DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-5300

IN REPLY REFER TO
BUMEDINST 6320.94
BUMED-M3C2
8 Aug 2008

BUMED INSTRUCTION 6320.94

From: Chief, Bureau of Medicine and Surgery
To: All Ships and Stations Having Medical Department Personnel

Subj: PRE-HOSPITAL EMERGENCY MEDICAL SERVICES FOR NAVAL FACILITIES

Ref: (a) Bureau of Medicine and Surgery/Commander, Naval Installations Command Memorandum of Agreement, Oct 2006 (NOTAL)
(b) Bureau of Medicine and Surgery/Commandant of the Marine Corps Memorandum of Agreement, Aug 2007 (NOTAL)
(c) OPNAVINST 11320.27
(d) CNIC M-11320.1 (NOTAL)
(e) DoD Instruction 6055.6, DoD Fire and Emergency Services Program of 21 Dec 2006 (NOTAL)
(f) BUMEDINST 6320.80
(g) OPNAVINST 5100.23G
(h) National Incident Management System of 01 Mar 2004 (NOTAL)
(i) Marine Corps Order P11000.11B of 9 January 1997 (NOTAL)

Encl: (1) Transfer Provider Determination

1. Purpose. To establish the responsibilities of Navy Medicine for the medical oversight, quality assurance (QA), quality control (QC), medical treatment protocols, and any continued training for Navy personnel involved with the Emergency Medical Services (EMS) systems aboard United States Navy (USN) and Marine Corps (USMC) installations per references (a) through (i) and enclosure (1).

a. By agreement between the Bureau of Medicine and Surgery (BUMED) and Commander Naval Installations Command (CNIC), EMS systems on Navy CONUS installations including Guam and Hawaii, will be administered and staffed by CNIC beginning in Fiscal Year 2008 (FY08), per reference (a).

b. By agreement between BUMED and Commandant of the Marine Corps (CMC), EMS systems on CONUS USMC installations will be administered and staffed by CMC beginning in FY 09 per reference (b).

c. The provisions concerning medical direction, medical oversight, and QA/QC will apply to both CNIC and CMC.

2. Cancellation. BUMEDINST 6700.42 and BUMED ltr 6320 SerM3/07UM033190 of 26 September 2007, upon transfer of EMS services to CNIC and CMC.

3. Scope

a. Applies to Navy Medicine personnel attached to Headquarters (BUMED) or medical treatment facilities (MTFs) who may work in support of, or provide oversight capacity to CNIC or CMC provided EMS services. Additionally, applies to those personnel at MTFs or other facilities involved in the training, credentialing, and QA/QC of Navy Fire and Emergency Services (F&ES) personnel involved in any aspect of the EMS system for USN and USMC facilities across Navy Medicine.

b. For the purpose of this instruction any use of Navy "Region(s)" or "Regional" refers to the Navy Medicine Regional Commands: Navy Medicine East (NME), Navy Medicine West (NMW), and Navy Medicine National Capital Area (NMNCA).

4. Background

a. BUMED has traditionally supported pre-hospital EMS care through the use of Navy Medicine assets: ambulances, other equipment and supplies, and personnel. As of FY 08, CNIC will be responsible for providing EMS aboard Navy CONUS installations as well as Guam and Hawaii, per references (a), (c), and (d). Beginning in FY 09, CMC will be responsible for providing EMS aboard CONUS Marine Corps installations per reference (b).

b. Per references (c) and (d), CNIC developed plans to assume control of an integrated EMS system for all USN installations. CNIC and CMC will maintain a close working relationship with BUMED for the purposes of medical direction, medical control, biohazard waste disposal, and replenishing Class VIIIA (medical) consumables before and after the functional transfer of EMS programs.

c. Budget Submission Office (BSO) 18 activities will need to maintain currently available EMS services until such time as CNIC and CMC assumes transfer of services on each installation, per references (c) and (d), and to follow the guidelines in NAVMED 6320/33 (05-2008), Emergency Medicine Provider Checklist for Transfer of Emergency Service Responsibilities. Navy Medicine EMS personnel at overseas and BRAC installations, as well as Guantanamo Bay and National Naval Medical Center (NNMC) Bethesda, will also continue to require training, certification, and maintenance of skills and credentials until CNIC and CMC assumes this role as part of an additional financial transfer at a later date.

