

**Forest Service Manual
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Washington, DC**

**Forest Service Manual 6900 – Emergency Medical Services
Chapter 30 – Medical Oversight and Training**

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

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

6930: Revises chapter in its entirety. Removes all NPS references and updates all training requirements to current year 2022 standards. Expands discussion on the role of the Local Emergency Medical Advisor. Updates credentialing information and clarifies direction.

6931: Updates reference to Local Emergency Medical Advisor responsibilities to FSM 6900 Emergency Medical Services section 6904.9; updates Medical Control of an EMS Program.

6931.1: Changes section title from “Physicians on Scene” to “Local Emergency Medical Service Advisors” and sets forth direction.

6931.2: Changes section title from “Protocols” to “Physician On-Scene” and sets forth direction.

6931.3: Changes section title from “Standing Orders” to “Patient Care Protocols (EMS Protocols and Procedures)” and sets forth direction.

6931.4: Changes section title from “Continuing Education” to “Standing Orders” and sets forth responsibility.

6931.5: Changes section title from “Advanced Life Support (ALS) Program Approval” to “Continuing Education” and sets forth direction.

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6931.6: Changes section title from “Emergency Medical Communications” to “Advanced Life Support Program Approval” and sets forth direction.

6931.7: Establishes code, and caption for direction on “Emergency Medical Communications” previously set out in section 6931.6.

6932: Removes language for Advance Life Support approvals and reference to NPS FM-51.

6932.4: Changes section title from “Other Sample Courses” to “Other NPS Sponsored Courses” and sets forth direction.

6932.5: Removes reference to Advance Emergency Medical Technician certification.

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To assure that treatment in an Emergency Medical Services (EMS) Program is based on sound medical concepts, considerations must be made for strong medical oversight.

6931 - Components of Medical Oversight

The following components provide for medical oversight.

1. **Washington Office, National Chief Medical Director/Washington Office, National EMS Medical Director.** The Washington Office National EMS Medical Director provides overall medical direction and oversight for the National EMS system (FSM 6900, Emergency Medical Service sec. 6904.3, Responsibility).
2. **Local EMS Medical Advisor.** The key to medical oversight is the Local EMS Medical Advisor (LEMA), who has the responsibility for implementing the EMS Program policy and procedures and to provide direct medical direction and oversight for local EMS providers (FSM 6900, Emergency Medical Service sec. 6904.9, Forest Service National EMS Advisory Committee).

When selecting a LEMA, the American College of Emergency Physicians recommends the following criteria:

- a. Experience in pre-hospital and emergency department care of the acutely ill or injured patient.
- b. Routine participation in base station radio direction of EMS providers.
- c. Routine active participation in emergency department management of the acutely ill or injured patient.
- d. Active involvement in the training of emergency care personnel.
- e. Active involvement in the medical audit, review and critique of emergency medical care provided by EMS personnel.
- f. Familiarity with the legislative processes affecting the pre-hospital EMS system.

The LEMA is a physician who provides program medical oversight and is preferably a member of a hospital emergency department staff. For responsibilities see FSM 6900, Emergency Medical Service, section 6904.9 Forest Service National EMS Advisory Committee. Additional information for LEMA's is available from the Washington Office, National Program Office and the Washington Office, National EMS Medical Director.

Medical control of an EMS Program requires appropriate physician involvement in all levels of EMS planning, administration, and evaluation. Additionally, Advance Life Support (ALS)

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programs require some skills that are practiced only through orders from a physician or previously approved standing orders. Multiple participants are involved in medical oversight both on and offline. Online medical control involves direct communication between a physician and EMS provider during an incident. Offline medical control involves planning, development, and quality improvement. The FSM 6900, Emergency Medical Services protocols and procedures are the basis for all off-line medical control.

Pre-hospital care provided by Forest Service EMS personnel is considered to be an extension of the hospital-based physician. Therefore, the Local EMS Medical Advisor must have a high degree of confidence in the competency of the Forest Service EMS providers. They must approve Forest Service EMS providers to administer ALS procedures under their license support national training standards, scope of practice, FSM 6900, Emergency Medical Services Protocols and Procedures, and quality improvement for the EMS Program.

The local EMS Medical Advisor must work closely with the Region/Forest/Station/Law Enforcement and Investigations (R/F/S/LEI) EMS coordinator to ensure Forest Service EMS providers adhere to appropriate standards of care.

Note that emergency medical protocols and procedures are identified in the FSM 6900, Emergency Medical Services Protocols and Procedures document (formerly referenced as the Field Manual 51 (FM-51).

