

WILDERNESS EMERGENCY MEDICINE  
CURRICULUM DEVELOPMENT PROJECT

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**WILDERNESS EMERGENCY MEDICINE PROJECT  
PROSPECTUS QUESTIONNAIRE**

**June 22, 1987**

(Please return to the Center for Emergency Medicine address, above)

**INTRODUCTION** This questionnaire accompanies the *Prospectus* of the ASRC--CEM Wilderness Emergency Medicine Curriculum Development Project. It is only a general guide to provoke you into writing down your reactions to the ideas and opinions in the *Prospectus*. The *Prospectus* concerns itself with only the most general concepts of Wilderness EMT training and wilderness emergency medical services, so if you are involved only because of your expertise in one special area (e.g. law, cave rescue, or dermatology), many of the questions may be outside your specialty. If this is so, please feel free to ignore questions; on the other hand, go ahead and answer any questions outside your specialty if you wish, because the opinions of someone who is somewhat removed from the subject can often achieve an objectivity that those of us intimately involved cannot.

We felt that the need to address many of the "philosophical" questions first, so that we have a clear understanding of the overall goals and purposes of the program before we get down to specifics. For example, we must decide whether or not to include wilderness primary care in the program (i.e. use of prescription and non-prescription medications to care for minor medical problems in the field) before we try to decide whether Lomotil or Imodium (or just Gatorade) is better for diarrhea in mountain rescue team members. Even if some of our consultants have interest in only a specific topic within the Project's scope, we wanted everyone to have a chance to at least have a copy of the *Prospectus* as a reference. We *will* circulate drafts of the *Course Guide*, *Lesson Plans*, and *Textbook* soon, and these *will* contain the technical information that is lacking from the *Prospectus*.

If you have specific suggestions we should consider when writing the first drafts of the *Lesson Plans* and *Textbook*, please send them in. Although time and cost constraints will prevent us from working as closely with consultants as we would like, please use the Questionnaire to tell us if you would be willing to work with us on text materials for a specific topic.

If you would rather not try to fit your comments into the little spaces on the questionnaire, please write or type a note of some sort, but please be sure to provide the proper name, titles, and any address corrections.

You will probably find it easiest if you read through the *Prospectus* and Addendum first, then refer back to them as needed as you fill out the Questionnaire.

Wilderness EMT Prospectus Questionnaire

Circle or  
*Fill in* as  
Appropriate

**I. Basic questions**

a. Are you willing to participate in this Project?

YES NO

b. Are you participating as

AN INDIVIDUAL  
or  
AN OFFICIAL REPRESENTATIVE OF AN ORGANIZATION,  
(if so, which one?) or

COORDINATOR OF AN ORGANIZATION'S RESPONSES  
(but not as an official representative; if so, which organization?)

c. In which of the following ways do you or your organization want to help with and participate in the Project?

REVIEW AND CRITIQUE THE PROSPECTUS

REVIEW AND CRITIQUE THE LESSON PLANS

REVIEW AND CRITIQUE THE TEXTBOOK

POSSIBLY ATTEND AND CRITIQUE A PILOT COURSE

POSSIBLY HELP AS A VOLUNTEER INSTRUCTOR WITH A PILOT COURSE

d. if we use your suggestions, do you want to be listed as

A CONTRIBUTOR? AN ENDORSER?

e. Please print your name, official title(s) and affiliation(s) (and address and telephone numbers, if not listed correctly in the accompanying letter) neatly below, just as you would like it to appear in any acknowledgments section:

**II. Expertise** This is where you tell us about your knowledge and expertise, so that we will know how to best use your talents. To get you started, here's a partial list of fields that contribute to Wilderness EMT training.

- a. Outdoor
- b. Search and Rescue
- c. Medicine or Surgery
- d. Emergency Medicine or Nursing
- e. Prehospital Care
- f. Wilderness Medicine

## Wilderness EMT Prospectus Questionnaire

### III. Specific Questions on the Prospectus (I have referenced questions to the pages where the topic appears, although other pages and sections may address the topic as well.)

