



## University of Arizona Division of EMS Division

### **Policy: All-Hazard Medical responders to Mass Gathering, Disaster, Wildland Fire/REMS, Wilderness Response**

#### **Introduction**

EMS providers may be called to deliver care in diverse, resource-limited settings such as wildland fires, disasters, or large-scale events. This guide supports agencies in planning smooth transitions from routine EMS operations to all-hazards response.

#### **Background**

Federal, state, tribal, and local wildland fire agencies and their personnel continue to lack clearly defined standards and protocols to follow in the practice of emergency medical services (EMS) on incidents. This situation has led to a lack of uniform and consistent standards between multiple agencies and state EMS organizations. The Incident Emergency Medical Task Group (IEMTG) developed recommendations, published as *Interim NWCG Minimum Standards for Medical Units Managed by NWCG Member Agencies*. These serve as baseline expectations for EMS at wildland incidents but may be adapted by local medical directors and state EMS authorities.

#### **References**

- University of Arizona Administrative Guidelines (AGs)
- Arizona Department of Health Services EMS Rules
- National Wildfire Coordinating Group (NWCG) PMS 310-1
- Incident Command System (ICS) guidelines for medical units
- NWCG Standards for Rapid Extraction Module Support

#### **Scope of Practice**

NWCG recognizes the National EMS Scope of Practice Model ([www.EMS.gov](http://www.EMS.gov)) as the baseline for EMT, AEMT, and Paramedic roles. Wildland EMS now includes both emergency treatment and occupational health, including provision of OTC medications. In Arizona, OTC storage and distribution are not regulated by the Bureau of EMS.

All incident EMS providers must hold current state certification/licensure and carry proof. Providers working out of state must obtain recognition from that state's credentialing authority, typically coordinated by the Medical Unit Leader (MEDL).

#### **Rapid Extraction Module (REMS) team**

The REMS team aims to swiftly transport incapacitated firefighters off the fire line, ensuring they receive timely and appropriate medical care. While REMS does not aim to supplant ground or air transport options, adverse conditions such as heavy smoke inversion, inaccessible roads, or equipment malfunctions may limit these methods. However, the REMS team, equipped with

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resources to package and transport injured or ill personnel off the fire line to definitive medical care facilities, offers incident managers an alternative means to access and transport incapacitated firefighters promptly.

### **Communication**

Remote incidents may lack direct medical control. Paramedics should carry written standing orders and protocols.

### **Equipment and Supplies**

Recommended equipment, supplies, and medications are outlined in the NWCG standards. Actual kits depend on remoteness, crew composition, and resupply access. It is up to the individual provider to establish packaging suitable for their assignment.

- **BLS kits:** Basic, non-invasive supplies.
- **ALS kits:** Full ALS gear, though not all may be carried into the field. Providers should use a “bag-in-bag” (Jump Bag) system: an inner bag for essentials and a larger kit nearby.
- Many ALS items require a physician sponsor or prescription; replacement may require vendor support.
- Drug Box must be secured in lockable compartment

### **Medical Direction**

- **Within Arizona:**
  - Scope of practice – personnel shall provide patient care strictly under current Administrative Guidelines.
  - Drug box – A complete drug box, including Morphine, Versed, and Ketamine, may be deployed.
  - Documentation – Standard ePCR must be completed per AGs.
  - Quality assurance – Submit run reports to the GRFD CQI program within 48 hours of demobilization.
- **Outside Arizona:**

Important limitation: The administrative medical director is licensed solely in Arizona and cannot provide medical direction or DEA authority for patient care or controlled-substance use outside Arizona. Controlled substances cannot be taken in the drug box if going outside of Arizona.

Additionally,

- EMCTs must identify a local/state medical director
  - This process will commonly be part of the check-in procedure at the assigned locations.
- **On-line direction:** Providers must know how to access local on-line medical control before operations begin.

### **OTC Medications & First Aid**

Agencies may allow EMS providers to carry sealed, single-dose OTC medications with instructions. Appropriate OTC items include acetaminophen, ibuprofen, antacids, and topical antibiotics. First aid supplies (e.g., bandages, moleskin) may also be provided for self-care. Advanced interventions remain limited to emergencies, require medical oversight, and must be documented in a patient care record.

- OTC medications may be carried by individuals or at the discretion of the responding agency.
- OTC medications should be supplied in sealed single dose packaging units with complete instruction on the use of the medication as well as precautions regarding the use of the medication.
- OTC medications may only be supplied as part of the EMS response to a special event in which individuals do not have easy access OTC medications, a limited resource environment, or a wilderness area.
- Items may be provided when an individual requests the medication directly for self-treatment as they would under normal circumstances at home.
- OTC Medications appropriate for EMTs to carry include: acetaminophen, ibuprofen, antacids, and topical antibiotics.
- Examples of first aid supplies that may be carried and provided for individual use at the discretion of the responding agency are: moleskin, band aid, etc.