(1) NAVMED 6320/33 was designed to ensure that transferring BSO 18 MTFs and CNIC and CMC F&ES maintained continuity of care, and that any ambulance, full time equivalent, or supply issues were identified prior to completing the transfer.

(2) All signatories to NAVMED 6320/33 should maintain a copy of NAVMED 6320/33, and the original copy should be maintained by the final signatory, the respective Regional EMS Medical Director.

d. BSO 18 EMS training and QA/QC will continue to be provided at Navy Medicine Regional training sites until all CONUS and OCONUS transfers are completed and the training requirement no longer exists.

5. Definitions

a. EMS Transport is defined as the pre-hospital movement of patients from scene or first level of aid to MTFs or appropriate civilian hospitals per available local protocols.

b. Interfacility Transfer is defined as the movement of patients who have been stabilized from Branch Health Clinics (BHC) or MTFs to secondary levels of care either for specialty treatment or for further evaluation or care.

c. EMS Medical Direction refers to the development, implementation, and evaluation of all medical aspects of an EMS system including oversight of clinical training, policy, implementation, and compliance with protocols.

d. EMS Medical Control refers to provision of immediate medical orders or advice to remote, out-of-hospital EMS clinical providers, given by an authorized physician or individuals authorized by local EMS standards.

e. CNIC F&ES refers to the F&ES departments who belong to CNIC and who will administer the EMS program for Navy installations.

f. CMC F&ES refers to the F&ES departments who belong to CMC and who will administer EMS programs for USMC installations.

g. Navy Medicine Emergency Medicine Specialty Leader (EMSL) appointed by Chief, BUMED as the Emergency Medicine (EM) trained physician who is subject matter expert (SME) on all EM issues and responsible for ensuring appropriate physicians are assigned to emergency medicine billets, including those that require additional training in EMS.

h. Navy Medicine Pre-Hospital and Disaster Medicine Specialty Leader (PDMSL), appointed by Chief, BUMED upon the recommendation of the EMSL, is an EM physician fellowship trained in EMS issues and serves as the SME for all pre-hospital and disaster medicine issues and questions related to these topics at Navy MTFs and for all Navy Medicine Regions.

i. Navy Medicine EMS Physician Consultant (EMSPC) will be a senior EM fellowship trained physician also serving as the PDMSL, and who will represent BUMED interests in CNIC and CMC regional and national oversight councils or advisory boards and coordinate EMS activities across the medical regions.

j. Navy Medical Regional EMS Medical Directors will be EM fellowship trained physicians who will serve as liaisons to each Navy Medicine Region and will coordinate their efforts with the EMSPC and PDMSL for all EMS related issues within their respective medical regions.

k. MTF EMS Medical Directors will be Navy or contracted physicians appointed by individual MTF commanders. MTF EMS Medical Directors will be locally responsible for providing medical direction. They will also provide medical control, in those locations where local medical control is unavailable, to local CNIC or CMC F&ES EMS services.

6. Action

a. Until such time as CNIC and CMC assume entire responsibility for EMS on all installations currently served by BSO 18, MTFs shall maintain existing EMS personnel and equipment support, Emergency Medical Technician (EMT) courses, specialty courses, and review courses. Overseas and BRAC installations, as well as Guantanamo Bay and NNMC Bethesda MTFs, shall fully maintain these programs at least through FY 14.

b. Medical Direction and Medical Control of EMS:

(1) BUMED, via the Navy Medicine EMSPC and the NME, NMNCA, and NMW Regional EMS Medical Directors, will retain oversight of medical direction for all EMS related services provided by CNIC and CMC. Local EMS Medical Directors will be the primary Medical Control source in those communities where no centralized medical control exists or when the patient is going to be transported to a MTF in their area of cognizance. When staffing levels are available, the EMSL shall assign a Regional EMS Medical Director for NMNCA. Until that time, the NME Regional EMS Medical Director shall cover NMNCA EMS issues.