1. **Resident Liaison Physician.** In some programs the Local EMS Medical Advisor may designate a resident physician at the base hospital to act as liaison with the R/F/S/LEI EMS responder. However, ultimate responsibility for medical oversight of the R/F/S/LEI EMS program remains with the Local EMS Medical Advisor.
2. **Base Station Physicians.** Base Station Physicians are residents or staff physicians at the base hospital who provide immediate online control to EMS providers and may assist the local EMS Medical Advisor in his/her duties. Mobile Intensive Care Nurses may also function as online medical control if appropriately trained, supervised, and approved by the local EMS Medical Advisor.

6931.1 - Local Emergency Medical Services Advisors

A key element of the Forest Service EMS program is the recruitment, development, and retention of Local EMS Medical Advisors. Local EMS Medical Advisors are the backbone of Forest Service EMS system providing critical advice and direction to the EMS systems and programs. Guidelines and additional information will be maintained and authorized by the Director of Emergency Services with the guidance and council of the Washington Office National EMS Medical Director and Washington Office National EMS Program Manager.

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The Local EMS Medical Advisor's Informational Guideline is designed to assist Local EMS Medical Advisors and R/F/S/LEI EMS Coordinators by describing some of the potential duties and responsibilities of a Local EMS Medical Advisor. The information focuses on the more unique aspects of providing EMS medical direction within the Forest Service. It describes the levels of EMS providers and their scopes of practice, provides advice on how training, continuing education, quality improvement, and operational issues can be addressed. It provides references for more detailed information and resources available to the Local EMS Medical Advisor. This information is not designed to be all encompassing, but rather a resource that will direct the reader to other sources and references for questions that are not answered in the body of the text. It should be reviewed in conjunction with Forest Service Manual 6900 and the EMS Protocols and Procedures. For additional references, see the National Highway Traffic Safety Administration (NHTSA) EMS Guidance Documents section [Guidance Documents | NHTSA](#).

6931.2 - Physician On-Scene

Occasionally a physician may be at or happen on the scene of a medical emergency within a Forest/Station. EMS personnel may not provide ALS under the direction of a physician on the scene unless that physician has had the authority for control of that scene transferred to him by the base hospital physician. In addition, it is necessary to establish that such a physician has the qualifications to assume control, if that is their intention, and that they fully understand the consequences of such action. Most states have statutes covering such eventualities, and in general they include the following:

1. The physician must be licensed in the State.
2. The physician must be willing to accompany the patient to the hospital.
3. Medical control must authorize the EMS providers to operate under the physician's control.
4. The physician must sign the Electronic Patient Care Report or paper Patient Care Report (ePCR/PCR) accepting control of patient care.
5. If a non-Medical Control Physician has directed any portion of care, the full name and phone number of the physician will be documented in the PCR.

If the physician on the scene prefers to help, but not be primarily in charge, his/her assistance may be used by contacting medical control.

There are rare situations where medical control cannot be established (radio out, isolation, and so forth) and the assistance of a qualified physician has been offered. Assistance can be accepted, but the Forest Service provider shall take measures to authenticate that the physician has the qualifications to assume control. The Forest Service provider should obtain a State medical license number or other information regarding a medical practice or hospital

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affiliation prior to accepting medical services. If ALS services are performed under that person's direction, the same procedures will apply as outlined above.

If a physician takes control of patient care, the rest of the incident should continue to be managed by the R/F/S/LEI or cooperating agency incident response-trained personnel.

6931.3 – Patient Care Protocols (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 National EMS Program office, in conjunction with physicians, EMS providers, national EMS medical practice standards, and nationally recognized EMS scopes of practice.

Protocols provide a standard approach to commonly encountered medical emergencies. Protocols should be reviewed periodically, and at a minimum of once per year, to ensure that they are contemporary with today's emergency medical standards. The Forest Service will utilize EMS Protocols and Procedures as updated 2022 and all future updates.

Forests need to have the ability to develop methods of patient care that are consistent with local and regional standards of care. Further, Forests need to have the option to develop procedures, protocols and medications that are designed to meet the needs of the individual forest since there are a wide range of needs, environments, and types of EMS incidents in the United States Forest Service (USFS) system.

A USFS Unit EMS Coordinator, working with the advice and direction of the LEMA, can put forth a written proposal to add, change or delete a protocol or procedure or medication from the EMS Protocols and Procedures. The EMS Coordinator will submit the proposal to the Regional EMS coordinator. The Regional EMS Coordinator will review and forward the requests to the EMS Program Manager along with the Washington Office, National EMS Medical Director.

6931.4 - Standing Orders

Standing order is another term frequently used when referring to patient treatment. The term Standing order is synonymous with Protocols and Procedures and are the approved use of medications and advanced life-saving emergency medical procedures that EMS personnel may provide without direct communication with a physician. They authorize treatment before radio contact is made with online direction, usually when delay in patient care would be harmful or when online direction is unnecessary.

They also provide authorization for treatment when direct contact with online medical control is not possible (that is, inoperative radio). Standing orders are established to provide clear instructions for patient care.