### **Pediatric Care**

Responders should be prepared for both adult and pediatric patients. Pediatric supplies may be left with vehicles if the incident involves only adults.

## **Appendix A: Medical Kits (General)**

- Items with expiration dates should be good for >2 months
- Items with an (+) should be kept with responder or in a Jump Bag
- Items with an (\*) require medical oversight for use

ALS	BLS	Quantity	
x	x	1	Oxygen cylinder, appropriate small cylinder
X	X	1	Regulator, 0-25 LPM
X	X	2	Mask, oxygen, non-rebreather, 1 adult, 1 child
X	X	2	Cannula, 1 adult, 1 child
X	X	1	Resuscitator, BVM, adult, with reservoir & tubing
X	X	1	Suction unit, hand-powered
X	X	1	Backboard
X	X	1	Restraint Strap(s), suggest Spider strap-color coded or four 7-foot straps for backboard
X	X	1	Head Bed
X	X	1	C-Collar, Adult, adjustable
X	X	1	C-Collar, Stifneck No-Neck or like
X	X	1	Splint, Traction, bilateral, Sager S-304 or like
X	X	2	Splint, Sam-Splint
X	X	1	Splint, Pelvic Binder, T-POD or like
			<b>Airway/Breathing</b>
X	X	1 set	Alternative airway, iGel (+, *)
X	X	1 set	1 set Airway, oropharyngeal, size 3, 4 & 5 (+)
X	X	1 set	1 set Airway, nasopharyngeal, size 30, 32, 34 & 36 FR
X	X	1	BVM (ambu) with facemask, 1 adult, 1 pediatric (+)
			<b>Trauma/Dressings</b>
X	X	10	Gauze bandages 4x4 (+)

X	X	10	Gauze bandages 2x2 (+)
X	X	1	Tourniquet, SWAT-T or C-A-T (+)
X	X	2	Dressing, Hemostatic Agent, "QuitClot Combat" or like
X	X	20	Dressing, Knuckle, cloth
X	X	20	Dressing, Finger Tip, cloth
X	X	20	Dressing, Band-Aid, cloth, 1" x 3"
X	X	6 pks	Dressing, "2nd Skin"
X	X	4	Dressing, Non-Adhering, 2"x3"
X	X	1	Burn sheet
X	X	4	Burn dressings, 4" x 4"
X	X	1	Water gel burn dressing (face)
X	X	1	Bulky trauma dressing
X	X	2	Trauma pad, 6x9
X	X	2 pks	Moleskin
X	X	2 pks	Second skin
X	X	2 rls	Coban/Koflex or like, 3"
X	X	2 rls	Coban/Koflex or like, 1"
X	X	2 rls	Tape, Porous, 2"
X	X	2 rls	Tape, Transpore, 2"
X	X	2 rls	Bandage, "Kerlex", 4.5" x 5 yds
X	X	1 rl	Bandage, Elastic, 3"
X	X	1 rl	Bandage, Elastic, 4"
X	X	4	Triangle bandage
X	X	1	Chest seal
			PPE
X	X	10 pr	Glove, non-latex exam, large and med
X	X	4	Face shield

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X	X	1 bt	Hand sanitizer. 4 oz.
			Equipment/Instruments
X	X	1	Stethoscope & adult B/P cuff
X	X	1	Trauma sheers, 7 ½"
X	X	1	Scalpel with #11 blade
X	X	1	Tweezers with magnifier
X	X	1	Finger nail clippers
X	X	8	Q-tips
X	X	1	Thermometer, digital with 10 covers
X	X	6	Safety pins
X	X	2	Parachute cord, 3 ft
X	X	1	Bag, Bio-Hazard, 5 gal
X	X	1	Penlight/flashlight/headlight
X	X	2	Cold pack
X	X	2	Emergency blanket/space blanket
X	X	1	Suction device, manual
X	X	1	Note Pad, "BLS Vitalpad", medium or like
X	X	1	Pen, writing. Black
X		1 KI	Advanced airway kit (*)
X		1	Glucometer with lancets and test strips for 25 tests
X		4 btl	Eyewash, 4 oz
X		1 kit	Finger SPO2 monitor (optional)
X		1	Sharps container, 1 qt
X		1	Nebulizer chamber
X		2	IV starting kits
X		2	IV Fluid Administration Set, 10/15 drops per min.
X		8	IV Catheter (2 each 16, 18, 20 & 22 ga)

