

**Forest Service Manual
Service Wide - Washington Office
Washington, DC**

**Forest Service Manual 6900 – Emergency Medical Services
Zero Code**

Amendment Number: 6900-2024-1

Effective date: January 17, 2024

Duration: This amendment is effective until superseded or removed.

Approved by: Antoine Dixon, Deputy Chief, Business Operations

Date approved: January 12, 2024

Responsible Staff: Emergency Medical Services (EMS), Office of Safety and Occupational Health (OSOH)

Last Change:

Superseded Document(s): 6900_zero_code, Amendment 6900-2020-1, 06/15/2020 June 15, 2020

Explanation of changes: Following is an explanation of the changes throughout the directive by section.

6900 - Revises chapter and sets forth codes, captions, and direction for Emergency Medical Services.

Forest Service units, Region/Forest/Station/Law Enforcement, and Investigations (R/F/S/LEI) has been used throughout this Forest Service Manual to denote units that may operate an EMS Program.

This directive updates procedures to follow Forest Service specific policies, **delineates Forest Service activities authorized, defines the role of the Agency's Medical Director, updates the responsibilities of the Washington Office EMS, Regional and Law Enforcement, EMS coordinators as well as the Local Emergency Medical Advisors.**

Updates sections on reports and documentation in this chapter. Items which were only previously addressed within National Park Service FM -51 Which included levels of training, certifications, and Quality Assurance are now in the revision.

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Updates in its entirety designation to FSM 6900 Emergency Medical Services, from National Park Service Field Manual 51 (FM-51) as the manual for EMS Protocols and Procedures for patient care.

6901.2: Updates in its entirety direction from National Park Service Directors Orders to 6901.2 Jurisdictions.

6901.3: Updates in its entirety direction from National Park Service Manuals to 6901.3 Authorized EMS Activities,

6901.4: Replaces FM-51 with FSM 6900 Emergency Medical Services. Adds Washington Office, National EMS Program Manager, for coordination of adopting policies and guidelines established by state EMS bureaus.

6901.6: Removes references to FM-51, specifies the Washington Office, National EMS Program Manager, will provide direction when required.

6901.7: Defines EMS Activities in rural areas and required written approval and who can grant that approval.

6902.1: Updates in its entirety direction from National Park Service Directors Orders to 6901.2 Goals.

6902.3: Updates in its entirety direction from National Park Service Manuals to 6901.3 Emergency Medical Services Protocols and Procedures.

6904.3: Adds to the Washington Office, National EMS Medical Director Responsibilities to convene the National EMS Advisory Committee on a scheduled basis as needed.

6904.4: Updates to include Forest Supervisors, and updates responsibilities.

6907.1: Replaces National Park Service FM-51 with FSM 6900 Emergency Medical Services, adds reference to chapter 6940, Legalities and Ethics.

6908: Adds references to chapter 6930, section 3932.3, adds Washington Office, National EMS Program Manager and Medical Director for approval of training. Replaces National Park Service FM-51 with FSM 6900, Emergency Medical Services.

Effective June 15, 2020.

Zero Code - Establishes new chapter and sets forth codes, captions, and direction for Emergency Medical Services.

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This directive standardizes the policies, guidelines, and procedures for implementing the Forest Service Emergency Medical Services (EMS) program, aligning national, regional, local program management, and medical direction.

6901 – Authority

6901.1 – Laws

1. **Title 5 United States Code Section 4109.** This section authorizes appropriations for the Forest Service to provide for emergency medical service training and certification.
2. **Title 16 United States Code Section 554b.** This section states that “appropriations for the Forest Service shall be available for medical supplies and services and other assistance necessary for the immediate relief of artisans, laborers, and other employees engaged in any hazardous work under the Forest Service, and for expenses of notifying employees of the death or serious illness of close relatives and, in such cases where no public transportation is available, for transporting the employees to a point where public transportation is available.”
3. **Title 16 United States Code Section 575.** Under this section, “the Secretary of Agriculture is authorized in cases of emergency to incur such expenses as may be necessary in searching for persons lost in the national forests and in transporting persons seriously ill, injured, or who die within the national forests to the nearest place where the sick or injured person, or the body, may be transferred to interested parties or local authorities.”
4. **Title 29 USC 668 et. Seq.** The authority for providing EMS for Forest Service employees is specifically articulated in the Occupational and Safety and Health Act of 1970 (OSHA), which states, "the responsibility of the head of each Federal agency to establish and maintain an effective and comprehensive occupational safety and health program ...and provide safe and healthful places and conditions of employment...."

6901.2 – Jurisdictions

Successful implementation requires the close cooperation and support of the various states and local governments where units of the Forest Service Region, Forest, Station, Law Enforcement and Investigation (R/F/S/LEI) units are located.

