

New Hampshire Department of Safety
Division of Fire Standards and Training &
Emergency Medical Services

Prerequisite Critical Care
Expanded Scope of Practice
Administrative Packet



The Role of the NH Paramedic

2021



NH Department of Safety
Division of Fire Standards and Training &
Emergency Medical Services
Prerequisite Protocol
Renewal Form

EMS Unit Information

EMS Unit Name:

Address:

Head of Unit:

Title:

Email:

Telephone:

Fax:

Clinical Coordinator (PIFT):

Email:

Telephone:

Medical Direction

Medical Resource Hospital:

Medical Director:

Email:

Telephone:

Prerequisite Protocols (Select all that apply)

- | | |
|---|---|
| <input type="radio"/> Advanced Sepsis, 7.0 | <input type="radio"/> Leave – Behind Naloxone, 7.4 |
| <input type="radio"/> Critical Care Transport, 7.1 | <input type="radio"/> Mobile Integrated Healthcare (MIH), 7.5 |
| <input type="radio"/> Immunization, 7.2 | <input type="radio"/> Rapid Sequence Intubation (RSI), 7.6 |
| <input type="radio"/> Interfacility Transport (PIFT), 7.3 | <input type="radio"/> Surgical Cricothyrotomy, 7.7 |

Required Documents

1. Letter of Recommendation from Unit Head
 2. Letter of Recommendation from Medical Director*
 3. Provider list with verification of education and competencies from Medical Director or designee *
 4. Any addition documentation required specific to the individual prerequisite protocol
- * May be combined

Unit Head's Signature: _____ Date: _____

Medical Director's Signature: _____ Date: _____

PART Saf-C PATIENT CARE PROTOCOLS

Saf-C 5920.01 Procedures...

(d) Prerequisites required by protocol shall be established by the EMS Medical Control Board in accordance with RSA 153:A-2 XVI (a).

(e) Protocol prerequisites, when required, shall address each of the following elements:

- (1) The protocol title and number to which the prerequisites relate;
- (2) The provider licensure level necessary to carry out the protocol;
- (3) The name of the medical director, or designee, who will oversee the training module;
- (4) The MRH and EMS head of unit recommendations to the division;
- (5) The provider experience criteria;
- (6) All quality management program elements;
- (7) Reporting requirements for monitoring and skill retention;
- (8) Equipment and staff support resources necessary;
- (9) Provider renewal criteria, and
- (10) Training requirements.

Critical Care Transport Prerequisite Protocol

LICENSURE:

NH Licensed Paramedic

EXPERIENCE:

None

EDUCATION:

Completion of the training plan as described in your application attesting to the competency of the provider.

MEDICAL DIRECTION

Direct oversight of the critical care and associated QM programs.

RECOMMENDATION

The Medical Director and the Head of EMS Agency must mutually agree to participate in the program.

QM/PI PROGRAM

The EMS Unit shall conduct a quality management (QM) program specifically for critical care according to the standards set by their CAMTS accreditation. The QM program will incorporate all the components of an EMS QM program as specified in Administrative Rule Saf-C 5920.

REPORTING

The EMS Unit will participate in electronic data collection as required by the NHBEMS and as specified in Administrative Rule Saf-C 5902.08.

COMPETANCE/EXPIRATION

Coincide with Unit License

RESOURCES

MRH agreement with participating hospital which includes access to necessary resources/departments (example: E.R., IV team, O.R., Respiratory, etc.).
Medications and equipment, as needed.

Critical Care Transport
Prerequisite Protocol
Checklist

- _____ 1. Prerequisite Application signed by both EMS Unit leader and Medical Director
- _____ 2. A letter of support from the Unit Head and MRH
- _____ 3. A letter of support from the Medical Director
- _____ 4. A letter from the Medical Director attesting to the training and competencies of the providers, along with a list of the providers and their license level
- _____ 5. A copy of unit protocols/standards
- _____ 6. Medical Direction/Quality Management Plan
- _____ 7. Data Collection Plan
- _____ 8. Equipment and staffing support plan
- _____ 9. Training Plan

Introduction

The purpose of this prerequisite protocol is to recognize the unique aspects of critical care resources and to facilitate their abilities within current protocol. Through this protocol providers, affiliated with licensed rotary wing units and their affiliated ground assets, will be granted an expanded scope of practice. This expanded scope of practice can only be used within protocols/standards approved by the State of New Hampshire EMS Medical Director and must be in line with current NH EMS law and licensure requirements. It is intended to provide flexibility, when possible, for individual agencies, providers, and communities to meet their unique needs.

