

U.S. DEPARTMENT OF HOMELAND SECURITY
U.S. Customs and Border Protection

CBP DIRECTIVE NO. 5290-032

EFFECTIVE DATE: January 2025

ORIGINATING OFFICE:

OS/OCMO

SUPERSEDES:

REVIEW DATE: January 2026

CBP EMERGENCY MEDICAL SERVICES PROGRAMS

1. **PURPOSE.** This Directive establishes the U.S. Customs and Border Protection (CBP) policy, responsibilities, and requirements for Emergency Medical Services (EMS) programs within CBP.
2. **BACKGROUND.** The U.S. Department of Homeland Security (DHS), through its Office of Health Security (OHS), has identified the need for all DHS components currently providing emergency medical services (EMS) to align with DHS/OHS standards and protocols provided by *DHS Health Care Provider Credentialing and Professional Practice* (March 2024) and *DHS EMS Basic and Advanced Protocols* (June 2024), also referred to as “DHS Protocols.” Currently, CBP has three operational component-based EMS programs that operate within their respective operational environments. This Directive provides standardized CBP-specific guidance to CBP operational components with existing EMS programs and in furtherance of the CBP Commissioner’s priority to expand the scale and scope of EMS programs across CBP.
3. **SCOPE.** This Directive applies to all CBP components who have an EMS program or provide support to and coordinate with EMS programs. This Directive does not apply to contractors that provide medical services within CBP facilities.
4. **POLICY.** CBP shall establish and maintain an integrated EMS program consistent with DHS/OHS standards and protocols. CBP operational component EMS programs shall adhere to the minimum standards set forth in this Directive but will retain operations specific requirements and oversight of their individual EMS programs. The CBP Chief Medical Officer (CBP/CMO) or designee shall provide support to component EMS programs through administration, programmatic oversight, medical direction, and leadership guidance, as outlined by this Directive. DHS Protocols are considered standing orders for assessment and treatment for CBP EMS providers. CBP components may issue supplemental protocols for their EMS programs to meet the unique needs of their missions with the approval of the CBP/CMO and DHS/CMO.
5. **AUTHORITIES/REFERENCES.**
 - 5.1 Title 6, United States Code (U.S.C.) § 350, “*Work Force Health and Medical Support*”
 - 5.2 Title 6, United States Code (U.S.C.) § 597, “*Chief Medical Officer*”

- 5.3 DHS Delegation 07123, to the Commissioner of U.S. Customs and Border Protection Regarding Credentialing of Medical Providers, September 2020
- 5.4 DHS Directive 248-01, *Medical Quality Management*, September 2012
- 5.5 DHS Delegation 26000, Chief Medical Officer/Director, OHS, December 2022
- 5.6 DHS Policy Directive 248-02, *Health Care Providers Credentialing Management*, May 2023
- 5.7 *DHS Emergency Medical Services System Strategic Framework*, August 2011
- 5.8 *DHS EMS Training and Education Advisory Council Charter*, April 2024
- 5.9 *CBP On-Line Medical Control Concept of Operations*, August 2024
- 5.10 *DHS EMS Basic and Advanced Protocols*, June 2024

6. **DEFINITIONS.**

6.1 **CBP Chief Medical Officer** – A federal physician responsible for overseeing all EMS medical care provided by employees within CBP. The CMO may delegate oversight authority to a CBP Medical Director of EMS programs or may serve in this capacity as a dual responsibility role when required.

6.2 **CBP EMS Medical Director** – An employed physician assigned to the Office of the Chief Medical Officer (OCMO) that serves as the Medical Director of CBP EMS programs. This person is responsible for EMS programmatic and administrative medical direction. Duties include approval of credentialing process in conjunction with the CBP/CMO and DHS/CMO, validation of specialized or expanded protocols, and the verification of functional requirements to achieve and maintain credentialing under DHS/CMO protocols and best practices

6.3 **Component Medical Officer** – Physicians within OCMO assigned to support United States Border Patrol (USBP), Office of Field Operations (OFO), and/or Air and Marine Operations (AMO) with CBP/CMO delegated medical authority. These Medical Officers are responsible to respective USBP, OFO, or AMO headquarters leadership for providing medical expertise specific to a component's medical support, education, training, and operational EMS programs.

