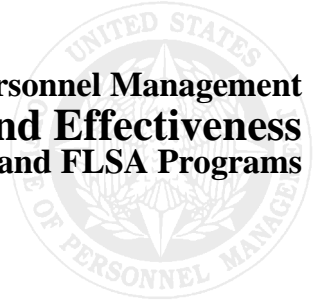


**U.S. Office of Personnel Management  
Office of Merit Systems Oversight and Effectiveness  
Classification Appeals and FLSA Programs**



**Chicago Oversight Division  
230 South Dearborn Street, DPN 30-6  
Chicago, IL 60604**

**Classification Appeal Decision  
Under Section 5112 of Title 5, United States Code**

**Appellant:** [appellant's name]

**Agency classification:** Firefighter (EMT [Emergency Medical Technician]) GS-081-5

**Organization:** Department of the Navy  
[Center & Division]  
Employee Services Directorate  
Resource Protection Department  
Fire Prevention/Protection Branch  
[City, State]

**OPM decision:** **GS-081-5**  
Firefighter (parenthetical descriptor at agency discretion)

**OPM decision number:** C-0081-05-02

/s/

\_\_\_\_\_  
Frederick J. Boland  
Classification Appeals Officer  
Date: 12/8/97

As provided in section 511.612 of title 5, Code of Federal Regulations, this decision constitutes a certificate that is mandatory and binding on all administrative, certifying, payroll, disbursing, and accounting officials of the government. The agency is responsible for reviewing its classification decisions for identical, similar, or related positions to ensure consistency with this decision. There is no right of further appeal. This decision is subject to discretionary review only under conditions and time limits specified in the Introduction to the Position Classification Standards, appendix 4, section G (address provided in appendix 4, section H).

### **Decision sent to:**

[appellant's name and address]

Ms. Roberta K. Peters  
Director, Office of Civilian Personnel  
Management  
Department of the Navy  
800 North Quincy Street  
Arlington, Virginia 22203-1998

[name and address of appellant's  
servicing personnel office]

Mr. David Neerman  
Director for Classification, Staffing, and  
Compensation (OCPM Code C20)  
Office of Civilian Personnel Management  
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800 North Quincy Street  
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Mr. William Duffy  
Chief, Classification Branch (CPMS-ASFP)  
Field Advisory Services Division  
Defense Civilian Personnel Management  
Service  
1400 Key Boulevard  
Arlington, Virginia 22209-2199

## **INFORMATION CONSIDERED**

- Appellant's letters of appeal, received December 26, 1995; October 31, 1996; and January 8, 1997.
- Copy of the official description of the appellant's position, number 717120.
- Copy of the agency's evaluation statements dated May 20 and August 30, 1993.
- Copy of the official description of the appellant's supervisor's position, number 700654.
- Copy of the appellant's performance standards.
- Copy of the organization chart and statement of functions for the Employee Services Directorate, Resource Protection Department, Fire Prevention/Protection Branch.
- Audit of the appellant's position on October 15, 1997, by telephone discussion of duties with him, and with the Supervisory Firefighter to whom he reports, and information provided by the appellant in several subsequent telephone discussions.

## **EVALUATION CRITERIA**

OPM position classification standards for the Fire Protection and Prevention Series, GS-081, dated September 1991.

Practical Nurse Series, GS-620, dated May 1983.

Health Aid and Technician Series, GS-640, dated September 1988.

## **INTRODUCTION**

The appellant, who represents himself and 13 others working under the same position description, contests the decision made by the [Center, Division], in classifying his position. The appellant is assigned to position number 717120, classified on April 11, 1996, as a Firefighter (Emergency Medical Technician), GS-081-5. The position is located in the Fire Prevention/Protection Branch, Resource Protection Department, Employee Services Directorate, [Center], [Division], [City, State].

The appellant requests that the position be upgraded to the GS-6, because of the complexity of the medical emergency-related duties he is called upon to perform. He agrees that the position description accurately reflects the duties and responsibilities of the position. He does not contest the agency's decision classifying his position's firefighting and prevention-related duties at the GS-5 level.