States may not enforce their laws and regulations against agencies of the Federal Government or their employees without congressional consent. However, R/F/S/LEI may adopt, in coordination with the Washington Office National EMS Medical Director, and the Washington Office National EMS Program Manager, all or part of the policies and guidelines established by a state Office of EMS where they are located. Such policies and guidelines should not conflict

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with policy, guidelines and/or procedures as described in FSM 6900 Emergency Medical Services, and its sub-chapters.

Forest Service EMS providers respond to ill or injured employees, volunteers, partners, and cooperators on and off National Forest System lands, or in rare cases, provide mutual aid and/or assistance to the public on National Forest Service lands. Happenstance responses for non-Forest Service employees and/or partners, on or off National Forest Service land, may occur when Forest Service EMS providers happen to be first on scene (or nearby), but routine EMS responses to members of the public, on and off federal property or events is not authorized.

Forest Service LEI personnel shall adhere to Forest Service law enforcement authority, jurisdiction, and policy with respect to performing EMS care outside of Forest Service boundaries.

6901.3 - Authorized EMS Activities

The following are examples of authorized EMS activities by Forest Service EMS providers:

1. Treatment of Forest Service employees, volunteers, partners, and cooperators who become ill or injured during the performance of work. This includes fire, law enforcement, and all-hazard incident response, as well as routine work.
2. Forest Service EMS providers are authorized to treat and transport employees, partners, and cooperators, and in rare instances members of the public lost or injured on National Forest Service lands, per 16 USC 554b and 16 USC 575. Upon notification of the need for an EMS response, the local primary 9-1-1 response agency with jurisdiction must be activated immediately and patient care and transportation must be transferred to appropriate local response agency personnel with jurisdiction as soon as they arrive on scene. Upon transfer of care to the local response agency personnel, Forest Service EMS personnel may continue to assist on the incident, if requested. In rare cases, the Forest Service may transport patients to definitive care, for example, if patient transfer is not available or delayed for a period of time that would jeopardize the life of the patient or risk serious medical complications.
3. Purchase of any and all medical kits and supplies, training and certification, and inoculations for EMS personnel will be conducted at the local level. The authorization for purchasing kits, materials and supplies includes all routine and special Forest Service Law Enforcement emergency care-related activities, with the approval of the appropriate line officer or the Director of LEI.

6901.4 - Activities Not Authorized

Forest Service EMS personnel are not authorized to provide scheduled, regular, or on-call assistance to the public, including the following activities:

1. Forest Service EMS employees responding to any type of regular on-call medical assistance to the public or being available for dispatch by local jurisdictions for EMS calls.
2. Routine treatment of members of the public at private homes/businesses.
3. Buying “ambulance” equipment, operating an ambulance service, or modifying Agency vehicles to serve as primary patient transportation. NOTE: Some equipment /supplies found in an ambulance may be an appropriate expenditure. Consult local medical direction and request direction from the Washington Office, National EMS Program Manager.
4. Responding to motor vehicle accidents on public roads outside of National Forest Service lands. Happenstance response events may occur when Forest Service EMS providers happen to be first on scene, but routine EMS responses off federal property are not authorized.
5. Transporting members of the public, except when lost or injured on National Forest Service lands, per 16 USC 554b and 16 USC 575 and then, only for delivery to the appropriate response agency. In rare cases to definitive care, if patient transfer is not available or delayed for a period of time that would jeopardize the life of the patient or risk serious medical complications.
6. Participating in local volunteer fire department activities while in a Forest Service “on duty” status unless the Forest Service is conducting/participating in a joint training event or live exercise. NOTE: While many units have individual employees who train and serve off-duty with local EMS services, volunteer fire departments, and/or other recognized authorities, medical direction from non-Forest Service agencies is not applicable to EMS care provided by a Forest Service employee on Forest Service managed lands, or vice versa.

6901.5 - Other Activities

Any other EMS activities not clearly defined above, including EMS activities in rural areas where no other or few emergency service resources exist, require written approval by the Regional Forester, Research Station Director, or the Director of LEI, in direct consultation with the Office of General Counsel, the local EMS Medical Advisor, the Washington Office, National EMS Medical Director, and the Washington Office, National EMS Program Manager.

6902 – Objectives

The Forest Service manages a wide variety of areas across the United States with diverse physical environments and where varying levels of EMS may be needed. Therefore, the Forest Service shall work to:

1. Provide guidance to Forest Service EMS providers for purposes of standardization of care and documentation.
2. Provide the framework for an efficient program.
3. Define levels of care.
4. Outline needs assessments and EMS plans.
5. Establish certification criteria.
6. Establish administrative procedures.
7. Establish operational procedures.