6.4 **CBP EMS Program Manager (EMS PM)** – The EMS Program Manager leads CBP's EMS programs from within OCMO. This person should be an expert in the delivery of EMS care within a large law enforcement agency or setting. The EMS PM is responsible for all administrative aspects of CBP's EMS programs and advises the CBP Medical Director of EMS programs and CBP/CMO on EMS issues as required.

6.5 USBP, OFO, and AMO EMS Coordinators – Are component-selected and assigned USBP and AMO Agents and OFO Officers that serve as the EMS PM for a specific component. Component EMS Coordinators are responsible for the management of operational component EMS programs consistent with this Directive.

6.6 Online Medical Control/Direction – Oversight and facilitation of prehospital medical care by a physician via direct communication. This consultative service shall be provided by CBP/CMO approved and qualified physicians with expertise in EMS.

6.7 Offline Medical Control/Direction – The oversight and facilitation of pre-hospital emergency care through DHS/CMO approved protocols (see 6.9) or standing orders that define a provider’s scope of practice and guide patient care actions in the field.

6.8 Scope of Practice – Refers to those EMS procedures that a credentialed person is permitted and authorized to perform, pursuant to the person’s certification by law or regulation and is directed by medical control authorization or protocol. Performance of patient care and operations outside the EMS provider’s scope of practice requires permission and consultation for specific interventions and will be directed by a CBP/CMO-approved physician via on-line medical direction.

6.9 EMS Protocols – Refers generally to the protocols or “standing orders” for EMS providers. CBP EMS programs follow the DHS EMS Basic and Advanced Life Support Protocols (DHS Protocols) for all offline medical control/direction. The DHS Protocols are considered standing orders for assessment and treatment for CBP EMS providers. CBP may issue supplemental protocols, contingent upon the approval of the CBP/CMO and DHS/OHS.

6.10 Supplemental/Expanded Protocols – Specialized pre-hospital knowledge and skills that are based on DHS Protocols developed to meet the unique needs of the CBP mission and approved by the CBP/CMO and DHS/CMO

6.11 Electronic Patient Care Report (ePCR) –The electronic EMS pre-hospital care reporting system that is DHS/OHS approved for clinical care documentation and quality management administration.

6.12 Component EMS Program(s) –Refers to operational component-based EMS program(s) within CBP that operate within their respective operational environment and are managed consistent with this directive.

7. RESPONSIBILITIES.

7.1 The CBP CMO will:

7.1.1 Provide medical oversight for the purpose of accountability, credentialing, training, and standardization of CBP’s EMS programs.

7.1.2 Define and establish a relationship with the CBP Office of Training and Development (OTD) to further institute standardization of EMS basic and advanced education and training validation processes.

7.1.3 Implement and ensure consistent application of EMS program requirements in accordance with applicable directives, and accompanying policies, protocols, and procedures.

7.1.4 Ensure CBP EMS programs comply with *DHS Healthcare Provider Credentialing and Professional Practice* and *DHS Directive Number 248-01, Medical Quality Management*, and any applicable directives, as deemed appropriate.

7.1.5 Serve as or designate a CBP Medical Director of EMS programs.

7.1.6 Establish procedural guidance for proper storage and maintenance of EMS equipment.

7.1.7 Ensure proper acquisition, maintenance, storage, inspection, transport, use, and disposal of EMS pharmaceuticals in compliance with governing DHS policies and procedures.

7.1.8 Establish and ensure compliance with processes and/or procedures for proper transportation of patients to the appropriate level of medical care or other appropriate disposition when transportation occurs under exigent circumstances.

7.1.9 Ensure the proper documentation of EMS prehospital care through the DHS ePCR system.

7.1.10 Direct the establishment of EMS working groups for policy and EMS-specific capability review for CBP operations as required.

7.1.11 Coordinate with the CBP Workforce Care Directorate and component specific initiatives to provide EMS-specific peer support training or current best practices to address the specific needs of CBP EMS providers.

7.1.12 Designate voting member(s) to represent CBP on the DHS/OHS Emergency Medical Services Training and Education Advisory Council (EMSTEAC).

