

## **PARAMEDIC INTERFACILITY TRANSPORT OPTIONAL SKILLS: APPLICATION AND APPROVAL PROCESS**

### **PURPOSE**

To establish the initial application process and procedure for approval of YEMSA 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 YEMSA policy.

### **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 YEMSA.
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:

- 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 YEMSA 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 / Heparin / Amiodarone infusions, and/or ATV's during interfacility transports.

Proposed target date for beginning service.

#### **YEMSA PARAMEDIC INTERFACILITY TRANSPORT OPTIONAL SKILLS PROGRAM APPROVAL PROCESS**

1. The YEMSA 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.

## **PARAMEDIC INTERFACILITY TRANSPORT OPTIONAL SKILLS PROGRAM IMPLEMENTATION REQUIREMENTS**

Prior to implementation of an YEMSA 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 YEMSA 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

Paramedic Interfacility Transport Optional Skills: Service Provider Requirements and Responsibilities

Intravenous Infusion of Magnesium Sulfate, Nitroglycerin, Heparin &/or Amiodarone during Interfacility Transports

Automatic Transport Ventilators during Interfacility Transports

Continuation of Pre-existing Blood Transfusions during Interfacility Transports