## **JOB INFORMATION**

The Fire Prevention/Protection Branch, which is headed by a GS-12 Fire Chief, includes two Fire Suppression Sections, in each of which 7 of the 14 appellants are employed. Each Section is supervised by a GS-10 Supervisory Firefighter. Both Sections include between them, in addition to 15 GS-5 Firefighter (EMT) positions, 6 GS-7 Lead Firefighter, 5 GS-6 Firefighter, and 5 GS-5 Firefighter positions.

The appellant's duties are divided, on an approximate 80/20 percent split in terms of his on-the-job time, respectively between actual firefighting and prevention work and those involving the performance of EMT-related responsibilities. Regarding his firefighting and prevention work, the appellant uses a variety of firefighting equipment and, on a rotating schedule (typically filling in the absence of his shift's assigned driver/operator), drives or operates the installation's vehicles used in fire suppression to deal with a range of types of fires, including explosive, chemical, pyrotechnical, structural, brush and timber, flammable liquids, and aircraft. Such fires may require working in confined spaces and the rescue of trapped victims. On occasion, the appellant may be involved in water and rope rappelling rescue activities. These duties include responding to mutual aid fire calls from 13 surrounding towns and townships. Other related duties include performing building and pre-fire planning inspections, communications desk watch responsibilities (which also involves maintaining a daily operations log and monitoring weather data), maintenance and performance testing of firefighting equipment and vehicles, and attending - and on an as assigned basis providing to his peers - training on a variety of firefighting tasks and skills. The appellant works under the immediate supervision of a Supervisory Firefighter, who spot checks the appellant's firefighting and prevention-related work for compliance with instructions and operational procedures. The appellant is required to pass the Emergency Vehicle Operator Course (EVOC) and complete refresher EVOC training on a triennial basis, be certified as a Firefighter I or II under National Fire Prevention Association guidelines and accomplish annual recertification as a Hazardous Materials (HazMat) Technician.

The [Division] operating environment in which the appellant performs his fire protection and prevention duties covers an area of approximately 100 square miles, much of which is heavily forested. On post facilities exceed 3,000, of which over 300 are equipped with fire detection systems. There are 1,854 magazine storage structures for explosives, pyrotechnics, and weapons. The daily on post population, comprising employees, contractors, and visitors, averages about 5,000, many of whom also reside at the facility.

Regarding EMT-related responsibilities, the appellant performs a wide range of emergency medical tasks. As the first on the scene, the appellant and his peers are responsible for setting the scene's safety, triage, and initial treatment of casualties until higher level medical authority intervenes. These duties involve a range of emergency medical tasks concerned with casualties' extrication from vehicles or structures, provision of lifesaving and stabilizing medical care, and transportation to either on or off post medical facilities (as far away as [City, State], or [City, State]). The appellant is required to function at the EMT-D level, which includes performing defibrillation; the insertion of advanced airways; the maintenance, monitoring, and discontinuance (but not starting) of intravenous (IV) fluid delivery; and acting without direct medical supervision in stressful emergency situations.

The appellant also is authorized, since January 1997, under [state] law to administer prescribed personal medications found in the possession of patients (e.g., inhalers, nitroglycerin, oral glucose, epinephrine autoinjectors, etc.), but can administer drugs in no other instance. Emergency-related duties are reviewed by the post's Medical Director through the evaluation of critique sheets completed by the appellant after each ambulance run, with the results of such assessments being provided to management sources in the appellant's chain of command. (The appellant's supervisor indicated that he, himself, is not EMT qualified, and, as such, is not equipped to provide direct technical supervision over this aspect of the appellant's position, even were such direct oversight operationally feasible.)

The appellant's EMT-related duties also include treating walk-in patients at the fire station, starting the necessary Federal Employees' Compensation Act (FECA) paperwork for dealing with job-related injuries, attending and participating in the delivery of in-service training on EMT topics, daily checking of equipment and vehicles involved in EMT work, providing precautionary standby service at the post firing range and open house and other public events. The appellant must be certified as having completed an approved EMT training program of at least 130 hours and a state-certified 24 hour course on automated defibrillation, go through annual EMT refresher training for state recertification, and must maintain EMT certification by the U.S. Department of Transportation, as well as American Heart Association certification to administer cardiopulmonary resuscitation (CPR).

