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Standard Guide for Scope of Performance of First Responders Who Practice in the Wilderness or Delayed or Prolonged Transport Settings¹

This standard is issued under the fixed designation F 1616; the number immediately following the designation indicates the year of original adoption or, in the case of revision, the year of last revision. A number in parentheses indicates the year of last reapproval. A superscript epsilon (ϵ) indicates an editorial change since the last revision or reapproval.

1. Scope

1.1 This guide covers minimum performance requirements for first responders who may initially provide care for sick or injured persons in the specialized pre-hospital situations of the wilderness or delayed or prolonged transport settings, including catastrophic disasters.

1.2 Individuals who will operate in the wilderness or delayed or prolonged transport settings need to be aware of the physical requirements necessary to be able to perform all identified objectives and necessary skills required for the setting.

1.3 This guide establishes supplemental or continuing education programs that will be taught to individuals trained to the first responder level by an appropriate authority.

1.4 This guide does not establish performance standards for use in the traditional emergency medical services (EMS) or ambulance transportation environment.

1.5 This guide does not establish medical protocols; nor does it authorize invasive procedures without specific authorization and medical control.

1.6 Successful completion of a course based on this guide does not constitute or imply certification or licensure.

1.7 This standard does not purport to address all of the safety concerns, if any, associated with its use. It is the responsibility of the user of this standard to establish appropriate safety and health practices and determine the applicability of regulatory limitations prior to use.

2. Referenced Documents

2.1 ASTM Standards:

- F 1177 Terminology Relating to Emergency Medical Services²
- F 1287 Guide for Scope of Performance of First Responders Who Provide Medical Care²
- F 1453 Guide for the Training and Evaluation of First Responders Who Provide Emergency Medical Care²
- F 1490 Terminology Relating to Search and Rescue²

2.2 Code of Federal Regulations:³

- Title 29, Part 1910.1030, Bloodborne Pathogens
- 2.3 Department of Transportation Document:³
- U.S. DOT HS 900-25, Course Guide, Emergency Medical Services: First Responder Training Course, 1979

3. Terminology

3.1 Definitions:

3.1.1 *access*—the process of reaching the patient/subject and establishing physical contact.

3.1.2 basic life support/cardiopulmonary resuscitation (*BLS/CPR*)—a set of skills that includes airway management, chest compressions, and others as defined by the American Heart Association (AHA).

3.1.3 *definitive care (see Terminology F 1177)*—a level of therapeutic intervention capable of providing comprehensive health care services for a specific condition.

3.1.4 evacuation (see Terminology F 1490)—the process used between the time of extraction and transportation.

3.1.5 extraction (see Terminology F 1490)—the process of initial assessment, treatment, stabilization, and packaging of the patient/subject as well as removal of the patient/subject from the immediately hazardous environment.

3.1.6 *first responder*—an individual trained to meet the requirements of Guide F 1287.

3.1.7 *transportation*—the use of a specially designed vehicle to move a patient to a medical facility or definitive care facility.

3.2 Definitions of Terms Specific to This Standard:

3.2.1 *delayed or prolonged transport setting*—when the time between patient injury and arrival at a definitive care facility is greater than 60 min.

3.2.2 *nontraditional EMS environment*—an environment that is not readily accessible to a ground ambulance.

3.2.3 *wilderness first responder* (*WFR*)—an individual trained to meet the requirements of this guide.

3.2.4 wilderness setting—situations in which the delivery of patient care by EMS providers is complicated by one or more of the following factors: (1) remoteness with respect to logistics and access; (2) a significant delay in the delivery of care to the patient; (3) an environment that is physically

¹ This guide is under the jurisdiction of ASTM Committee F-30 on Emergency Medical Services and is the direct responsibility of Subcommittee F30.02 on Education.

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² Annual Book of ASTM Standards, Vol 13.01.

³ Available from Standardization Documents Order Desk, Bldg. 4 Section D, 700 Robbins Ave., Philadelphia, PA 19111-5094, Attn: NPODS.