

SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

Policy Reference No.: 4071
Effective Date: August 1, 2008
Review Date: January 1, 2011
Supersedes: New

CCT-PARAMEDIC OPTIONAL SCOPE OF PRACTICE

I. PURPOSE

A. To provide interested San Francisco permitted ALS providers with direction on becoming a Critical Care-Paramedic (CCT-P) Provider with 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. DEFINITION

1. In addition to the basic scope of practice skills, CCT-Ps have completed specialized training to include expanded practice skills authorized for use under local optional scope of practice.
2. These include monitoring/care of the following:
 1. Intravenous Nitroglycerine
 2. Intravenous Potassium Chloride
 3. Intravenous Lidocaine
 4. Intravenous Amiodarone Hydrochloride
 5. Intravenous Heparin
 6. Intravenous Midazolam
 7. Intravenous Morphine Sulfate
 8. Intravenous Blood/Blood Products
 9. Intravenous Glycoprotein IIb/IIIa Receptor Inhibitors
 10. Intravenous Total Parental Nutrition
 11. Automatic Transport Ventilators
 12. Intravenous (IV) Pumps
 13. Tracheostomy and Stoma care
 14. Thoracostomy care
3. This program provides an additional level of critical care service between the ALS paramedic level transfer and the nurse-staffed critical care transfer.

IV. PROGRAM REQUIREMENTS

Paramedic Critical Care Transport Program requirements are outlined in Policy 4070 Critical Care Transport – Paramedic Program Provider Approval. Provider's seeking approval will need to submit the following documentation:

1. A letter of intent CCT-Paramedic Program Director Application with the applicant's Curriculum Vitae and copies of his/hers professional credentials

2. CCT-P Quality Assurance and Improvement Plan
3. Procedures for submission of data the EMS Agency
4. CCT-P Program curriculum
5. CE / Ongoing training program curriculum and schedule
6. Draft of Patient Care Report for approval
7. Draft of Physician's Orders for approval

In addition to these requirements, the applicant must also be permitted to operate as an ALS provider in the City and County of San Francisco.

V. APPLICATION PROCESS

1. Applications are submitted to the San Francisco EMS Agency.
2. Upon receipt of the applications materials, a review will be done for completeness. If any required application documentation is missing, the application will be notified, in writing, within fourteen (14) 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 Agency will insure permit and policy compliance. An inspection of the applicant's ambulance will be conducted to ensure that the vehicle is equipped to the minimum standards outlines in Policy 4001 Vehicle Equipment and Supply List.
4. The applicant will receive written notification within thirty (30) days of receipt of all required materials regarding the decision to approve. If an application is not approved, the reason(s) will be clearly stated in writing. An applicant may reapply if reason(s) for disapproval are corrected.
5. Approval is valid for four (4) years from authorization not including 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 to the original application.

VI. PERSONNEL REQUIREMENTS

Paramedic Critical Care Transport Program requirements are outlined in Policy 4070 Critical Care Transport – Paramedic Program Approval). Requirements and applications processes are applicable to both the individual applicant and sponsoring provider agency. Paramedics will need to meet or exceed the following requirements:

1. City and County of San Francisco Paramedic Accreditation
2. Minimum of two (2) years full time field experience, as a paramedic, in an Advanced Life Support system within the last five (5) years
3. Current and continuously renewed provider status in BCLS, ACLS, PALS, or PEPP, and PHTLS or BTLIS
4. Successful completion of an Agency approved training and orientation program specific to the skills and procedure used on critical care interfacility transfers

5. Not to be the subject of any outstanding formal prehospital investigation or have any censures including performance improvement plan, suspensions, etc. within the past two (2) years.
6. Be sponsored by an authorized CCT-P provider agency
7. Submit a completed CCT-P Authorization Application
8. EMT personnel must meet the requirements as specified in Policy 2000, Personnel Standards and Scope of Practice. Initially, EMT personnel will need to successfully complete an Agency approved and provider delivered training program specific to the skills used to assist paramedics with patients care during CCT-P transports. Annually, those EMTs authorized to work on a CCT-P ambulance will need to complete a minimum of four (4) hours of Agency approved, continuing education specific to the knowledge and skills used on a CCT-P transfer.

VII. UTILIZATION ORDERS AND TREATMENT PROTOCOLS

1. Critical Care Transports by Paramedic shall be conducted in accordance to the guidelines outlined in Policy 5030, Interfacility Transfers
2. Paramedics and EMTs assigned to a CCT-P ambulance will provide care in accordance with standards established by the EMS Medical Director.

VIII. AMBULANCE INVENTORY REQUIRMENTS

CCT-P ambulance equipment and supply requirements are specified in Policy 4001, Vehicle Equipment and Supply List.