6902.1 - Goals

The goals of the Forest Service EMS Program are as follows:

1. To preserve life,
2. To alleviate suffering, to promote health, and
3. To do no harm, while ensuring the quality and available EMS services to employees, volunteers, partners, and cooperators who become ill or injured during the performance of work, as well as members of the public on an incidental basis.

This service will be provided based on human need with respect for human dignity, unrestricted by considerations of nationality, race, creed, color, religion, gender, disability, or status.

6902.2 - EMS Protocols and Procedures

Medical treatment of patients is delivered by EMS personnel using accepted medical protocols, procedures, and scopes of practice. Forest Service EMS Protocols and Procedures are developed by the Washington Office, National EMS Program office, in conjunction with physicians, EMS providers, national EMS medical practice standards, and nationally recognized EMS scopes of practice. Patient treatment protocols, medications, and procedures are reviewed frequently and may change with the latest knowledge and changes in medical practice. Local adaptations of protocols may also occur, see chapter 6930 Patient Care Protocols section 6931.3.

6903 – Policy

The Forest Service shall:

1. Ensure that adequate emergency medical services are available to employees, volunteers, partners, and cooperators who become ill or injured during the performance of their duties.

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2. Utilize qualified EMS providers in local communities, when possible, to provide a timely response to emergencies that occur on National Forest Service lands or events. When such services are not available, the Forest Service shall make a reasonable effort to provide a level of emergency medical service commensurate with R/F/S/LEI needs.
3. Promote good neighbor relations with the state medical authorities by coordinating procedures to the benefit of both agencies.

Each R/F/S/LEI shall complete an EMS needs assessment and develop and implement a program to meet identified needs, in accordance with this policy.

6904 – Responsibility

6904.1 - Agency-wide

The Forest Service has the responsibility to:

1. Ensure that adequate pre-hospital care is available for employees, volunteers, partners, and cooperators.
2. Maintain an EMS organizational structure consistent with FSM 6900 Emergency Medical Service and the sub-chapters.
3. Recommend appropriate levels of EMS training for all employees who provide EMS care on behalf of Forest Service EMS Programs.
4. Retain a physician as the Washington Office, National EMS Medical Director.
5. Coordinate and collaborate with EMS Program leadership in the best interest of all federal agencies to ensure quality patient care.

6904.2 – Washington Office National EMS Program Manager

The Washington Office National EMS Program Manager working under the Director of the Office of Safety & Occupational Health and the Washington Office Deputy Chief for Business Operations, has the responsibility to:

1. Provide overall national leadership of the EMS Program by delivering both short and long-term strategic planning and programming to the Forest Service EMS Program.
2. Represent the Washington Office on strategic planning, development, review and revision of national policies including protocols, training, data collection, standards of care, quality assurance and improvement, and curriculum revisions to medical training programs.
3. Liaise with other EMS organizations, such as the National Highway Traffic Safety Administration, Health and Human Services, the Federal Interagency Committee on EMS (FICEMS), the American Red Cross, the American Heart Association (AHA), the Director of Fire and Aviation, other Federal Agencies such as the National Park

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Service, and others on issues of mutual interest, including infectious diseases and injury prevention planning.

4. Provide, through subject matter expertise, assistance, and guidance to the R/F/S/LEI on policy and legal matters regarding EMS.
5. Assist the Regions/Stations in developing contracts with hospitals and local EMS medical advisors.
6. Collect EMS data for use in identifying trends in EMS, quality improvement, and injury prevention planning.
7. Maintain inventories on personnel resources and EMS equipment.
8. Convene the Forest Service National EMS Advisory Committee (sec. 6904.9) to deliberate and opine on issues of importance to the EMS Program.

6904.3 – Washington Office National Emergency Medical Services Medical Director

The Washington Office National Emergency Medical Services (EMS) Medical Director has the responsibility to:

1. Provide overall medical direction and oversight for the EMS system.
2. Assist in developing, recommending, and approving medical protocols covering nationally recognized procedures for established levels of care.
3. Collaborate with local EMS Medical Advisors to ensure compliance with national standards.
4. Review the EMS Protocols and Procedures and other Forest Service treatment protocols and revise as necessary. Recommendations from the field will be solicited and considered during this process.
5. Convene the National EMS Advisory Committee (sec. 6904.9) on a scheduled basis with additional meetings as needed.

6904.4 – Forest Supervisors, Regional Foresters, Station Directors, and Director of Law Enforcement and Investigation

Forest Supervisors, Regional Foresters, Station Directors, and the Director of LEI have the responsibility to:

1. Ensure EMS Programs are in compliance with policy and approve all EMS standard operating procedures at the R/F/S/LEI level.
2. Assign a Region/Station EMS Coordinator to assist the Washington Office, National EMS Program Manager with EMS issues affecting their R/F/S/LEI.
3. Coordinate, collect, and analyze data related to EMS (such as, patient care reports, LEI incident reports, and so forth).
4. Maintain a resource list of EMS providers within the Forest, Region or Station.
5. Provide EMS Region/Station training.
6. Coordinate recommendations made for revisions to national EMS policy.