## **ANALYSIS AND FINDINGS**

### **Series and Title Determination**

The appellant's duties involve a disparate mixture of work assignable to different occupational groups. The firefighting and prevention aspects of the position involve GS-000 Miscellaneous group work typical of that found in the Fire Protection and Prevention, GS-081, series. This series covers positions that supervise or perform work to control and extinguish fires, rescue those endangered by such, and reduce or eliminate potential fire hazards. Also covered are fire service duties involved with controlling incidents concerning the release of hazardous materials, providing fire protection/prevention training, operating fire communications equipment, developing and implementing fire protection/prevention plans and procedures, and advising on structural fire prevention improvements. Covered positions require knowledge of firefighting and prevention theory and techniques, operation of fixed and mobile firefighting equipment, and/or the ability to plan, direct, or implement fire protection/prevention programs and operations.

The appellant's EMT-related duties involve GS-600 Medical, Hospital, Dental, and Public Health group work best described as falling within the scope of the Health Aid and Technician, GS-640, series, which includes positions involving nonprofessional work of a technical, specialized, or support nature in the field of health and medicine when the work is of such a generalized, specialized, or miscellaneous nature that there is no other more appropriate series. (The GS-081 standard states that the emergency medical-related duties of Firefighters at the GS-5 level are characterized by activities such as assisting casualties by immobilizing them for safe transport, using direct pressure and tourniquets to stop bleeding, checking for windpipe obstructions, performing CPR, or providing assistance at a comparable level of difficulty. Performance of a wider range or otherwise more

demanding emergency medical duties, like the appellant's, requires evaluation against an appropriate standard in the GS-600 occupational group.)

Mixed occupational group work, such as the appellant's, is classified in the dominant series, based upon the paramount knowledge requirement, reason for existence, organizational function, line of promotion, and recruitment source. The position's career path, typical recruitment source, and related indicators suggest the Fire Protection and Prevention, GS-081, series bests reflects the work done. The EMT-related duties, in contrast, are an adjunct to those focused on firefighting and prevention. Consequently, the GS-081 series work dominates the GS-640 work. The prescribed title for nonsupervisory GS-081 positions performing firefighting duties of the type described above is *Firefighter*. Addition of a parenthetical descriptor, such as EMT, is discretionary with the agency.

### **Grade Determination**

#### *Firefighting and prevention duties*

The appellant does not dispute the agency's determination that the strictly firefighting and suppression-related aspects of his position are correctly classified at the GS-5 level. In reviewing the criteria found in the GS-081 position classification standard, we concur in this determination. The installation environment that the appellant confronts in his firefighting assignments is comparable to Degree C, as described in the standard's Part I, Factor 1, *Nature and variety of fire hazards*. The post has over 1,800 magazines containing explosives, pyrotechnics, and weaponry, the storage and movement of which presents significant dangers from a firefighting and prevention stand point and, therefore, comprise a Degree C situation. Part II of the standard, which deals with nonsupervisory Firefighter and Fire Protection Inspector positions, indicates that Firefighters at Degree C installations are appropriately classified at the GS-5 level.

#### *Emergency Medical Technician (EMT) duties*

Work demanding less than a substantial (at least 25 percent) amount of time is not considered in classifying a position. Similarly, acting, temporary, and other responsibilities that are not regular and continuing are not considered in classifying positions. The appellant's position description indicates that approximately 80 percent of his time is devoted to firefighting and prevention functions. Normally, this would be dispositive of the classification issue involved. However, when considering the performance of emergency-related duties in occupations such as Firefighter, Police Officer, and Emergency Medical Technician, credit is given for maintaining proficiency with higher graded tasks, even though they occur infrequently, when there is no opportunity to reassign such tasks to higher graded staff and the employee is expected to be fully prepared to perform such duties when they arise without advance notice. Because the agency has this expectation for the position and the appellant must maintain EMT proficiency, his GS-640 duties and responsibilities are analyzed and credited below.