(2) In systems where specific training is required of Medical Control physicians, all MTF physicians who are assigned Medical Control responsibilities shall be provided appropriate training.

(3) On installations where EMS will be provided by contract or the community, MTF commanders shall seek memorandum of agreements (MOAs) with local community EMS Medical Directors to review pre-hospital care reports for on-installation responses and serve as part of the local QA process. MTF EMS Medical Directors shall consult with the Regional EMS Medical Director and the Navy Medicine EMSPC to ensure compliance of MOAs with national and Navy standards.

(4) At locations, such as USMC sites, already operating under existing MOAs with local EMS agencies, MTF EMS Medical Directors shall ensure that the MOAs are in compliance with national and Navy Medicine standards as set forth in this instruction and references (a) through (d) via the Regional EMS Medical Director or through the Navy EMSPC/PDMSL.

(5) The Navy Medicine EMSPC and Regional EMS Medical Directors shall serve on the CNIC chartered EMS Advisory Board (EMSAB).

(6) The Regional EMS Medical Directors shall also serve on the respective CNIC Regional EMS Advisory Councils.

c. Training:

(1) Regional EMS Medical Directors shall monitor and provide guidance for MTFs that have or require training programs for Hospital Corpsmen to maintain and staff EMS at overseas and BRAC installations, as well as Guantanamo Bay and NNMC Bethesda.

(2) Navy Medicine Regions shall use pre-existing training programs to provide initial and refresher training to those Navy personnel who will maintain EMS assets at excluded locations (OCONUS, BRAC installations, Guantanamo Bay, and NNMC) prior to CNIC or CMC assuming that role.

d. Quality Assurance and Quality Control:

(1) QA review shall be performed on 100 percent of all pre-hospital runs utilizing NAVMED 6320/31 (04-2008), Pre-Hospital Quality Assurance Report. This review is the responsibility of the MTF EMS Medical Director and shall be performed by that individual or their designated alternate.

(2) Data from the QA process will be available through the Regional EMS Medical Director in order to guide future policy, protocols, and training programs. All Health Insurance Portability and Accountability Act compliant, non-patient QA summary data reports and performance measures and indicators, from NAVMED 6230/31, shall be forwarded to BUMED M3C22 (Risk Management).

e. Transport and transfer of patients:

(1) MTFs will not be responsible for initial transport of patients from scene to the MTF, BHC, or civilian hospital. Per agreement, all pre-hospital 911 transport response will be the responsibility of CNIC and CMC F&ES except at excluded locations.

(2) Transfer of patients between facilities:

(a) Per reference (c) and enclosure (1), MTFs shall be responsible for transferring stable patients from the BHC or MTF to civilian or specialty hospitals.

(b) F&ES Reimbursable Transfers: If MTF EMS Medical Directors determine transfer between medical facilities is critical and requires ALS support, and the contracted transfer or mutual aid providers are unavailable in a timely fashion, CNIC F&ES or CMC F&ES EMS can be called upon to provide these transfers on a case-by-case, reimbursable basis.

7. Responsibility

a. Chief, Medical Corps (M00C1) shall:

(1) Upon recommendation of the EMSL, nominate the EM fellowship trained physician serving as the Navy Medicine PDMSL to dually serve as the Navy Medicine EMSPC to provide overall program medical oversight. The EMSPC will serve as the BUMED point of contact for all questions related to EMS care from Navy Medical Regional Commanders, Navy Medical Regional EMS Medical Directors, as well as CNIC and CMC F&ES staff or MTFs without qualified Emergency Medicine support.

(a) The Navy Medicine EMSPC shall provide regular reports to BUMED M3 (Deputy Chief of Staff for Operations) via M3C2 (Director, Clinical Support) on the status of Regional EMS issues related to NME, NMW and NMNCA, MTFs, CNIC and CMC F&ES.

(b) The Navy Medicine EMSPC shall ensure interagency coordination between F&ES, MTFs, and other first responders is coordinated through BUMED M3B5 (Homeland Security), CNIC, and CMC F&ES to ensure that there are no interoperability issues with communication equipment or other shared responsibilities.

