



Northern Rockies Coordinating Group

Federal, State, and Local Government Agencies Working Together In Emergency Response Management

Date: August 16, 2018
To: Northern Rockies Interagency Wildland Fire Community
From: Chair, Northern Rockies Coordinating Group
Subject: Medical Resource Direction

With the influx of out of geographic area teams we are starting to see resource orders for logistical and tactical personnel and equipment the Northern Rockies isn't necessarily familiar with. In particularly medial resources from other geographic areas have been ordered. We would like to reiterate that without exception all medical resources on incident must meet State regulation and licensing requirements.

The State of Montana requires:

The EMTs, AEMTs, EMTPs, and Paramedics associated with an ambulance must hold a current Montana license and remain in compliance with the Montana Board of Medical Examiners emergency care provider licensing requirements for the resource category that they have been ordered for (EMT, AEMT, EMTP). Holding a National Registry Card DOES NOT meet requirements for practicing in the State of Montana.

EMTs, AEMTs and EMTPs must have medical direction from a Montana recognized Medical Director that agrees to provide medical oversight (medication procurement, QI/QA and retrospective operational review) while operating on a fire assignment.

All incident EMTs, AEMTs, & Paramedics are required to carry proof of current state licensure with them at all times.

Montana will extend a temporary emergency disaster exemption to EMTs of all levels without a MT license to practice at the "basic life support" level. The Montana Board of Medical Examiners temporary exemption form ARM 24.156.2771(5) must be submitted and approved.

Information on the Montana Board of Medical Examiners Emergency Care Provider Licensing and Regulations can be found at: <http://bsd.dli.mt.gov/>





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The State of Idaho requires:

Medical service providing EMTBs, AEMTs, and Paramedics must have declared, and received approval for, an operational declaration that provides the proper licensure from the Idaho Department of Health and Welfare, Bureau of Emergency Medical Services and Preparedness (Idaho Bureau of EMS&P) to perform emergency medical services on a wildland fire.

Medical personnel must be able to provide evidence of the following minimum requirements:

- a) The fireline qualified Emergency Medical Technician (EMT), Advanced EMT, and/or Paramedic must hold a current Idaho license and remain in compliance with Idaho Bureau of EMS&P in the resource category they have been ordered for (EMTF/AEMF/EMPF). Holding a National Registry Card DOES NOT meet requirements for practicing in the State of Idaho.
- b) EMTFs, AEMFs, and EMPFs must have medical direction from an Idaho recognized Medical Director that agrees to provide medical oversight (medication procurement, QI/QA and retrospective operational review) while operating on an incident assignment. This should be confirmed in writing through a signed letter from the contractors Medical Director.
- c) All incident EMTFs, AEMFs, and EMPFs are required to carry proof of current state licensure with them at all times. Each AEMF and EMPF must carry a written copy of their home EMS units off-line medical control documentation (standing orders and protocols) under which they operate under their own medical direction. It is the responsibility of the contractor, through the Medical Unit Leader or their designee, to notify the local EMS jurisdictions of their incident assignment. It is the responsibility of the licensed EMS Provider, upon arrival to the incident, to make arrangements for Patient Care Integration Agreements with the local EMS Jurisdiction.

Information on the Idaho Bureau of EMS&P provider licensure, agency licensure, and Rules Governing EMS can be found at:

<https://healthandwelfare.idaho.gov/Medical/EmergencyMedicalServicesHome/tabid/117/Default.aspx>

It is the responsibility of the Medical Unit Leader to inspect and accept medical resources on incident as having met these requirements.


 Mike Granger
 Chair, Northern Rockies Coordinating Group (NRCG)
 (See attachment – Disaster Exemption)



MONTANA BOARD OF MEDICAL EXAMINERS

TEMPORARY EMERGENCY / DISASTER EXEMPTION FOR EMERGENCY MEDICAL TECHNICIANS NOT LICENSED IN MONTANA PO BOX 200513, 301 S PARK, HELENA, MT 59620-0513 PHONE: (406) 841-2300 FAX (406) 841-2305

This form is designed to provide a temporary exemption to the requirement for Montana licensure under ARM 24.156.2771(5) of Montana Codes Annotated.

The Board of Medical Examiners is granting an exemption from Montana state licensure for the purposes of providing necessary flexibility for Federal/State Emergency/Disaster Managed Incidents and Managing Agency.

- 1) The exemption authorizes a currently licensed EMT, in good standing from another state to function at a "basic life support" level even if the EMT is licensed at a higher level in another state, unless the individual is licensed at an EMT-I or EMT-P level, **and** the federally managed incident has medical control provided by a Montana licensed physician, **and** the physician authorizes the individual to function beyond the basic level; **and**
- 2) The exemption is temporary and limits the EMT's practice to the duration of the Federal/State Managed Incident and will expire upon conclusion of the Federal/State contract or assignment; **and**
- 4) The exemption limits the EMT's practice to the geographic area assigned and designated by the Federal/State Managed Incident; **and**
- 5) The EMT **must provide proof** of a current unrestricted licensure in another state **with this completed form**.

**Please PRINT the following information and return to the
Montana Board of Medical Examiners with PROOF OF CERTIFICATION AND OR LICENSURE:**

Full Name: _____
(Last) (First) (Middle)

Address: _____
(PO Box or Street) (City) (State) (Zip)

Current State Certification / Licensure information: Certification Level: FR B I P

State: _____ Certification/License #: _____ Expiration Date: _____

INCIDENT

Assignment: _____ (name of incident) Location of Incident: _____

Unit Medical Leader: _____

AFFIDAVIT

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Medical Examiners.

I hereby declare under penalty of perjury the information included in my form for temporary exemption to be true and complete to the best of my knowledge. In signing this form, I affirm that I have read and am familiar with the applicable licensure laws of the State of Montana including the Montana Prehospital Treatment Protocols for Basic life support approved by the Board. I accept and will abide by the Montana Board of Medical Examiners requirements and conditions under which this exemption is granted and that I will not practice above the Basic Life Support Level regardless of my current certification/license level.

Legal Signature of Applicant: _____ Date: _____

**Fax to: (406) 841-2305, then MAIL ORIGINAL to: Montana Board of Medical Examiners
301 S Park, Room 430
PO Box 200513
Helena MT 59620-0513**