

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 use any of the following during interfacility transports:

- Nitroglycerin, heparin and/or amiodarone infusions
- 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: 01/01/2010
Next Review Date: 11/2012
Approved:

Date last Reviewed / Revised: 11/09
Page 1 of 4

SIGNATURE ON FILE
S-SV EMS Medical Director

SIGNATURE ON FILE
S-SV EMS Regional Executive Director

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

- a. A **letter of intent** to provide the service (s) of paramedics monitoring pre-existing 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 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 or RN proposed as **program instructor.**
- 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 nitroglycerin / heparin / amiodarone infusions and / or ATV's during interfacility transports.
- h. **Personnel Information:**
 - 1) Number of proposed paramedic personnel to be trained and authorized to provide monitoring of pre-existing nitroglycerin / heparin / amiodarone infusions and / or ATV's during interfacility transports.
 - 2) Number of ALS ambulances staffed with paramedic personnel to be trained and authorized to provide monitoring of pre-existing nitroglycerin / heparin / amiodarone infusions and /or ATV's during interfacility transports.
 - 3) Proposed target date for beginning service

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

SUBJECT: PARAMEDIC INTERFACILITY OPTIONAL SKILLS: APPLICATION AND 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 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

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:

1. Prior to implementation of an S-SV approved Program for paramedics to monitor pre-existing 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. A list of all paramedics authorized to monitor pre-existing 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.

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

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

Intravenous infusion of nitroglycerin, heparin &/or amiodarone during interfacility transfers, Reference No. 841

Automatic Transport Ventilators during interfacility transfers, Reference No. 842