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7. Provide for an incident debriefing (non-critique) within 36 hours of any incident involving circumstances that might have adverse emotional or psychological impacts to the EMS providers.
8. Arrange, as necessary through Dispatch, District Rangers, or the Employee Assistance Program (EAP), a more formal Critical Incident Stress Debriefing session. Any EMS member may request Critical Incident Stress Management (CISM) assistance.

6904.5 – Regional Emergency Medical Services Coordinator

The Regional Emergency Medical Services (EMS) Coordinator has the responsibility to:

1. Evaluate the welfare and effectiveness of the EMS Programs in the region and apprise regional leadership.
2. Ensure that regional and local EMS plans are consistent and in compliance with policy.
3. Coordinate regional EMS training.
4. Approve EMS credential applications.
5. Prepare and submit a summary of regional EMS activities and the number of Level 3, 4, 5 and 6 EMS providers to the EMS Medical Director. See section 6908.3 of this manual and chapter 6930 section 6932.3 Training and Levels of care.

6904.6 – Region, Forest, Station, and Law Enforcement and Investigations Emergency Medical Services Coordinator

The (R/F/S/LEI) Emergency Medical Services Coordinator (EMS) has the responsibility to:

1. Recommend and work with a Local EMS Medical Advisor (LEMA).
2. Liaise with a Local EMS Medical Advisor for Level 1-6 EMS Programs as needed for R/F/S/LEI with automated external defibrillator (AED) programs.
3. Evaluate the operations and effectiveness of the EMS Program and apprise Forest Supervisors, the Regional EMS Coordinators, and the Local EMS Medical Advisor.
4. Conduct EMS Needs Assessment (ch. 6920, Needs Assessments and EMS Plan) for the unit at a minimum of every three years.
5. Ensure that the unit EMS plans (ch. 6920 Needs Assessments and EMS Plan) are consistent and in compliance with the National EMS Program policy.
6. Ensure (with the concurrence of the local EMS Medical Advisor) that Forest Service EMS providers meet all requirements prior to endorsement for the National Registry Emergency Medical Technicians (NREMT) recertification and/or state recertification.
7. Coordinate unit EMS training and serve as (or assign) an EMS training officer.
8. Coordinate the purchase of controlled substances, EMS supplies and equipment.
Note: Standard first aid supplies used by non-EMS providers are defined and under the scope of FSM 6700 Safety and Occupational Health Program; please consult the unit Safety and Occupational Health Manager regarding first aid supplies.

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9. Maintain necessary records such as personnel resources and supply and equipment inventories.
10. Distribute Interagency EMS credential applications.
11. Prepare and submit a summary of unit EMS activities and the number of Level 3,4 5, and 6 EMS providers to the Regional EMS Coordinator (Forest EMS Coordinators) or the Director of EMS (Station and LEI EMS Coordinators) at the end of each calendar year.
12. Provide Critical Incident Stress Management follow-up as necessary for all employees and Supervisors who may be involved in emergency response and/or support.
13. Maintain EMS patient care encounter data for all patient care encounters utilizing electronic patient care report (ePCR). To the extent the data includes Personally Identifiable information it is subject to the Privacy Act. Summary data without personally identifiable information is outside the scope of the Privacy Act. Data should include, at a minimum, the nature of the complaint, persons involved, treatment rendered, and disposition of each incident. In keeping with the Privacy Act, non-patient specific EMS data will be summarized in an annual report for F/S/LEI management, as well as for the Regional and Washington Offices for statistical purposes without any personally identifiable information.

6904.7 - Law Enforcement and Investigations Emergency Medical Services Coordinator

In addition to the responsibilities listed above, the Law Enforcement and Investigations EMS Coordinator has the responsibility to work with the R/F/S/LEI EMS Coordinators to ensure that LEI EMS providers within their unit are included in all related EMS Plans.

6904.8 - Local Emergency Medical Services Medical Advisor

To assure that treatment in an EMS Program is based on sound medical concepts, there must be strong medical oversight. The key to medical oversight is the Local Emergency Medical Service Medical Advisor (LEMA), who has the responsibility for implementing the program's medical guidelines. Forest Service units that provide AED services and patient care at Levels 3-6 are required to have a Local EMS Medical Advisor for their EMS Program.

