)			X															
Diphenhydramine & Zinc acetate (Benadryl Cream)			X						X	X	X	X			X	X	X	
Diphenhydramine (Benadryl)			X	X	X			X	X	X	X	X		X	X	X	X	
Dobutamine			X															
Docosanol (Abreva)			X															
Docusate Calcium (Surfak)			X															
Dopamine (Intropin)			X															
Droperidol (Inapsine)			X															X
Enalapril (Vasotec)			X															
Enoxaparin (Lovenox)			X															
Epinephrine (Adrenalin)		X	X					X	X	X	X			X	X	X	X	
Epinephrine Auto Injector	X	X	X				X	X	X	X	X	X	X	X	X	X	X	X

MEDICATION FORMULARY	SOP	SOP	SOP	NWCG	NWCG	NWCG	NPS	NPS	FMP	FMP	FMP	R-1	CAL FIRE	CAL FIRE	R-6	R-6	R-6	SMJ
	EMT	AEMT	P	EMT	AEMT	EMTP	BLS	ALS	EMT -1	EMT -2	EMT -3	BLS	BLS	ALS	BLS	INT	P	EMT
Esmolol (Brevibloc)			X															
Etomidate (Amidate)			X															
Famotidine (Pepcid)			X	X	X										X	X	X	
Fentanyl citrate (Sublimaze)			X													X	X	
Flecainide (Tambocor)			X															
Flumazenil (Romazicon)			X		X						X							
Fosphenytoin (Cerebyx)			X															
Furosemide (Lasix)			X											X				
Glucagon		X	X					X						X			X	
Glucose (Oral)	X	X	X				X	X	X	X	X	X	X	X	X	X	X	X
Guiafenisin (Mucinex)			X	X	X							X			X	X	X	
Haloperidol (Haldol)			X															
Heparin			X															
Heparin lock flush			X															
Hetastarch (Hespan)			X															
Hydralazine (Apresoline)			X															
Hydrocortisone (Cortaid, Cortizone)			X	X	X				X	X	X	X			X	X	X	
Hydroxyzine (Vistaril, Atarax)			X															
Ibutilide (Corvert)			X															
Ibuprofen (Advil, Motrin)			X	X	X		X	X	X	X	X	X			X	X	X	
Inapsine (Droperidol)			X															
Insulin (Novolin)			X															

MEDICATION FORMULARY	SOP	SOP	SOP	NWCG	NWCG	NWCG	NPS	NPS	FMP	FMP	FMP	R-1	CAL FIRE	CAL FIRE	R-6	R-6	R-6	SMJ
	EMT	AEMT	P	EMT	AEMT	EMTP	BLS	ALS	EMT -1	EMT -2	EMT -3	BLS	BLS	ALS	BLS	INT	P	EMT
Intropin (Dopamine)			X															
Ipecac syrup			X						X	X	X	X		X	X	X	X	
Ipratropium bromide (Atrovent)		X	X											X	X	X	X	
Isoetharine (Bronkosol)		X	X															
Isoproterenol (Isuprel)			X															
Ketorolac (Toradol)			X		X											X	X	
Labetalol			X															
Lactated ringers			X		X													
Lasix (Furosemide)			X											X				
Lidocaine (Xylocaine)			X		X			X	X	X	X	X		X		X	X	
Loperamide (Imodium)			X	X	X				X	X	X	X			X	X	X	
Loratadine (Claritin)			X	X	X				X	X	X	X			X	X	X	
Lorazepam (Ativan)			X															
Magnesium Hydroxide (Milk of Magnesia)			X	X	X													
Magnesium Sulfate - MgSO4			X															
Mannitol (Osmitrol)			X															
MARK-I	X	X	X											X				X
Melatonin			X															
Meperidine (Demerol)			X															
Metaproterenol (Alupent, Metaprel)			X															
Methylene blue			X															
Methylprednisolone (Solumedrol)			X															

MEDICATION FORMULARY	SOP	SOP	SOP	NWCG	NWCG	NWCG	NPS	NPS	FMP	FMP	FMP	R-1	CAL FIRE	CAL FIRE	R-6	R-6	R-6	SMJ
	EMT	AEMT	P	EMT	AEMT	EMTP	BLS	ALS	EMT -1	EMT -2	EMT-3	BLS	BLS	ALS	BLS	INT	P	EMT
Metoclopramide (Reglan)			X					X										
Metoprolol (Lopressor)			X															
Miconazole (Monistat)			X	X	X				X	X	X	X			X	X	X	
Midazolam (Versed)			X					X								X	X	
Milrinone (Primacor)			X															
Morphine sulfate			X		X			X			X			X		X	X	
Nalbuphine (Nubain)			X															
Naloxone (Narcan)		X	X					X		X	X			X		X	X	
Naphazoline/Pheniramine (Visine-A, Naphcon-A, Opcon-A)			X	X	X				X	X	X	X						
Naproxen sodium (Aleve)			X	X	X				X	X	X	X						
Neomycin Sulfate, Polymixin B Sulfate & Pramoxine HCl (Neosporin)			X	X	X				X	X	X	X			X	X	X	
Nifedipine (Adalat, Procardia)			X					X										
Nitroglycerin		X	X				X	X		X	X	X		X	X	X	X	
Nitropaste			X															
Nitrous Oxide (Nitronox)		X	X															
Norcuron (Vecuronium)			X															
Norepinephrine (Levophed)			X															
Omeprazole (Prilosec)			X	X	X										X	X	X	
Oxygen	X	X	X						X	X	X	X	X	X	X	X	X	X
Oxymetazoline (Afrin)			X	X	X				X	X	X				X	X	X	
Oxytocin (Pitocin)			X					X										