The GS-640 classification standard has no grading criteria of its own. Consequently, the grade level determination must be made by comparison with a standard for a closely related kind of work, i.e., involving analogous knowledge and skills. In selecting a pertinent standard, the comparison is based on identifying a kind of work as similar as may be found to the position being evaluated with respect

to: 1) the kind of work processes, functions, or work subject matter involved, 2) the qualifications necessary to do the work, 3) the level of difficulty and responsibility, and 4) the combination of classification factors that have the most influence on the ultimate grade level to be established.

The appellant, drawing upon language from an undated evaluation statement developed for a GS-6 Firefighter position at an otherwise unidentified Naval Ordnance Station, suggests use of the Nurse, GS-610, and Nursing Assistant, GS-621, standards. The GS-610 series involves positions requiring professional nursing knowledges. The GS-640 series coverage guide calls for the identification and use of one or more analogous *nonprofessional* occupational standards in the GS-600 group. As such, use of a professional occupational standard, like the GS-610, is inappropriate.

The GS-621 standard covers nonprofessional medical work only at the lower grades and requires no certification. A better standard, the GS-620 Practical Nurse, covers higher graded medical work requiring licensure. GS-620 positions typically involve comprehension of patient care plan requirements, knowledge and skill in the preparation and administration of medications, knowledge of the physical and emotional reactions to various treatment procedures, and skill in working effectively with patients and all staff involved in providing direct patient services.

The GS-620 standard is a coarse match, since it focuses largely on medical care provided within a hospital rather than in the field and since Practical Nurses even at the highest grades may not perform some of the procedures EMTs do (e.g., intubation, defibrillation, etc.) and vice-versa. Nevertheless, the occupations share a requirement for credentials and some common features, as evidenced in the comparison that follows, that permit careful application of the Practical Nurse criteria to EMT work.

The GS-620 standard is structured in the Factor Evaluation System (FES) format. This system requires that credit levels assigned under each of the nine FES factors relate to separate key aspects or features of a position's duties and responsibilities. Under the FES approach, work must be essentially equivalent to the factor level described in the standard to warrant credit at that level's point value. If work is not equivalent to the overall intent of a particular level, a lower level and concomitant point value must be assigned, unless the deficiency is balanced by an equally important aspect of the work that meets a higher level.

## **FACTOR 1: KNOWLEDGE REQUIRED BY THE POSITION**

*This factor assesses the nature and extent of information or facts that employees must understand to do acceptable work (e.g., steps, procedures, practices, rules, policies, theories, principles, and concepts) and the nature and extent of the skills needed to apply those knowledges.*

To support the appeal, the appellant states:

We are required to function at the EMT-D level which includes defibrillation with a semi-automatic defibrillator; inserting advanced airways such as the comb-tube, PTLA, EOA, and EGTA without direct medical orders; I.V. maintenance which includes changing fluids, setting drip rates, monitoring I.V. sites, and discontinuing I.V.'s at the EMT-D discretion and perform without direct medical supervision while under stress in an emergency and/or in lifesaving situations. We are also responsible for starting paper work for Workman's Compensations on walk-in patients that are injured on weekends, holidays and after 1600 hours on weekdays . . . .

Benchmarks GS-610-7, #2 of the nurse standards describes a nurse in an occupational health unit performing first aid for minor cuts, burns, bruises and sprains, and administering immunizations, inoculations, allergy treatments

and medications. Benchmark #1 describes duties involved with administering prescribed oral medications, hypodermic injections, and intravenous feeding . . . .

The nursing Assistant Series, GS-621, covers positions which involve a variety of technical procedures requiring less than full professional training in nursing and which is more comparable to the type of training received by the incumbents. At the GS-5 level illustrative examples include specializing in providing intensive care to patients requiring close continuing observation during critical states in their illness or treatments; using procedures and techniques of tracheotomy suctioning; taking emergency action (such as applying an oxygen mask or hooking up a defibrillator) and calls the registered nurse or physician; keeping constant watch of respiration, maintaining and facilitating ventilation as necessary, e.g.; operating respirator oxygen equipment, takes emergency measures, calls for nurse and/or physician, and assists in resuscitation procedures in cardiac or respiratory arrest.

