

BLM Fire EMS Program Proposal: Executive Summary

Issue:

As a fire program, BLM targets and hires individuals with EMS training. During nearly all field operational briefings we ask our employees to identify whether they are EMTs or have some type of EMS training. While we rely on these individuals to help mitigate risk, make our operations safer, provide critical medical care to our employees, we fail as an organization to provide a framework for EMTs to maintain their qualifications and find standardized medical oversight. Currently there are three states (Alaska, Idaho & Wyoming) and 2 individual programs (Great Basin Somejumpers and Alaska Smokejumpers) that have stand-alone EMS programs. All five have different medical directors, protocols, certification/re-certification requirements, equipment standards, standards for patient care tracking and trend analysis, and NO reciprocity outside their respective state. In December of 2014 the FLT approved the FOG to pursue a better alternative for EMS support for our employees.

Purpose:

The primary purpose of Bureau of Land Management (BLM) Fire in developing an Emergency Medical Services (EMS) program is to “Take Care of Our Own” employees when they are injured performing their jobs; this consists of stabilizing, packaging and transporting to definitive care. Other components of the program would include:

- Reciprocity from state to state
- Standardization of: Medical Control (Protocols) and Direction, Equipment, Training, Reporting and tracking systems (PCR - Patient Care Report), Licensure and Recertification, Medical consultation and review, Quality assurance

Implementation:

The BLM Fire program would enter into an agreement with the United States Department of Health and Human Services, (HHS), Office of Assistant Secretary of Preparedness and Response (ASPR) to provide medical direction and oversight. The program would be overseen by one Medical Director Doctor hired by HHS to oversee all of the BLM Fire EMS Program. This Medical Director would be supported by Local Medical Advisors (MA) that would be hired in each state. These Local Medical Advisors would be Medical Doctors licensed in the state they represent and would serve as the point of contact (POC) at the local level for questions related to the protocols and other facets of the BLM Fire EMS program. The Medical Advisors would take direction from the Medical Director and be the conduit to and from the medical practitioners in the field. The Medical Advisors would assist with identifying training needs, opportunities for Continuing Medical Education (CME) hours and facilitating training when needed. Each Medical Advisor would work and coordinate with a BLM State POC to work with the EMTs in the field to gather certificates, identifying training opportunities, and ensure that all personnel are keeping up on CME hours.

Developing a BLM Fire EMS Program will provide the following:

- Reciprocity from state to state, regardless of what state the EMT is licensed with
- One National Medical Director
- Local Medical Advisors to provide face to face interaction with local units and EMTs
- National standard for Patient Care Logs – Providing comprehensive tracking and trend analysis for types of injuries and type of care

- Medical consultation and review for injured employees

Proposed Timeframe:

2016: The BLM EMS Program would incorporate the 5 existing programs into one National BLM Fire EMS Program (Alaska, Idaho, Wyoming and the Great Basin and Alaska Smokejumper Programs). This would include all the necessary work to develop the BLM framework, Interagency Agreement (IAA) and the Individual Personnel Act (IPA) to get all the medical staff needs on board through HHS.

2017: 4 additional BLM states would be absorbed into the new National BLM Fire EMS Program

2018: The remaining 5 additional BLM states would be included into the BLM Fire EMS Program

**** These timeframes could be accelerated or lengthened to accommodate a smooth transition and ensure the new program is meeting agency needs. ****

Costs:

Both the Medical Director and Medical Advisors would be hired by HHS, utilizing the Individual Personnel Act (IPA) hiring authority, this allows HHS to non-competitively direct hire physicians. BLM would transfer money for these services to HHS through an Interagency Agreement (IAA). This IAA could be canceled within 90 days of written notification by either agency, with no future monetary commitment for either agency.

The anticipated costs would be as follows:

HHS Medical Director GS-15/10	Salary (\$158,670) Benefits (\$57,132) Total (\$215,802)
Local Medical Advisors (12 State) (\$5000/Doctor)	\$60,000
Operational Costs (travel, training)	\$40,000
Total	\$316,000

Desired Decision:

The FOG’s BLM Fire EMS Group is soliciting the approval from the BLM Fire Director and National Fire Leadership Team (FLT) to move forward with funding the IAA and implementing the BLM Fire EMS Program. Additional assistance, listed below will be needed to fully implement the EMS program:

- Grants and Agreement assistance from the Fire and Aviation Directorate
- Assistance and approval from the DOI/BLM Solicitor's Office (agreement over \$500,000/3 year agreement period) on reviewing and approving the IAA
- Approval from the FLT to create the BLM Fire EMS Steering Committee, chartered under the National Fire Operations Group (FOG), to be the POC with HHS and POC with BLM FA
- Develop the funding source at the BLM FA level to fund the IAA

Additional questions should be referred to Chris Delaney (Deputy State FMO, BLM-Utah) 801-539-4277.