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**CRITICAL CARE PARAMEDIC (CCP) - PROGRAM STANDARDS**

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**I. PURPOSE:**

The Critical Care Paramedic (CCP) Program has been developed to provide an alternative means of transferring stable patients who require, or who may require, care within the CCP Scope of Practice during transfer. CCP units may be used to transfer patients from acute care facilities, or other medical facilities approved by the EMS Medical Director, to other acute care facilities.

Alameda County EMS authorizes and contracts with interested ambulance companies that meet the training, staffing, equipment and oversight requirements for providing this level of service and that agree to comply with program standards. Program authorization may be denied or withdrawn for failure to comply with program standards or failure to submit required fees.

**II. California Code of Regulations, Title 22, Division 9, Chapter 4. § 100144.  
Critical Care Paramedic**

A "Critical Care Paramedic" (CCP) is an individual who is educated and trained in critical care transport, whose scope of practice is in accordance to the standards prescribed by this Chapter, holds a current certification as a CCP by the Board for Critical Care Transport Paramedic Certification (BCCTPC), who has a valid license issued pursuant to this Chapter, and is accredited by a LEMSA.

NOTE: Authority cited: 1797.107, 1797.172 and 1797.194, Health and Safety Code.

Reference: Sections 1797.84, 1797.172 and 1797.194, Health and Safety Code.

**III. STAFFING:**

A CCP unit is a fully equipped advanced life support ambulance, staffed with a minimum of two (2) qualified staff that includes at least one (1) CCP.

**A. Paramedic Personnel:** Paramedics assigned to CCP units shall meet the following minimum requirements:

1. Current certification as a CCP by the Board for Critical Care Transport Paramedic Certification (BCCTPC)
  - a. Accredited CCT-Paramedics under the previous CCT-P Program Standards, actively working for an approved Alameda County CCT-P provider as of April 1, 2013, may continue to work as CCPs and must obtain and maintain CCP certification from the BCCTPC by July 1, 2015.
2. Current and valid California Paramedic License
3. Current paramedic accreditation in Alameda County
4. At least three (3) years full-time field experience as a paramedic in an ALS system
5. Completion of an accredited CCP Training Program or at the discretion of the EMS Medical Director, completion of equivalent education and training in critical care transport.
6. Continuing education and training in critical care transport
7. Current and continuously renewed provider status in CPR, ACLS, PALS or PEPP, and PHTLS or ITLS, or county approved equivalents
8. Successful completion of EMS Agency approved provider training and orientation programs specific to skills used on interfacility transfers
9. Provide care within the CCP scope of practice is in accordance to the standards prescribed in Title 22

**B. EMT-1 Personnel:** EMT's assigned to CCP units shall meet the following minimum qualifications:

1. Current and valid EMT-I certification in California,
2. Current provider status in CPR,
3. Successful completion of EMS Agency approved training program specific to skills used to assist Critical Care Paramedics with patient care during ALS interfacility transfers.

**C.** Employer shall provide the EMS Agency with a list of all staff working on a CCP unit and shall see that this list is updated whenever there is a change in personnel.**D.** Employer shall retain on file, at all times, copies of current and valid credentials for all personnel performing services under this program.

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**III. MEDICAL DIRECTION**

Personnel assigned to a CCP unit work under the existing medical control system and follow Alameda County EMS policies and procedures, as approved by the EMS Medical Director.

