OPNAV INSTRUCTION 11320.27A

From: Chief of Naval Operations

Subj: NAVY EMERGENCY MEDICAL SERVICES PROGRAM

Ref: (a) DoD Instruction 6055.06 of 21 December 2006
(b) OPNAVINST 11320.23G
(c) OPNAVINST 5100.23G
(d) OPNAVINST 3440.17A
(e) BUMEDINST 6320.94

Encl: (1) Acronyms and Definitions
(2) Locations Not Receiving Emergency Medical Services Transport from CNIC F&ES

1. Purpose. To provide Navywide emergency medical services (EMS) policy, and assign specific responsibilities for implementing references (a) through (e) for the provision of pre-hospital emergency medical care at Navy installations, including transport to definitive medical care. This instruction is being reissued with a new date, updated version, and signature authority to meet Chief of Naval Operations' (CNO) age requirement for OPNAV instructions. This instruction is a complete revision and should be reviewed in its entirety.

2. Cancellation. OPNAVINST 11320.27.

3. Background. EMS is a system of trained, certified, and properly equipped personnel that provide assistance, emergency medical dispatch (EMD), basic life support (BLS), and advanced life support (ALS) care. Numerous Navy commands perform EMS functions individually. To better protect the force, the Deputy Chief of Naval Operations, Fleet Readiness and Logistics (CNO N4) has established the EMS structure and supporting processes under a standardized framework and policy. Nothing in this instruction or the Navy EMS program will detract from, or conflict with, the inherent and specified authorities and responsibilities of regional and installation commanders per DoD Instruction 2000.12 of 1 March 2012.

4. Applicability. This instruction applies to Navy personnel, to include Active and Reserve Components, Navy civilians, Navy families, Navy and non-Navy tenants on Navy installations, transient military or U.S. Government personnel, contractor personnel, visitors and guests, and host nation personnel and third country national personnel. Commands performing EMS functions on all Navy installations, Navy led joint installations, and all installations within Navy led joint regions within the United States, its territories, possessions, and locations.
5. **Exemptions.** This instruction does not apply to combat operations or combat support operations or mobile, expeditionary, afloat, or other deployable forces as delineated in applicable forces for unified commands guidance.

6. **Definitions.** EMS terminology is defined in enclosure (1).

7. **Policy**

   a. The Navy EMS Program serves as the principal method for the effective and efficient provision of professional shore-based pre-hospital emergency medical care, including pre-hospital triage, treatment, and transport of the sick and injured.

   b. Navy EMS will be implemented according to program guidance based on the requirements set forth in references (a) and (b), applicable guidelines and standards from Federal entities (e.g., U.S. Department of Transportation, Health and Human Services), and nationally recognized professional groups.

   c. Navy EMS capabilities will be implemented following a risk-based strategy that considers factors related to EMS risk as well as operational requirements.

   d. Installations will have access to the continuum of EMS to include bystander assistance, EMD, BLS, and ALS care. These capabilities may be provided through the use of organic capabilities, mutual aid agreements, contracted services, or a combination thereof. New or changed EMS capabilities (BLS or ALS) will not be deemed to exist until they are properly organized, staffed, equipped, trained, exercised, evaluated, and sustained.

   e. The minimum certification standard for providing EMS will be the emergency medical technician (EMT) level. The following levels of care are authorized for Navy EMS Program: EMT, advanced EMT, and paramedic. Emergency medical responder certification is not recognized by the Navy and does not meet the threshold for providing care at the BLS level. The National Registry of Emergency Medical Technicians (NREMT) will be utilized as the official EMS credentialing program and all Navy civilian or military EMS providers will maintain a certification by the NREMT, per reference (b). Exceptions to the credentialing process are rare but may be granted on a case-by-case basis by Commander, Navy Installation Command (CNIC) Fire and Emergency Services (F&ES). Local nationals (host nation) personnel, military firefighters, and F&ES contractors will be certified per CNIC guidance.