Starting January of 1997 the Firefighter/EMT-D's will also have to have the knowledge and skills to; Administrating medications such as prescribed inhalers, nitroglycerin, oral glucose, activated charcoal, and the use of a epinephrine autoinjector. Also the knowledge and skills for placing an endotracheal tube and intubation.

It is felt the duties and responsibilities of Firefighter/EMT-D exceeds the GS-5 assignments just described. In their service role incumbents provide initial emergency care at identified life threatening emergencies, i. e., fires, cardiac arrests, auto accidents, and provide extrication, first aid, and emergency care at auto accidents and other emergency scenes such as those that might occur in a heavy industrial setting. The various situations often require the use of advanced techniques, procedures, perform independently without professional supervision as would be present in a hospital situation (e.g., decisions must be made and the independence of action clearly exceeds the descriptive examples given for nursing assistants at the GS-5 level.)

At Level 1-3, Practical Nurses demonstrate knowledge derived from licensure, training, and experience sufficient to perform a *moderately difficult range* of practical nursing care functions such as giving injections, catheterizing, irrigating, and suctioning patients. This is in addition to knowledge of commonly used diagnostic and treatment procedures such as taking vital signs, changing sterile dressings, preparing and administering commonly prescribed medications, and performing simple tests. At this level, Practical Nurses and other technicians who perform portions of a professional's work are expected to have an elementary understanding of basic anatomy and physiology as well as skill in emergency first aid procedures such as cardiopulmonary resuscitation (CPR).

The knowledge requirements in the appellant's position comport best with those described at Level 1-3. As an EMT, the appellant is expected to deal with a range of situations beyond the standard first aid and CPR skills expected of GS-5 Firefighters (e.g., application of direct pressure or tourniquets to stop bleeding, clearing windpipe obstructions, immobilizing for safe transport, etc.). He is expected to be proficient in more difficult, but still standard, procedures, such as CPR on the move, field treatment of wounds, management of fractures, treatment of head and back injuries, and emergency childbirth. These procedures require considerable training and experience to develop proficiency and to execute in the field. They are common skills required of basic EMTs and equivalent to the level of knowledge demanded of Level 1-3 Practical Nurses who inject medications, insert catheters, monitor IV fluids, change IV tubing, discontinue IVS, apply electrodes for cardiac monitors, report abnormalities, etc. (This is also similar to work done by technicians in other specialties who at this level are expected to operate, calibrate, and maintain commonly used equipment and to recognize abnormalities that would be obvious to those with their considerable training and experience. Some technicians at this level are knowledgeable in the use of aseptic methods to draw blood samples from patients and operation of commonly used electrocardiographic equipment.)



At Level 1-4, Practical Nurses demonstrate a knowledge of a large body of nursing care procedures, illnesses, and diseases and skill in assessing deviations from normal conditions and immediately modifying care. Such knowledge entails more extensive training and experience and more advanced procedures (or the equivalent wide variety of nonstandard assignments referenced in the standard), than at Level 1-3. EMT training is commonly divided into several levels, for example, First Responder, EMT, Advanced, and Paramedic. The training progresses from basic life support systems to advanced life support systems. EMTs follow sequentially designed treatment protocols, for example, basic, intermediate, and paramedic protocols, that are keyed to their training and competency with life support systems. Many of the basic procedures are analogous to Level 1-3 knowledges and procedures that Practical Nurses or medical technicians use. Many of the advanced procedures are comparable to Level 1-4 or higher knowledges. The appellant employs basic procedures and is not expected to use or maintain proficiency in advanced procedures, with but two exceptions. Consequently, his EMT duties are properly characterized as Level 1-3 rather than 1-4.

The appellant's advanced airways proficiency is indicative of Level 1-4 knowledge. By itself, however, it does not constitute the extensive body of knowledge or wide variety of nonstandard procedures expected at Level 1-4. Endotracheal intubation, esophageal obturator airway (EOA) and esophageal gastric tube airway (EGTA) procedures are advanced procedures that significantly exceed basic EMT knowledge and training. Basic EMT procedures, for example, allow for clearing airway obstructions by prompting conscious patients to cough or opening unconscious patient airways with finger sweeps or abdominal thrusts. EOA/EGTA requires insertion of a mask fitted with a tube into the back of the patient's mouth and advancing the tube down the esophagus while listening for breath sounds in each axilla and epigastrium and verifying chest movements. It requires greater skill in both technique and patient observation.

