Idaho Wildfire EMS Response

Limited Request for Recognition
&
REPLICA Affiliation/MD Supervision Reporting

The Idaho EMS Bureau oversees *Limited Requests for Recognition* (LRR) from Idaho licensed EMS Agencies, or a Wildfire Incident Medical Units for EMS personnel licensed out of state to be verified by the EMS Bureau before providing EMS medical care in Idaho.

Licensed EMS personnel do not submit for LRR themselves.

Licensed EMS personnel should report to the Medical Unit's Medical Unit Leader (MEDL) to be added to the LRR form to be verified by the EMS Bureau before providing EMS medical care in Idaho.

Responsibilities of the Medical Unit Leaders (MEDL) during fire season

- **Fire Incident MEDL Initiation**; Medical Unit Leaders must submit the ***Limited Request for Recognition (LRR)*** form and provide a copy of the ***ICS 206 WF – Medical Plan*** when a medical unit is initiated for a new wildfire incident to establish a temporary EMS Agency and local medical supervision for that specific incident.
- **LRR Form Submission**: The LRR form must be submitted to the Bureau within 24 hours of non-Idaho licensed EMS personnel reporting to a wildfire incident. This is the incident documentation for reporting medical supervision and non-Idaho licensed EMS personnel are the incident.
    - **MEDL Supervision by Idaho-Licensed Physician**: Out-of-state providers, whether from REPLICA or non-REPLICA states, must work under the supervision of an Idaho-licensed physician, who will provide medical direction, establish protocols, and review patient care reporting.
    - **Active EMS License Verification**: EMS Personnel must hold a valid, unrestricted EMS license from another state. The MEDL is responsible for physically verifying the state license of all arriving EMS personnel resources reported.
- **Bureau Validation**: The license status of all out of state EMS personnel must be verified by the Bureau.
    - **Non-REPLICA.** Recognition must be granted by the Bureau before Non-REPLICA licensed personnel are allowed to provide EMS medical care in Idaho.
    - **REPLICA.** REPLICA licensed personnel with an unrestricted privilege to practice in the National EMS Coordinated Database (NEMSCD) are able to provide medical care immediately after being submitted on the LRR.

Responsibilities of Idaho Licensed EMS Agencies Using Out-of-State Personnel for Wildfires

If an existing Idaho-licensed EMS agency wishes to deploy out-of-state personnel for wildfire EMS response:

- **Agency Responsibility**: The agency is responsible for ensuring that out-of-state personnel hold valid EMS licenses and must verify this with the Bureau before deploying them to a wildfire incident.
- **Supervision Requirement**: Out-of-state personnel must work under the supervision of an Idaho EMS Agency Medical Director.
- **Non-REPLICA Personnel**: The agency must submit a **Limited Request for Recognition** form to verify non-REPLICA out-of-state personnel. An agency can submit the LRR form prior to wildfire season for personnel to be verified by the Bureau and recognition granted prior to arriving at the wildfire incident.
- ****REPLICA Personnel:** EMS personnel licensed in a REPLICA member state report their affiliation by submitting a REPLICA Recognition form in IGEMS the online licensing database in Idaho.

Wildfire Resources

- **REPLICA National EMS Coordinated Database EMS Compact Quick Verify**
- **National Association of State EMS Officials Wildfires Resolutions**:
- **Clinical Treatment Guidelines for Wildland Fire Medical Units (2012-7)**:

Contact the Bureau of EMS and Preparedness

- **Phone**: (208) 334-4000
- **Fax**: (208) 334-4015
- **Email**: EMSProvLic@dhw.idaho.gov

Instructions for Completing the Limited Request for Recognition Form

The Limited Request for Recognition (LRR) form may be filled out electronically, or by hard copy, for submission at the time of or even prior to the incident. Personnel licensed in states that are not members of the EMS Compact may not practice until they receive recognition from the Bureau.

- A new LRR form must be completed for each incident.
    - You can update the submitted form when new EMS personnel are assigned to the incident or moved from incident to incident within the state.
- **WARNING NREMT Cards**
    - A National Registry of Emergency Medical Technicians (NREMT) registration card **does not** authorize EMS personnel to provide EMS patient care in the State of Idaho. Only a current license issued by a state or U.S. territory EMS office will be accepted as proof of EMS license.

The Bureau will acknowledge receipt of the form and provide recognition to the MEDL after validating the EMS licenses of listed personnel. If the Bureau is unable to validate an EMS license or a license has been revoked or suspended in Idaho or any other state, the MEDL will be notified. EMS personnel without valid state EMS licenses will not be granted limited recognition and will not be authorized to provide EMS.

The MEDL should contact the Bureau by email at EMSProvLic@dhw.idaho.gov, by phone at (208) 334-4000, or by fax at (208) 334-4015 for questions or to submit their form.

Idaho Limited Request for Recognition Form

The MEDL or EMS agency must submit this form to the Idaho Bureau of EMS (Bureau) within 24 hours to utilize out-of-state EMS personnel for incidents/events located in Idaho. EMS personnel from REPLICA member states are authorized to provide EMS immediately after the LRR is submitted. EMS personnel from Non-REPLICA member states are not authorized to provide EMS until recognized by the Bureau.

Event or Incident Name: _____ Date: _____

Agency or Organization Name: _____

The location of this incident is: _____(Closest city and county).

The Idaho licensed physician supervising this incident is: _____(Name).

The physician's contact information is: _____(Phone or email).

Last Name	First Name	License Level	State/License #	Expiration Date

Authorization for limited recognition of the above EMS personnel assigned to this incident is requested. These personnel will provide EMS at this incident beginning on _____ and anticipated to end on _____ (Dates).

I attest that I have physically examined the state EMS license of the above individuals. (A NREMT card does not meet this requirement.)

MEDL Name - Print _____ MEDL - Signature _____ Date _____

Phone Number _____ Fax Number _____ E-mail Address _____

Please indicate the preferred route for communication from the Bureau:

Phone ☐ Fax☐ E-Mail ☐ Other_____