

USFS Operating Standards for Incident EMS Support

Authority

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 at wildland fires. While this document is intended for primary application in wildland fire response, there is increasing demand and deployment for IMT response to all-risk incidents. This policy will serve as a framework for medical unit conduct at these incidents unless this function is being provided already by the incident management system in place.

The Medical Unit Leader (MEDL), Incident Medical Specialist Manager (IMSM) will insure these minimum standards are implemented upon establishment of a Medical Unit or medical support on an Incident. They will be reassessed as needed and upon MEDL/IMSM rotation.

MEDL/IMSM has direct authority for assignment/deployment of incident medical personnel. Other personnel who happen to be an EMS provider deployed in a firefighting, command, or support role are not the responsibility of the MEDL/IMSM unless the EMS provider is engaged in patient care upon the arrival of medical unit personnel and/or the MEDL/IMSM.

REQUIREMENTS UPON ESTABLISHMENT OF A MEDICAL UNIT:

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, e.g., 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. Current office telephone numbers can be accessed at www.NASEMSO.org

Personnel Credentials

1. MEDL/IMSM will require evidence of current certification/licensure from every provider of emergency care at an incident. This certificate or license must be issued by a U.S. state or territory and have an expiration date in the future. A National Registry card is not evidence of state certification or licensure. The MEDL/IMSM will assure that the state certification/licensure is equal to or greater than the level at which the individual will be functioning in the medical unit.
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 to the MEDL/IMSM within 24 hours of elapsed business time. The State EMS office will advise MEDL/IMSM if the state of origin identified any issues with the credentials presented.
4. The MEDL/IMSM will assure that medical personnel assigned to the incident have access to and are familiar with the current USFS written protocol(s) and that they are appropriate to the personnel's certification/license level.

Equipment

1. The MEDL/IMSM will ensure that the all medical/EMS equipment meets the minimum standards set by USFS to conform to medical protocol(s) and to meet the needs of the incident.

Transportation

1. The MEDL/IMSM will identify what appropriate medical transportation is available and document it in the Incident Medical Plan (ICS-206). The MEDL/IMSM shall establish an emergency medical evacuation plan for the incident.

2. For emergency or life threatening conditions, transportation to a health care facility should be provided by EMS agencies having jurisdiction and licensed by the State EMS office in the incident state.

a. Some states, counties, and other units of local government control which agencies have the authority to transport patients. Determine whether this is the case for your incident during the administrative contact with the state EMS office under "Administrative Contact 1." above.

b. Through the Finance Section Chief determine whether EERAs are in effect for patient transportation.

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 to get medical personnel to victims, or to extricate victims from inaccessible locations in order to make further stabilization and transportation possible.

Communications

1. The medical unit will maintain communications with incident medical personnel.

2. The medical unit shall establish a method to communicate with offsite medical facilities and resources. Whenever possible notifications to receiving hospitals about inbound patient(s) should be made at least 30 minutes in advance of the anticipated arrival time.

Medical Direction

1. The MEDL/IMSM will establish and document the availability of a physician licensed in the incident state as required by the State EMS Office to provide on-line medical direction.

a. Contact the local Agency Administrator to determine the existence and availability of their physician director, or;

b. Contact the local EMS agency 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 for 24/7 on-line medical direction, e.g., Incident Medical Specialist Programs and Alaska Fire Medic Program.

2. The MEDL/IMSM will make written copies of the medical protocol(s) for the operation of the medical unit available to all medical unit staff when feasible. The protocols(s) will be shared with designated online medical direction.

Facilities

1. The MEDL/IMSM will establish adequate accommodations at the incident base and/or other locations for the medical treatment of incident personnel.

2. The MEDL/IMSM will identify the location(s) of the following medical facilities closest to the incident and document them in the Incident Medical Plan (ICS-206)

a. local clinics and hospitals

b. specialty centers, e.g., trauma, burn care, etc.

Scope of Practice

1. The Scope of Practice of EMS personnel assigned to a medical unit will conform to the skills and devices in the current National EMS Scope of Practice Model for the level at which they were ordered and are functioning, regardless of what additional skills they may be able to perform in their state of origin.
2. Incident medical personnel with appropriate training and medical control may be authorized to administer over-the-counter (OTC) medications supplied in the 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.
3. 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.
4. When contracted emergency medical services are utilized the MEDL/IMSM will ensure that these Medical Unit Operating Standards are met.

Historic Document