The Local EMS Medical Advisor has the responsibility to:

1. Be licensed doctors, preferably hospital-based emergency medicine physicians, and approved by the Washington Office National EMS Medical Director.
2. Provide advice and oversight to individual R/F/S/LEI programs, including online medical control, quality improvement, data collection, continuing education, protocol implementation, and treatment authorizations in a manner consistent with national policies and procedures set forth in FSM 6900 Emergency Medical Services. Endorse qualified applicants for National Registry Emergency Medical Technicians (NREMT) certification at Levels 3-6. The LEMA may also work in coordination with

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the Washington Office, National EMS Medical Director to develop unique local protocols to accommodate local needs, resources, and capabilities when national policies and procedures do not provide sufficient guidance for local needs, resources and capabilities.

3. Advise the R/F/S/LEI EMS Coordinator and EMS providers regarding all aspects of patient care including protocols, standing orders, online medical direction, and quality assurance and improvement.
4. Review the EMS Protocols and Procedures annually and recommend revisions, as needed, to the Washington Office, National EMS Medical Director.

Recommendations should be solicited from field providers as appropriate.

6904.9 - Forest Service National EMS Advisory Committee

The Forest Service National Emergency Medical System (EMS) Advisory Committee has the responsibility to:

1. Exchange views, information, or advice relating to the management or implementation of the Forest Service EMS Program.
2. Make recommendations to change or review policies set forth in these directives.
3. Represent a cross-section of the Forest Service EMS Program, enlisted from R/F/S/LEI EMS Coordinators, Local EMS Medical Advisors, the Washington Office National EMS Medical Director, and the Washington Office National EMS Program manager, and may include other Land Management Agency EMS representatives as non-voting members.

The Forest Service Washington Office National EMS Program Manager, or their designee, will convene the Forest Service National EMS Advisory Committee to advise and work on issues important to the Forest Service with specific emphasis on EMS related subjects. The Advisory Committee will exchange views, information, and/or advice relating to the management and/or implementation of the Forest Service EMS Program, make recommendations to change or review policies as set forth in the FSM 6900 Emergency Medical Services and associated patient care protocols, as well as offering leadership advice on EMS related topics and policy.

The Forest Service National EMS Advisory Committee will meet as often as deemed necessary by the Washington Office, National EMS Program Manager. The Forest Service National EMS Advisory Committee will be administered in a manner that does not entail chartering under the Federal Advisory Committee Act. The National EMS Advisory Committee will attempt to meet in-person, in conjunction with a national EMS Conference, at least annually, or as often as needed to resolve the issues at hand.

This Advisory Committee will represent a cross section of the Forest Service EMS system, enlisted from EMS Coordinators, LEMAs, Fire and Aviation Management, and subject matter experts. The National EMS Advisory Committee is recommended to consist of the Washington Office National EMS Program Manager, the Washington Office National EMS Medical Director,

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at least two field LEMAs, two EMS providers, all Regional EMS Coordinators, and one LE&I EMS Coordinator.

6905 – Definitions

Advanced Life Support (ALS). A set of life-saving protocols and skills that extend Basic Life Support to further support the circulation and provide an open airway and adequate ventilation (breathing).

Automated External Defibrillator (AED). A lightweight, portable device that delivers an electric shock through the chest to the heart.

Basic Life Support (BLS). A level of medical care which is used for victims of life-threatening illnesses or injuries until they can be given full medical care at a hospital. It can be provided by trained medical personnel, including emergency medical technicians, paramedics, and by qualified bystanders.

Emergency Medical Services (EMS). Refers to the pre-hospital care and/or transportation of the sick and injured. This broad category covers activities ranging from minor first aid to Advanced Life Support cases in a wide variety of environmental settings. The term EMS is also used throughout FSM 6900 to denote the EMS Program.

Medical direction. Encompasses all aspects of physician oversight for medical care provided in the prehospital setting and includes participation in program management to ensure compliance with contemporary standards of medical care.

Transportation. For the purpose of this directive, transportation is the moving of ill or injured EMS patients using available resources ranging from hand-carried litters to air ambulances. Patient transportation by the Forest Service should occur only when patient transfer to an appropriate response agency is not available or is delayed for a period of time that would jeopardize the life of the patient or risk serious medical complications.

6906 - Program Funding

Funding for an R/F/S/LEI EMS Program is borne by the local unit. Program costs may include training, supplies and equipment, and registration fees for obtaining and maintaining EMS certifications. Title 5 USC 4109 authorizes the Forest Service to use appropriated funds for EMS training and certification.

6907 – Documentation

An important component of an EMS Program is a well-maintained system of complete and accurate medical records. It is the practice of the Forest Service to maintain records in the form

of a Patient Care Record (PCR) or electronic Patient Care Record (ePCR) whenever an on-duty employee treats or evaluates a patient.