   f. Navy EMS providers will comply with applicable safety and occupational health standards as delineated in reference (c).

   g. Navy EMS providers will comply with applicable infection control standards as defined by the Center for Disease Control.
h. The Navy’s EMS Program will comply with applicable Federal, Department of Defense (DoD), and Department of the Navy laws, orders, and policies.

i. Technology solutions in support of the Navy’s EMS Program will ensure effective EMD processes within computer aided dispatch systems, radio communications, and transmission of physiologic data to receiving medical facilities, patient tracking, and electronic patient care reporting. Technology will be in place to maintain and update automated external defibrillators (AED) and cardiac monitors and defibrillators, as well as other physiologic devices used by EMS. Communication and transmission technologies are required to work while on and off installations.

j. Navy EMS functions will employ the command and control construct as well as the preparedness and resource management procedures specified in the National Incident Management System.

k. The Navy EMS Program will have a unified and single specification for the lease or purchase of ambulances.

8. Responsibilities

a. CNO N4. As the office of primary responsibility and resource sponsor, CNO N4 provides policy and direction on matters of programming and budget preparation. CNO N4 also provides vision and goals for Navy infrastructure, aligned within the Navy Strategic Plan and CNO guidance. CNO N4, through the Office of the Chief of Naval Operations, Director, Shore Readiness Division (OPNAV N46), will:

   (1) develop policy and strategic plans to ensure proper operation, resourcing, and management of the F&ES EMS Program;

   (2) prepare F&ES EMS Program requirements to support programming of resources throughout the Future Years Defense Plan, and ensure the F&ES Program is properly resourced;

   (3) coordinate with the CNIC F&ES program office in order to maintain awareness of resourcing issues along with their impacts within the Navy’s EMS Program; and

   (4) monitor compliance with this instruction and progress toward meeting strategic plans.

b. CNIC

   (1) CNIC has overall responsibility for the Navy EMS Program as the single responsible office, advocate, and point of contact for the program. CNIC administers the Navy EMS Program for the CNO N4 and has authority and responsibility to develop and implement detailed policy for Navywide functions per reference (b). Excluding locations listed in enclosure (2),
CNIC will develop, implement, and sustain a comprehensive and standardized EMS program at Navy installations capable of the effective provision of pre-hospital emergency medical care.

(2) Serve as the senior authority for the OPNAV N46 and will ensure all Navy EMS functions are executed as required. The CNIC EMS program manager will exercise authority having jurisdiction as the Navy EMS program manager.

(3) Provide EMS triage, treatment, and transportation at locations where Navy fire departments provide service; exceptions are noted in enclosure (2). On a case-by-case basis, Navy F&ES EMS transport resources may be used for emergent inter-facility transport. The use of Navy F&ES EMS transport resources for routine, non-emergent inter-facility transport is prohibited unless approved by CNIC. Navy F&ES EMS providers must only provide clinical care to patients under their custody and not within receiving treatment facilities once custody is transferred.

(4) CNIC region and installation commanders, in coordination with their respective F&ES chiefs, will ensure EMS is implemented according to this policy in order to protect installation personnel, residents, and visitors.

(5) Validate, prioritize, and program for region and installation EMS resource requirements.

(6) Serve as the single and principal liaison to the NREMT. CNIC will manage the NREMT testing site codes for the Navy.

(7) Any change in level of EMS service (upgrade or downgrade), change in baseline EMS certifications, or change in delivery model requires a written request to CNIC for review, consideration, evaluation, and approval.

(8) Serve as the program manager and execution agent for the implementation and management of technology insertion to include the testing, procurement, installation, and evaluation processes to meet requirements in support of EMS.

(9) Serve as the lead acquisition, fielding, and sustainment agent for implementing technology systems in support of the Navy’s EMS Program. Standardized commercial, off-the-shelf solutions will be implemented to the maximum extent possible.

