

SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

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CRITICAL CARE TRANSPORT BY PARAMEDIC (CCT-P) PROGRAM APPROVAL

I. PURPOSE

1. To establish the criteria and process for gaining approval to provide a Critical Care Transport by Paramedic Optional Scope Program in the City and County of San Francisco.

II. AUTHORITY

1. Health and Safety Code Sections: 1797.107, 1797.172 and 1797.185
2. California Code of Regulations, Title 22, Sections: 100137, 100142, 100145, 100167

III. PROGRAM REQUEST AND APPROVAL

1. Application Process
 - a. Permitted ALS providers shall submit a letter of intent including the following material to the EMS Agency for approval:
 - b. A copy of the organization's interfacility transport program to include:
 - ◆ Name(s) and qualification(s) of the Medical Director. Must be a CCT Registered Nurse or a physician knowledgeable in the subject matter
 - ◆ CCT-P Quality Assurance Plan that fulfills the requirements under Policy 6000 Quality Assurance Program
 - ◆ Procedure for submission of the data to the EMS Agency for all CCT-P transport
 - ◆ Program curriculum
 - ◆ CE on going training program curriculum and schedule
 - ◆ Draft PCR for approval
 - ◆ Draft physician's Order form for approval
2. Upon receipt, application materials will be reviewed for completeness. If any required documentation is missing, the applicant will be notified, in writing, within fourteen (14) business days. The missing information shall be submitted within thirty (30) DAYS. Failure to submit the missing information within thirty (30) days will require the applicant to reapply.
3. The applicant will receive written notification within thirty (30) days of request
4. Approval is valid for four (4) years from the authorization not including periodic monitoring by the EMS Agency. It is the responsibility of the

approved provider to notify the EMS Agency, in writing, of any intent to discontinue the program or any substantial changes in the original application.

IV. STAFFING

A CCT-P Unit is a fully equipped advanced life support ambulance, staffed with a minimum of two (2) authorized staff that includes at least one (1) paramedic and one (1) EMT.

1. Paramedics assigned to CCT-P units shall meet the requirements identified on Policy 4071 CCT-Paramedic Program Description
2. EMTs assigned to CCT-P units shall meet the requirements identified in Policy 2000, Personnel Standards and Scope of Practice in addition to the following
 - Successful completion of an EMS Agency approved and provider-delivered training program specific to the skills used to assist paramedics with patient care during CCT-P transfers
 - Complete at least four (4) continuing education hour's per-year, approved by the EMS Agency and delivered by the provider agency, specific to knowledge and skills used on CCT-P transfers
3. The provider agency shall maintain a list of all staff working on a CCT-P unit and shall see that this list is updated whenever there is a change in personnel
4. The organization shall retain on file, at all times, copies of current and valid credentials for all personnel performing service under this program.
5. The organization must be a San Francisco EMS Agency approved CE provider

V. MEDICAL DIRECTION

Personnel assigned to a CCT-P unit work under the existing medical control system and follows San Francisco EMS prehospital policies and protocols, as approved by the EMS Medical Director.

1. In addition to those optional skills approved for all paramedics in San Francisco, CCT-Ps have an expanded scope that includes the administration of intravenous Nitroglycerine, Potassium Chloride, Lidocaine, Amiodarone Hydrochloride, and Heparin by pump, the use of Automatic Transport Ventilators for ventilator dependent patients, and Midazolam for sedation of ventilator and/or agitated patients
2. The transferring physician specifies standing orders for a patient based on skills and medications included in the County CCT-P paramedic basic, optional, and CCT-P expanded scope of practice
3. The EMS Agency Medical Director has overall responsibility for the medical control for all paramedics and EMTs within the City and County of San Francisco.
4. Medical control is exercised through policies, protocols, and training established and approved by the EMS Medical Director

5. Retrospective medical review includes monitoring, quality improvement, incident review and disciplinary processes conducted by the Provider's Medical Advisory and/or by the EMS Agency
6. When a patient's treatment/care is beyond the CCT-P scope of practice, that patient may be transported only in accordance with existing Interfacility Transfer Policy

VI. DOCUMENTATION

Patient Care Report: A written or electronic Patient Care Report (PCR), approved by the EMS Agency, shall be completed for each patient.

1. The PCR shall contain information regarding the call demographics, patient assessment, care rendered and patient response to care
2. A copy of the PCR shall be given to the receiving facility prior to the transfer unit departing the facility.
3. If the patient is turned over to a 9-1-1 system unit, a copy of the PCR shall be sent with the patient if time permits. If the PCR cannot be completed prior to patient transport, the CCT-P paramedic shall complete the PCR and fax it to the Emergency Department of the nearest facility as soon as possible
4. A copy of each PCR, transferring physician orders and related documentation shall be submitted to the EMS Agency upon request

VII. PROGRAM CONTENT

1. The provider shall develop or identify training and orientation programs for CCT-P personnel, which include didactic, clinical and training requirements. The EMS Agency Medical Director shall approve training and orientation programs prior to providing such training
2. The training program shall include a minimum of eighty (80) hours of didactic education and an additional forty hours of clinical education
3. The course shall include the following:
 - a. Didactic – Paramedic
 - ◆ Breathing and Airway Management
 - Pulmonary anatomy and physiology
 - Upper and lower airway anatomy
 - Mechanics of ventilation
 - Gas exchange

Respiratory Pathophysiology (including signs and symptoms)

- ◆ Breathing Assessment
- ◆ Tracheostomies
- ◆ Endotracheal Intubation – Review Procedure
- ◆ Esophageal Tracheal Airway Device (combitube) Review Procedure

- ◆ Laryngeal Mask Airway Device
- ◆ Needle Cricothyrotomy – Review Procedure
- ◆ Pharmacological Agents
- ◆ Chest Tubes
- ◆ Pleural Decompression – Review Procedure
- ◆ Portable Ventilators
- ◆ Laboratory Values
- ◆ Other

- b) Pharmacology and Infusion Therapies
- c) Infusion Pumps
- d) Hemodynamic Monitoring and Invasive lines
- e) 12 lead EKG Interpretation
- f) Implanted Cardioverter/defibrillators
- g) Cardiac Pacemakers
- h) Indwelling Tubes (the following should be discussed, described, and preferably demonstrated and/or viewed)
- i) Isolation Issues
- j) Shock and Multi-system Organ Failure
- k) Special Population Considerations
- l) Role of the CCT-P
- m) Medical-legal Issues
- n) Operational Procedures
- o) Documentation
- p) Pass a written examination with a passing grade of 80% (exam must be approved by the EMS Agency)
- q) Skills Examination (exam must be approved by the EMS Agency)
- r) Clinical – Paramedic