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Standing orders may also be established by the Local EMS Medical Advisor to permit the EMS provider to initiate treatment based on independent judgment. They must be based on the EMS Protocols and Procedures, provider's level of training, local requirements, and identified patient need.

Standing orders provide authority to carry out procedures on behalf of the physician who signed them, as EMS providers are not independent practitioners of medicine. Standing orders signed by a specific LEMA are not transferable to other R/F/S/LEI EMS programs.

6931.5 - Continuing Education

As part of continuing quality improvement, ongoing continuing education programs should include individual and group feedback, as well as information and data obtained from ePCR/PCRs and other sources.

Through coordination with the R/F/S/LEI EMS coordinator, the LEMA is encouraged to provide continuing education sessions that are focused on topics driven by Continuing Quality Improvement data.

Credit for continuing education courses for Levels 3-6 is subject to review by the LEMA.

6931.6 - Advanced Life Support Program Approval

Forest Service EMS providers may request ALS Program approval with the support of their LEMA, local EMS coordinator and regional EMS coordinator. Approval to implement an ALS Program is the responsibility of the Regional Forester; or Forest Supervisor; or the Station Director; or Director of LEI as the location dictates. Washington Office National EMS Medical Director and the Washington Office National EMS Program Manager also must review and sign off any ALS Programs.

6931.7 - Emergency Medical Communications

All R/F/S/LEI providing Level 3-6 EMS programs must establish a communication link with their LEMA or a designated emergency physician and/or hospital emergency department.

Online medical direction allows EMS providers to communicate directly (by telephone or radio) with a physician or mobile intensive care nurse who assumes responsibility and gives direction for patient management. This allows for retrospective review for both continuing education and continuing quality improvement. Once contact has been made, the EMS provider becomes the agent of the online physician regardless of any other employee-employer relationship. The LEMA should approve all base stations established for online medical control.

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ALS may be administered only while in voice contact with a base station physician unless the LEMA has included standing orders within the program protocols. For R/F/S/LEI providing care at Levels 3-6, it is essential that EMS providers have access to direct 24-hour-a-day communications with a medical facility and/or physician to help ensure that adequate patient care is being delivered.

R/F/S/LEI should evaluate their technical capability to effectively communicate with LEMA. Regulations may allow a R/F/S/LEI's frequency to be placed in the base hospital radio. Phone patch technology has been successfully used for voice and biotelemetry (for ECG transmission) applications in some remote areas. R/F/S/LEI are encouraged to explore opportunities to enter into agreements with local EMS organizations to use existing EMS frequencies.

Communications for the online medical direction should be located, where possible, in an emergency department and be staffed 24 hours by physicians experienced in emergency medicine. The online physician should be familiar with the EMS provider's training and capabilities and have access to the program's emergency medical protocols. This will minimize the chance of deviation from established guidelines, as well as reduce expectations for the EMS provider to perform procedures that he/she is not capable or authorized to perform.

In some Forest Service areas, more than one base station may be necessary due to the unit's span. The LEMA should also review those incidents with oversight from a different base station for continuing quality assurance.

6932 - Training and Certification

The Forest Service is adopting the certification and training standards for nationally accepted EMS levels of care as described in FSM 6900, Emergency Medical Services, section 6908.3, Training and Levels of Care. These levels correspond to national certification standards that have been established by the American Red Cross, American Safety and Health Institute, National Safety Council, American Heart Association, U.S. Department of Transportation, and others as appropriate.

The Forest Service EMS Program is generally focused on BLS levels of care but includes a process for providing ALS care. Forest Service ALS programs require approval as per section 6931.6, Advanced Life Support Program Approval.

The Forest Service shall provide employees the opportunity to obtain appropriate EMS training to support EMS Program requirements as identified by the unit Needs Assessment and EMS Plan, outlined 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

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First Aid and CPR (FSH 6709.11, Health and Safety Code Handbook). 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.

6932.1 - Training and Recertification

Either through the 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.

6932.11 - Quality Assurance/Continuing Quality Improvement

It is of great 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 LEMA and his/her staff. Ongoing quality improvement shall be maintained as follows:

1. All ePCR records must be reviewed by the 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 initiate reports indicating a need to review any component of the EMS Program for improvement. Concerns may also arise from outside the Forest Service. The R/F/S/LEI EMS Coordinator and LEMA shall review those issues and provide recommendations to the Forest Supervisor, 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.

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5. Periodic inspection and maintenance of all EMS equipment is to 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 radio communication checks should be performed where applicable to ensure reliable contact with medical control.
7. The LEMA is responsible for reviewing any cases in which disciplinary action is being considered (See Chapter 40 sec. 6943 Performance and Conduct). When necessary, an EMS provider's credential may be suspended or revoked.
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 skill proficiency as required by the LEMA. It is the responsibility of the EMS provider to ensure documentation of their EMS experience and education.

