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NWCG/SHWT/IEMTG

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# **INCIDENT EMERGENCY MEDICAL TASK GROUP**

## **National Interagency Tactical Plan**

May 27, 2008

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## **Resources & References**

- USFS Decision Support Briefing Paper- Wildland Fire Emergency Medical Services issues and recommendations
- NWCG Medical Unit Operating Standards for Integration with State EMS
- Handling of Medical Records Created on Incidents
- Sample of Limited Request for Recognition form
- Montana Sample of Limited Request for Recognition form

## **Resources & References under Construction**

- NWCG Standards for Burn Injuries
- NWCG EMS Scope of Practice Model
- NWCG Standard of Care for Incident Medical Operations
- NWCG Operating Standards for Incident EMS Support
- NWCG Contract Incident Medical Equipment & Supply Lists
- NWCG Incident Medical Equipment & Supply Lists
- Incident Medical Unit Evaluation Criteria
- Medical Unit “*Cook Book*”
- NWCG Recommendations for providing AEDs at Incident Base Camps

## **Introduction**

Wildland firefighting and all risk incidents require a unique array of support services due to remoteness, terrain, and multiple agencies involved in major responses. Medical support is essential because of the inherent risks found at these and other catastrophic events. The issues of standards of care and legal certification of providers come into play when emergency medical providers from other jurisdictions cross state lines or other geopolitical boundaries to provide medical care. These situations are further complicated in areas where medical control is sometimes nonexistent, or the capabilities of nearby medical facilities may be limited, including the variability of local emergency medical services agency capacities. The National Wildfire Coordination Group (NWCG) Safety and Health Working Team (SHWT) has formed and chartered the Incident Emergency Medical Task Group (IEMTG) to address these issues.

## **Mission Statement**

The mission of the IEMTG is to develop national emergency medical and occupational health standards and procedures. The mission purpose is to ensure the health and safety of workers on incidents in an efficient and cost effective manner on wildland incidents. The focus will be to provide information, updates, and guidance, as necessary in the development and ongoing effort for a successful outcome.

## **Background**

The care of the sick and injured on incidents has expanded over the last thirty years. The mission of medical units on incidents has evolved into a complex service which provides: 1) occupational health and preventative measures for incident personnel to remain safe and healthy; and 2) stabilization and emergency treatment of incident personnel. Federal, State and local agencies and their personnel lack clearly identified standards and protocols to follow in the practice of emergency medical services on incidents. This situation has led to conflict and confusion between local agencies, state emergency medical services organizations and federal agencies at all levels.

A number of well documented issues have been identified in recent years. These issues include the following:

- training and qualifications of Medical Unit Leaders and emergency medical services personnel
- legal authorities for emergency medical services practice when practitioners are outside their normal jurisdiction
- universal scope of practice, standards of care, over-the-counter medications, medical direction, and record keeping

Lack of clarity on these and other issues has led to heightened costs for incident emergency medical services operations, greater exposure to liability for all agencies and employees involved, and concerns about quality of care. This challenge has also created some problems between state and national emergency medical services entities.

Wildland fire agencies in most areas of the nation may lack the organization and standards required to adequately address the host of emergency medical services issues they regularly confront. Incident Management Teams, Medical Unit Leaders, Emergency Medical Technicians, Advanced Emergency Medical Technicians, other intermediate level EMS personnel, and Paramedics are frequently mobilized from one part of the country to another, causing inconsistencies in providing emergency medical services on wildland fire incidents. Some geographic areas and agencies have established programs which provide trained incident medical resources with medical oversight. These programs were implemented to provide a more organized approach to emergency medical services delivery.

The fragmented delivery of emergency medical services and occupational health care on wildland fire incidents has not escaped the notice of the various state authorities charged with overseeing emergency medical practices within their areas. In 2002 and again in 2007, the National Association of State Emergency Medical Services Officials called upon the agencies responding to or arranging staffing for wildland fires to work with them to create standards to be followed when identifying and using resources at the local, state, regional, and national levels. The National Association of State Emergency Medical Services Officials continues to support the development of an organized approach for granting legal recognition for out-of-state personnel for fighting wildland fires.

