



United States Department of the Interior

NATIONAL PARK SERVICE

1849 C Street, N.W.
Washington D.C. 20240

IN REPLY REFER TO:

DIRECTOR'S ORDER #51: EMERGENCY MEDICAL SERVICES

Approved:

Ivan P. Mainella

Director

SEP 19 2005

Effective Date: _____

Duration: Until revised or rescinded

Director's Order #51, in conjunction with Reference Manual 51 (RM-51), and the National Park Service Emergency Medical Services (NPS EMS) Field Manual, establishes and defines standards and procedures for the National Park Service Emergency Medical Services (EMS) program. The Emergency Medical Services Guideline, NPS-51, Release No.2, January 1991, is hereby superseded and replaced.

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1. BACKGROUND AND PURPOSE

The NPS has traditionally provided visitor protection services—including EMS—within areas of the national park system. Each year the NPS provides emergency medical care to over 15,000 ill or injured persons in the parks. The provision of these services is in accordance with the NPS Organic Act of August 25, 1916 (16 USC 1 – 4), which states that the fundamental purpose of the national park system is “to conserve the scenery and the natural and historic objects and wild life therein and to provide for the enjoyment of the same in such manner and by such means as will leave them unimpaired for the enjoyment of future generations.” Providing for the enjoyment of NPS areas requires providing for a safe environment, and the NPS will make reasonable efforts to provide for appropriate emergency medical services for persons who become ill or injured.

The purpose of this Director's Order (DO) is to set forth NPS policy and a procedural framework for providing EMS. The policies, procedures, and standards in this document are to be implemented uniformly throughout the NPS inclusive of the U.S. Park Police. The details for implementation may be found in Reference Manual 51 (RM-51) and the EMS Field Manual.

2. AUTHORITY

2.1 Authority for This Director's Order

The authority to issue this DO is contained in the NPS Organic Act (16 USC 1 – 4), and in delegations of authority contained in Part 245 of the Department of the Interior Manual. This order is intended only to improve the internal management of the NPS and it is not intended to, and does not, create any right or benefit, substantive or procedural, enforceable at law or equity by a party against the United States, its departments, agencies, instrumentalities or entities, its officers or employees, or any other person.

2.2 Assistance to Visitors

16 USC 12 states that “The Secretary of the Interior is authorized to aid and assist visitors within the National Parks or National Monuments in emergencies”

2.3 Assistance to Employees

16 USC 13 states that “The Secretary of the Interior, in his discretion, is authorized to provide . . . medical attention for employees of the National Park Service located at isolated situations, including the moving of such employees to hospitals or other places where medical assistance is available”

2.4 Assistance Outside Park Boundaries

16 USC 1b(1) allows for the “Rendering of emergency rescue, fire fighting, and cooperative assistance to nearby law enforcement and fire prevention agencies and for related purposes outside of the National Park System.”

3. RESPONSIBILITY

The Associate Director, Visitor and Resource Protection is responsible for developing mission-oriented policy, procedures and standards for, and providing effective review, oversight and inspection of, the NPS EMS Program. The Associate Director is hereby delegated authority to issue, and revise as necessary, RM-51. The following positions are directly involved in carrying out the mission of the EMS program. A complete, detailed description of these positions will be provided in RM-51.

3.1 Branch Chief, Emergency Services

The Branch Chief, Emergency Services is located in the Division of Law Enforcement and Emergency Services, WASO. This position is responsible for providing management and direction to the Servicewide EMS program.

3.2 National EMS Medical Advisor

The National Emergency Medical Services Medical Advisor is the physician(s) contracted by the NPS to provide recommendations and advisement for the Service's EMS program, based on sound medical practice and standards. This may include recommendations regarding quality improvement, data collection, scope of practice, and curricula revisions for the Parkmedic program.

3.3 Regional EMS Coordinator

Each of the seven regional directors will designate a Regional EMS Coordinator to assist the Branch Chief, Emergency Services with the coordination and collection of EMS data, regional training, and coordination of recommendations for revisions to national EMS policy. The Regional EMS Coordinator will maintain an inventory of EMS providers and EMS equipment such as CPR/AED training supplies or a centralized drug cache that are available within the region.

3.4 Park EMS Coordinator

The day-to-day management and funding of park EMS programs resides at the park level. It is the responsibility of each superintendent to ensure that the park EMS program is in compliance with this DO and RM-51. Superintendents will appoint Park EMS Coordinators to ensure that their programs are compliant with Service-wide policy and regulation, as well as applicable laws.

3.5 Park EMS Medical Advisor

Park EMS Medical Advisors are licensed doctors, preferably hospital-based emergency medicine physicians designated by the park superintendent.

Park areas that provide Level IV-VI (EMT Basic – Paramedic) EMS programs, and all parks with automated external defibrillator programs must have a Park EMS Medical Advisor. The relationship will be formalized through an appropriate Instrument of Agreement (see RM-51 Chapter 17, “Instruments of Agreement,” and DO-20 and the Agreements Handbook).

Park EMS Medical Advisors will provide oversight to individual park programs, including on-line medical control, quality improvement, data collection, continuing education, protocol implementation and development of local protocols when national protocols are not available, treatment authorizations, endorsement of qualified applicants for National Registry of Emergency Medical Technician certification at Levels IV-VI, and assist Park EMS Coordinators with the administration of examinations.

3.6 National Emergency Medical Services Advisory Group

The Branch Chief, Emergency Services may convene the National EMS Advisory Group to advise and work on issues important to the Service-wide EMS Program. This advisory group will represent a cross-section of the Service-wide EMS Program and may consist of NPS EMS personnel, physicians, subject experts, and other persons that may be important to resolving the issue(s) at hand. The National EMS Advisory Group will be administered in a manner that does not entail chartering under the Federal Advisory Committee Act (see NPS Guide to FACA).

