EMS Subspecialty Certification Review Course 4.5.4 Wilderness EMS Systems 2025 American College of Emergency Physicians DANICKE EMERIC COMP. A. DANICKE EMERICA COMP. A. DANICKE EME

1

Learning Objectives

- Describe the challenges of patient care in Wilderness EMS (WEMS)
- Discuss evacuation/non-traditional transport options
- Coordinate WEMS into a multi-agency response
- Recognize **personal survival/technical skills** required in wilderness/remote environments



American College of Emergency Physician

2

Question

- The risk of performing some appropriate medical interventions in a wilderness EMS setting may outweigh the benefit at that time (i.e. starting an IV in an avalanche slide path).
 - a. True
 - b. False



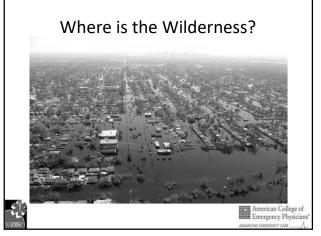
WEMS Introduction

- Definition: "an area where fixed or transient geographic challenges alter requirements for, or the availability of, medical or patient movement resources"
- Wilderness Medicine: medical care delivered in wilderness areas





4



5

Why is the Definition of Wilderness Important?

- WEMS clinicians may be authorized to follow operationally specific protocols when in a "Wilderness Environment"
- WEMS can be defined as the systematic and pre-planned delivery of wilderness medicine by formal health care clinicians



Are "Wilderness Medicine" and "WEMS" Equivalent?

- Wilderness Medicine: the general care of patients in an austere or wilderness setting.
- Assumes unexpected and opportunistic care
- WEMS: a team that has specifically trained for a particular type of emergency medical response to a particular set of environmental challenges, specifically configured to that locality and maintaining a formal wilderness certification.



American College of Emergency Physician

7

Epidemiology: Out of Hospital (Not Prehospital!)

- · US National Park Service
 - Equal numbers medical and trauma
 - 0.9 nonfatal events per 1M visitors
 - 77% non transport
 - Deaths: 78% male, heart disease>drowning>falls

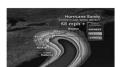


American College of Emergency Physician

8

WEMS Introduction

- Remote/Austere/Resource limited environments
 - Specialized Skills, Expertise, Equipment needed
 - Could be related to a disaster in an urban setting
 - Not just based on a '2 hour transport time'







WEMS Skill Levels/Scope of **Practice**

Basic Life Support (BLS)

- Wilderness First Aid (WFA) - 8 hours
- · Wilderness First Responder (WFR) & Wilderness EMR*
 - 60-80 hours: Most Common for guides, SAR teams, etc.
 - *State cert; duty to act..
- Outdoor Emergency Care Technician (OEC-T) - NSP
 - 100 hours

Wilderness EMT

EMT + 48-80 hours

Advanced Life Support (ALS)

- Wilderness
- AEMT(>WEMT<Paramedic)
- · Wilderness PM not formally recognized
- Wilderness Mid Level Providers (PA, NP, etc.)
- · Wilderness Physician

ALS providers generally obtain traditional training and then take specialized courses to augment their wilderness skills.

American College of Emergency Physician



Wilderness Physician Medical Oversight

- · Significant challenges
 - Remote operations
 - Direct oversight may not be possible
 - Direct telephonic consultation may not be possible
- · Optimal
 - Involvement in field operations at minimum w training
- · If Direct Oversight: must be fully operational



11

WEMS Patient Care Challenges

- Risk vs. Benefit of Time/Evacuation/Patient Care

 - 'Stay and Play'
 Stabilize first, then evacuate
 - · Airway, Pain Control, Splinting
 - 'Scoop and Run'

 - Evacuation takes priority over patient care.
 Generally in technical environments (avalanche path)



• Direct and Indirect Medical Oversight should be provided by a physician with WEMS experience



Specialized WEMS Protocols

Wound Care

Irrigation, simple debridement, ongoing wound assessment, antibiotic administration

Termination of CPR after 30 minutes

- Longer attempts may be considered in: hypothermia, lightning, and cold water drowning cases
- · Reduction of Joint Dislocations
 - Shoulder (indirect trauma), Patella, Digits



American College of Emergency Physicians

13

Specialized WEMS Protocols (cont.)