Delivery of regulated and standardized emergency medical services support on wildland fire incidents is obviously an interagency concern. In 2003 the National Wildland Coordinating Group's Safety and Health Working Team established an Emergency Medical Standards Group to focus on these issues. The team composition included representatives of federal agencies involved in wildland fire oversight, the National Association of State Foresters, National Association of State Emergency Medical Services Officials, and the National Association of Emergency Medical Services Physicians. In the spring of 2004, the Emergency Medical Standards Group developed "Medical Unit Leader Operating Standards for Integration with State Emergency Medical Services" along with a companion "Limited Request for Recognition" form. These documents were approved by the National Wildland Coordinating Group.

Following the sunset of the Emergency Medical Standards Group, the National Wildland Coordinating Group (NWCG) chartered the Incident Emergency Medical Task Group (IEMTG) to pursue the development of more robust wildland fire standards concerning medical practices and operations on incidents. The scope of the charter also includes:

- Develop a process that ensures proper notification is made to State and local EMS authorities when an incident Medical Unit is to be operated within their jurisdiction.
- Identify a common Scope of Practice for incident medical operations.
- Develop a Standard of Care for incident medical operations.
- Standardize the management of incident medical units, possibly through creation of an Incident Medical Unit Standard Operating Guide.

- Identify standardized medical equipment and supplies to be carried by Emergency Medical Services personnel assigned to incidents managed by NWCG member agencies.
- Standardize the management and delivery of over-the-counter medications.
- Develop standards for contracting Emergency Medical Services.
- Make recommendations for identifying regional/state level medical directors/advisors.
- Identify medical evacuation standards.
- Incorporate industry standards for emergency medical terminology and duties, (e.g., Emergency Medical Technician, Advanced Emergency Medical Technician, and Paramedic) into NWCG position standards.
- Identify appropriate processes for handling incident medical records.
- Identify a methodology for consolidating and analyzing I-Suite data on injuries and illnesses.
- Provide to the Safety and Health Working Team (SHWT) and other NWCG working teams a source of subject matter expertise for emergency medical services related topics and issues.
- Develop tools that will enhance NWCG members' ability to provide oversight to Incident Medical Units.
- Establish a process for evaluating medical unit operations.
- Initiate the development and maintenance of a website that will provide updated information and resources.
- Recommend and identify training needs for incident emergency medical personnel.

## **PROGRAM OF WORK AND ACTION ITEMS**

### **Organization**

#### **Action Items:**

- Identify IEMTG subcommittees/liaisons as needed for:
  - Scope of Practice
  - Standards of Care
  - Data and Records Management
  - EMS Equipment & Supplies
  - Training & Credentialing
  - Incident Medical Unit Evaluation Criteria
  - Physician Advisory System
  - Emergency Equipment Rental Agreement Model Language for EMS Resources
  - Web Site Management
- Identify and solicit nominees from select organizations; identify potential subject matter expertise from all germane organizations for subcommittee work.
- Provide a source of subject matter expertise for EMS related topics and issues to the Safety and Health Working Team (SHWT) and other NWCG working teams.

### **Communications**

#### **Action Items:**

- Provide an annual IEMTG report to SHWT.
- Provide periodic updates to the SHWT meetings.
- Web site re-establishment
  - Hot topics
  - Medical Alerts/news
  - Recent postings
  - Links to related organizations
- Presentations at applicable national conferences, meetings, and Incident Management Team meetings
- Establish working partnerships with appropriate local, state, and national EMS entities
- Establish working partnerships with Federal EMS programs
- Establish partnerships with other NWCG working teams
- Develop Bulletins:
  - IEMTG Introduction
  - News letter
  - EMS alerts



**Develop a proper notification process to State and local EMS authorities when an Incident Medical Unit is to operate within their jurisdiction.**

**Action Items:**

- Review existing EMS forms and processes associated with notification of state EMS offices; refine as needed

**Review Existing Policy, Guidelines, and Directives**

**Action Items:**

- USFS 5109 & ICS 310-1
- BLM Smokejumpers EMT Program
- NPS Directives & Field Manuals
- USFS Operating Standards for Incident EMS Support
- R 1 500 Man Cache Memo
- BLM Burn Treatment Memo
- Incident Business Management Guidelines (Yellow Book)
- Incident Medical Recordkeeping Memo
- R 1 & R 6 Incident Medical Specialist Programs
- R 5 CALMAT Program

