



SERVICE PROVIDER APPLICATION & APPROVAL PROCESS FOR PARAMEDIC INTERFACILITY TRANSPORT (IFT) OPTIONAL SKILLS

PURPOSE

To establish the initial application process and procedure for approval of Yolo County Emergency Medical Services Agency (YEMSA) Advanced Life Support (ALS) Ambulance Service Provider's Paramedics to monitor and/or use any of the following during IFTs:

- I. Blood transfusions
- II. Magnesium Sulfate, Nitroglycerin (NTG), Heparin and/or Amiodarone Hydrochloride infusions
- III. Automatic Transport Ventilators (ATV's)

AUTHORITY

Health & Safety Code, Division 2.5, Chapter 4, Article 1, §§ 1797.214, 1797.218, 1797.220

Health & Safety Code, Division 2.5, Chapter 5, § 1798.2

Health & Safety Code, Division 2.5, Chapter 6, Article 3, §§ 1798.170, 1798.172

California Code of Regulations, Title 22, Chapter 4, Article 2, § 100145

POLICY

An ALS Ambulance Service Provider utilizing Paramedics to perform any of the IFT Optional Skills shall meet all requirements set forth by State law, regulations and YEMSA policy.

PARAMEDIC IFT OPTIONAL SKILLS PROGRAM: APPLICATION FOR APPROVAL REQUIREMENTS

- I. Any ALS Ambulance Service Provider wishing to utilize Paramedics to perform any of the IFT Optional Skills shall submit a "Paramedic IFT Optional Skills: Application for Approval" packet to YEMSA.
- II. All applicant agencies shall fully complete the application packet. Incomplete applications will not be processed.
 - A. The required information/documentation of a complete application shall include the following:
 1. A Letter of Intent to provide the service(s) of Paramedics monitoring pre-existing blood transfusions, and/or pre-existing Magnesium Sulfate, NTG, Heparin, and/or Amiodarone Hydrochloride infusions, and/or ATV's during IFTs. This letter shall be signed by the Chief Operations Officer, and ALS Medical Director and express willingness to abide by all YEMSA policies, procedures and program requirements.
 2. Call volume of anticipated IFTs that will provide the service of Paramedics monitoring pre-existing blood transfusions, and/or pre-existing Magnesium Sulfate, NTG, Heparin, and/or Amiodarone Hydrochloride infusions, and/or ATV's.



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3. 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 ALS Ambulance Service Provider.
4. A copy of the ALS Ambulance Service Providers Continuous Quality Improvement (CQI) program, including name(s) of personnel responsible for the program.
5. Name and Curriculum Vitae (CV)/resume of the Physician, Registered Nurse (RN) or Paramedic proposed as the Program Instructor.
 - a. If the ALS Ambulance 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.
6. Outline or description of the ALS Ambulance Service Provider's plan for provision of the training program.
7. ALS Ambulance Service Provider policies and procedures relevant to Paramedics monitoring pre-existing blood transfusions, and/or pre-existing Magnesium Sulfate, NTG, Heparin, and/or Amiodarone Hydrochloride infusions, and/or ATV's during IFTs.
8. Personnel Information:
 - a. Number of proposed Paramedic personnel to be trained and authorized to provide monitoring of pre-existing blood transfusions, and/or pre-existing Magnesium Sulfate, NTG, Heparin, and/or Amiodarone Hydrochloride infusions, and/or ATV's during IFTs.
 - b. 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, NTG, Heparin, and/or Amiodarone Hydrochloride infusions, and/or ATV's during IFTs.
9. Proposed target date for beginning service.

YEMSA PARAMEDIC IFT OPTIONAL SKILLS PROGRAM APPROVAL PROCESS

- I. YEMSA shall notify the ALS Ambulance Service Provider submitting its application to provide the service of Paramedics monitoring pre-existing blood transfusions, and/or pre-existing Magnesium Sulfate, NTG, Heparin, and/or Amiodarone Hydrochloride infusions, and/or ATV's during IFTs 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.
- II. 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.



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YEMSA PARAMEDIC IFT OPTIONAL SKILLS PROGRAM IMPLEMENTATION REQUIREMENTS

- I. Prior to implementation of a YEMSA Program for Paramedics to monitor pre-existing blood transfusions, and/or pre-existing Magnesium Sulfate, NTG, Heparin, and/or Amiodarone Hydrochloride infusions, and/or ATV's during IFTs, the ALS Ambulance Service Provider shall complete and submit to YEMSA the following:
 - A. A list of all Paramedics authorized to monitor pre-existing blood transfusions, and/or pre-existing Magnesium Sulfate, NTG, Heparin, and/or Amiodarone Hydrochloride infusions, and/or ATV's during IFTs with the following:
 1. Paramedic state license number and expiration date.
 2. Proof of completion of initial training program(s) as indicated in YEMSA policy Service Provider Requirements & Responsibilities for Paramedic IFT Optional Skills, including successful completion of written and skill examinations.