



National Association of State EMS Officials
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December 10, 2009

Jan Peterson, Chair
Incident Emergency Medical Task Group
National Wildfire Coordinating Group
3833 S Development Ave
Boise ID 83705

Re: "Recommended Standards for the Delivery of Medical Services on Incidents Managed by NWCG Member Agencies"

Dear Ms. Peterson,

On behalf of the members of NASEMSO, we thank the NWCG for the work they've done on these standards and guidelines and we appreciate the opportunity to review and comment. Due to the unique challenges of providing medical support for wildfires, a number of issues have been identified and this document represents some great steps towards resolving many legal and operational concerns that federal and state/territory agencies have struggled with. The adoption of this standards document will greatly enhance the consistency of providing emergency medical services at Medical Units on wildland fire incidents.

Please consider the following comments and suggestions on this draft document.

General Comments:

- We commend the NWCG for attempting to align this document and the provision of emergency care at wildfires with the National Scope of Practice (SOP) model. While we recognize that federal agencies have struggled with a variety of regulations from state to state, adhering to this model will facilitate reciprocity, standardize professional recognition and decrease the necessity of the NWCG to accommodate different Medical Unit procedures for each state.
- It would be helpful to clarify that the focus of this document is to define the role of Medical Unit operations at wildfires. For example, the title introduces that these are 'Recommended Standards for Delivery of Medical Services'. Applying these standards universally to line EMT operations and air and ground ambulance services needs additional discussion and clarification.
- Expanded scope vs. expanded role – This document makes several references to the 'expanded scope of practice' that is required of EMTs functioning in a medical unit. In reality, much of what is being described is an 'expanded role' for EMTs in Medical Units. Clearly identifying skills and procedures which fit into a 'occupational health' role, but are not an expansion of scope of practice will greatly reduce the apprehension of EMTs and States or Territories dealing with wildfire medical

issues.

- Over the Counter Medications – OTC medications clearly fit into the ‘occupational health’ role of a medical unit. A significant risk to patient safety occurs when EMS personnel are placed into situations and roles for which they are not experientially or educationally prepared. This document should include a more comprehensive discussion of the occupational health role of Medical Unit EMTs, especially as it relates to making OTC meds available to wildfire personnel (not dispensing or prescribing OTC medications) and to additional procedures unique to Medical Unit operations. Additionally, the NWCG has a responsibility to assure that appropriate education is provided to all EMTs who provide these occupational health functions.
- Probably no area of this document is of greater concern to states than the inclusion of an expanded scope of practice and the NWCG should consider carefully the need for any expanded scope. Setting scope of practice is authority vested by each state and territory and an expanded wildfire scope of practice may continue to create significant variation, confusion for Medical Unit leaders and licensing concerns for EMTs. Because expanded skills will be adopted on a state by state basis, expanded scopes of practice beyond the National SOP may diminish national consistency and may impede interstate mobility and legal recognition for EMS personnel.

Additional comments and suggested clarifications:

- Page 1; definition for **Certification**
Recommend aligning with the National SOP:
“The issuing of certificates by a private agency based upon standards adopted by that agency that are usually based upon minimum competence. Certification does not constitute permission to practice.”
- Page 1; definition for **Licensure**
Recommend aligning with the National SOP:
“The act of a State or Territory granting an EMT permission to do something that the EMT could not legally do without such permission. A license is generally considered a privilege and not a right.”
- Page 5-6, lines 182-212; Wildland Fire Expanded Scope of Practice
 - Currently, the table of NWCG skills and services does not match the minimum skills of the National SOP table in Appendix H. NWCG should adopt the minimum skills of the National SOP so that improved consistency and standardization of wildfire emergency care across states can occur.
 - If the NWCG determines that Medical Unit operations require utilization of expanded skills (skills beyond the National SOP), it then needs to also include the justification and benefit of these expanded skills in wildfire incidents. With such information in hand, states and territories can then make informed decisions about whether or not to approved these expanded skills.
- Page 6, lines 209-210; “*The IEMTG recommends allowing EMS personnel to work under the state of origin license and within that associated allowable scope practice...*”
 - Licensure and authority to practice is granted by States and Territories. While these agencies will use home licensure as part of their credentialing process, EMTs in Medical Units will be working under the license of the state or territory the wildfire is located in.
 - Medical unit leaders should not be able to add supplies, equipment or medications without the approval of the unit medical director.

- It should be made clear that EMTs can only use supplies, equipment and medications provided by the Medical Unit and approved by the unit medical director. The introduction of ‘personal’ items (such as medications issued to them in their home state or territory) should be prohibited.
- Page 6, lines 221-223; ‘Medical unit leaders or geographical areas may require additional supplies or equipment as defined by the associated scope of practice of the incident medical personnel and incident needs.’
If the National SOP is adopted as the standard scope of practice, this section then is unnecessary as the supplies and equipment necessary for Medical Unit operations will be the same no matter where they are located. Expanded scope of practice or other variations would be allowed to occur, but only under the authority and oversight of the unit medical director.
- Page 8; lines 278-288; Scope Practice
Only #2 should be allowed.
- Page 9; lines 349-350. *The MEDL should ensure that patient care equipment meets ~~or exceeds~~ the standards set in the minimum equipment list designated by the NWCG. Any variations or additions to the list must be approved by the unit medical director.*
- Page 10; lines 385-388 - This paragraph states that ‘in-jurisdiction medical direction may be required...’ The NWCG should take an approach that medical direction **is** required, especially for the provision of advanced life support services and occupational health procedures.
- Page 17; Drugs
Controlled medications should not be part of the recommended supplies of a Medical Unit. They should only be added if approved by the unit medical director. There should be increased emphasis on procedures for the oversight, storage, maintenance and distribution of any medications.

In conclusion, we are appreciative of the great strides that this document has made towards standardizing medical services provided at wildland fires. We look forward to working with the NWCG to continue these efforts. We also encourage continued discussions in areas that were not necessarily contemplated in this standards document:

- Medical direction - continue to develop recommendations for identifying regional or state level medical directors as well as their credentialing, responsibilities and authority.
- Training needs for Medical Unit Leaders and emergency medical personnel – Update and revise education as appropriate, especially relative to occupational health and OTC medication issues.
- Reports and data – Develop a standardized Patient Care Record for utilization by all Medical Units. Implement a standard, NEMESIS compliant, electronic data reporting system that helps document utilization of emergency medical and community health services by the Medical Unit and serves as a performance improvement tool.
- Fire line EMT – The role of the line EMT is very similar to Medical Unit operations, but there is a need for additional clarification relative to the minimum equipment, communications and procedures covered by these EMTs.

- 'Blue card' – There needs to be a discussion of a 'blue card' specific to the approval of EMTs who can function as medical personnel at a wildfire incident (pending State or Territory credentialing).
- Ordering and typing of medical resources – There is a need to standardize the typing and ordering of EMTs and ambulances, much the same way that most other fire resources are utilized.
- Ambulance operations, ground and air – There needs to be further discussion on the utilization of these transporting units to assure that they are also appropriately credentialed and licensed.

In addition, NASEMSO will continue to work with our members to develop a clearinghouse of the current procedures and policies that each utilizes to credential EMTs and medical directors who wish to work on wildfire incidents. We feel that this would be a valuable tool not only to the NWCG, but also to our members who send and receive out-of-state medical resources.

If we can be of any further assistance, please feel free to contact me at 302-744-5400 or NASEMSO headquarters at 703-538-1799.

A handwritten signature in black ink, appearing to read 'S L Blessing'.

Steven L. Blessing
NASEMSO President