(2) Provide representation to the CNIC EMSAB per reference (d), consisting of the Regional EMS Medical Directors, the EMSL, the EMSPC, and representatives from BUMED M3B5 (Homeland Security) and BUMED M3C22 (Risk Management).

b. Regional Commanders shall, in consultation with EMSPC, appoint a Regional EMS Director who is a fellowship trained EM physician. This action shall be coordinated with EMSL when billeting and assignment issues are involved.

c. Regional EMS Medical Directors shall:

(1) Actively monitor all Navy EMS programs within their respective Navy Medicine Regions.

(2) Provide regular reports to the Navy Medicine EMSPC on their respective Navy Medicine Regional issues related to CNIC and CMC F&ES.

(3) Monitor and ensure that all EMS provider staff maintains minimum credentials and training per reference (d).

(4) Ensure all installations have an assigned or shared EMS Medical Director or have MOAs in place with the local/regional EMS system's Medical Director if either CNIC or CMC F&ES is not providing service for the installation.

(5) Assist, when requested, in selection of an installation EMS Medical Director.

(6) Advise installation Medical Directors and work to ensure consistency of policy across the region and in conjunction with other Regional Medical Directors.

(7) Ensure all installations have infection control policy that designates an individual that is responsible for infection control procedures, to include exposure control and appropriate follow-up.

d. Commanders and commanding officers (CO) and officers-in-charge of MTFs shall:

(1) Maintain EMS services until they determine that the local F&ES staff is ready to assume that responsibility. Any decision to transfer responsibility should be based upon the recommendation of the emergency medical staff, evidence of functional ability of the local system to assume the responsibility per NAVMED 6320/33.

(2) On those installations where CNIC or CMC F&ES provide services, the local MTF will provide for biohazard waste disposal and provide re-stock and re-supply of class VIIIA (medical) consumables to include medications and medical grade oxygen.

(3) Establish MOAs with local emergency response systems for the purpose of inter-facility transfer of patients. COs and MTF EMS Medical Directors should consult with the NME, NMNCA and NMW Regional EMS Directors and the EMSPC for guidance on ensuring MOAs satisfy clinical requirements.

(4) Appoint or designate a qualified EMS Medical Director for their installation. This should be an emergency physician if available. If an emergency physician is not available, another qualified Navy or contract physician, or the locally designated (by MOA) physician, may serve in this role under the guidance of the Regional EMS Medical Director.

e. MTF EMS Medical Directors shall:

(1) Maintain EMS Medical Direction over all F&ES provided EMS services.

(2) Serve as the primary coordinator for EMS Medical Control as follows:

(a) If no centralized EMS Medical Control source exists in the EMS region, coordinate and maintain primary Medical Control with local CNIC or CMC F&ES EMS assets.

(b) If centralized local EMS Medical Control does exist, and it is permitted by the local Medical Controlling authority, provide primary Medical Control if a patient is to be transported to a Navy MTF.

(c) In installations where CNIC or CMC F&ES have arranged for EMS service via private contract or under agreement with the local/regional community provider, MTF EMS Medical Directors shall seek MOAs with local community EMS systems' Medical Directors to review pre-hospital care reports for on-installation responses and serve as part of the local/regional QA/QC process.

(3) Maintain direct medical protocol oversight of F&ES pre-hospital care for the installation and establish and maintain relations with the local EMS system if pre-hospital care services are provided under contract or by the local EMS agency.

(4) Coordinate with MTF Pharmacy's Controlled Substance Inventory Board to provide a program for the stocking and inventory of narcotic/controlled substances with F&ES Advanced Life Support (ALS) providers.

(5) Appoint Medical Control physicians, if installation receives pre-hospital care services directly from F&ES and Medical Control is not provided by a centralized authority.

(6) Ensure all physicians or providers who are tasked to provide medical control services meet the training/certification requirements as set forth by BUMED via the Navy EMSPC.