**Develop a Standard of Care for incident medical operations.**

**Action Items:**

- Obtain and review existing wildland fire EMS standards for municipal, state and federal agencies
- Identify common practices and differences for wildland fire EMS
- Propose uniform standards and format (e.g., protocols, guidelines, etc.) for wildland fire EMS
- Incorporate transport considerations into standards
- Prepare documentation and get consensus
- Present to entities involved with wildfire operations
- Present to parent group for buy in
- Review existing material for consistency, specificity, and doctrine integration

**Identify a common Scope of Practice for incident medical operations.**

**Action Items:**

- Form sub committee
- Obtain & review National EMS SOP Model
- Obtain and review NPS manuals
- Obtain and review IMS R 1 & R 6 manuals and protocols
- Obtain and review Alaska Fire Medic manuals and protocols
- Obtain and review CALMAT manuals and protocols
- Rule out existence of other programs (municipal, state-specific or federal)

- Provide an assessment of the differences between above listed models & come up with a core model
- List and justify additional psychomotor skills, devices and prescriptions & over-the-counter medications not found in the national EMS SOP model needed for wildland fire medical unit and incident operations
- Prepare documentation and get consensus
- Present to entities involved with wildfire operations
- Present to parent group for buy in
- Continually review existing material for consistency, specificity, and doctrine integration

**Identify standardized medical equipment and supplies to be carried by EMS personnel assigned to incidents managed by NWCG member agencies.**

**Action Items:**

- Obtain and review wildfire EMS SOP and standards
- Select and define groups/levels of kits for resource types
- Select and define kit contents
- Prepare documentation and get consensus
- Present to entities involved with wildfire operations
- Present to parent group for buy in

**Make recommendations for identifying Regional/State level Medical Directors/Advisors**

**Action Items:**

- Define the Medical Directors/Advisors roles and responsibilities
- Identify and document existing medical director/advisor arrangements among federal and state organizations
- Identify mechanisms for obtaining medical supervision for medical units
- Propose a standard mechanism for obtaining medical supervision for medical units
- Prepare documentation and get consensus
- Present to entities involved with wildfire operations
- Present to parent group for buy in

**Standardize the management of Incident Medical Units, possibly through creation of an Interagency Incident Medical Unit Standard Operating Guide.**

**Action Items:**

- Review existing material for consistency, specificity, and doctrine integration
- Identify categories of practices (e.g., recordkeeping, staffing, preplanning with area resources, medical transportation) that should be included as standardized operations for medical units
- Select and propose the elements of those practices for standardized operations for medical units
- Prepare documentation and get consensus

- Present to entities involved with wildfire operations
- Present to parent group for buy in

**Incorporate industry standards for emergency medical terminology and duties, (e.g., Emergency Medical Technician, Advanced Emergency Medical Technician, and Paramedic) into NWCG position standards**

**Action Items:**

- Notify appropriate NWCG working teams (Incident Operations Standard Working Team & Training Working Team) and others of recent title of position changes caused by the National EMS Scope of Practice Model
- Prepare documentation and get consensus
- Present to entities involved with wildfire operations
- Present to parent group for buy in

**Develop standards for contracting Emergency Medical Services.**

**Action Items:**

- Develop “boilerplate” language for contracting officers and the business community to include: credentialing, medical direction, insurance, kits, equipment and supplies, etc to be considered for use in Emergency Equipment Rental Agreements as model language for EMS resources
- Prepare documentation and get consensus
- Present to entities involved with wildfire operations
- Present to parent group for buy in

**Data Management**

**Action Items:**

- Locate and review existing data sets and data dictionaries in use by states and federal agencies for wildland fire or EMS purposes
- Select or adapt and select a data dictionary for use by the IEMTG
- Identify the minimum data set required to be documented about every medical unit visit
- Identify what if any additional data is needed for situational or condition-specific bases
- Identify and review the state and federal agency policies and practices related to documentation of out-of-hospital medical emergencies and trauma
- Identify and review the data warehouses in use for storage of medical records generated at wildland fires
- Identify appropriate interim processes for handling incident medical records
- Identify and obtain interpretations and opinions on applicability of confidentiality and protected health information laws to wildland fire medical unit operations
- Identify a methodology for consolidating and analyzing data on injuries and illnesses that can be universally adopted

