

Appendix K

Recommendations for Incident Emergency Medical Services

Resource	Initial Attack	<250 People	250 to 500 People	> 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	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	To be determined in consultation with Operations and/or Medical Unit	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	Yes	Yes
First Aid Kits	Pocket & Vehicle First Aid Kits	Pocket, Vehicle and Crew First Aid Kits	Pocket, Vehicle and Crew First Aid Kits	Pocket, Vehicle and Crew First Aid Kits
100-person First Aid Kit	No	To be determined by the IC or jurisdictional agency	Yes	No
500-person First Aid Kit	No	No	No	Yes
AED	To be determined by the IC or jurisdictional agency	To be determined by the IC or jurisdictional agency	Yes	Yes
Oxygen	No	No	TBD	Yes

APPENDIX K RECOMMENDATIONS FOR INCIDENT EMERGENCY MEDICAL SERVICES

Resource	Initial Attack	<250 People	250 to 500 People	> 500 People
OTC Meds	No	To be determined in consultation with Safety Officer, Medical Unit Leader, and Finance Section Chief	To be determined in consultation with Safety Officer, Medical Unit Leader, and Finance Section Chief	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	Method to provide transport to the nearest medical facility is to be identified in the Incident Action Plan	Method to provide transport to the nearest medical facility is to be identified in the Incident Action Plan

NOTE: *Regional differences/protocols exist that vary from these recommendations and may require a higher level of EMS service. Examples of regional differences/protocols are: 1) Northern Rockies (Incident Medical Specialist Program); 2) Pacific Northwest (Incident Medical Specialist Program); and 3) Alaska (Firemedic Program).*