EOA/EGTA and intubation stand isolated from the wide variety of other advanced procedures unavailable to the appellant. For example, injections (other than with the patient's own autoinjector), starting IVS, preparing and administering medications, needle chest decompression, and intra osseous infusion are advanced procedures or part of many advanced protocols the appellant is neither required nor permitted to use. These demand a wider and more advanced knowledge of fluid therapy, pharmacology, and trauma management than the appellant's work. (Protocols are commonly devised by professional and EMT boards. They cover dozens of cardiac, environmental, medical, trauma, and pediatric emergencies. An EMT may employ only that part of the protocol consistent with his training and certification. For example, a medical emergency protocol for chest pain allows basic EMTs, such as the appellant, to perform CPR and administer oxygen at a flow rate dependent upon patient symptoms. The basic EMT, however, may not employ advanced treatment procedures such as starting a normal saline IV, inserting large bore catheters in a vein for antithrombolytic agents, or administering nitroglycerin or lidocaine.)

Operation of automatic and semi-automatic external defibrillators (AED/SAED) requires special skill, but not the advanced knowledge characteristic of Level 1-4. Different brands and models of AED/SAED have a variety of features and controls, e.g., paper strip recorders, rhythm display methods, energy levels, and message displays. First Responders, who lack basic EMT knowledge such as the appellant's, may be trained in their operation while even advanced EMTs may lack such

training or have training only on conventional defibrillators. The AED/SAED trained operator, however, may not employ a manual override, if the machine is so equipped, which conventionally trained, advanced EMTs might do. Similarly, the AED/SAED trained EMT may not perform endotracheal intubation, establish IV line access, and administer epinephrine, advanced procedures that are part of the ventricular fibrillation protocol more knowledgeable EMTs or Paramedics might execute. Though the appellant is trained in endotracheal intubation, this is only part of the larger body of knowledge expected at Level 1-4.

We evaluate this factor at Level 1-3 and credit 350 points.

## **FACTOR 2: SUPERVISORY CONTROLS**

*This factor covers the nature and extent of direct and indirect controls exercised by the supervisor, the employee's responsibility, and the review of completed work. Controls are exercised by the supervisor in the way assignments are made, instructions are given to the employee, priorities and deadlines are set, and objectives and boundaries are defined. Responsibility of the employee depends upon the extent to which he/she is expected to develop the sequence and timing of various aspects of the work, to modify or recommend modification of instructions, and to participate in establishing priorities and defining objectives. The degree of review of completed work depends upon the nature and extent of the review, e.g., close and detailed review of each phase of the assignment, spot-check of finished work for accuracy, or review only for adherence to policy.*

The appellant states:

In their service role incumbents provide initial emergency care at identified life threatening emergencies, i. e., fires, cardiac arrests, auto accidents, and provide extrication, first aid, and emergency care at auto accidents and other emergency scenes such as those that might occur in a heavy industrial setting. The various situations often require the use of advanced techniques, procedures, perform independently without professional supervision as would be present in a hospital situation (e.g., decisions must be made and the independence of action clearly exceeds the descriptive examples given for nursing assistants at the GS-5 level.)

At level 2-3, the highest provided for in the GS-620 standard, Practical Nurses independently plan and carry out treatment plans without specific instruction for each patient's condition (but in accordance with previous training, instructions, or accepted practices) and modify care as conditions warrant. Their work is evaluated for conformity to nursing policy and requirements. The appellant similarly follows established protocols in treating patients, but does so without advance instruction regarding unusual situations or abnormalities he may encounter. Though he obtains assistance regarding such situations from medical control, he must independently gauge patient condition, make a number of assessments, and choose from a variety of actions prior to contacting medical control, which must rely upon his observation skills for the basis of its advice. As at Level 2-3, his work is reviewed for technical soundness and conformity to guidelines.

