

# NWCG Medical Unit Operating Standards for Integration with State EMS

**Preamble - The Medical Unit Leader (MEDL), Incident Medical Specialist Manager (IMSM) will insure these minimum standards are implemented upon establishment of a Medical Unit on an Incident. They will be re-assessed as needed and upon MEDL/MSM rotation.**

## **Administrative Contact**

1. The Medical Unit Leader/Incident Medical Specialist Manager (MEDL/IMSM) or designee will contact the State EMS Office to advise that a medical unit is being established in their jurisdiction. The MEDL or IMSM will advise the State EMS Office of the following basic information:
  - a. Location and type of incident.
  - b. Immediate contact information of MEDL/IMSM. At a minimum MEDL/IMSM name and their contact phone number.
  - c. Any unique situations and special concerns, i.e. remote location, weather, etc.
2. The MEDL/IMSM should liaison with incident Agency Administrator, and local/State EMS offices to gain information for the Incident Medical Plan (ICS-206) at their earliest convenience.
3. If medical care for the incident is provided in more than one state, each State EMS Office must be notified.

## **Personnel Credentials**

1. MEDL/IMSM will require from the provider of emergency care at an incident evidence of current certification/licensure. Authorized certifications/licensure include:
  - a. State EMS certification or
  - b. National Park Service white card

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2. The MEDL/IMSM will ensure a “Limited Request for Recognition” form is completed for each person from out of state assigned to the medical unit. This form will then be transmitted to the State EMS office(s) where the incident is located.
3. State EMS office will acknowledge receipt with in 2 business days back to the MEDL/IMSM.
  - a. State EMS office will advise MEDL/IMSM if there are issues with credentials.

## **Equipment**

1. The MEDL/IMSM will ensure that the all medical/EMS equipment meets or exceeds the minimum standards set by National Wildfire Coordinating Group (NWCG) to comply with medical protocol(s) and to meet the anticipated needs of the incident.

## **Transportation**

1. The MEDL/IMSM will ensure that the appropriate medical transportation is available and documented in the Incident Medical Plan (ICS-206).
2. For emergency or life threatening conditions, the transportation should be provided by EMS agencies licensed by State EMS offices.
3. Non-emergent medical transports may be conducted by most appropriate means available as the situation warrants.
4. Non-EMS aircraft, i.e. incident, military, and National Guard may be utilized as the situation warrants.
5. The MEDL/IMSM shall establish a medical evacuation plan in accordance with Interagency Standards for Fire and Fire Aviation Operations or equivalent and included in the incident action plan (IAP).

## **Communications**

1. The medical unit will maintain communication with incident medical personnel.
2. The medical unit shall establish a method to communicate with offsite medical facilities and resources.

## **Medical Direction**

1. The MEDL/IMSM will establish and document the availability of a licensed physician to provide on-line medical direction.
  - a. Contact the local Agency Administrator to determine the availability of their physician director, or;
  - b. Contact the local EMS to determine the availability of their physician director to provide on-line medical direction for the incident.
  - c. Incident medical personnel may have existing protocols of 24/7 off-line and on-line medical direction, i.e. Incident Medical Specialist Programs, and Alaska Fire Medic Program.
  - d. Other incident EMS resources may or may not have on-line medical direction.
2. The MEDL/IMSM will determine the medical protocol(s) for the operation of the medical unit. The protocols(s) will be shared with designated on-line medical direction.
3. The MEDL/IMSM will assure that medical personnel assigned to the incident have access to and are familiar with written protocol(s) and that they are appropriate to the personnel's certification/license level.
4. It is the responsibility of any designated incident medical director to comply with all licensing requirements in the state in which the physician is practicing medicine.

## **Facilities**

1. The MEDL/IMSM will identify the location of the following medical facilities closest to incident and document on the Incident Medical Plan (ICS-206)
  - a. local clinic or hospital
  - b. specialty centers, i.e. trauma, burn care facility
2. The MEDL/IMSM will establish sufficient facilities at the incident base and/or other locations for the medical treatment of incident personnel.

## **Scope of Practice**

1. The Medical Unit is a functional unit responsible for the development of the Medical Emergency Plan and for providing emergency medical treatment of incident personnel.
2. The Scope of Practice of EMS personnel assigned to medical units is primarily the skills and knowledge of a basic emergency medical technician (EMT-B).
3. The incident medical personnel are limited to the conservative use of authorized over-the-counter (OTC) medications, as specified in the content list of National Fire Equipment System (NFES) medical kits. Other over-the-counter medications specific to the needs of the incident may be ordered by the MEDL/IMSM.
4. The MEDL/IMSM will permit Incident Medical Specialist, Alaska Fire Medic programs, and NPS emergency medical services personnel to function within the scope of their programs.
5. Medical personnel assigned to a medical unit based in the same state that they hold EMS certification may provide care commensurate to their certification only if authorized by that state's laws and rules governing EMS.

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6. When contracted emergency medical services are utilized the MEDL/IMSM will ensure that NWCG Medical Unit Operating Standards are met.