- Prepare documentation and get consensus
- Present to entities involved with wildfire operations
- Present to parent group for buy in

## **Training**

### **Action Items:**

- Make curriculum recommendations to NWCG's Training Working Team for updating the Medical Unit Leader (I-359) training course
- Identify refresher course content and delivery options for current Medical Unit Leaders for the Training Working Team
- Propose educational standards associated with the scope of practice beyond the core content included in EMT or paramedic courses for consideration by the Training Working Group

## **Develop tools that will enhance NWCG members' ability to provide oversight to and evaluation of Incident Medical Units.**

### **Action Items:**

- Identify all standards expected to be in use at any wildland fire medical unit, including those found in the Interagency Incident Medical Unit Standard Operating Guide and other germane functions such as purchasing, fitness, etc
- Identify and document objective measures to assess the presence/use of the standards
- Establish a review and evaluation process
- Provide a process/checklist for compliance checks
- Draft a standard form for reporting findings of conditions at medical units

## Action Item Summary Table

| SUBTASK NAME  | Target timelines: |
|---|-------------------|
| Organization  | Winter 2008       |
| Communications  | Spring 2009       |
| Develop a process that ensures proper notification is made to State and local EMS authorities when an Incident Medical Unit is to operate within their jurisdiction                                 | Summer 2008       |
| Review Existing Policy, Guidelines, and Directions  | Ongoing           |
| Identify a common Scope of Practice for incident medical operations   | Fall 2008         |
| Develop a Standard of Care for incident medical operations  | Spring 2009       |
| Identify standardized medical equipment and supplies to be carried by EMS personnel assigned to incidents managed by NWCG member agencies   | Fall 2009         |
| Make recommendations for identifying Regional/State level Medical Directors/Advisors  | Winter 2008       |
| Standardize the management of Incident Medical Units, possibly through creation of an Interagency Incident Medical Unit Standard Operating Guide  | Winter 2009       |
| Incorporate industry standards for emergency medical terminology and duties, (e.g., Emergency Medical Technician, Advance Emergency Medical Technician, and Paramedic) into NWCG position standards | Fall 2010         |
| Develop standards for contracting Emergency Medical Services  | Spring 2009       |
| Data Management   | Winter 2010       |
| Training  | Spring 2011       |
| Develop tools that will enhance NWCG members' ability to provide oversight to and evaluation of Incident Medical Units  | Summer 2009       |

**CHARTER**  
**Incident Emergency Medical Task Group**

**I. BACKGROUND**

The National Wildfire Coordinating Group (NWCG) member agencies have been aware of a number of issues related to the delivery of Emergency Medical Services (EMS) on incidents managed by participating agencies. Many ongoing issues have been identified in such areas as the credentialing of EMS providers when moving between jurisdictions; identification of a standard Scope of Practice and Standard of Care on incidents; maintenance of incident medical records; provision of Over-The-Counter (OTC) medications, and others. The Incident Emergency Medical Task Group is being formed to address these issues, working closely with the States in which NWCG member agencies operate.

**II. NAME**

The name of group is the Incident Emergency Medical Task Group, hereafter referred to as the Task Group.

**III. MISSION**

Work with the appropriate State and National EMS offices and organizations to identify standards for the delivery of EMS and Occupational Health services on incidents managed by NWCG member agencies.

**IV. OBJECTIVES**

- Develop a process that ensures proper notification is made to State and local EMS authorities when an incident Medical Unit is to be operated within their jurisdiction.
- Identify a common Scope of Practice for incident medical operations.
- Develop a Standard of Care for incident medical operations.
- Standardize the management of incident Medical Units, possibly through creation of an Incident Medical Unit Standard Operating Guide.
- Identify standardized medical equipment and supplies to be carried by EMS personnel assigned to incidents managed by NWCG member agencies.
- Standardize the management and delivery of Over-the-Counter Medications (OTC).
- Develop standards for contracting Emergency Medical Services.
- Make recommendations for identifying Regional/State level Medical Directors/Advisors.
- Identify medical evacuation standards.
- Incorporate industry standards for emergency medical terminology and duties, (e.g., Emergency Medical Responder, Emergency Medical Technician), into NWCG position standards.