The PCR contains information that the EMS provider and the LEMA will use in evaluating and treating the patient. All PCRs will be entered into the Forest Service ePCR database, which has been developed to document basic life support and advanced life support actions performed by Forest Service EMS providers.

In addition to being an official record of emergency medical care provided, it is used to support quality improvement and assurance efforts for the EMS Program and to assist in routine needs assessments and local/regional/national resource determinations with respect to EMS provision.

Non-Privacy Act information is also used for regional and national data collection, in conformance with the Department of Transportation's EMS Data Points and their Definitions. This document contains EMS data points and their definitions as standardized by the National Highway Traffic Safety Administration Office of EMS.

6907.1 - Electronic Patient Care Record

The Electronic Patient Care Record (ePCR) will constitute the complete and accurate record of all care delivered to a patient by Forest Service EMS Program providers. In addition to serving as the principal means of documenting patient care interactions, it will allow for effective comprehensive quality assurance oversight. Specific requirements and guidance for EMS medical documentation are described in the FSM 6930 Medical Oversight and Training.

The ePCR and its contents must be considered protected electronic Protected Health Information (PHI) and must be treated in a manner consistent with Security and Privacy standards set forth in 45 CFR 164. Personally Identifiable Information (PII) is subject to the Privacy Act and is generally exempt from disclosure made available under the Freedom of Information Act. Further information regarding patient confidentiality is presented in chapter 6940 Legalities and Ethics. Direct any questions to the USDA Office of General Counsel.

6907.2 - Patient Refusal

There are times when a patient will refuse treatment and/or transportation. To refuse treatment and/or transportation the patient must meet the following conditions:

1. Is an adult (in most states, this implies 18 years old or greater, or emancipated minor).
2. Is mentally competent.
3. Is alert and oriented.
4. Is not impaired due to substances such as alcohol or drugs.

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5. Has no obvious medical or traumatic condition that would impair the patient's ability to make an informed decision.
6. Is informed of physical condition and presumptive condition requiring transport.
7. Is informed of risk of not going to the hospital or medical facility.

When a patient, who meets the above criteria, declines care that has been recommended by the EMS provider and/or online medical control physician, a Waiver of Treatment should be completed. A clear description of the intended plan of care along with the potential risks of declining care must be explained to the patient and the patient must clearly state that they understand the risk of declining care. This must be entered into the patient care record, signed by the patient and if possible, witnessed by a neutral third party. If the patient refuses a specific treatment, document the refusal, and continue with other treatments as appropriate.

Specific requirements and guidance for Patient Refusal are described in chapter 6940, Legalities and Ethics and are also outlined in patient treatment protocols.

6907.3 - Annual Reports

At the end of each calendar year, the F/R/S/LEI are responsible for reporting annual data to the Forests, Regions, Stations, and Director of LEI EMS Coordinator. Annual data will be compiled and forwarded to the National EMS Medical Director. See exhibit 01.

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6907.3 - Exhibit 01

Annual Reports (Ref: 6907.3 - Annual Reports)

Contact the EMS National office for the latest version.

US FOREST SERVICE ANNUAL EMERGENCY MEDICAL SERVICES REPORT 2022																						
ADMINISTRATIVE INFORMATION																						
Region #:																						
Region Name:																						
Regional EMS Coordinator:																						
e-mail:																						
Phone:																						
FOREST	LOCAL EMS COORDINATOR	Event (e.g., specific fire, IMT deployed, etc. - To split out event related data in addition to operational data)	HUMAN RESOURCES CREDENTIALLED PROVIDERS	1st RESPONDER (EMR) PERMANENT / SEASONAL	Emergency Medical Tech (EMT) PERMANENT / SEASONAL	Advanced EMT (AEMT) PERMANENT / SEASONAL	PARAMEDICS (EMT-P) PERMANENT / SEASONAL	OTHERS (RN, PA, NP, Etc.) PERMANENT / SEASONAL	OTHERS (Doctors / LEMAs)	TOTAL EMS PROVIDERS	State certified / licensed personnel	NREMT certified / licensed personnel	Both State & NREMT certified / licensed personnel	EMS WORKLOAD	TRAUMA (BLS) BASIC LIFE SUPPORT	TRAUMA (ALS) ADVANCED LIFE SUPPORT	MEDICAL (NON-CARDIAC) BASIC LIFE SUPPORT (BLS)	MEDICAL (NON-CARDIAC) ADVANCED LIFE SUPPORT (ALS)	MEDICAL (CARDIAC) BASIC LIFE SUPPORT (BLS)	MEDICAL (CARDIAC) ADVANCED LIFE SUPPORT (ALS)	FIRST AID ONLY Non-EMS providers	TOTAL
#Name#	#Name#	#Event#								0												0
#Name#	#Name#	#Event#								0												0