X		4	Tegaderm transparent IV dressing
X		20	Prep Pad, Alcohol
X		20	Prep-Pad, povidone iodine

**BLS/ALS Medications approved by Medical Direction – Recommended minimum list**

X	X	2 x 2 packs	Epi-Pen 2 x 2 packs. (*)
X	X	3	Albuterol 2.5mg ampules x 3 (*)
X	X	1 tube	Oral Glucose
			<b>ALS Only</b>
X			Morphine 20mg (*)
X			Narcan 4mg (*)
X			Normal Saline, 500cc bags, 2 liters (*)
X			Epi-Pen 2 x 2 packs (*)
X			Benadryl 50mg (*)
X			Solu Medrol 125mg (*)
X			Albuterol 2.5mg ampules x 3 (*)
X		1 tube	Oral Glucose
			<b>Syringes and needles</b> as needed for approved drugs
X		10	Fill needle (4 in jump bag)
X		10	18 ga needle (4 in jump bag)

We recommend that responders take all equipment necessary to care for children and adults. If responding to a remote location with adults only, pediatric items can be left in the response vehicle.

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## **Appendix B: Rapid Extraction Module (REM) Medical Kits**

### TYPE I & II Minimum Medical Equipment List (Hike In)

ALS	BLS	QTY	TRAUMA CARE
X	X	4	Tourniquet
X	X	2	Hemostatic wound packing
X	X	2	Trauma dressing (10x30"; 8x10; 6")
X	X	1	Compact pelvic binder
X	X	4	Trauma combine pads
X	X	2	Rolled gauze – 4" and 6"
X	X	1	Burn sheet – sterile
X	X	1	Eye irrigation solution – 4oz
X	X	2	Trauma dressing
			AIRWAY
X	X	2 – 3	OPA 50-110 mm – 2-3 sizes
X	X	1	NPA 30-36 1 each size
X		1	ETT 6.0-8.0
X		1	DL/VL handle and blades (various sizes, extra bulb/battery for DL)

ALS	BLS	QTY	TRAUMA CARE
X		1	Tube holder (elastic or manufactured; no rigid tape)
X		1	Stylet, adult
X		1	Bougie
X		1	Cricothyrotomy kit
X		1	McGill forceps
X	X	1	Handheld suction device
X	X	1	Pocket BVM
X		1	PEEP Valve
X	X	1	SPO2 monitor (finger, portable)
X		2	Chest decompression needle



X		4	Chest seals
			IV ACCESS
X		4	Angiocaths
X		4	IV pigtail tubing
X		2	IV tourniquet
X		8	Alcohol pads
X		8	4x4 gauze
X		2	IV Tape (2")
X		4	5cc Saline flushes
X		4	Occlusive dressings
X		4	3 and 5cc syringes X 2 each
X		2	Filter needle
X		1	Assorted nonfilter needles
X		2	Elastic tape
X		1	10 or 15 drop IV set
X		1	60 drop IV set
X		1	IV Fluids (able to be taken in 500cc bags as needed)
X	X	2	Semi-rigid splints (Long)
X	X	1	Compact traction splint

ALS	BLS	QTY	TRAUMA CARE
X	X	2	Triangle bandage
X	X	2	Athletic elastic like wrap
X	X	2	Athletic tape
X	X	1	Pliable patient carrying device
X	X	1	Mylar sheet
X	X	1	Gloves (sized for individual)
X	X	1	Trauma shears
X	X	1	Marker Panel
X	X	1	Pen light or head lamp

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X	X	1	Thermometer
X	X	1	Extra batteries for all electronics
X	X	1	Emesis bag
X	X	1	Stethoscope
X	X	1	BP cuff
X	X	1	BG testing kit w spare battery
X	X	4	Mask – N95
X	X	4	Eye protection
X	X	4	Ear protection
X	X	1	AED with 3 leads (compact, battery operated)

### Minimum Medical Equipment List for UTV/Vehicle

Quantity	Item
1	O2 cylinder (able to be deployed)
1	O2 regulator 0-15 LPM w spare gasket
1	O2 therapy – NC, simple mask, or non-rebreather mask
1	Flexible suction catheter (14F)
1	ALS Cardiac monitor/pacing/defibrillator with leads (complete kit with electrodes and
4	IV Fluids 1 liter
1	Ring cutter
1	Trauma blanket or Vacuum Mattress
1	Sharps container (small)
1	Biohazard bag

### ALS/BLS Drug Box

Each Drug box inventory shall comply with licensure state and medical direction requirements
Drug Box must be secured in lockable compartment
Individual agency policy for drug box tracking and medical direction is recommended

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