While the majority of the patients to whom the appellant provides EMT service are not critically ill, he operates with unusual freedom from immediate supervision in dealing with the serious emergencies that do arise. This is especially the case when such situations arise outside of normal daytime business hours when there are no professional medical personnel on duty on post, and the appellant

must make quick decisions in potentially life threatening scenarios. On an overall basis, then, Level 2-3 is appropriately assignable to the appellant's position. None of his EMT work exceeds Level 2-3.

We evaluate this factor at Level 2-3 and credit 275 points.

### **FACTOR 3: GUIDELINES**

*This factor covers the nature of guidelines and the judgment needed to apply them.*

At Level 3-2, the highest provided in the GS-620 standard, Practical Nurses follow well established procedures but use judgment in selecting the most appropriate procedure based upon the patient's condition and previous instructions. They refer unusual developments to their supervisor.

As at Level 3-2, the appellant has available various sources of written guidelines dealing with EMT responsibilities, including relevant Navy manuals and directives, Fire Protection Branch instructions and standard operating procedures, and over 30 specific protocols approved by the post Medical Director, which deal with the most commonly recurring problems or issues that arise in emergencies. Though these protocols are specific and must be adhered to, the appellant must select from them according to his assessment of each patient's condition drawing upon his past training and experience. Unusual cases or developments not covered by the protocols are referred to medical control for advice. Neither the guidelines used nor judgment exercised by the appellant in following them exceeds Level 3-2.

We evaluate this factor at Level 3-2 and credit 125 points.

### **FACTOR 4: COMPLEXITY**

*This factor covers the nature, variety, and intricacy of tasks, steps, processes, or methods in the work performed; the difficulty of identifying what needs to be done; and the difficulty and originality involved in performing the work.*

At Level 4-2, the work consists of related steps, processes, or methods. Decisions regarding what needs to be done involve choosing among options, based upon the existence of differences among a number of easily recognized situations. Typical duties at this level include the application of hot and cold packs, wound irrigation, changing of sterile dressings, patient catheterization, and observing the administration of IV solutions for proper timing and flow.

At Level 4-3, Practical Nurses assume responsibility for a patient load of critically ill patients and independently perform nursing care functions, typically alone in a hospital ward during one tour. They determine what needs to be done during the tour by systematic review and study of each patient's condition and closely observe for deviations from normal so that care may be given immediately. They modify patient care and the nursing care plan with changes in patient needs.

The appellant must deal with emergencies involving serious injuries and sometimes life threatening illnesses or injuries. He independently examines patients to determine their condition and observes them for abnormalities prior and during treatment. However, the methods and techniques he employs entail common and standard approaches, with two exceptions, as noted under previous factors.

Unlike Practical Nurses at Level 4-3, his observations are for more easily recognizable symptoms rather than those requiring close observation and discernment. The basic EMT protocols he follows do not require the finer assessments and the greater choices and alternatives found at this level, for example, in preparing and dispensing medication or checking subtle symptoms. The wide variety of medications, dosage levels, therapeutic effects, side effects, and drug incompatibilities that Level 4-3 Practical Nurses must be alert to are not present to any significant degree in his work. Similarly, the fine discriminations and precise identification of artifacts, such as recording rapid eye movements and tremors, are also lacking. The basic protocols he applies require more coarse distinctions and are more readily discernible, e.g., checking for pupil size and reaction or conjugate gaze. Thus, although in some respects the complexity of the appellant's EMT duties exceeds the criteria in Level 4-2, in other areas it falls well short of Level 4-3.

We evaluate this factor at Level 4-2 and credit 75 points.

#### **FACTOR 5: SCOPE AND EFFECT**

*This factor covers the relationship between the nature of the work (i.e., the purpose, breadth, and depth of the assignment) and the effect of the work products or services both within and outside the organization. Only the effect of properly performed work is considered.*

At Level 5-2, the highest described in the GS-620 standard, the purpose of the work is to provide nursing services that include personal care, diagnostic support and treatment procedures, patient charting, and patient teaching. The work contributes to a base of standard nursing care upon which further such care may be planned.