(10) Develop and maintain functional, operational, and analytical requirements along with tables of allowances for EMS technology, computer, and communication solutions.

(11) Approve implementation plans, project prioritization, and change requests to technology, computer, and communication systems in support of the EMS program.
(12) Ensure all required cybersecurity system approvals are established and maintained for associated EMS program information technology.

(13) Establish and implement procedures to assure users are properly trained in the use of the technology systems.

(14) Implement and administer a standardized EMS training and education program that meets NREMT recertification requirements.

(15) Develop and implement EMS under a single uniform set of pre-hospital medical treatment protocols. The treatment protocols will be updated annually or, as needed, to meet emergent clinical issues.

(16) Develop and administer a standardized narcotics control program for local implementation to include procedures, records management, and physical security. The program will comply with applicable standards of the Drug Enforcement Administration.

(17) Develop, implement, and administer a comprehensive EMS performance management program. The EMS performance management program will assure implementation of formal quality assessment policies and procedures as well as regular assessments of EMS information, metrics and analyses.

(18) Implement and administer a standardized public access AED program. Locations for public access AED placement will be issued utilizing a risk based approach to maximize having an AED in locations with the highest likelihood of a cardiac arrest.

(19) Develop and administer a standardized active shooter event EMS response program. This program should be coordinated with local, state, interagency and region EMS activities to the greatest extent possible per reference (d).

(20) Develop and administer a standardized naloxone (opioid antidote) program. The program will be compliant with DoD rules and should be coordinated with local, State, interagency and region EMS activities to the greatest extent possible.

(21) Budget and resource the implementation of EMS except as noted in subparagraphs 8c and 8d below.

c. Bureau of Medicine and Surgery (BUMED)

(1) For locations listed in enclosure (2), paragraph 1, BUMED will budget, resource, and implement the EMS function. BUMED will coordinate with CNIC for the future transfer of
EMS capabilities at these locations to CNIC. A status report and associated plan of actions and milestones will be provided to OPNAV N46 annually regarding the BUMED to CNIC EMS transfer.

(2) Provide clinical oversight and direction for the standardized pre-hospital clinical care protocols.

(3) Assist CNIC in the development and implementation of the Navy’s EMS quality assessment and improvement program.

(4) Provide medical direction and medical control for the continuum of EMS functions under the Navy’s EMS Program.

(5) Provide pharmaceutical program management, supply, and oversight for the Navy EMS Program as delineated in reference (e).

(6) Program for and provide class 8A medical consumable supplies, pharmaceuticals, medical grade oxygen, sharps containers, and biohazard waste disposal to CNIC and other applicable Navy organizations. Navy EMS providers will obtain stock and restock consumable supplies, including pharmaceuticals from BUMED.

(7) Budget and resource the implementation of EMS except as noted in subparagraphs 8c and 8d. Commands will provide all associated manpower; durable equipment required for EMS response and care (e.g., AEDs, cardiac monitors or defibrillators, stretchers, and pulse oximetry); biomedical equipment maintenance and repair; and ambulances to support the program.


e. Naval Facilities Engineering Command. Serve as the lead systems command for ambulance acquisition or lease in support of the Navy EMS Program to include all required vehicle level information technology, per CNIC.

f. Naval Component Commands

(1) Consolidate and prioritize operational input from fleet commanders.

(2) Validate and approve prioritization of resources and capabilities in support of tiered implementation of the Navy EMS Program.

(3) Retain and exercise operational control over assigned personnel and assets within their area of responsibility.
(4) Provide operational input to support the requirements development process.

(5) Prioritize allocation of resources and capabilities within their area of responsibility in support of tiered implementation of Navy installation EMS.

9. Records Management

   a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned for the standard subject identification codes 1000 through 13000 series per the records disposition schedules located on the Department of the Navy/Assistant for Administration (DON/AA), Directives and Records Management Division (DRMD) portal page at https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx.

   b. For questions concerning the management of records related to this instruction or the records disposition schedules, please contact the local records manager or the DON/AA DRMD program office.