6932.2 - Certifying Organizations

The following are, in general, the recognized training and/or certifying organizations for EMS courses. For current, detailed information on the courses listed below, see each organization's website.

1. **American Heart Association.** The American Heart Association is a national voluntary health agency whose mission is to reduce disability and death from cardiovascular diseases and stroke. [American Heart Association](#)
2. **American Red Cross.** The American Red Cross is a humanitarian organization led by volunteers, guided by its Congressional Charter and the Fundamental Principles of the International Red Cross Movement, and provides relief to victims of disasters and helps people prevent, prepare for, and respond to emergencies. [Red Cross](#)
3. **American Safety and Health Institute.** The American Safety and Health Institute is a company that provides standardized emergency medical training. [American Health and Safety Institute](#)
4. **National Safety Council.** The National Safety Council's mission is to eliminate preventable deaths at work, in homes and communities, and on the road through leadership, research, education and advocacy. [National Safety Council](#)
5. **National Registry of Emergency Medical Technicians (NREMT).** The NREMT is the nation's EMS certification organization for Level 3 EMR through Level 6 Paramedic.

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EMS providers may be certified or licensed by the State in which they practice as well.

The purpose of the NREMT is to certify and register EMS professionals throughout their careers through a valid and uniform process that assesses the knowledge and skills for competent practice. The NREMT is not a licensing agency and cannot authorize medical personnel to perform EMS in any jurisdiction.

The National Registry establishes and implements uniform requirements for Emergency Medical Responders and Emergency Medical Technicians, their training, examination, and continuing education.

R/F/S/LEI EMS Coordinators shall register their R/F/S/LEI EMS Program with the NREMT. The National Registry identifies R/F/S/LEI EMS Coordinators as Training Officers.

6932.3 - Training and Levels of Care

1. Level 1: CPR/AED Provider

- a. **Description.** Level 1 courses teach employees how to recognize and treat life-threatening emergencies, including cardiac arrest and foreign-body airway obstruction for adult, child, and infant victims. Employees learn the proper application and use of an AED. Employees also learn to use infectious disease barrier devices in CPR.
- b. **Target Audience.** All Forest Service employees.
- c. **Approved Courses.** A certificate of completion from any nationally recognized training agency or organization is acceptable, assuming the CPR and AED components must be completed. Professional level CPR/AED may be substituted for the basic CPR/AED class. Examples of acceptable courses are as follows:
 - (1) American Heart Association or equivalent.
 - (2) American Red Cross or equivalent.
- d. **Refresher Process.** A CPR/AED refresher is required every 2 years from a nationally recognized organization. There must be a hands-on practical element to the recertification course. There are many refresher courses available in the web. Employees may participate in refresher course work so long as the hands-on practical elements are completed with a certified CPR instructor from a national recognized training agency or organization.

2. Level 2: Basic First Aid Provider

- a. **Description. Basic** First Aid courses teach employees to respond to injuries and sudden illness in a systematic approach combining life-saving techniques with traditional first aid information and skills. These courses train employees to cope with life-threatening emergencies, as well as less-serious incidents, by teaching them how to use the EMS system in their R/S/LEI and communities and what to do until more advanced help arrives.

First aid training is primarily received through the American Heart Association, American Red Cross, the National Safety Council, and private institutions. After completing the course and successfully passing the written and practical tests, trainees receive two certificates (adult CPR and first aid). An emphasis on quick response to first aid situations is incorporated throughout the program. Other program elements include basic first aid intervention, basic adult CPR, and universal precautions for self-protection. Specific program elements include training specific to the type of injury: shock, bleeding, poisoning, burns, temperature extremes, muscular-skeletal injuries, bites and stings, medical emergencies, and confined spaces.

Instruction in the principles and first aid intervention of injuries will cover the following sites: head and neck, eye, nose, mouth and teeth, chest, abdomen, and hand, finger, and foot injuries. Employers are responsible for the type, amount, and maintenance of first aid supplies needed for their EMS program. The training program should be periodically reviewed with current first aid techniques and knowledge. The references below provide further fundamentals to help develop and maintain first aid program and skills.

- b. **Target Audience.** The target audience is employees who would rarely provide emergency medical care but may on occasion be confronted with having to provide initial BLS or first aid, and/or assist other trained EMS personnel.
- c. **Approved Courses.** Level 1 is required for all Level 2 providers. Any of the following courses may be used for Level 2.

- (1) American Red Cross: First Aid
- (2) American Safety and Health Institute: Basic First Aid and CPR
- (3) Forest Service Field Work Lifesaver Course
- (4) National Safety Council: Basic First Aid, CPR and AED
- (5) American Heart Association: Basic First Aid and CPR

(6) National Ski Patrol: Outdoor Emergency Care

(7) Wilderness First Responder (WFR)

Wilderness First Responders are eligible for Level 3 if the provider completes a Wilderness First Responder class that meets the National EMS Education Standards for EMR and successfully completes the NREMT certification requirements.