- Identify appropriate processes for handling Incident Medical Records.
- Identify a methodology for consolidating and analyzing I-Suite Data on injuries and illnesses.
- Provide to the Safety and Health Working Team (SHWT) and other NWCG working teams a source of subject matter expertise for EMS related topics and issues.
- Develop tools that will enhance NWCG members' ability to provide oversight to Incident Medical Units.
- Provide field units access to current information and resources.

## **V. MEMBERSHIP**

The number of members of this Task Group shall not exceed eight (8) including the Chair and Executive Secretary. Members will be skilled and knowledgeable in the area of providing Emergency Medical Services on wildland fires and other emergency incidents, or will represent other medical service organizations such as state EMS boards. Membership will also provide for interagency input and participation. A SHWT Liaison will be assigned after selection by consensus vote of the SHWT. Replacement members will be selected by the Task Group Chair through discussions and coordination with the SHWT Liaison. The Chair will be selected by a consensus vote from the SHWT.

## **VI. AUTHORITY**

This Task Group is established pursuant to the authority granted to the National Wildfire Coordinating Group Safety and Health Working Team.

## **VII. CHAIR AUTHORITY AND RESPONSIBILITIES**

The Task Group Chair will have the following authority and responsibilities:

- The Chair is authorized to convene meetings and schedule agenda items.
- The Chair will serve until replaced.
- The Chair is authorized to designate a Vice-Chair of the Task Group, with consensus among Task Group members. Duties of the Vice-Chair will be determined by the Chair.
- May make specific work assignments to task group members and/or appoint subgroups from outside Task Group membership to work on specific projects.
- Will distribute copies of the Task Group approved minutes within 45 days after a meeting to members and SHWT Liaison.
- Represents the Task Group in presenting reports and recommendations to the SHWT, other interested or affected groups, and as appropriate, in contacts with outside individuals or groups.
- Recommend to the SHWT Liaison the need for further resources and authorities, as they become evident.

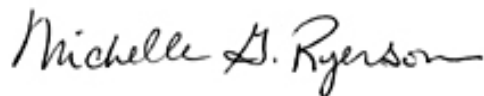
- Keeps the SHWT Liaison and Executive Secretary advised annually as to planned meeting dates and locations.
- The Chair shall work with the Task Group to develop an annual Program of Work for each fiscal year and present it to the SHWT for concurrence.
- Meet deadlines established by the SHWT for the accomplishment of specific work assignments.

#### **VIII. MEETINGS AND REPORTS**

- The Task Group will have at a minimum one meeting per year. The Task Group may have conference calls or additional meetings to identify significant issues, develop action plans and implement actions as required.
- Additional meetings will be scheduled at the request of SHWT, or as determined by the Chair. Subgroups within or outside Task Group membership assigned to specific tasks may meet at the direction of the Chair. Individuals from outside the Task Group membership, having necessary expertise, may be asked to participate when appropriate.
- Travel costs of the meetings will normally be borne by the agencies that sponsor the Task Group membership. Meeting facility costs will be the responsibility of the SHWT; these costs must be pre-authorized by the SHWT liaison.
- Five (5) Task Group members will normally constitute a quorum.

#### **IX. APPROVAL**

This Charter is effective as of the date it is approved and signed by the SHWT Chair. The Charter may be revised upon recommendations of a majority of the Task Group members and with the concurrence of the SHWT.