10. Review and Effective Date. Per OPNAVINST 5215.17A, CNO N4 will review this instruction annually on the anniversary of its issuance date to ensure applicability, currency, and consistency with Federal, DoD, Secretary of the Navy, and Navy policy and statutory authority using OPNAV 5215/40. This instruction will be in effect for 10 years, unless revised or cancelled in the interim, and will be reissued by the 10-year anniversary date if it is still required, unless it meets one of the exceptions in OPNAVINST 5215.17A, paragraph 9. Otherwise, if the instruction is no longer required, it will be processed for cancellation as soon as the need for cancellation is known following the guidance in OPNAV Manual 5215.1 of May 2016.

11. Information Management Control. Reporting requirements contained in subparagraph 8c(1) is exempt from information management control per SECNAV Manual 5214.1 of December 2005, part IV, subparagraph 7k.

   Releasability and distribution:
   This instruction is cleared for public release and is available electronically only via Department of the Navy Issuances Web site, https://www.secnav.navy.mil/doni
ACRONYMS AND DEFINITIONS

1. Acronyms
   a. AED: automated external defibrillator
   b. ALS: advanced life support
   c. BLS: basic life support
   d. BUMED: Navy Bureau of Medicine and Surgery
   e. CNIC: Commander, Navy Installations Command
   f. CNO: Chief of Naval Operations
   g. DoD: Department of Defense
   h. EMD: emergency medical dispatch
   i. EMS: emergency medical services
   j. EMT: emergency medical technician
   k. F&ES: fire and emergency services
   l. NREMT: National Registry of Emergency Medical Technicians

2. Definitions
   a. Advanced Life Support (ALS). A level of pre-hospital emergency care that includes any or all paramedic or lower level procedures as defined by the Department of Transportation and National Highway Traffic and Safety Administration national standard curriculums. Medically accepted life-sustaining, invasive or non-invasive procedures are provided under the direct or indirect control of a physician or other authorized personnel. (reference (a))

   b. Basic Life Support (BLS). A level of pre-hospital emergency care that includes any or all EMT procedures as defined by National Highway Traffic and Safety Administration standard curriculums. This may include techniques focused on the basics of pre-hospital emergency care: airway, breathing, and circulation. BLS may also include considerations of patient transport such as the protection of the cervical spine, avoiding additional injuries through splinting, stabilization, immobilization, and patient assessment, including oxygen therapy; stabilization of
spinal, musculoskeletal, soft tissue and shock injuries; stabilization of bleeding; and intervention for sudden illness, poisoning, heat or cold injuries, childbirth, and cardiopulmonary resuscitation and AED capability. (reference (a))

c. **Certification.** An external verification of the competencies that an individual has achieved that typically involves an examination process. While certification examinations can be set to any level of proficiency, in health care they are typically designed to verify that an individual has achieved minimum competency to assure safe and effective patient care.

d. **Consumables.** Any medical supplies that are single use patient care items such as bandages, ice packs, splints, oxygen masks, airway adjuncts, infection control supplies, intravenous supplies, defibrillator pads, medical grade oxygen and pharmaceuticals, etc.

e. **Emergency Medical Dispatch (EMD).** The first link in the pre-hospital EMS program service delivery. This first echelon involves telephone communicators, call takers, and dispatchers working in concert to achieve a favorable pre-hospital medical care outcome. Functional skills include interviewing techniques, pre-arrival instructions, and call prioritization. System components include case entry (primary survey), key questions (secondary survey), chief complaint selection (protocols), and life-support instructions (pre- and post-dispatch).

f. **Emergency Medical Care.** The provision of treatment to patients, including first aid, cardiopulmonary resuscitation, BLS, ALS, and other medical procedures that occur prior to arrival at a hospital or other healthcare facility.