- d. **Recertification Process.** The recertification and refresher training recommendations of each approved certifying organization listed above have been adopted. Contact the specific organization for current details.

3. **Level 3: Emergency Medical Responder.**

- a. **Description.** EMR is designed for persons who may be first on the scene of an emergency medical incident.

Scene assessment and safety, and initial patient management are emphasized. First Responders normally are not involved with the transport of patients, long-term patient care, or the use of sophisticated medical equipment.

Certification at the EMR level and above requires the successful completion of a Professional or Healthcare CPR/AED class (see Level 1).

Based on recommendation of the local EMS Medical Advisor, an expanded scope of practice that includes the use of epinephrine for acute allergic reactions and the use of oxygen delivery equipment may be adopted to meet a specific R/S/LEI's needs. Persons authorized to perform these procedures must have received documented training per the NPS EMS Field Manual and be authorized by the R/S/LEI EMS Coordinator through the EMS credentialing process.

- b. **Target Audience.** This level is appropriate for employees whose primary duties are fire suppression, law enforcement and backcountry operations. Depending on availability of EMS providers, the type of work performed, and other factors such as isolation, it also may be appropriate for field personnel. This is the recommended minimum level for emergency service personnel.
- c. **Approved Courses.** Approved courses for EMR must use the National EMS Education Standards. Once a course based on this curriculum has been successfully completed, an NREMT and/or State/local certification will be required for the EMR to be authorized to perform in the Forest Service at this level.

Wilderness First Responders are eligible for Level 3 if the provider completes a Wilderness First Responder class that meets the National EMS Education Standards for EMR and successfully completes the NREMT EMR certification requirements.

- d. **Re-certification Process.** In order to recertify, the NREMT requires that a current professional level CPR course and any of the recertification options to be completed. The NREMT requires recertification every 2 years. Individual State requirements may vary.

4. Level 4: Emergency Medical Technician (EMT).

- a. **Description.** The EMT is recognized as the first component of the EMS system that involves specialized skills, equipment, and methods of patient transport. It includes classroom instruction, emergency room clinical time, and a field internship with an ambulance service.

The participant receives instruction in roles and responsibilities, patient assessment, triage, anatomy and physiology, medical and traumatic emergencies involving the major body systems, childbirth, pediatric emergencies, and crisis intervention. Specialized skills training includes the use of instruments for recording vital signs, adjuncts for administering oxygen therapy, suction equipment, splints (including cervical, traction, and full body), and patient transport equipment.

Based on the recommendation of the local EMS Medical Advisor, an expanded scope of practice that includes the use of epinephrine for acute allergic reactions may be adopted to meet a specific R/S/LEI's needs. Persons authorized to perform that procedure must have received documented training per the EMS Field Manual and be authorized by the local EMS Coordinator through the EMS credentialing process.

In order to maintain the integrity of the Forest Service EMS standards, R/S/LEI that have recognized the need for expanded scopes of practice such as intravenous therapy, advanced airway techniques, and pharmacology, may address that need by upgrading their programs to Level 5 and providing their EMS providers with the opportunity to acquire ParkMedic or Advanced Emergency Medical Technician (AEMT) training.

- b. **Target Audience.** This course is appropriate for R/S/LEI personnel responsible for providing emergency medical care on a Forest Service unit that has identified a need for Forest Service-provided EMT care.

- c. **Approved Courses.** The approved Level 4 curriculum for EMT is the National EMS Education Standards EMT curriculum. Once a course based on this curriculum has been successfully completed, a NREMT and/or State/local certification is required for the EMT to be authorized to perform in the Forest Service at this level.
 - d. **Recertification Process.** The NREMT requires recertification every 2 years. Any of the NREMT recertification methods are acceptable. Individual State requirements may vary. A valid professional-level CPR certification is also required.
5. **Level 5: Advanced Emergency Medical Technician and Parkmedic.**
- a. **Description.** This level is recognized as the first level of ALS within the EMS system and is designed to provide the EMS provider with an in-depth knowledge of anatomy, physiology, pathophysiology and clinical symptoms as they pertain to pre-hospital emergency care of pediatric and adult patients. AEMTs and ParkMedics spend extensive time in the clinical and internship components of this course in order to develop the knowledge and important skills necessary to perform at this level. The Forest Service is developing a BLS program, but we are not eliminating the possibility of an ALS program. ALS program proposals will be examined individually and require approval from the Regional Forester, Station Director, or Director of LEI and the Washington Office, National EMS Program Manager.
 - (1) AEMT- The AEMT requires completion of the AEMT National EMS Education Standards curricula. The curriculum adds additional skills to the EMT level.
 - (2) Parkmedic- The Parkmedic certification course, designed specifically for the National Park Service. this course incorporates the AEMT National EMS Education Standards with additional training in pharmacology and wilderness/environmental medicine.
 - b. **Target Audience.** This level is for the employee who may be required to provide EMS in an R/S/LEI that has determined a need for an ALS program in their EMS Needs Assessment. A Level 5 program requires Regional Forester, Station Director, or Director of LEI and National EMS Program Manager approval.
 - c. **Approved Courses.** The approved curriculum for AEMT is the National EMS Education Standards AEMT curriculum. Once a course based on this curriculum has been successfully completed, an NREMT and/or State/local certification will be required for the AEMT to be authorized to perform at this level.