The appellant's EMT duties, in terms of their impact upon injured or ill individuals to whom he provides service, match but do not exceed this factor level. The thrust of these responsibilities is to provide initial treatment and stabilization support to such patients prior to or during their transport to facilities equipped to provide more extensive medical care.

We evaluate this factor at Level 5-2 and credit 75 points.

#### **FACTOR 6: PERSONAL CONTACTS**

*This factor includes face-to-face contacts and telephone and radio dialogue with persons not in the supervisory chain. Levels of this factor are based on what is required to make the initial contact, the difficulty of communicating with those contacted, and the setting in which the contact takes place (e.g., the degree to which the employee and those contacted recognize their relative roles and authorities).*

At Level 6-2, again the highest described in the GS-620 standard, personal contacts are with patients, nursing and other hospital medical staff, and with patients' families.

The appellant's EMT-related contacts extend outside his immediate organization and include people engaged in different functions, e.g., staff of medical facilities to which the patient is being transported and the patient's family, co-workers, etc. Such contacts are characteristic of Level 6-2.

We evaluate this factor at Level 6-2 and credit 25 points.

**FACTOR 7: PURPOSE OF CONTACTS**

*The purpose of personal contacts ranges from factual exchanges of information to situations involving significant or controversial issues and differing viewpoints, goals, or objectives.*

At Level 7-2, the purpose of contacts varies with the various categories of individuals dealt with. This includes motivating and instructing patients, coordinating work efforts with other medical facility staff, and encouraging and motivating patients' family members. At Level 7-3, the purpose regularly is to control or influence unusually difficult patients, due to such problems as their lack of self-control, resistant behavior, or inability to understand or follow instructions.

Patients for whom the appellant provides emergency care rarely present the demands characteristic of Level 7-3. As at Level 7-2, he must gain needed cooperation from upset patients and workers or family members during emergencies and must coordinate his work with nurses and doctors at medical control.

We evaluate this factor at Level 7-2 and credit 50 points.

**FACTOR 8: PHYSICAL DEMANDS**

*This factor covers the requirements and physical demands placed upon the employee by the work assignment. This includes physical characteristics and abilities and physical exertion involved in the work.*

At Level 8-2, the work of a Practical Nurse requires long periods of continuous movement; regular and recurring bending, lifting, stooping, stretching, lifting, and repositioning of patients; or similar activities. At Level 8-3, the key demand of the work is to control or defend oneself against physical attacks by emotionally ill patients on a regular and recurring basis.

The physical demands upon the appellant in performing his EMT duties most closely approximate those of Level 8-2. He must lift and position patients but rarely encounters physical attack.

We evaluate this factor at Level 8-2 and credit 20 points.

**FACTOR 9: WORK ENVIRONMENT**

*This factor considers the risks and discomforts in the employee's physical surroundings or the nature of the work assigned and the safety regulations required.*

As at Level 9-2, the appellant is regularly exposed to moderate risks in his EMT work, such as infection and contagious diseases where he must don special gloves, gowns, or masks as safety precautions. Unlike Level 9-3, his EMT work does not involve high risks such as those associated with his Firefighting duties, e.g., potentially dangerous substances such as noxious gases, fumes, and explosives.

We evaluate this factor at Level 9-2 and credit 20 points.

### FACTOR LEVEL POINT SUMMARY

Factor	Level	Points
1	1-3	350
2	2-3	275
3	3-2	125
4	4-2	75
5	5-2	75
6	6-2	25
7	7-2	50
8	8-2	20
9	9-2	20
	Total:	1015

The table above summarizes our evaluation of the appellant's work. As shown on page 5 of the standard, a total of 1015 points falls within the GS-5 grade range (855-1100).

#### **DECISION**

As our application of the criteria in both the Fire Protection and Prevention, GS-081, and the Practical Nurse, GS-620, Series standards results in a determination that both sets of duties are appropriately classified at the GS-5 level, the proper classification of the appellant's position is Firefighter, GS-081-5, with the addition of a parenthetical organizational descriptor, e.g., EMT, at the agency's option.