

	AIR MEDICAL		A-200
	AIR MEDICAL TREATMENT PROTOCOL UNIFIED SCOPE OF PRACTICE FOR CALIFORNIA		
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I. PURPOSE

To establish aeromedical treatment protocols consistent with the Unified Optional Scope for Qualified Transport Providers throughout California.

II. AUTHORITY: California Health & Safety Code, Division 2.5 and California Code of Regulations, Title 22, Division 9.

III. DEFINITION(S)

CAMTS: Commission on Accreditation of Medical Transport Systems

CAMTS ECC Level Certification: CAMTS recognizes both the CCP-C and the FP-C for the Emergency Critical Care (ECC) accreditation level. This CAMTS “ECC” level also requires a qualified nurse partner and is required for programs participating in this optional scope - see CAMTS 10th edition Accreditation Standard pg 3.4: http://69.89.31.68/~camtsorg/wp-content/uploads/2017/06/10th_Standards_Free_-_021017.pdf .

CCP-C: A “Critical Care Paramedic” is a paramedic educated and trained in critical care transport, whose scope of practice is in accordance to the standards prescribed in Title 22 - Division 9 - Chapter 4, holds a current certification as a CCP by the Board for Critical Care Transport Paramedic Certification (BCCTPC), has a valid license issued pursuant to Title 22 - Division 9 - Chapter 4, practices within a Qualified Transport Program, and is accredited by a LEMSA. The CCP-C in training must take the CCP-C exam within 6 months and pass the exam by the end of their first year with the Qualified Transport Program. See Appendix and the following link: <http://www.emsa.ca.gov/Media/Default/PDF/Chapter4Effective2816.pdf>

FP-C: A “Certified Flight Paramedic” is a paramedic educated and trained in critical care transport and flight medicine, holds a current certification as an FP-C by the Board for Critical Care Transport Paramedic Certification (BCCTPC), has a valid license issued pursuant to Title 22 - Division 9 - Chapter 4, practices within a Qualified Transport Program, and is accredited by a LEMSA. The FP-C in training must take the FP-C exam within 6 months and pass the exam by the end of their first year with the Qualified Transport Program. See Appendix and the following link: <http://www.emsa.ca.gov/Media/Default/PDF/Chapter4Effective2816.pdf>

The FP-C examination consists of 125 questions and takes 2.5 hours to complete.

Qualified Flight Nurse: A registered nurse with at least 3 years of critical care experience, who has completed the Qualified Transport Program training and is working toward the CEN, CCRN, CFRN or CTRN as required by the CAMTS ECC Accreditation. The Qualified Transport Nurse is employed by and practicing with the Qualified Transport Program. (For aeromedical nurses, see page 3.5 CAMTS 10th edition Accreditation Standard: http://69.89.31.68/~camtsorg/wp-content/uploads/2017/06/10th_Standards_Free_-_021017.pdf)

Qualified Flight Paramedic: A certified and LEMSA accredited paramedic that meets the requirements for participating in this Unified Optional Scope. These Qualified FP-C or CCP-C paramedics have at least 3 years of critical care experience and have completed the Qualified Flight Program's initial academy training and fall into one of these categories: FP-C, or FP-in training, or CCP-C or CC-in training with additional education in flight and altitude physiology, and are working for a Qualified Transport Program and are paired with a Qualified Transport Nurse as required in the "ECC level" of CAMTS 10th edition standards.

Qualified Transport Program: An aeromedical transport program that has met the requirements to participate in this optional scope program by meeting CAMTS Emergency Critical Care (ECC) 10th edition level Accreditation or equivalent and demonstrates the required training, education, competencies, QI and medical direction required.

FP-C in training: These Paramedics have completed the Qualified Transport Program's initial academy training and are fully functional Paramedics for the program but have not yet completed their FP-C testing/certificate. The FP-C in training must take the FP-C exam within 6 months and pass the exam by the end of their first year with the Qualified Transport Program.