7.2 CBP Medical Director of EMS programs will:

7.2.1 Develop and implement supplemental/expanded EMS protocols (standing orders) for all CBP EMS providers. CBP supplemental protocols will be component-specific supplements to the DHS Protocols and contingent upon review and approval by the CBP/CMO.

7.2.2 Support the validation of expanded supplemental/expanded protocols for special operations units and ensure appropriate training, certification and medical direction is

available to specialized/qualified personnel. Protocols will be component-specific supplements to the DHS Basic and Advanced Life Support Protocols and contingent upon review and approval by the CBP/CMO.

7.2.3 Coordinate with the CBP EMS PM to conduct medical quality management reviews of component EMS programs as appropriate.

7.2.4 Coordinate with the CBP EMS PM to ensure compliance with protocols, policies, and directives.

7.2.5 Participate in post-incident debriefing sessions and reviews.

7.3 The USBP, OFO, and AMO Component Medical Officers will:

7.3.1 Support the component EMS program needs via CBP/CMO delegation for USBP, OFO, and AMO as assigned.

7.3.2 Participate in quality assurance protocols of component EMS programs and participate in post-incident follow up as assigned. Use post-incident follow up and quality assurance to conduct reviews of the EMS program.

7.4 The CBP EMS PM will:

7.4.1 Serve as the primary point of contact (POC) for CBP EMS programs.

7.4.2 Provide administrative and programmatic oversight of CBP's EMS programs, which, at a minimum, includes a biennial review in coordination with component EMS Coordinators of the component EMS program status, guidance, updates, and compliance evaluation of components EMS program.

7.4.3 Work with OTD on the development of EMS Interoperability Training and Education.

7.4.4 Review component EMS programs for compliance with this Directive and in coordination with the CBP/CMO or designee.

7.4.5 Ensure compliance with protocols and participate in post-incident debriefing sessions and reviews.

7.4.6 Ensure EMS training within CBP meets National Registry of Emergency Medical Technician (NREMT) national standards and DHS policies and protocols. The CBP EMS PM, in conjunction with the CBP Medical Director of EMS programs and the CBP/CMO or designee, shall work with Component EMS Coordinators to develop training that meets this standard and the operational needs of each component.

7.4.7 Provide a list of approved medical items and devices for component procurement, as defined by mission requirements.

7.4.8 Serve as a subject matter expert to assist component EMS Coordinators in developing a system for emerging medical training and education and EMS technology and equipment.

7.4.9 In coordination with DHS/OHS, represent CBP EMS at national level EMS meetings to ensure that CBP EMS has cutting-edge protocols, procedures, and technology to support the operational components respective EMS missions and requirements.

7.5 The USBP, OFO, and AMO component EMS Coordinators will:

7.5.1 Facilitate coordination and communication between the CBP EMS Program Manager, CBP/CMO, and their respective Sectors, Field Offices, Air Regions, and other facilities participating in component EMS programs.

7.5.2 Maintain an inventory of all pharmaceuticals and inspectable/serialized equipment (i.e., heart monitors and other inspectable items) located in their respective facilities. This inventory should be kept current and include any pertinent information for the inventoried items. The inventory should be verified at least yearly by requesting updates from the field locations within each respective office.

7.5.3 Ensure that all medical items that require scheduled maintenance are tracked and maintained in compliance for medical response usage.

7.5.4 Maintain a current roster of all EMS providers within their respective component. Required information for the roster shall include, but not be limited to name, duty station, level of certification, expiration date(s) of certification(s), and any specialty information (i.e., expanded scope, tactical team, etc.).

7.5.5 Define and manage any advanced or supplemental protocols of their component in line with DHS Protocols and credentialing based on component requirements through the monitoring of completion of continuing education requirements. Protocols will be component-specific supplements to the DHS Protocols and contingent upon review and approval by the CBP/CMO.

7.6 The Chief of USBP and the Executive Assistant Commissioners of OFO and AMO or their designees will:

7.6.1 Establish and maintain a component EMS Coordinator to oversee the management of EMS credentialing, licensing, education, technical operational guidance, and operational oversight within their component EMS program.

7.6.2 Ensure that their component EMS programs are organized, educated, and equipped properly and in accordance with this directive.