- a. High-quality EMT and Paramedic training is readily available in Pennsylvania, Maryland, and Virginia. Is this true in your area? (Page 2)
- b. Do you think that Wilderness EMT's and Wilderness EMT-Paramedics need to perform any skills beyond those in the EMT or EMT-Paramedic course? If so, which skills? (NG tubes and central lines and Foley catheters are optional skills in the EMT-Paramedic class, so I'm not sure if we can say these are "beyond regular EMT-P skills" or not.) (Page 2)
- c. Do you think that basic wilderness search and rescue certification should be a prerequisite for Wilderness EMT certification? (Page 3)
- d. Do you think that being part of, or preparing to join, an EMS agency should be a prerequisite for Wilderness EMT certification? If so, will any EMS agency do, or must it be an EMS agency that includes wilderness EMS as part of its activities, or must it be a wilderness EMS agency, or must it be a search and rescue team that is also a wilderness EMS agency? (Page 3, 15)
- e. What do you think of our plans in general, specifically, our holding a pilot course to develop course materials, developing the three publications (Prospectus, Lesson Plans, Textbook), inviting comments and contributions from anyone who is interested, and copyrighting our materials but placing them in the public domain (in the sense that they may be freely copied, as long as copied completely)?
- f. We plan to set up a regional wilderness EMS system in our area, a "high-tech" system with sophisticated communications systems and many command physicians and Wilderness EMTs/Paramedics. Does such a multi-team system exist in your area, or if not, are there plans to set one up? Is such a system reasonable in your area? (Pages 4, 22-23)
- g. In the Prospectus, we divide the spectrum of wilderness first aid and emergency medicine into several components. We focus on emergency care by wilderness search and rescue team EMT's for our current Project, and suggest that the term "Wilderness EMT" be reserved for these people, rather than hikers who take EMT courses as a "better first aid course" because they can't find good wilderness first aid and medical training. What do you think of this? (Pages 5-12)

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- h. Which environments should be within the scope of the official "Wilderness EMT?" Here are a few possibilities. (Pages 5-8)
- Cave rescue
  - Mine rescue
  - Whitewater river rescue
  - Sport diving rescue
  - Commercial diving rescue
  - Dive recovery for drowning victims
  - Alpine mountain rescue (high mountains with glaciers)
  - Large wooded areas
  - Cliff rescue
  - Farmlands far from the city
  - Settlements and villages far from a hospital
  - Large swamps (Everglades, Great Dismal Swamp)
  - The lunar Apennine Mountains
- i. Should someone develop a national curriculum for wilderness first aid/medicine training for outdoor enthusiasts, and for expedition medicine? If so, who should develop it, what do we call those who complete the program (if anything) and how do we define the content and scope of the course? (Pages 5-12)
- j. What do you think of our four training levels and their names (Wilderness EMT, Wilderness EMT-Intermediate, Wilderness EMT-Paramedic, Wilderness Command Physician)? Do you think that we should develop a single wilderness module for all four levels (assuming that students are already EMTs, EMT-I's, EMT-P's, or command physicians, or should we have slightly different classes for each level? (Pages 9-14)
- k. Do we (the collective search and rescue and wilderness medicine community) know enough about wilderness medical problems to make a local wilderness EMT course (such as ours) appropriate at this time? Or, should we wait until a Wilderness Medical Society study documents the spectrum of wilderness medical problems (several years from now)? Or do you think that even that will not be enough to justify a wilderness EMT course? If you agree that we know enough to make a local WEMT course reasonable, do you also think we know enough to establish a national standard curriculum at this time? Two opposing factors in this decision are the need for WEMT training and lack of statistical and scientific documentation to back up what is taught in a WEMT course. (Page 14 et seq)
- l. Some say that Wilderness EMT's of all levels will need more clinical training than their street counterparts. Do you agree? If so, who should set up this clinical training, and what should it include? (e.g. ER time, practice putting in central lines in an intensive care unit, field practice). Some EMT-P programs require a field internship prior to full certification. Do we need to do this for our Wilderness EMTs?