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The Parkmedic course is the NPS curriculum for Level 5. This course is offered through the NPS at the UCSF-Fresno/Community Regional Medical Center in Fresno, California. Certification at this level requires successful completion of the course and passing the Parkmedic and NREMT AEMT exam.

- d. **Recertification Process.** The NREMT requires recertification every 2 years. AEMTs and Parkmedics are required to recertify according to the NREMT AEMT guidelines. These include completing a 36-hour AEMT refresher course based on the National EMS Education Standard Curriculum prior to the certification expiration date and completing an additional 36 hours of continuing education units for AEMT and the Parkmedic refresher training components. A valid professional rescuer CPR certification is also required.

State certification for Parkmedic is not an option because the course is offered exclusively through the NPS.

6. Level 6: Paramedic.

- a. **Description.** This course is designed to provide the student with in-depth knowledge of anatomy, physiology, pathophysiology and clinical symptoms as they pertain to pre-hospital emergency care. Extensive time is spent in the clinical and internship components of this course in order to allow the student full opportunity to develop the important knowledge and skills necessary to perform at this level.
- b. **Target Audience.** This program is designed for the employee who may be required to provide EMS in a R/S/LEI that has determined a need for a fully comprehensive ALS program in their EMS Needs Assessment. A Level 6 program requires Regional Forester, Station Director, or Director of LEI and National EMS Program Manager approval.
- c. **Approved Courses.** The Level 6 training course for EMT-Paramedic is the Emergency Medical Technician-Paramedic: National EMS Education Standards Paramedic curriculum. At present, this comprehensive course is taught at the State level in colleges, medical universities, some hospitals with paramedic instructor-staffs, private institutions, and local EMS agencies.

Successful completion of a paramedic course based on the National EMS Education Standards Paramedic curriculum and certification by the NREMT is required to become licensed as a Paramedic.

- d. **Recertification Process.** The NREMT requires recertification every two years. Valid professional rescuer CPR and Advanced Cardiac Life Support certification

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are also required. State requirements vary and may be different from the requirements outlined above.

6932.4 - Other Sample Courses

1. **Tactical EMS.** With the increase in tactical EMS (TEMS) calls around the nation, the National Park Service created a TEMS Program to be used by all Law Enforcement Officers who are certified in EMS.

All Forest Service LEI EMS providers are encouraged to complete this training. EMS providers interested in this course should work with the LEI EMS Coordinator. There are certain requirements for implementing and maintaining TEMS certified providers.

2. **Training Modules.** Currently the EMS system offers epinephrine administration training. It is available for use by any unit whose local EMS medical advisor authorizes this optional module for EMTs. The training covers signs and symptoms associated with allergic reactions, indications for administration of epinephrine and administration via epinephrine pens and through intramuscular (IM) injection.

6932.5 – 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 System 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/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 R/S/LEI management for a certified EMS provider to provide care within a designated scope of practice. Only those who are authorized may provide care. The credential is the

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physical documentation of a provider's authorization to perform EMS within their official scope of duty.

The first step in permitting personnel to provide prehospital within the Forest Service system begins with the prospective EMS providers submitting a credential application. The application will be reviewed and verified before a durable plastic credential is issued. This credential will be issued for a specific level of care based on the recommendation of the EMS Coordinator and the LEMA. An EMS credential will only be issued if the provider is currently certified, is part of an active program in the EMS system and has medical direction. The EMS credentialing process is covered in further detail later in this chapter.

3. **Authorization Criteria.** Authorization criteria for Levels 3-6 and Registered Nurses are summarized below:

a. Level 3: Emergency Medical Responder.

- (1) Current Emergency Medical Responder certification as validated through the NREMT and/or through one of the EMS Programs recognized by the National Association of State EMS Officials (NASEMSO).
- (2) Current Professional or Healthcare CPR and AED certification.

b. Level 4: Emergency Medical Technician (EMT).

- (1) Current Emergency Medical Technician certification as validated through the NREMT and/or through one of the EMS Programs recognized by the National Association of State EMS Officials (NASEMSO).
- (2) Current Professional or Healthcare CPR and AED certification.

c. Level 5: Advanced EMT (AEMT). Approval from the National EMS Program Manager and the Regional Forester, Station Director, or Director of LEI.