- · Selective Spinal Immobilization (SSI)
 - Spinal immobilization dramatically increases the difficulty of the extraction and increases rescue time
 - Increased risk to patient and rescuers (potential for spine injury may not justify this additional risk)
 - EMS providers can effectively work with SSI protocols
- · Anaphylaxis and Severe Asthma
 - Epinephrine, Steroids, Histamine Blockers



American College of Emergency Physician

14

Evacuation/Non-Traditional Transport

- Rehab the Patient (i.e. feed, water, rest)
 - So the patient can walk out under their own power
- Ground Rescue
 - Improvised Carry Device/Splint (rope litter, backpack, etc.)
 - Wheeled Litter
 - Horse
 - All Terrain Vehicle (ATV)



Evacuation/Non-Traditional

Transport



- · Technical Rescue
 - High Angle (cliffs) / Low Angle (side of steep roads)
 - Cave / Confined Space
 - Snow / Ice / Crevasse / Glacier / Avalanche
 - Swiftwater (river) / Stillwater (lakes)
 - Helicopter (short haul / hoist)
 - Fixed Wing (Civil Air Patrol, remote access)
- · Risk vs. Benefit of overall operation



American College of Emergency Physicians

16

Multi-agency Response

- WEMS should function within the established health care system (not outside of it)
- Wilderness Search and Rescue can be complex involving the interface of several EMS agencies (SAR, Traditional EMS, Helicopter EMS, etc.)



American College of Emergency Physicians

17

Multi-Agency Response (cont.)

 Unified Command under the Incident Command System (National Incident Management System)







Multi-Agency Response (cont.)

- Communication is often difficult due to remote locations or loss of infrastructure
 - Standing Orders for WEMS providers is essential
- Pre-planning high likelihood rescues can optimize/coordinate the WEMS response
- Interagency training in a region will dramatically increase response capability







19

Personal Survival/Technical Skills

- WEMS Providers must:
 - Have medical skills set and tools adapted to the wilderness environment
 - Be able to operate safely and travel/engage the technical terrain
 - Care for not only patient but also operate independently in austere environments
 - Possess survival skills





American College of Emergency Physicians

20

Take-Home Points

- WEMS is practiced anywhere there is patient care in a resource limited environment
- WEMS Providers must have the medical decision making tailored to the risk vs. benefit of the environment
- WEMS Providers must be able to operate independently in the wilderness environment
- Wilderness EMS is part of the EMS Core Content
- Special Operations (20% of test items)



Question

- Wilderness/Austere environments are best defined as:
 - a. Any location where the typical EMS resources are not able to easily access the patient
 - b. Only when there is an over 2 hour transport time
 - c. Only in remote unpopulated areas
 - d. Only in 3^{rd} world countries



American College of Emergency Physicians

22

References

- Millin MG, Hawkins SC, Smith W. Chapter 19 Wilderness EMS. In: Bass RR, Brice JH, Delbridge TR, Gunderson MR, ed. *Medical Oversight of EMS – Volume 2*. Dubuque, IA:Kendall Hunt/NAEMSP 2009:229-238.
- Hubbell FR. Chapter 36 Wilderness EMS and Response Systems. In: Auerbach PS, ed. Wilderness Medicine. 6th ed. Philadelphia, PA: Elsevier/Mosby; 2012
- Bledsoe GH, Manyak MJ, Townes DA, ed. Expedition & Wilderness Medicine. Cambridge, NY: Cambridge University Press; 2009.



American College of Emergency Physicians

23





	_	
	_	
	_	
	_	
	_	
	_	
	_	
	_	
	_	
	_	
	-	
	_	
	_	
	_	
	_	
	_	
-	_	
	_	
	_	
	_	
	_	
	_	
 	_	
	_	