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- m. Should Wilderness EMT's be trained to provide routine care for minor medical problems when away from regular medical care for an extended period? If so, should this be only for the WEMT himself, for his team members only, or for anyone he runs into in the wilderness? Should the WEMT be taught to use this knowledge when back in civilization? Which problems should the WEMT be taught to deal with?
- n. What are the requirements on providing invasive care in your area, and if a Wilderness EMS system similar to the one we are planning were set up in your area, how difficult would it be for Wilderness EMT-Paramedics to use special wilderness protocols different from the regular "street" protocols?" In your area, is there a need for Wilderness EMT-Paramedics to provide care in several jurisdictions with different EMS protocols? If so, how difficult will this be to arrange? (Pages 15-17)
- o. Should WEMT certification require minimum physical capabilities? If so, what?
- p. Should WEMT classes include search and rescue training? If so, how much? (Pages 17-19)
- Only what is needed to interface with SAR personnel  
(presuming WEMTs need not be SAR trained)
- SAR training should be a prerequisite, but not part of the class  
(the SAR portion of the class should deal with medical/SAR interrelationships only)
- As above, but a SAR training course such as the Virginia Ground Search and Rescue College  
should be offered to WEMT students from EMS agencies that are not SAR teams
- (This is a complex question, and you may find none of the above answers acceptable; if so,  
please write your thoughts down for us.)
- q. Should all WEMTs be required to meet a single SAR training standard (e.g. all must meet the Virginia GSAR level I standard or show certification to a higher standard) or should we accept a variety of SAR certifications (cave rescue, whitewater rescue) without a single common "base" SAR certification? (Page 19)
- r. Do you think that we should offer the proposed Wilderness Command Physician course? If so, what do you think of these criteria for WCP certification?
1. meets local requirements for Command Physician
  2. completed Wilderness Command Physician course including field exercises
- s. Do you think that all WEMTs must have certification as a "street" EMT of the appropriate level? If not, do you think that we should strip the ambulancespecific material from the WEMT courses? (Page 21)

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- t. Should there be a single national WEMT curriculum, or should each region or environment have its own separate WEMT course?
- u. Do you think Wilderness EMT-Paramedics and EMT-Intermediates should be able to use standing orders instead of requiring on-line radio control by a physician? (Page 22)
- v. Do you think WEMT-Ps should be able to accept orders by relay, provided all the requirements in the middle paragraph of page 22 are met?
- w. Is telemetry necessary for WEMT-Ps? (Page 22)
- x. Do you know of any important publications or Wilderness EMT courses that we left out in the *Prospectus* "state of the art" discussion on pages 25-27?
- y. What do you think of the broad outline of a Wilderness EMT course presented on page 29, and Wilderness Command Physician Course on page 31? (The *Lesson Plans* will of course give more details for you to work over.)
- z. Our proposed regional WEMT certification requirements are as follows. (Pages 32-33) What do you think?
  - 1. Virginia GSAR Level I certification or better
  - 2. state or National Registry EMT certification at the appropriate level
  - 3. completing our WEMT course satisfactorily, including
    - a. attendance at all classes and exercises
    - b. passing a written test
    - c. passing a practical test
    - d. showing competence in the field
  - 4. completing the required clinical training
- aa. Who should test and certify Wilderness EMT's at the national level? (Pages 32-33)
- bb. Do you think WEMT certification should be hours-based, competency-based, or should require both competency testing and completion of an accredited course? If the last, who should accredit WEMT courses? (Addendum Page 7)
- cc. Do you think any one organization (e.g. the National Association for Search and Rescue or the Wilderness Medical Society) should set WEMT standards, or should a consensus development through ASTM set the standards? (Addendum Page 3) Which standards should be set: course accreditation, standards for competency testing, standards of treatment . . .
- dd. In your state, is EMT certification the same as licensure? (Addendum Pages 3-5)

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- ee. In your area, are SAR team members licensed as EMT's? If EMT certification in your area implies licensure, how hard is it to get SAR team members into EMT classes? (Addendum Pages 6-7, Prospectus Pages 50-57)
  
- ff. Are SAR teams in your area licensed EMS agencies? If not, how hard will it be for them to become licensed? (Addendum Pages 6-7, Prospectus Pages 50-57)
  
- gg. Do you think that Wilderness EMT's need to be licensed above the appropriate level of "street" EMT license?