

SIERRA-SACRAMENTO VALLEY EMS AGENCY PROGRAM POLICY

REFERENCE NO. 442

**SUBJECT: PARAMEDIC INTERFACILITY TRANSPORT OPTIONAL SKILLS:
APPLICATION AND APPROVAL PROCESS.**

PURPOSE:

To establish the initial application process and procedure for approval of S-SV EMS ALS ambulance provider's paramedics to monitor and/or use any of the following during interfacility transports:

- A. Blood transfusions
- B. Magnesium sulfate, nitroglycerin, heparin and/or amiodarone infusions
- C. Automatic Transport Ventilators (ATV's)

AUTHORITY:

California Health & Safety Code, Division 2.5, Sections: 1798.200, 1798.206, 1798.214, 1797.218, 1797.220, 1798.2, 1798.170, and 1798.172

California Code of Regulations, Title 22, Chapter 4, Article 1, Section 100145

POLICY:

An ALS ambulance provider utilizing paramedics to perform any of the interfacility transport optional skills shall meet all requirements set forth by State law, regulations and S-SV EMS policy.

A. PARAMEDIC INTERFACILITY TRANSPORT OPTIONAL SKILLS PROGRAM: APPLICATION FOR APPROVAL REQUIREMENTS:

1. Any ALS ambulance provider wishing to utilize paramedics to perform any of the interfacility transport optional skills shall submit a "Paramedic Interfacility Transport Optional Skills: Application for Approval" packet to the S-SV EMS Agency.
2. All applicant agencies shall fully complete the application packet. Incomplete applications will not be processed.

The required information / documentation of a complete application shall include the following:

Effective Date: 02/01/2011
Next Review Date: 09/2013
Approved:

Date last Reviewed / Revised: 01/11
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SIGNATURE ON FILE
S-SV EMS Medical Director

SIGNATURE ON FILE
S-SV EMS Regional Executive Director

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- a. A letter of intent to provide the service (s) of paramedics monitoring pre-existing blood transfusions, and/or pre-existing magnesium sulfate / nitroglycerin / heparin / amiodarone infusions, and/or ATV's during interfacility transports. This letter shall be signed by the Chief Operations Officer, and ALS Medical Director and express willingness to abide by all S-SV EMS Agency policies, procedures and program requirements.
- b. Call volume of anticipated interfacility transports that will provide the service of paramedics monitoring pre-existing blood transfusions, and/or pre-existing magnesium sulfate / nitroglycerin / heparin / amiodarone infusions, and/or ATV's.
- c. Equipment identification. Identification of brand name, model number and all pertinent information for the mechanical infusion pump(s) or ATV that will be utilized by the service provider.
- d. A copy of the service providers Continuous Quality Improvement (CQI) program, including name(s) of personnel responsible for the program.
- e. Name and CV / resume of the physician, RN or paramedic proposed as the program instructor.
 - If the service provider is proposing to utilize a paramedic as the program instructor, include a separate letter indicating this request as well as the justification of the need to utilize a paramedic instructor for this purpose.
- f. Outline or description of the service provider's plan for provision of the training program.
- g. ALS ambulance service provider policies and procedures relevant to paramedics monitoring pre-existing blood transfusions, and/or pre-existing magnesium sulfate / nitroglycerin / heparin / amiodarone infusions, and/or ATV's during interfacility transports.
- h. **Personnel Information:**
 - Number of proposed paramedic personnel to be trained and authorized to provide monitoring of pre-existing blood transfusions, and/or pre-existing magnesium sulfate / nitroglycerin / heparin / amiodarone infusions, and/or ATV's during interfacility transports.
 - Number of ALS ambulances staffed with paramedic personnel to be trained and authorized to provide monitoring of pre-existing blood transfusions, and/or pre-existing magnesium sulfate / nitroglycerin /

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heparin / amiodarone infusions, and/or ATV's during interfacility transports.

- Proposed target date for beginning service.

**B. S-SV EMS AGENCY PARAMEDIC INTERFACILITY TRANSPORT
OPTIONAL SKILLS PROGRAM APPROVAL PROCESS:**

1. The S-SV EMS Agency shall notify the service provider submitting its application to provide the service of paramedics monitoring pre-existing blood transfusions, and/or pre-existing magnesium sulfate / nitroglycerin / heparin / amiodarone infusions, and/or ATV's during interfacility transports approval within seven (7) days of receiving the request that:
 - a. The application has been received;
 - b. The application contains or does not contain the requested information, and;
 - c. What information, if any, is missing from the application
2. Program approval or disapproval shall be made, in writing, to the applicant within a reasonable period of time, after receipt of all required documentation. This period shall not exceed forty-five (45) days.

**C. PARAMEDIC INTERFACILITY TRANSPORT OPTIONAL SKILLS
PROGRAM IMPLEMENTATION REQUIREMENTS:**

Prior to implementation of an S-SV approved Program for paramedics to monitor pre-existing blood transfusions, and/or pre-existing magnesium sulfate / nitroglycerin / heparin / amiodarone infusions, and/or ATV's during interfacility transports, the ALS ambulance provider shall complete and submit to the EMS Agency the following:

A list of all paramedics authorized to monitor pre-existing blood transfusions, and/or pre-existing magnesium sulfate / nitroglycerin / heparin / amiodarone infusions, and/or ATV's during interfacility transports with the following:

1. Paramedic state license number and expiration date.
2. Proof of completion of initial training program(s) as indicated in S-SV EMS policy # 441 (Paramedic interfacility transport optional skills: Service provider requirements and responsibilities) including successful completion of written and skill examinations.

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CROSS REFERENCES:

Prehospital Care Policy Manual

Paramedic Interfacility Transport Optional Skills: Transferring Hospital Requirements, Reference No. 341

Paramedic Interfacility Transport Optional Skills: Service Provider Requirements and Responsibilities, Reference No. 441

Intravenous Infusion of Magnesium Sulfate, Nitroglycerin, Heparin &/or Amiodarone During Interfacility Transports, Reference No. 841

Automatic Transport Ventilators During Interfacility Transports, Reference No. 842

Continuation of Pre-existing Blood Transfusions During Interfacility Transports, Reference No. 843