- (1) Current Advanced Emergency Medical Technician certification as validated through the NREMT and/or through one of the EMS Programs recognized by the National Association of State EMS Officials (NASEMSO).
- (2) Current Professional or Healthcare CPR and AED certification.

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- (3) Additional training, clinical hours or testing if recommended by the local EMS Medical Advisor.
- d. **Level 5: Parkmedic and Parkmedic-Cardiac.** Approval from the National EMS Program Manager and the Regional Forester, Station Director, or Director of LEI.
 - (1) Successful completion of the NPS Parkmedic course.
 - (2) Current Advanced Emergency Medical Technician certification as validated through the NREMT and/or through one of the EMS Programs recognized by the National Association of State EMS Officials (NASEMSO).
 - (3) Current Professional or Healthcare CPR and AED certification.
 - (4) Additional training, clinical hours or testing if recommended by the local EMS Medical Advisor.
- e. **Level 6: EMT – Paramedic.** Approval from the National EMS Program Manager and the Regional Forester, Station Director, or Director of LEI.
 - (1) Current EMT - Paramedic certification Current Advanced Emergency Medical Technician certification as validated through the NREMT and/or through one of the EMS Programs recognized by the National Association of State EMS Officials (NASEMSO).
 - (2) Current Professional or Healthcare CPR and AED certification.
 - (3) Current Advanced Cardiac Life Support (ACLS) certification.
Additional training, clinical hours or testing if recommended by the local EMS Medical Advisor.
- f. **Registered Nurses.** Pre-hospital nursing is recognized as a special area of practice within emergency nursing by the Emergency Nurses Association. Professional registered nurses are obligated to acquire the necessary knowledge and skills required beyond their basic education to render safe and efficient care according to those standards. The Association has taken the position that no certification beyond professional licensure should be mandated for nursing practice in the pre-hospital setting. Nurses in this area of practice are held accountable to professional nursing standards and not to standards for other health care providers. It is incumbent on professional nurses to recognize deficiencies in their education and to obtain the necessary knowledge and skills required for

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nursing practice in the pre-hospital setting or to refrain from such practice.

It is recognized that the regulation of pre-hospital nursing practice should be a collaborative effort between the State board of nursing through the State Nurse Practice Act and the state EMS agency through pre-hospital legislation/regulations. The Emergency Nurses Association recognizes the State boards of nursing as the regulatory agencies for the profession of nursing. Pre-hospital nursing is identified as a special area of practice within emergency nursing, thus, the Association recommends that the State board of nursing be the regulatory agency and definitive authority in pre-hospital nursing. However, some States have enacted legislation that invests all authority for the regulation of EMS activities, including pre-hospital nursing, with the State EMS agency. As pre-hospital nursing is specifically practiced in the pre-hospital environment, regulation of practice is State specific versus one federal guideline.

Pre-hospital nurses working in the R/S/LEI must be aware of the position of the State board of nursing within the State where they are working and must be licensed to practice in that State. The local EMS Medical Advisor in each R/S/LEI shall be in agreement with these recommendations and be willing to provide medical direction to registered nurses who have the appropriate additional education to function in this role.

The R/S/LEI EMS Coordinator may authorize registered nurses to perform pre-hospital care as Forest Service EMS providers, based on the recommendation of the local EMS medical advisor and with the approval of the Washington Office, National EMS Program Manager and the Regional Forester, Station Director, or Director of LEI.

4. **Details to Other R/S/LEI Units.** Occasionally, Forest Service EMS providers are assigned temporarily to other R/S/LEI units. To operate as an EMS provider, Forest Service personnel must possess an Interagency EMS Credential to perform Level 3-4 care.

During extended details with advance notice, Level 5-6 providers may be authorized to perform ALS procedures up to their level of training and using the EMS Field Manual by the receiving R/S/LEI EMS coordinator with the recommendation of the local EMS medical advisor. This process will require the coordination between local EMS Medical Advisors and R/S/LEI EMS coordinators. The Level 5-6 provider should receive adequate orientation and be equipped to access the receiving Forest Service online medical control. The agreed-on scope of practice for the provider should be documented in

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writing with copies to the local and home unit EMS medical advisors, the EMS Coordinators, and the EMS provider.

5. **Off-Unit All Hazard or Wildland Fire Incident.** During an off-unit all-hazard or wildland fire incident, where EMS providers are assigned, the following operating principles apply:
 - a. Providers may operate under the incident medical advisor instead of their home LEMA.
 - b. If an incident Medical Advisor has not been established, the provider may operate under the home unit local EMS medical advisor as long as it has been agreed on prior to accepting the assignment and they are working within the FSM 6900, Emergency Medical Services framework and in coordination with the Washington Office, National EMS Medical Director.
 - c. Providers will follow the incident medical advisor-approved protocols as long as they are not outside of their scope of practice. If incident protocols do not exist, providers shall follow the FSM 6900, Emergency Medical Services.
 - d. Incident medical advisors retain the discretion to approve or disapprove ALS providers (Levels 5-6) to practice the full suite of skills/interventions within their scope of practice.
 - e. Forest Service providers assisting outside of their home R/S/LEI remain federal employees acting within the scope of their employment. Accordingly, EMS providers will act within their scope of practice and certification.
6. **Incident Management.** All EMS incidents will be managed under the Incident Command System (ICS) without regard to complexity or size. A single EMS provider on scene shall be the medical incident commander until other EMS providers arrive on scene and a mutual agreement as to a delegation of incident management tasks is established.