MEDICATION FORMULARY	SOP	SOP	SOP	NWCG	NWCG	NWCG	NPS	NPS	FMP	FMP	FMP	R-1	CAL FIRE	CAL FIRE	R-6	R-6	R-6	SMJ
	EMT	AEMT	P	EMT	AEMT	EMTP	BLS	ALS	EMT-1	EMT-2	EMT-3	BLS	BLS	ALS	BLS	INT	P	EMT
Pancuronium Bromide (Pavulon)			X															
Phenobarbital (Luminal)			X															
Phenol or Menthol (Cepacol, Cepastat, Chloroseptic)			X	X	X				X	X	X	X			X	X	X	
Phenylephrine (Dristan, Neo-Synephrine)			X	X	X							X			X	X	X	
Phenytoin (Dilantin)			X															
Phystostigmine (Antilirium)			X															
Pirbuterol (Maxair)			X															
Pitressin (Vasopressin)			X															X
Plasma			X															
Polyvinyl Alcohol & Povidone (Murine Tears)			X	X	X				X	X	X	X			X	X	X	
Polyvinyl Alcohol (Artificial Tears)			X	X	X				X	X	X	X			X	X	X	
Pralidoxime (2-Pam)			X															
Prednisone			X															
Procainamide (Pronestyl)			X															
Prochlorperazine (Compazine)			X															
Promethazine (Phenergan)			X															
Propranolol			X															
Proparacaine			X		X						X				X	X	X	
Prostaglandin E1 (PGE1)			X															
Pseudoephedrine/Phenylephrine (Sudafed & Sudafed PE)			X	X	X				X	X	X	X			X	X	X	
Racemic Epinephrine			X															

MEDICATION FORMULARY	SOP	SOP	SOP	NWCG	NWCG	NWCG	NPS	NPS	FMP	FMP	FMP	R-1	CAL FIRE	CAL FIRE	R-6	R-6	R-6	SMJ
	EMT	AEMT	P	EMT	AEMT	EMTP	BLS	ALS	EMT-1	EMT-2	EMT-3	BLS	BLS	ALS	BLS	INT	P	EMT
Ranitidine (Zantac)			X	X	X										X	X	X	
Retaplast			X															
Rocuronium			X															
Salmeterol (Serevent)			X														X	
Sodium Cromoglycate (Cromolyn, Nasalcrom)			X															
Sodium bicarbonate			X					X						X			X	
Sodium chloride 0.45%			X															
Sodium chloride 0.9%		X	X							X	X			X		X	X	
Sodium Chloride/Water (Ocean, Ayr, NaSal)			X	X	X				X	X	X	X			X	X	X	
Sodium nitrate			X															
Sodium Nitroprusside (Nipride, Nitropress)			X															
Sodium thiosulfate			X															
Solumedrol (Methylprednisolone)			X														X	
Sotalol (Betapace)			X															
Fluorescein Strips			X															
Succinylcholine (Anectine)			X															
Tenecteplase			X															
Terbutaline			X															
Tetracaine			X															
Ticonazole (Vagistat-1)			X	X	X							X						
Triamcinolone Cream			X	X	X										X	X	X	
Vecuronium bromide (Norcuron)			X															

MEDICATION FORMULARY	SOP	SOP	SOP	NWCG	NWCG	NWCG	NPS	NPS	FMP	FMP	FMP	R-1	CAL FIRE	CAL FIRE	R-6	R-6	R-6	SMJ
	EMT	AEMT	P	EMT	AEMT	EMTP	BLS	ALS	EMT-1	EMT-2	EMT-3	BLS	BLS	ALS	BLS	INT	P	EMT
Verapamil (Calan)			X															
Vitamin B1 (Thiamine)			X															
Vitamin B6			X															
Vitamin K			X															
Antibiotics Ointment (Bacitracin, Neosporin)				X	X	X	X	X	X	X	X	X			X	X	X	
Anibiotic (Ancef/Cefazolin)				X	X	X		X	X	X	X	X			X	X	X	
Acetazolamide (Diamox)				X	X	X		X	X	X	X	X			X	X	X	
Ointment, Benzocaine				X	X	X			X	X	X	X			X	X	X	
Hydrogen Peroxide Solution				X	X	X			X	X	X	X			X	X	X	
Meclizine/HCL 25 mg Bonine				X	X	X			X	X	X	X			X	X	X	
Tolnaftate Antifungal, Powder & Cream				X	X	X			X	X	X	X			X	X	X	
Fluorescein Strips				X	X	X						X			X	X	X	
Preparation H				X	X	X			X	X	X	X			X	X	X	
Zinc Oxide				X	X	X						X			X	X	X	
Alka Seltzer				X	X	X			X	X	X	X			X	X	X	
Debrox Drops				X	X	X			X	X	X	X			X	X	X	
Zanfel				X	X	X			X	X	X	X			X	X	X	
Caladryl				X	X	X			X	X	X	X			X	X	X	
Tecnu				X	X	X						X			X	X	X	
Oil of Cloves				X	X	X			X	X	X	X			X	X	X	