(7) Ensure that QA review is performed on 100 percent of all pre-hospital runs utilizing QA forms determined by the NME, NMW and NMNCA EMS Regional Medical Directors.

(8) Make recommendations to the CO regarding the certification/licensure and participation of all F&ES EMS personnel within the installations as it relates to providing direct patient care.

(a) Suspend EMT personnel from clinical duty, as necessary, for lapsed certification/licensure, acts or potential purposeful acts, deleterious to patient care. These instances will be handled in coordination with the installation and/or Regional Fire Chief, and CNIC or CMC F&ES Headquarters personnel.

(b) Ensure all personnel meet training and certification requirements appropriate for their position and are in compliance with applicable Navy directives.

(c) Provide regular reports to the CO and Executive Committee of the Medical Staff per the CO's timetable to indicate any changes to the EMS program including transfer status as well as any changes which affect the certification or ability to see patients of F&ES personnel locally assigned.

(9) Establish a continuing education program for all EMS personnel to include, but not limited to:

(a) Practical skills: Patient assessment, extrication, childbirth, Basic Life Support (BLS) certification, trauma skills, medical skills, extremity/spinal immobilization, airway management, and hemorrhage control.

(b) Documentation skills: Patient care reporting, skills documentation, pharmaceutical tracking, and knowledge of QA reporting processes as dictated by each installation's standard operating procedures.

(c) Skill utilization rates: If a pre-hospital care provider is not consistently utilizing their skills during a given month, additional practical skills review and training may be required by the MTF EMS Medical Director, or if there is no MTF EMS Medical Director, then by the NME or NMW Regional EMS Medical Director. Such skills to be reviewed would include intravenous access, medication administration, endotracheal intubation, intraosseous infusion, manual defibrillation, pleural decompression, needle cricothyroidotomy, childbirth, medication administration and EKG recognition, central line access, and other advanced/invasive procedures as local system policy dictates.

(d) Work with Staff Education & Training department to ensure seats for F&ES personnel in Basic Trauma Life Support, Basic Cardiac Life Support, Advanced Cardiac Life Support, Advanced Trauma Life Support, Pediatric Advanced Life Support, and other classes offered at the MTF are available.

(10) Ensure the requirements of references (a) though (i) are implemented and continue to be enforced until such time as CNIC or CMC assumes control of pre-hospital EMS at an installation. At that time refer to paragraph 2 of this instruction.

f. EMS Medical Control physicians shall:

(1) Attain training and certification as necessary, per local EMS system requirements, prior to providing on-line or on-scene medical control.

(2) Become familiar with all local protocols in order to provide proper medical control of BLS and ALS providers in the field.

(3) Provide medical control/orders within the confines of established policy, procedure, and protocol.

(4) Immediately follow up or refer EMS personnel or cases for review and potential administrative or disciplinary proceedings per CNIC, CMC, and BUMED established procedures as appropriate.

g. The EMSPC shall ensure that the curriculums for the Emergency Physician residency and EMS Fellowship programs include review of this instruction and the specifics contained in references (c) through (h).

8. Effective

a. Upon signature for all shore installations currently receiving pre-hospital care services from F&ES assets.

b. Upon transfer of pre-hospital care services to CNIC and CMC for all installations currently receiving these services from Navy Medicine.

c. EMS Programs at CONUS installations, including Hawaii and Guam, but excluding Guantanamo Bay, BRAC installations, and NNMC Bethesda, should be transferred to CNIC no later than the end of FY 08. Transfer of EMS programs to CMC will follow in early FY 09. OCONUS MTFs including Guantanamo Bay should expect to fully maintain these EMS programs at least through FY 14.

d. Once CNIC and CMC assume responsibility for pre-hospital EMS services on Navy and Marine Corps installations, any local agreements involving transfer of funds between MTFs and CNIC or CMC for EMS services will cease, unless exceptions are granted on a case by case basis.

9. Forms. NAVMED 6320/31 (04-2008), Pre-Hospital Quality Assurance Report and NAVMED 6320/33 (05-2008), Emergency Medicine Provider Checklist for Transfer of Emergency Service Responsibilities, are available electronically from the "Forms" tab on the Bureau of Medicine and Surgery Web site at http://navymedicine.med.navy.mil/default.cfm?selTab=Directives.

