

Emergency Medical Responder/Technician Licensing and Wilderness Medical Training Certification

The National Wildfire Coordinating Group (NWCG) Incident Emergency Medical Subcommittee (IEMS), under the auspices of the Risk Management Committee (RMC), has developed the following information source to educate both wildland fire personnel and general field employees on important considerations in emergency medical care and training.

The 2012 [*Interagency Standards for Fire and Fire Aviation Operations, Safety and Risk Management*](#), Chapter 7, Emergency Medical Planning and Services Section (page 07-15) provides a standard for emergency care issues: “Home units that choose to utilize and support higher level medical providers to provide medical support for interagency medical emergencies (beyond basic first aid/CPR) may do so; however, certification and credentialing must follow respective state laws and protocols.”

If an employee provides a level of care higher than basic first aid, and does not enjoy legal protection in the form of a state license, the federal agency, as well as the employee, could be held liable due to negligence, perceived or otherwise. A legal opinion on certification versus licensure, created by the National Registry of EMTs (NREMT), can be found here: https://www.nremt.org/nremt/about/Legal_Opinion.asp and is also included in this document as [Appendix C](#).

Securing legal recognition in the state where emergency medical personnel are practicing, even when on a wildland fire, is key to providing individual immunity protection in that state. It is important to understand each state’s laws, as they vary greatly, in regards to emergency medical services (EMS). Important things to consider include: securing a medical director (physician) and affiliation with a state licensed EMS agency. For licensed individuals traveling to another state on a wildland fire, the National Association of State EMS Officials (NASEMSO) compiled legal recognition information for thirteen western states. The document can be viewed here: <https://www.nasemso.org/Projects/RuralEMS/StateProcesses.asp>.

It is therefore the recommendation of this white paper that:

- Individuals, supervisors, and wildfire and land management agencies who choose to send personnel to medical training beyond First Aid, seek training that has a standard and universally accepted training package; and
- Individuals secure a state license or legal recognition in any state or territory where they plan to provide medical care.

This paper includes the following Appendices:

- [Appendix A](#): Definitions of EMS related terms and concepts (Education, Certification, Licensure, Credentialing, First Aid, EMS, Good Samaritan Laws and Planned Deployment)
- [Appendix B](#): Matrix providing information related to licensure, medical direction, and other important decision making points; intended to assist in decision making prior to sending an individual to a medical training course
- [Appendix C](#): NREMT legal opinion on certification versus licensure.

APPENDIX A

EMS Related Terms

First Aid:

The initial care for an illness or injury performed by a layperson until appropriate medical treatment can be obtained; First Aid involves the use of minimal equipment and simple, non-invasive and life saving techniques such as CPR and simple bandaging.

Good Samaritan:

Laws vary from state to state, but Good Samaritan care is typically defined as voluntary, happenstance emergency care provided by a person regardless of their level of training and experience. Additional information on Good Samaritan laws can be found here:

