



# Emergency Medical Services



NEMSAC January 14, 2020

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## Background



- A hard truth heard during Safety Journey and Life First sessions
- Employees deserve access to prompt and professional emergency medical care when the need arises
- Identified need to better support our employees
- Formed a working group to stand-up an EMS program





## Need for Change



- Lack of national policy or direction for Emergency Medical Services
- Units developed own programs
- Wide variability in programs across the country
- Lack of medical direction coverage across state lines
- Increasing costs and liability



## What to Expect from New Policy



- Rapid stand up of consistent nationwide program
- Interagency partnership with existing National Park Service program
- Standardized national credentialing system - similar to red cards
- Cross boundary national medical direction
- Local shared NPS medical advisors nationwide
- Agency provision of training, credentialing and equipping of EMRs and EMTs.





# National Park Service EMS Policy



- NPS is the recognized expert in EMS services in the federal government
- 30 years of lessons learned and proven policies and procedures
- Extensive network of local medical advisors across the country
- NPS is primary EMS provider to public in National Parks, the Forest Service will not be a EMS provider to the public



## Advantages of Adopting NPS EMS Policy



- Allows rapid stand up of USFS program
- Demonstrated efficiency/effectiveness
- Nationwide medical direction
  - Allows EMRs/EMTs to render care outside of their home state
  - Extensive network of medical advisors
- Well established credentialing system
- Electronic Patient Care Reporting system in place





## Leader's Intent for Boundaries for EMS



- Program exists to serve our employees, partners, and cooperators in the field
- EMR and EMT level, higher levels at local discretion
- Incidental care to the public when necessary and appropriate
- The Forest Service will not be a routine EMS responder
- Alignment of EMS programs at all levels
- Local line officers determine needs, program extent



## Who can be an EMR/EMT



- Local units determine number and level of EMR/EMTs
- EMR/EMT duties are like a red card qualification - a collateral duty not a specific position
- No dedicated EMR/EMT positions
- No changes to employee position descriptions





## “In the Box”



- Treatment/Transport of ill or injured employees, volunteers, partners, cooperators in performance of work
- Treat/Transport public on incidental basis
- Purchase of authorized medical kits



## “Out of the Box”



- *Not authorized* for regular EMS to public
- Response to “911” or other on-call assistance
- Non-incident treatment of public at homes/businesses
- Buying/operating/staffing an ambulance service/equipment
- Responding to accidents outside NFS lands
- Transporting public except when lost/injured on NFS lands
- Participating in local VFD activities when on duty





## ➤ Major Accomplishments (Staffing, Directives, systems, coordinators)



- Operations (Unions, R2 and R4)
- Status of Needs Assessments
  - Pairing of Medical Advisors
  - EMS Plans
- Challenges
  - Directives
  - Staffing

National Interagency Program Manager: Currently interviewing

Identification of LEMAs



QUESTIONS?







# Contact Information



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