If the EMS incident occurs during an incident with an established ICS structure (such as, “incident within an incident”), the EMS provider shall adhere to the incident medical plan (ICS 206).

For serious injuries or death, appropriate administrative measures that supplement the on-scene EMS care are listed in the Forest Service Death and Serious Injury Handbook (FSH 1309.19, Forest Service Honor Guard Handbook).

7. **EMS Credential.** The Interagency EMS Credential is the EMS provider's evidence of Forest Service authorization to perform EMS at a specified level of care based on a certification, and while acting within the scope of their duties. EMS credentials are issued for certification Level 3 EMR and above.

Once an EMS coordinator has identified the need for a provider to be in the system, that individual will complete the electronic credential application. The application requires EMS Coordinator and LEMA review and approval.

Credential applications are processed by the EMS National Program Office, which verifies the applications, produces the credentials, and sends them directly to the R/S/LEI EMS Coordinator for distribution.

- a. **Verification.** The IEMS National Program Office verifies the following information as part of processing applications:
- (1) Applicant's identity.
 - (2) Valid certifications for all levels of care that will appear on the credential.
 - (3) Applicant is part of an active EMS Program that has medical direction.
 - (4) Background check information is complete.
 - (5) Documentation of required immunizations is provided.
 - (6) Entry and/or verification of medical qualifications into the Incident Qualifications and Certification System (IQCS) (a.k.a. "Red Card system")

EMS credentials must be returned to the R/S/LEI EMS Coordinator when a provider is no longer employed by Forest Service. This includes seasonal and permanent seasonal employees outside their tours of duty.

Both permanent and seasonal employees must obtain an EMS credential to practice EMS while working for the Forest Service. Employees who have completed the credential application process will be allowed to practice prior to receiving their EMS credential, with the approval of their local EMS medical advisor and EMS coordinator.

- b. **Renewal.** Interagency EMS credentials must be renewed within 14 days after the expiration of a provider's certification(s). Requests for renewals may be

sent to the EICC via email, fax, or postal mail and must include copies of the following:

- (1) Current NREMT and/or state certification card(s).
- (2) Current CPR card (that is, AHA BLS for HCP or ARC CPR for Professional Rescuer).
- (3) Current ACLS card, if applicable.
- (4) Other EMS certifications, if applicable.

There may be some lag time in the renewal process that is outside of the provider's control. Providers who can provide an email or copy of letter sent to the EICC with the date sent, will be allowed to continue to practice past the 14-day deadline.

- c. **Suspension or Revocation.** The Forest Supervisor, Station Director, or Director of LEI shall suspend the EMS provider's EMS credential based on the recommendation of the R/S/LEI EMS coordinator, the LEMA, Washington Office, National EMS Medical Director, and/or the Washington Office, National EMS Program Manager. Suspensions are administrative provisions for failure to comply with the certification/re-certification criteria of this document or deviations in standards of care that may be harmful to the patient.

The Forest Supervisor, Station Director, or Director of LEI shall revoke the provider's EMS credential based on the recommendation of a review team see chapter. 6940 Legalities and Ethics, section 6943 Performance and Conduct Revocation will result from negligence, misconduct, incompetence, and other non-administrative failures of compliance with this policy.

The R/S/LEI EMS Coordinator shall notify the Washington Office, National EMS Program Manager, with a copy to the Regional/Station EMS coordinator, of all revocations and any suspensions exceeding 60 days. The Washington Office, National EMS Program Manager shall notify the NREMT of the EMS provider's status. The status of the provider's NREMT certification will then be determined by that organization.

- d. **Reinstatement.** Providers whose EMS credentials have been revoked may have their credentials reinstated after successful completion of remedial training, and/or other requirements subject to review and approval of the unit EMS Coordinator, LEMA, Washington Office, National EMS Medical

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Director and following review and concurrence of the Washington Office,
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- e. **Lost or missing credential.** If a provider loses their EMS credential, they must immediately notify their EMS Coordinator. The EMS Coordinator will notify the National Program Office. The EMS Coordinator will also document the loss in the provider's file and process a request for a new card through the national office.
- f. **Misuse of credential.** Any provider who knowingly misrepresents their level of care or uses their EMS credential in a manner that is not consistent with local and national policies and protocols will have their credential revoked.