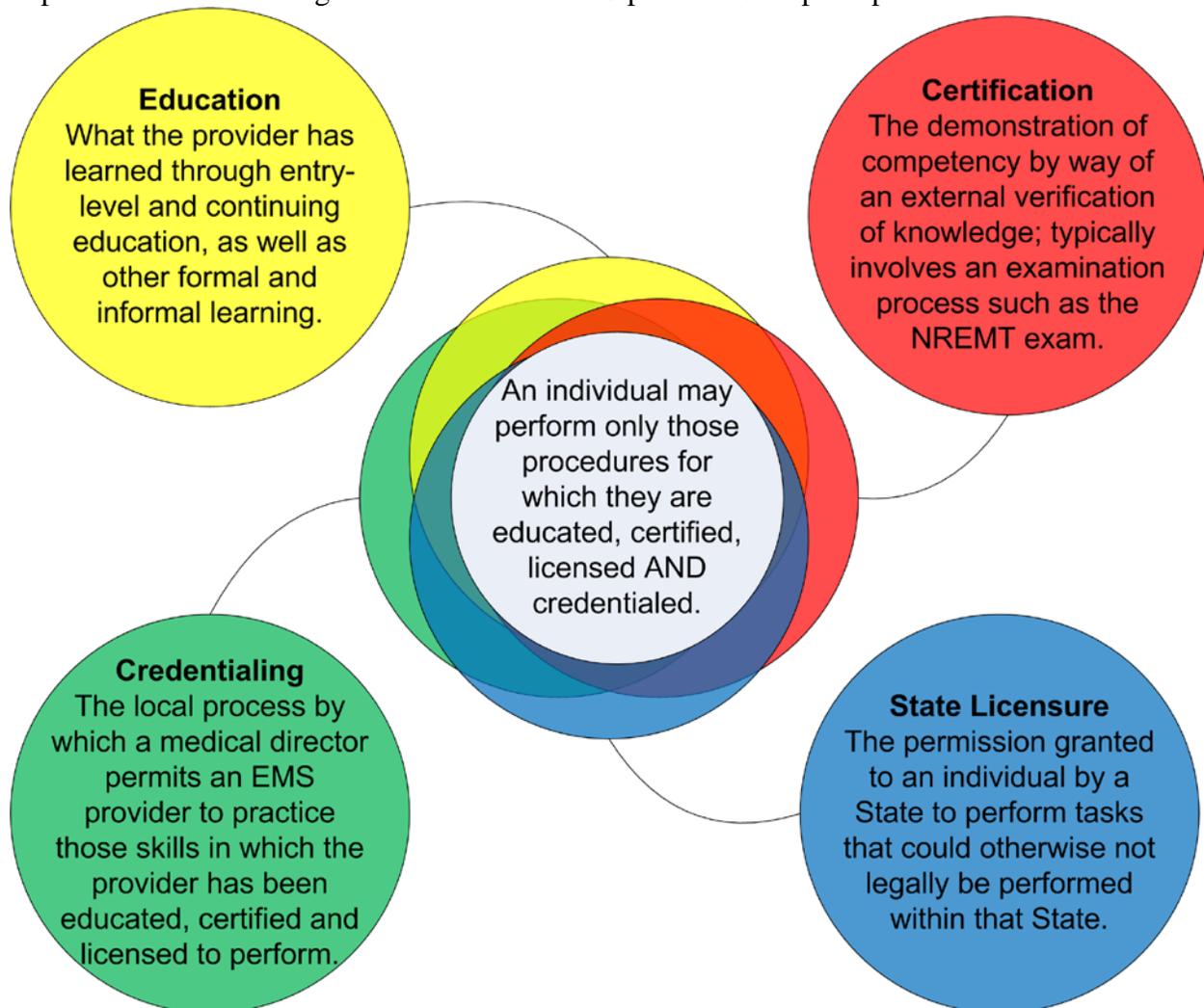
http://www.heartsafeam.com/pages/faq_good_samaritan.

Emergency Medical Services (EMS):

Medical care provided as a response to medical emergencies in settings outside of hospitals/clinics using skills and equipment beyond those associated with first aid.

Scope of Practice:

EMS providers must follow a scope of practice that defines the procedures that they are authorized to perform. The following describes how an EMS provider's scope of practice is derived:



APPENDIX B

EMR, EMT, OEC, WFR, WEMT Training Matrix

Consideration	Licensing Track		Educational Track		
	EMR	EMT	OEC	WFR	WEMT
Initial training hours (approximate, will vary by program)	Competency-Based		80-100	80	200
Continuing education required	Yes	Yes	No	No	Yes
CPR Requirement	Yes	Yes	Yes	Yes	Yes
*Medical Direction Requirement	Yes	Yes	No	Highly Recommended	

EMR: Emergency Medical Responder. The first responder level, the EMR possesses skills to provide immediate lifesaving care while awaiting additional resources. The scope of the EMR is limited to foundational skills that can be performed safely with appropriate medical oversight. The EMR is recognized by the US Department of Transportation (US DOT), can be tested for a certification, and upon certification can receive state licensure in most states. The US DOT National EMS Education Standards can be found here: <http://www.ems.gov/pdf/811077a.pdf>; and the National EMS Scope of Practice Model can be found here: <http://www.ems.gov/education/EMSScope.pdf>.

EMT: Emergency Medical Technician. The EMT conducts basic, noninvasive interventions to reduce the morbidity and mortality of acute out-of-hospital emergencies. They have all the EMR's capabilities, plus additional skills associated with patient transport and are educated to perform interventions using basic equipment. The EMT is recognized by the US Department of Transportation, can be tested for a certification, and upon certification can receive state licensure. The US DOT National EMS Education Standards can be found here: <http://www.ems.gov/pdf/811077a.pdf>; and the National EMS Scope of Practice Model can be found here: <http://www.ems.gov/education/EMSScope.pdf>.