FOREST	LOCAL EMS COORDINATOR	Event (e.g., specific fire, IMT deployed, etc. - To split out event related data in addition to operational data)	FOREST WORKLOAD (i.e., Events needing EMS)	Planned events (e.g., Festivals, local gatherings, prescribed fires)	Unplanned events (Wildland Fire Activities - suppression specifically)	Unplanned / All Hazard events (e.g., Tornadoes, floods, hurricanes)	Other events (Not fitting anything previously), Explain	TOTAL	SUDDEN DEATH CARDIAC ARRESTS	# SUDDEN CARDIAC ARRESTS	AED USED?	SURVIVAL (i.e., HOSPITAL RELEASE)	FATALITIES	TRAUMATIC	NON-TRAUMATIC	TOTAL
#Name#	#Name#	#Event#						0								0
#Name#	#Name#	#Event#						0								0

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FOREST	LOCAL EMS COORDINATOR	Event (e.g., specific fire, IMT deployed, etc. - To split out event related data in addition to operational data)	TRANSPORTATION	# GROUND TRANSPORTS Local Responders	# GROUND TRANSPORTS Contracted Responders	# GROUND TRANSPORTS USFS Units	# OF HELICOPTER TRANSPORTS Local (e.g., PD, Sheriff, etc.)	# OF HELICOPTER TRANSPORTS Contract Aircraft	# OF FIXED WING TRANSPORTS Local (e.g., PD, Sheriff, etc.)	# OF FIXED WING TRANSPORTS Contract Aircraft	# OF VESSEL TRANSPORTS OTHER (Explain)	TOTAL TRANSPORTS	# OF EMS RESPONSES OUTSIDE FOREST JURISDICTION	CAPITALIZED EQUIPMENT	EMS VEHICLES (>50% usage) (e.g., 4x4, ATV, Utility)	AED - USFS	OTHER (Explain)
#Name#	#Name#	#Event#										0	0				
#Name#	#Name#	#Event#										0	0				

FOREST	LOCAL EMS COORDINATOR	Event (e.g., specific fire, IMT deployed, etc. - To split out event related data in addition to operational data)	TRAINING	TRAINING: (Person / Days) FIRST AID / CPR	TRAINING: (Person / Days) BLS	TRAINING: (Person / Days) ALS	TRAINING: (Person / Days) 1ST AID / BLS / ALS - COMBINED	TRAINING: (Person / Days) OTHER	TOTAL PERSON TRAINING DAYS	PROGRAM MANAGEMENT	FUNDS ALLOCATED EMS (TOTAL)	FUNDS EXPENDED EMS (TRAINING)	FUNDS EXPENDED EMS OTHER (e.g., Equip, Supplies, Medications)	TOTAL \$ Expended	AVAILABLE ASSETS	# USFS EMS COORDINATORS	# USFS EMS MEDICAL ADVISORS	# COOPERATING HOSPITALS	EMT KITS AVAILABLE (Built, Inventoried)
#Name#	#Name#	#Event#							0										
#Name#	#Name#	#Event#							0										

6907.4 - Records Retention

Personnel are required, by policy, to maintain records in all cases where emergency care is provided by EMS personnel. The R/F/S/LEI Coordinator will maintain and compile an annual statistical report. Each EMS Coordinator will follow the records retention schedule in FSH 6209.11.

A file of all ePCR records will be maintained by the F/S/LEI EMS Coordinator containing, at a minimum, the nature of the complaint, persons involved, treatment rendered, and disposition of each incident. In keeping with the Privacy Act, non-patient specific EMS data will be summarized in an annual report for F/S/LEI management, as well as for the regional and Washington offices for statistical purposes.

6908 – Training and Certification

The Forest Service is adopting the certification and training standards for nationally accepted EMS levels of care as described in chapter 6930, Section 6932.3, Training and Level of Care. These levels correspond to national certification standards that have been established by organizations such as the American Red Cross, American Safety and Health Institute, National Safety Council, American Heart Association, and the U.S. Department of Transportation. The Forest Service EMS Program is initially focused on Basic Life Support (BLS) levels of care but includes a process for providing Advanced Life Support (ALS). Forest Service ALS programs require approval by Regional Forester, Station Director or Director of LEI, Washington Office, National EMS Program Manager, and Washington Office, National EMS Medical Director approval.

The Forest Service shall provide employees the opportunity to obtain appropriate EMS training to support EMS Program requirements as identified by the unit EMS Needs Assessment and EMS Plan, described in detail in chapter 6920 Needs Assessments and EMS Plan. To help ensure a comprehensive approach to providing patient care, Cardiopulmonary Resuscitation (CPR) and First Aid training is recommended for all Forest Service employees. All Forest Service field crews and office groups are required to have at least one member trained in First Aid and CPR (per FSH 6709.11, Section 21.2, First Aid Training). In rural, remote, and wilderness areas, or where the existence of local EMS is limited or delayed, higher levels of emergency care may be necessary in order to ensure that EMS care of patients is consistent with contemporary standards.