IV. PROCEDURE

- A.** Each BLS flight crew will consist of, at a minimum, one Emergency Medical Technician (EMT). The flight EMT will function within the scope of practice and protocols set forth by County of San Diego BLS Protocols, and under the control of the base hospital.
- B.** Each ALS air medical flight crew will consist of, at a minimum, one registered nurse (RN) and one physician, RN, or paramedic.
- C.** All treatments may be performed on standing order, unless noted. Any treatment required that is not included in the protocols is at the discretion of the flight physician on scene or the base hospital physician at the base hospital in direct radio communication providing medical direction.

- D.** Interfacility transport orders will be given by the physician providing medical control for the patient.
- E.** The unified optional scope provides a standardized scope of practice for qualified paramedics. The goal for this optional scope is to allow a uniform practice environment for Qualified Transport Program teams that remains consistent throughout California and across regional boundaries.

Unified paramedic optional scope of practice:

- 1. Pediatric intubation.
- 2. Rapid sequence induction (RSI) medication administration including: sedatives, paralytics, analgesics, and induction agents.
- 3. Video laryngoscopy (indirect laryngoscopy).
- 4. Supraglottic airways.
- 5. Ventilator initiation, maintenance and management.
- 6. Intraosseous access for both adult and pediatrics.

F. Qualified Transport Program Requirements

- 1. The Aeromedical Transport Program must be CAMTS ECC level certified.
- 2. The Qualified Transport Program must provide enhanced training, education and competency verification consistent with the requirements of this optional scope, for CAMTS 10th edition ECC level, and as necessary for the FPC/CCP.
- 3. The Qualified Transport Program must provide all 6 Unified Paramedic Optional Scope of Practice items, appropriate Quality Improvement (QI) and all LEMSA required metrics, providing a uniform report approved by EMDAC/SOP and delivered biannually to all LEMSAs.

G. Qualified Paramedic Requirements for Participation in this Optional Scope

- 1. The Qualified Paramedic must be employed by a Qualified Transport Program (and working with the program during any transports where these optional scope items are utilized).
- 2. The Qualified Paramedic must be partnered with a Qualified Transport Nurse, Qualified Program Medical Director or Qualified Program Physician during transports utilizing these optional scope items.
- 3. Be accredited by a LEMSA offering this optional scope
- 4. Must remain competent/proficient in these 6 optional scope procedures by passing competency testing with the frequency required and noted here:
 - a. Pediatric intubation: Quarterly
 - b. Rapid sequence intubation: Quarterly
 - c. Video laryngoscopy: Quarterly
 - d. Supraglottic airway: Quarterly

- e. Ventilator management: Annually
- f. Intraosseous access: Annually

H. Medical Control

1. Medical Control shall remain the primary responsibility of the LEMSA and is delivered in conjunction with the qualified transport program's policies and procedures when they are approved by the LEMSA:
 - a. Online Medical Control as per current regulation via direct access to base hospitals
Offline Medical Control through the Qualified Transport program policies and procedures when approved by the LEMSA (only items within the paramedic scope or approved optional scope).
 - b. Offline Medical Control through the policies, procedures, scope of practice and optional scopes of practice of the accrediting LEMSA.
 - c. During an interfacility transport Online Medical Control may be obtained from the sending or receiving physician if on duty at a designated base hospital.

I. Quality Assurance Program

1. Collaborative process between Emergency Medical Services Medical Directors Association of California (EMDAC), LEMSAs, and the Qualified Transport Program for on-going quality assurance (QA), data analysis, and performance improvement.
 - a. Provide EMDAC and LEMSAs with a standardized database report consistent with current national guidelines to be agreed upon in a collaborative process between EMDAC, LEMSAs and the Qualified Transport Programs.
 - b. Quality Improvement reporting will be delivered biannually and include all pertinent aspects of service and care surrounding the 6 items in this optional scope as well other critical care bundles.
 - c. There will be QA reports submitted to the LEMSA and EMDAC on a scheduled basis (biannually), to include at minimum the following systemwide aggregate data:
 - d. Data collection will be consistent with the EMDAC derived metrics.