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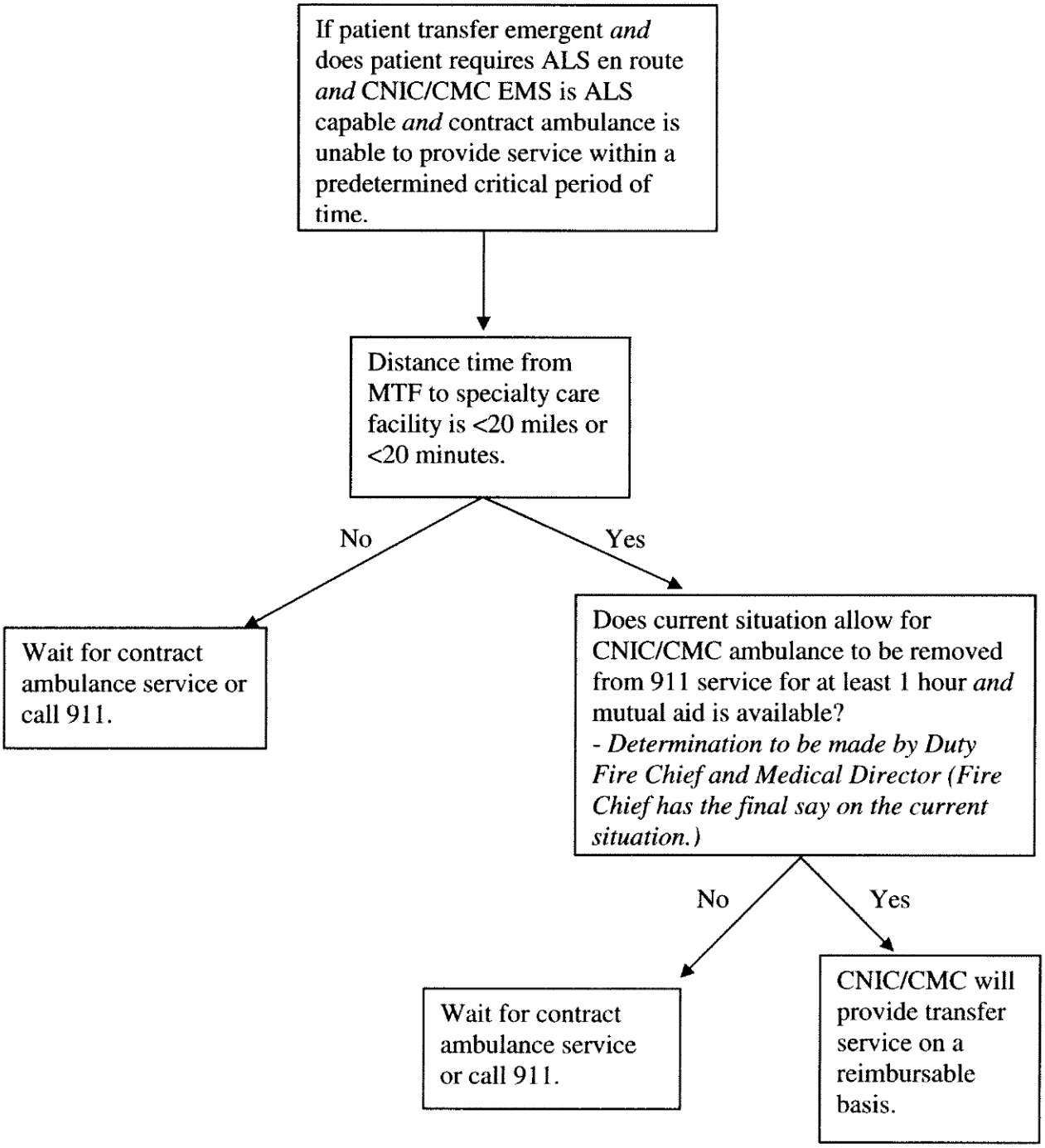
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