7.6.3 Ensure execution of the provisions detailed under Section 8, Procedures.

7.6.4 Coordinate with the relevant CBP supporting offices to ensure that all requirements for implementation of this directive are met.

7.6.5 Designate one or more component EMS Coordinators within their component.

7.7 CBP employees certified EMS providers will:

7.7.1 Be certified by NREMT.

7.7.2 Comply with DHS EMS credentialing policies and requirements. However, should the EMS provider choose to work “off-duty” in a civilian EMS system, the provisions of the DHS EMS credentialing policies and requirements are not applicable to “off-duty” EMS work.

7.7.3 Obtain current and valid continuing education and training at the appropriate level to maintain certification requirements.

7.7.4 Advanced protocols must be approved by the CBP/CMO or designee.

8. PROCEDURES AND REQUIREMENTS.

8.1 EMS Certifications and Credentials.

8.1.1 All CBP EMS providers shall be credentialed through DHS/OHS.

8.2 Training and Professional Development.

8.2.1 All CBP Emergency Medical Technician (EMT) initial courses will have a minimum of one approved instructor with instructor qualification prior to teaching EMT courses. This qualification will be reportable to and tracked by USBP, OFO, AMO component EMS programs. All EMT coursework delivered by CBP components shall be consistent with DHS/OHS guidelines.

8.2.2 All certification and recertification training will be conducted in accordance with this Directive.

8.2.3 All training courses must meet NREMT standards to ensure all licensing requirements are met and in accordance with DHS protocols.

8.2.4 All completed DHS led/approved training will be documented in the appropriate CBP Learning Management System for tracking purposes.

8.2.5 Clinical and ride-along training requiring MOU will be in accordance with CBP’s Memoranda Development Guide, Requirements, and Template.

8.2.6 All external training (i.e., training outside of DHS) shall be submitted to the CBP Medical Director of EMS programs and the CBP EMS PM for curriculum review to ensure quality and alignment with DHS Protocols and EMS policies.

8.3 Administration of Medication.

8.3.1 The administration of medication will be consistent with CBP and DHS Protocols and commensurate with individual scopes of practice and level of certification.

8.4 Medical Protocols.

8.4.1 All CBP EMS providers will follow the *DHS EMS Basic and Advanced Protocols* and any CBP supplemental medical protocols approved by the CBP/CMO.

8.5 Medical Direction.

8.5.1 CBP Online Medical Direction will be provided through OCMO as outlined in the Online Medical Control Concept of Operations.

8.5.2 Offline Medical Direction will be provided through DHS protocols, CBP protocols, or component specific protocols as approved by the CBP/CMO.

8.6 Documentation of Care and Reporting Requirements.

8.6.1 All patient contacts will be documented through the DHS ePCR system. Access to DHS ePCR system will be granted upon completion of the DHS credentialing process by DHS/OHS.

8.6.1.1 Paper Patients Care Reports (PCRs) will be utilized and transcribed in the event of technology disruption. All paper PCRs will be uploaded into the DHS ePCR system when the disruption is resolved.

8.6.2 All Patient Refusal of Care forms will be entered or uploaded into the ePCR system after necessary patient signatures are obtained.

8.6.3 Patient transfers to other CBP medical assets or civilian EMS can be done verbally and must be documented in writing, or electronically.

8.7 Quality Assurance.


8.7.1 The CBP/EMS PM will coordinate with component EMS Coordinators on the implementation of a quality management program.

9. **DISCLOSURE.** This directive is not intended to create or confer any rights, privileges, or benefits upon any private person but is merely for internal guidance. This directive contains information which may be exempt from disclosure to the public under the regulations of the Department of Homeland Security. No part of this directive should be disclosed to the public without express authority from CBP Headquarters.

10. **POINT OF CONTACT.** Direct all questions regarding this Directive and the requirements it establishes to cbpmedical@cbp.dhs.gov attention Division Chief, Operational Medicine.

11. **NO PRIVATE RIGHTS CREATED.** This document is for internal CBP use only and does not create or confer any rights, privileges, or benefits for any person or entity.

12. **APPROVAL AUTHORITY.**

 01-14-25
Pete Flores (Date)
Senior Official Performing the Duties of the Commissioner
U.S. Customs and Border Protection