Definition of Critical Care

Critical care is defined as the direct delivery of medical care for a critically ill or critically injured patient. Critical illness acutely impairs one or more vital organ systems such that there is a high probability of imminent or life threatening deterioration in the patient's condition. Critical care requires high complexity medical decision-making to assess, manipulate and support vital organ system function in order to treat single or multiple vital organ system failure. **For the purpose of this protocol, critical care is only authorized to be utilized by licensed air medical units and their associated ground resources.**

Unit Protocols/Standards

Submission of unit protocols/standards, for approval by the State of New Hampshire EMS Medical Director is required to operate within the expanded scope of practice. These unit protocols/standards must not exceed the established expansion of scope of practice outlined in this protocol. The most currently approved unit protocols/standards must be utilized for patient care activities. Any deviations may be subject to Compliance review as specified in Administrative Rule Saf-C 5922.

Medical Direction and Quality Management Program

Must establish a collaborative working relationship between the local EMS Physician Medical Director or designee, who will be responsible for operations and continuous quality improvement, and a practicing critical care physician providing medical direction for critical care services. The EMS Unit shall conduct a quality management (QM) program specifically for the critical care program. The QM program will incorporate all the components of an EMS QM program as specified in Administrative Rule Saf-C 5921.

Data Collection Plan

The EMS Unit will participate in electronic data collection as required by the NHBEMS and as specified in Administrative Rule Saf-C 5902.08.

Equipment and Staffing Plan

All equipment will be made available to affiliated providers to appropriately deliver care at the critical care level and what is outlined in the expanded scope of practice as well as in the approved protocols/standards. At minimum this equipment shall follow levels specified in Administrative Rule Saf-C 5906. Define who will be providing the critical care services. Provide a roster of licensed EMS providers as well as all other medical providers associated with the unit and involved in patient care activities in the State of New Hampshire.

Protocol Continues 

 Protocol Continues**Training Plan**

Describe what training will be provided to enable the providers to deliver the services described above. List the objectives and outcomes of the training plan. Document who is responsible for training oversight and coordination and their qualifications. There must be a continuing education and credentialing process in place, with documentation of each EMS Provider's participation in it. Such a process shall be approved by the EMS Unit's Medical Director(s).

Expanded Scope of Practice

Expansion of the applicable EMS providers' scopes of practice include EMS skills in addition to those skills included in these EMS providers' general scopes of practice. Skills identified may be performed by these EMS providers only if the provider has successfully completed training (cognitive, affective and psychomotor) on the specified skill, which includes training to perform the skill on adults, children and infants, as appropriate. In addition to the skills, techniques and management procedures identified, latitude is extended to EMS providers with pharmacology to include expanded authorization in medication to be delivered as well as the dosing variations of medications. The following list outlines the expanded scope of practice for critical care units and affiliated EMS providers,

Airway/Respiratory

- Fiberoptic laryngoscopy
- DSI/Awake Intubation
- Rapid Sequence Induction (RSI)
- Complex ventilator settings
- High flow nasal cannula (using blenders, etc.)
- Inhaled pulmonary vasodilators
- Needle/finger/tube thorostomy

Cardiovascular

- Management of Ventricular Assist Device (VAD) to include, but not limited to percutaneous or central LVAD, RVAD, and BiVAD
- Management of Extracorporeal Membrane Oxygenation (ECMO)
- Management of Intra-Aortic Balloon Pump (IABP)
- Indwelling port access (e.g. Port-a-Cath)
- Transvenous and Epicardial wire pacemaker capabilities
- Pericardiocentesis
- Invasive monitoring devices to include, but not limited to Arterial Pressures, Central Venous Pressures (CVP), Pulmonary Artery Pressures (e.g. Swan Ganz), Abdominal Pressures, Intracranial Pressures (ICP)
- Blood/fluid warming devices
- Blood Product Administration (e.g. Packed Red Blood Cells (PRBCs), Platelets, Fresh Frozen Plasma (FFP))
- Operation of Single and Multi-Channel Infusion Pumps to include, but not limited to Intravascular, Intraosseous, Intrathecal, Intra-arterial
- Cardiovascular Doppler/Ultrasound monitoring
- Arterial Cannulation (Radial and/or Femoral)
- Central Venous Cannulation (Femoral, Subclavian, and/or Internal Jugular)

 Protocol Continues



Protocol Continues

Gastrointestinal/Urinary

- Gastric tube placement and management
- Urinary catheter placement and management

OB/Gyn, Neonatal, Pediatric

- Fetal Heart/Uterine Monitoring
- Umbilical Vein/Artery Cannulation
- Inhaled Nitric Oxide
- Surfactant administration

Specialty (Misc.)

- Esophageal compression tubes (e.g. Blakemore tube, Minnesota tube)
- Radiographic Interpretation
- Perform and interpret ultrasound imaging, including utilization for placement of medical devices
- Ability to transport/manage any indwelling medical device
- Invasive/Noninvasive Temperature Monitoring
- Escharotomy
- Prone transport
- Wound closure; including, but not limited to, suturing, stapling, skin adhesives (e.g. Dermabond)
- Continuous temperature management
- Management of Resuscitative Endovascular Balloon Occlusion of the Aorta (REBOA)

Pharmacology

- Medications approved by the EMS Medical Director with appropriate training and quality management.