Chair, Safety and Health Working Team

June 16, 2008



**Incident Emergency Medical Task Group****Core Membership Roster**

| <b>NAME</b>                          | <b>JOB TITLE</b>  | <b>PHONE</b> | <b>EMAIL</b>   |
|--------------------------------------|---|--------------|--|
| Jan Peterson<br>Chair                | Idaho Safety &<br>Health Manager<br><b>BLM</b>                              | 208-373-4030 | <a href="mailto:Janette_Peterson@blm.gov">Janette_Peterson@blm.gov</a>   |
| Gene Madden                          | NIMO<br>Safety Officer<br><b>USFS-WO</b>                                    | 404-805-7970 | <a href="mailto:emadden@fs.fed.us">emadden@fs.fed.us</a>                 |
| Dean Ross                            | Branch Chief of<br>Emergency Services<br><b>NPS</b>                         | 202-513-7093 | <a href="mailto:Dean_Ross@nps.gov">Dean_Ross@nps.gov</a>                 |
| Fergus<br>Laughridge                 | Manager Office of<br>Emergency Medical<br>Systems<br><b>State of Nevada</b> | 775-687-7597 | <a href="mailto:flaughridge@health.nv.gov">flaughridge@health.nv.gov</a> |
| Mary Jo Lommen                       | Regional IMS<br>Program Manager<br><b>USFS-R1</b>                           | 406-329-4930 | <a href="mailto:mlommen@fs.fed.us">mlommen@fs.fed.us</a>                 |
| Dia Gainor                           | Idaho EMS<br>Bureau Chief<br><b>State of Idaho</b>                          | 208-334-4000 | <a href="mailto:gainord@dhw.idaho.gov">gainord@dhw.idaho.gov</a>         |
| Mike Brown<br>(NASF Rep)             | Fire Chief<br><b>North Lake Tahoe Fire<br/>Protection District</b>          | 775-833-8104 | <a href="mailto:mbrown@nltfpd.net">mbrown@nltfpd.net</a>                 |
| Jon Thomas<br>Executive<br>Secretary | Safety and<br>Occupational Health<br><b>BLM</b>                             | 907-356-5869 | <a href="mailto:jon_thomas@blm.gov">jon_thomas@blm.gov</a>               |
| Bob Ashworth,<br>SHWT Liaison        | Deputy State Forester<br><b>Nevada DOF</b>                                  | 775-684-2503 | <a href="mailto:bashwrth@forestry.nv.gov">bashwrth@forestry.nv.gov</a>   |
| Larry Sutton<br>SHWT Liaison         | Fire Operations Risk<br>Management Officer<br><b>USFS - WO</b>              | 208-387-5970 | <a href="mailto:lsutton@fs.fed.us">lsutton@fs.fed.us</a>                 |



**Incident Emergency Medical Task Group  
Introduction Letter**

June 2008

All NWCG Member Agencies:

The National Wildfire Coordinating Group (NWCG) and those agencies involved in emergency medical services (EMS) deployment and system regulation are aware of a number of issues related to the delivery of EMS on incidents managed by participating agencies. Many unresolved challenges have been identified. Credentialing of EMS personnel and resources moving between jurisdictions, medical unit equipment standards, identification of a standard scope of practice and standard of care on incidents, maintenance of incident medical records, and provision of over-the-counter (OTC) medications are some of the areas of greatest concern.

The Incident Emergency Medical Task Group (IEMTG) has been formed under the direction of the Safety and Health Working Team (SHWT) to address these challenges. The IEMTG will continue the work of the former Emergency Medical Support Group and will coordinate with the appropriate local, state, tribal, federal, and national organizations. The team will develop and recommend standards for the delivery of EMS and occupational health services on incidents managed by NWCG member agencies.

The objectives of the IEMTG include:

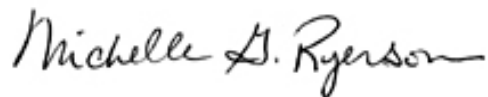
- Develop a process that ensures proper and timely notification is made to state and local EMS authorities when an incident medical unit is to be operated within their jurisdiction.
- Identify a common scope of practice for incident medical operations.
- Develop a standard of care for incident medical operations.
- Standardize the management of incident medical units, possibly through creation of an incident medical unit standard operating guide.
- Identify standardized medical equipment and supplies to be carried by EMS personnel assigned to incidents managed by NWCG member agencies.
- Standardize the management and delivery of OTC medications.
- Develop standards for contracting emergency medical services.
- Make recommendations for identifying and utilizing medical directors/advisors.

- Identify and provide model medical evacuation standards.
- Incorporate contemporary industry standards for emergency medical terminology and duties, (e.g., Emergency Medical Responder, Emergency Medical Technician, Advanced Emergency Medical Technician and Paramedic), into NWCG position standards.
- Identify appropriate processes for handling and storing incident medical records.
- Identify a methodology for consolidating and analyzing I-Suite and other data on injuries and illnesses.
- Provide to the Safety and Health Working Team (SHWT) and other NWCG working teams/groups a source of leadership and subject matter expertise for EMS related topics and issues.
  