4. POLICIES AND STANDARDS

4.1 Department of the Interior Departmental Manual (145 DM 7.1.E)

“Ranger Activities Division: This division is responsible for the formulation of policies, standards, and procedures for Servicewide programs in . . . emergency medical services.” [Note: Under recent reorganization, this is now the “Law Enforcement and Emergency Services Division.”]

4.2 National Park Service *Management Policies*

The saving of human life will take precedence over all other management actions as the Park Service strives to protect human life and provide injury-free visits. (*Management Policies* section 8.2.5.1)

The Service will make reasonable efforts to provide appropriate emergency medical services for persons who become ill or injured. An emergency medical services program will be maintained to provide transportation of the sick and injured, and emergency pre-hospital care, which may range from minor first aid to advanced life support in various environmental settings. Transportation may include everything from patrol cars and ambulances, to fixed-wing-planes and helicopter air ambulances. (*Management Policies* section 8.2.5.4)

Qualified emergency medical services in local communities may be used if such services can respond rapidly enough in life-threatening emergencies. When such services are not available, the NPS will make a reasonable effort to provide a level of emergency medical service commensurate with park needs, and in response to an emergency medical needs assessment. Each superintendent will develop and implement a program to meet those needs, in accordance with Director's Order #51. Extended emergency medical services operations will be conducted utilizing the Incident Command System (ICS). (*Management Policies* section 8.2.5.4)

4.3 Operational Policies and Standards

4.3.1 Assistance Agreements

Superintendents may assist other agencies with emergencies that occur outside parks. Parks are encouraged to pursue written general agreements with such agencies where requests for assistance occur on a regular or frequent basis. NPS employees who are directed by their supervisors to provide emergency medical assistance to such agencies outside their area of jurisdiction will be considered to be acting within the scope of their employment.

4.3.2 EMS Needs Assessment

The EMS Needs Assessment is the fundamental tool used in the development of a park's EMS program. Each superintendent must assess the emergency medical resources available to them, and ensure that their EMS program has been developed and maintained so that all persons have access to emergency medical care as per current standards. It is important that each park's EMS program be evaluated on a continuous basis and to make adjustments as necessary. The EMS Needs Assessment will be completed or updated by the Park EMS Coordinator and submitted every three years to the superintendent or designee. The Needs Assessment will conclude with a recommended level of service (Type I through Type VI) and justification.

4.3.3 EMS Plan

Each superintendent will develop and maintain an EMS Plan to serve as their guideline for EMS. The EMS Plan may be independent or part of an over-arching document such as the park's Emergency Operations Plan. Where appropriate, the plan should address circumstances under which the park will recover the cost of services rendered.

4.3.4 Training and Certification

The NPS will ensure that all employees receive the level of EMS training required to perform their duties. In accordance with NPS Human Resource Bulletin 02-07, "Designation of Testing Designated Positions" (TDP), assignment of EMT duties, either as a primary or collateral duty, should result in the determination that the position is a TDP.

The NPS has six designated levels of EMS certification that correspond to curricula that have been established by nationally recognized organizations. To obtain a certification, employees must successfully complete a training program that corresponds to the level of certification being sought.

4.3.5 Authorization

The NPS White Card is the document used to identify all certified NPS EMS providers that are authorized to provide EMS in the parks for Levels III-VI. It is to be issued under the guidelines established in RM-51.

4.3.6 Scope of Practice

Servicewide scopes of practice (protocols and procedures) as described in RM-51 and the NPS EMS Field Manual are to be implemented Servicewide as they are developed.

4.3.7 Information Management and Disclosure

The Patient Care Record is the document used by the Service to record all pertinent medical information about a patient in the pre-hospital setting. These records will be maintained as per the requirements of the NPS Records Disposition Schedule.

All parks with an EMS program will participate in the Servicewide data collection program called "Information Management and Reporting System" (IMARS). The data will be collected and submitted at the end of each calendar year through the Regional Offices to the Branch Chief, Emergency Services, WASO. See DO-19 (Records Management) for more information.

The NPS will provide information to the public, consistent with the Health Insurance Portability and Accountability Act of 1996 (29 USC 1181 *et seq.*; P.L. 104-191), Departmental policy, and DO-75B (Media Relations). Information concerning a patient's medical history or present condition is subject to patient confidentiality laws (e.g., Privacy Act).

4.3.8 Continuous Quality Improvement

The continuous quality improvement (CQI) process is essential to the success of the Service's EMS program. Ongoing program evaluation will help to ensure that EMS program management and patient care are being provided at an optimal level. Accountability for quality assurance lies with the superintendents and the Chief, U.S. Park Police. These responsibilities are detailed in RM-51, Chapter 8, 3.11 "Quality Assurance/Continuous Quality Improvement."

4.3.9 Injury and Illness Prevention, Analysis, and Research

Injury prevention provides an opportunity to achieve significant reductions in human morbidity and mortality, and meet the goals for public safety as established by the NPS per the Government Performance and Results Act (31 USC 1115 *et seq.*). Prevention programs and public education help to reduce the number of emergency responses, limit exposure of EMS providers to hazardous conditions, and reduce workload factors.

Superintendents are responsible for the development and maintenance of a safety-oriented atmosphere within the park for both employees and the visiting public. EMS training programs will include the principles of illness and injury prevention and its role in improving public health. By improving its ability to document the circumstances and incidents of injury and illness, the NPS will improve its analysis and research, and its on-going prevention programs. In identifying public recreational related risks, the NPS will develop programs for mitigating those risks with an emphasis on prevention, education and self-reliance. See NPS *Management Policies* section 8.2.5 for more information.

-----*End of Director's Order*-----