It is beyond the scope of this program to establish licensing requirements for medical professionals such as physicians and registered nurses. Their participation in the EMS Program will be based on licensing requirements in their respective states, and authorization by the Washington Office, National EMS Medical Director (chapter 6930, Section 6932.5 Credentialing).

6908.1 – Training and Recertification

Either through the Region/Station EMS Coordinator or other designated means, the R/F/S/LEI is responsible for ensuring that EMS training provided by the R/F/S/LEI is documented for quality assurance. Those documents are the administrative record for EMS provider re-certification, program audits, statistical information, and other related purposes.

6908.1.1 - Quality Assurance/Continuing Quality Improvement

It is of utmost importance to provide quality assurance and quality improvement in both the training and practice aspects of an EMS Program.

The EMS provider's ability to render appropriate emergency pre-hospital care is a direct reflection on the Forest Service, the local EMS Medical Advisor, and his/her staff. Ongoing quality improvement shall be maintained as follows:

1. All ePCR records must be reviewed by the Region/Station EMS Coordinator, an EMS provider of a similar or higher qualification, and as appropriate, the local EMS Medical Coordinator.
2. Incident reviews should be conducted on a regularly scheduled basis. The ePCR is the primary document to be used for case reviews.
3. Any member of the EMS Program may request to review any component of the EMS Program for improvement via their chain of command. Concerns may also arise from outside the Forest Service. The F/S/LEI EMS Coordinator and local EMS Medical Advisor shall review those issues and provide recommendations to the Forest Supervisor, Regional Forester, Station Director, or Director of LEI.
4. Continuing education must be provided for, and completed by, EMS providers within a specified timeframe in order to maintain current certifications.
5. Periodic inspection and maintenance of all EMS equipment should be performed as necessary to ensure proper function. Regular inventories of all emergency medical supplies, including medications, are necessary to ensure that they are current and in adequate supply.
6. Scheduled communication checks should be performed where applicable to ensure reliable contact with medical control.
7. The Local EMS Medical Advisor is responsible for reviewing any cases in which disciplinary action is being considered (chapter 30 Sec. 6932.11 Quality Assurance/Continuing Quality Improvement).
8. All EMS providers must maintain the knowledge and skill proficiency required for their level of certification. This is accomplished by providing patient care in either the field or hospital setting and obtaining ongoing continuing education. Level 5 and 6 EMS providers must maintain ALS skills proficiency as required by the local EMS medical advisors. It is the responsibility of the EMS provider to ensure documentation of their EMS experience and education.

6908.2 - Certifying Organizations

There are several certifying organizations for a variety of EMS levels. Please refer to chapter 30, section 6932.2, Certifying Organizations for an outline of available training/certifying organizations.

6908.3 - Training and Levels of Care

Levels of care as well as levels of certification determine the requisite trainings required. These are outlined in detail in chapter 6930, section 6932.3, Training and Levels of Care.

1. Level 1: CPR/AED Provider.
2. Level 2: Basic First Aid Provider.
3. Level 3: Emergency Medical Responder (EMR).
4. Level 4: Emergency Medical Technician (EMT).
5. Level 5: Advanced Emergency Medical Technician (AEMT) and Park medic.
6. Level 6: Paramedic.

6908.4 – Credentialing

The Forest Service hires a substantial number of seasonal and permanent employees who regularly travel and transfer between R/F/S/LEI units. The Agency must have a structured system in place to evaluate and authorize employees to perform emergency care on National Forest Service lands. The Forest Service may cover all costs associated with required EMS training and certification, pursuant to authority contained in 5 USC 4109.

A large percentage of Forest Service EMS providers are trained by or transfer from agencies outside the Forest Service. In addition, there is a high degree of mobility within the Forest Service that results in EMS providers regularly transferring between R/F/S/LEI.

1. **Certification.** It is important that EMS providers understand the distinction between certification and licensure. Possession of an EMS certification is not an authorization or license to perform EMS in the Forest Service.
It is the policy of the Forest Service that all EMS providers at Levels 3-6 will be certified by the NREMT and/or by a state whose curriculum meets the National EMS Education Standards. EMS providers not certified by the NREMT must be able to have their state certifications validated.
2. **Permissions and credentialing.** The credentialing process is the mechanism by which the Forest Service certifies an EMS provider to provide care within a designated scope of practice. Only those who are authorized may provide care. The credential is the physical documentation of a provider's authorization to perform EMS within their official scope of duty.

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Further details regarding credentialing are discussed in chapter 6930, section 6932.5 Credentialing.