- Develop tools that will enhance NWCG members' ability to provide oversight to incident medical units.
- Provide field units, incident management teams, individuals and contractors access to current NWCG EMS information and resources including, but not limited to policies, procedures, and protocols via the internet, workshops, and other means.

The current members of the IEMTG are from the U.S. Forest Service, U.S. National Park Service, Bureau of Land Management, National Association of State Foresters and the National Association of State EMS Officials.

Additional information and resource material can be found at: [www.nwcg.gov/teams/shwt/iemtg](http://www.nwcg.gov/teams/shwt/iemtg)

Sincerely,



Michelle G. Ryerson,  
Chair, Safety and Health Working Team

Attachment 1 IEMTG Core Membership Listing

**National Association of State EMS Officials**

**RESOLUTION 2007-02**

**Emergency Medical Services at Wildland Fires**

**Whereas**, the National Association of State EMS Officials (NASEMSO) recognizes the need for high-quality emergency medical services (EMS) be provided at Medical Units to wildland firefighters and support staff through a standardized and legal system of emergency health care; and

**Whereas**, states have the legislated authority and responsibility to verify and assure that EMS meets or exceeds minimum standards when provided to people residing and working in their state; and

**Whereas**, local EMS resources, including personnel and ambulances services, are properly certified or licensed by the appropriate state or local agency, operate under local medical direction, and know the local protocols and capabilities of the area healthcare system, and it is desirable to have a comparable organized national approach for wildland fires; and

**Whereas**, failure to receive proper state level authorization as EMS personnel or ambulance services may be in violation of state statutes, making individuals and organizations both civilly and criminally liable; and

**Whereas**, NASEMSO recognizes that the agencies responsible for wildland fire incident command and resource deployment often do so under adverse circumstances and resort to deployment of EMS personnel and ambulances from other states; and

**Whereas**, the “National Wildfire Coordinating Group (NWCG) Medical Unit Operating Standards for Integration with State EMS” has resulted in limited standardization and the detection of conditions in medical units of great concern or basis for action by state EMS offices, such as the utilization of EMS personnel who have no valid license in any state;

**Whereas**, efforts to establish comprehensive standards for medical unit operations, including equipment, staffing, scope of practice, medical transportation and others have not been fully developed under the EMS Group of the Safety and Health Working Team under the NWCG;

**Whereas**, it is desirable to have an organized national approach for granting legal recognition to out-of state emergency medical personnel and transportation services that ensures that such personnel and resources are appropriately credentialed (granted the legal authorization to practice) and operate under appropriate medical direction; and

**Whereas**, it is not possible for states to develop a system for granting legal recognition to out-of-state EMS resources in the absence of comprehensive standards comparable to those that have been adopted for wildland firefighting operations;

**Now, therefore be it resolved** that the National Association of State EMS Officials renews the call upon the National Wildfire Coordinating Group and all federal and state agencies responding to or deploying EMS resources for wildland fires to partner with NASEMSO to

create contemporary and comprehensive standards to be followed when identifying and using resources

from the incident state as well as other states; and

**Now, therefore be it resolved** that the National Association of State EMS Officials pledges to work with the National Wildfire Coordinating Group and the National Interagency Fire Center to identify and implement a workable resolution and provide appropriate and accountable out-of-hospital medical care and safety to the firefighters and others responding to incidents across the United States.

Signed this 2nd day of November, 2007.

Fergus Laughridge Shawn Rogers

NASEMSO 2006-08 President NASEMSO 2007-08 Secretary

**Intended recipients:**

National Wildfire Coordinating Group

Bureau of Land Management

Bureau of Indian Affairs

U.S. Fish and Wildlife Service

National Park Service

USDA Forest Service, Fire Systems Research

USDA Forest Service, Fire and Aviation Management

Intertribal Timber Council

National Association of State Foresters

Federal Emergency Management Agency, U.S. Fire Administration

Federal Interagency Committee on EMS (FICEMS)

National Emergency Management Association

National Federation of State Medical Examiners

**National Association of State Emergency Medical Services Officials**

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