OEC: Outdoor Emergency Care. The OEC course, developed by National Ski Patrol, centers on teaching emergency medical procedures for ski patrollers and other responders working primarily in wilderness and outdoor environments. While the content of the OEC course is similar to the National EMS Core Content for Emergency Medical Technician, only OEC certification is provided to students completing the course. Some states may have processes to recognize OEC training as part of state credentialing and licensure. Generally, volunteer ski patrollers are provided Good Samaritan protections. Medical direction or oversight is not required and exists variably among individual ski hill operations.

WFR: Wilderness First Responder. This course is taught to those who often work in wilderness environments where they have very limited, if any, medical equipment to care for the ill or injured. It only offers a certification (although some states will allow testing to the EMR level), no medical oversight, and is not recognized by most state EMS offices, therefore offering no legal protection or immunity.

WEMT: Wilderness Emergency Medical Technician. This course is taught to those who often work in wilderness environments where they have very limited, if any, medical equipment to

APPENDIX B

care for the ill or injured. It only offers a certification, no medical oversight, and is not recognized by most state EMS offices. An individual can seek licensure in some states as long as the course follows EMT training guidelines.

****Medical Direction Requirement:*** Most states require for a person to be licensed the EMR and EMT levels, they must also have medical direction providing clinical oversight. Most wilderness certification instructors are now *encouraging and highly suggesting* individuals get medical direction to avoid any potential legal situations.

APPENDIX C

The Legal Differences Between Certification and Licensure*

{*Taken from the National Registry of EMTs webpage: https://www.nremt.org/nremt/about/Legal_Opinion.asp}

Although the general public continues to use the terms interchangeably, there are important functional distinctions between the two concepts.

The federal government has defined “certification” as the process by which a non-governmental organization grants recognition to an individual who has met predetermined qualifications specified by that organization.¹ Similarly, the National Commission for Certifying Agencies has recently defined certification as “a process, often voluntary, by which individuals who have demonstrated the level of knowledge and skill required in the profession, occupation, role, or skill are identified to the public and other stakeholders.”²

Accordingly, there are three hallmarks of certification (as functionally defined). Certification is:

1. voluntary process;
2. by a private organization;
3. for the purpose of providing the public information on those individuals who have successfully completed the certification process (usually entailing successful completion of educational and testing requirements) and demonstrated their ability to perform their profession competently.

Nearly every profession certifies its members in some way, but a prime example is medicine. Private certifying boards certify physician specialists. Although certification may assist a physician in obtaining hospital privileges, or participating as a preferred provider within a health insurer’s network, it does not affect his legal authority to practice medicine. For instance, a surgeon can practice medicine in any state in which he is licensed regardless of whether or not he is certified by the American Board of Surgery.

Licensure, on the other hand, is the state’s grant of legal authority, pursuant to the state’s police powers, to practice a profession within a designated scope of practice. Under the licensure system, states define, by statute, the tasks and function or scope of practice of a profession and provide that these tasks may be legally performed only by those who are licensed. As such, licensure prohibits anyone from practicing the profession who is not licensed, regardless of whether or not the individual has been certified by a private organization.

Confusion between the terms “certification” and “licensure” arises because many states call their licensure processes “certification,” particularly when they incorporate the standards and requirements of private certifying bodies in their licensing statutes and require that an individual be certified in order to have state authorization to practice. The use of certification by the National Registry by some states as a basis for granting individuals the right to practice as EMTs and calling the authorization granted “certification” is an example of this practice. Nevertheless,

¹ U.S. Department of Health, Education, and Welfare, Report on Licensure and Related Health Personnel Credentialing (Washington, D.C.: June, 1971 p. 7).

² NCCA Standards for the Accreditation of Certification Programs, approved by the member organizations of the National Commission for Certifying Agencies in February, 2002 (effective January, 2003).

APPENDIX C

certification by the National Registry, by itself, does not give an individual the right to practice.

Regardless of what descriptive title is used by a state agency, if an occupation has a statutorily or regulatorily defined scope of practice and only individuals authorized by the state can perform those functions and activities, the authorized individuals are licensed. It does not matter if the authorization is called something other than a license; the authorization has the legal effect of a license.

In sum, the National Registry is a private certifying organization. The various state offices of EMS or like agencies serve as the state licensing agencies. Certification by the National Registry is a distinct process from licensure; and it serves the important independent purpose of identifying for the public, state licensure agencies and employers, those individuals who have successfully completed the Registry's educational requirements and demonstrated their skills and abilities in the mandated examinations. Furthermore, the National Registry's tracking of adverse licensure actions and criminal convictions provides an important source of information which protects the public and aids in the mobility of EMT providers.