g. **Emergency Medical Services (EMS).** A system of trained, certified, and properly equipped personnel and their equipment that provide triage, treatment, and transport of sick and injured personnel on an installation to the most appropriate medical treatment facilities for definitive medical care. (reference (a))

h. **Emergency Medical Technician (EMT).** An individual who provides BLS emergency medical care and transportation for critical and emergent patients who access the emergency medical system. This individual has the basic knowledge and skills necessary to provide patient care and transportation and functions as part of a comprehensive EMS response under medical oversight. (reference (b))

i. **Installation.** An installation command, including bases, stations, air stations, submarine bases, support facilities, support activities, magazines, weapon stations, air facilities, fleet activities, construction battalion centers, associated special areas, and Navy led joint bases and joint regions as approved by Secretary of the Navy, that hold property, a mission, and a commanding officer or officer in charge. Does not include locations with military operations other than war and contingency operations.
j. **Medical Control.** Physician advice and direction over pre-hospital emergency medical care to ensure safe and efficient triage, treatment, and transportation by certified EMTs providing medical care at the scene of an emergency or en route to a healthcare facility.

k. **Medical Direction.** The clinical training and education of EMS care providers, and participation in the ongoing assessment, measurement, quality control, and improvement of EMS performance by physicians.

l. **Medical Director.** A physician that is licensed to practice medicine, has met the DoD component’s requirements, and has experience in the delivery of pre-hospital emergency care.

m. **Mutual Aid.** Reciprocal assistance by emergency services under a non-reimbursable prearranged agreement or plan.

n. **Paramedic.** An allied health professional whose primary focus is to provide ALS emergency medical care for critical and emergent patients who access the emergency medical system. This individual has the complex knowledge and skills necessary to provide patient care and transportation, and functions as part of a comprehensive EMS response under medical oversight.

o. **Personal Protective Equipment.** Equipment or clothing worn by a person to provide protection from hazards to which the person is likely to be exposed while performing duties.
LOCATIONS NOT RECEIVING EMERGENCY MEDICAL SERVICES TRANSPORT FROM CNIC F&ES

1. Locations that Receive EMS Transport from BUMED
   a. Naval Station Guantanamo Bay
   b. Naval Support Facility Thurmont
   c. Naval Station Rota
   d. Naval Support Activity Naples
   e. Naval Air Station Sigonella
   f. Naval Support Activity Bahrain
   g. Commander, Fleet Activities, Yokosuka
   h. Naval Air Facility Atsugi
   i. Commander, Fleet Activities, Sasebo
   j. Commander, Fleet Activities, Okinawa
   k. Commander, Fleet Activities, Chinhae
   l. Naval Support Facility Diego Garcia

2. Locations That Receive All EMS Services from Local Communities
   a. Naval Support Activity Saratoga Springs
   b. Commanding Officer, Naval Air Warfare Center, Training Systems Division, Orlando
   c. Naval Support Activity Philadelphia

3. Locations that Receive EMS Transport from Local Communities, with CNIC F&ES Providing Assistance and Support from Fire Apparatus
   a. Naval Computer and Telecommunications Area Master Station Atlantic Detachment Cutler
b. Naval Support Activity Mechanicsburg

c. Philadelphia Navy Yard Annex

d. Naval Surface Warfare Center Carderock

e. Commanding Officer, Naval Magazine Indian Island

f. Naval Weapons Station Seal Beach

g. Naval Support Activity Andersen (United States Air Force Surgeon General)

h. Naval Undersea Warfare Center Division Keyport

i. Commanding Officer, Naval Base Kitsap, Bremerton

4. All EMS Services for the Naval Under Water Warfare Center Detachment, Atlantic Undersea Test and Evaluation Center are provided by Naval Sea Systems Command

Note: Certain locations, annexes, housing areas, or other government properties remote from main installations may receive EMS entirely provided by local community, mutual aid, or contract agencies.