- A. **CCP- Paramedic Scope of Practice** - The County's CCP Scope of Practice includes:
1. Each of the County's Basic and Optional Scopes of Practice for paramedics listed in the Alameda County EMS Prehospital Care Manual and is defined in Title 22.
  2. The intravenous infusion of Blood Products, TPN, Glycoprotein Inhibitors IIb – IIIa, Midazolam, Morphine Sulfate, NTG, Heparin, Amiodarone and KCl by mechanical IV pump.
  3. The use of Automatic Transport Ventilators (ATV) for ventilator dependent patients and midazolam for sedation of ventilator and/or agitated patients.
- B. **Transferring Physician Orders** - The transferring physician specifies standing orders for a patient based on skills and medications included in the County CCP scope of practice.
- C. **Patient Care Outside of the Paramedic Scope of Practice**
1. When a patient's treatment/care is beyond the CCP paramedic scope of practice, that patient may be transported by a CCP unit only when:
    - a. A licensed medical professional (e.g. RN, Nurse Practitioner, Nurse-midwife, PA or MD) is in attendance and assumes control and responsibility for providing patient care outside the Paramedic Scope of Practice; AND,
    - b. Medication or equipment needed by the patient that is not stocked on the ambulance unit are provided by the sending facility.
  2. Accompanying licensed medical personnel providing care function under their own written standing orders and document any care provided.
- D. **Exceptional Situations**
1. Critical patients and "on views" - If the CCP unit either responds to a private request for transport and finds a patient that requires immediate ALS care, or "on-views" an emergency scene, the CCT personnel shall:
    - a. Activate the 9-1-1 system.
    - b. Provide appropriate patient care, which may include any indicated ALS interventions following Alameda County field treatment guidelines.
    - c. Initiate transport if emergency transport unit is not on-scene and ETA to closest appropriate receiving facility is shorter than ETA of the emergency transport unit.
  2. Patient deterioration during transport. If the CCP unit responds to a private request for transport and the patient begins to deteriorate after transport has begun, personnel shall:
    - a. Provide appropriate patient care that may include any indicated ALS interventions following Alameda County EMS Field Treatment Guidelines.(Dependent on ALS Units County of Origin.)
    - b. Make base hospital contact if required by EMS protocol.
    - c. Divert to a closer facility if necessary and appropriate, based on patient condition and base hospital direction.
  3. CCP personnel shall submit a written report fully explaining the circumstances of any exceptional situations including those described above together with a copy of the patient care report and related dispatch records to the EMS Agency within 24 hours of the incident.

**IV. DOCUMENTATION**

- A. **Electronic Patient Care Report** - An electronic patient care report (ePCR), format of which has been approved by Alameda County EMS Agency, shall be accurately completed on each patient.

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1. The PCR shall contain available information regarding call demographics, patient assessment, care rendered, and patient response to care.
2. A copy of the PCR shall be given to the receiving facility prior to the transfer unit departing the facility.
3. If the patient is turned over to an emergency transport unit, a copy of the PCR shall be sent with the patient if time permits. If the PCR cannot be completed prior to patient transport, the CCP shall complete the PCR and send it securely to the Emergency Department of the receiving facility within twenty four hours.
4. The PCR shall also be securely sent by the first business day to the base hospital, if involved, following the transfer and to the EMS Agency of the responding CCT EMT – Paramedic Unit.

**DIDACTIC – EMT-I DRIVER/ASSISTANT**

1. A minimum of 750 hours of clinical field experience as an EMT – 1A must be achieved before the CCP Orientation Course may be taken.
2. Minimum eight (8) hours didactic and clinical instruction specific to the skills needed to assist a single CCP in-patient care delivery during *Expanded Scope of Practice Paramedic Interfacility Transfer* calls.
3. Method of assessing successful course achievement/evaluation must be described.
4. Principle instructor of CCEMT training must be a CCP, registered nurse or physician knowledgeable in the subject matter.
5. Course content to include:
  - a. Role of the Critical Care EMT:
    - ✓ Critical Care vs. BLS system
    - ✓ EMTALA
    - ✓ COBRA
    - ✓ Reviewed of CA EMT – I scope of practice
  - b. Infusion Pumps:
    - ✓ Operation of and troubleshooting
    - ✓ Discussion of various pumps that may be encountered
  - c. Indwelling Tubes: (The following should be discussed, described and preferably demonstrated and/or viewed)
    - ✓ Urinary:
      - Foleys
      - Suprapubic
      - Nasogastric
      - PEG
      - Dobhoff
  - d. Non –Invasive Monitoring
    - ✓ NIBP
    - ✓ Pulse Oximetry
    - ✓ Capnography
  - e. 12 Lead EKG:
    - ✓ Correct lead placement
  - f. Recognition of proper equipment for assisting the CCT EMT –P with the following procedures:
    - ✓ Intubation
    - ✓ Supraglottic Airway Insertion
    - ✓ Emergent Cardioversion or Defibrillation
    - ✓ Pleural Decompression
  - g. Isolation Issues:

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- ✓ Common Pathogens
  - HIV
  - Hepatitis
  - Vancomycin resistant enterococcus (VRE)
  - Methicillin – resistant staphylococcus aureus (MRSA)
  - Tuberculosis (TB)
- ✓ Procedures for self – protection and decontamination
- h. Documentation:
  - ✓ Patient consent forms
- i. CCP Operational Procedures:
  - ✓ Dispatching and deployment
  - ✓ Review of specific County Policies

**VI. CONTINUOUS QUALITY IMPROVEMENT (CQI) PLAN**

- A. A CCP program shall have a written CQI plan approved by the EMS Agency.
- B. A Registered Nurse or physician shall have clinical oversight of the CCP CQI plan.
- C. Provider's CQI staff shall evaluate all CCP transfers for medical appropriateness.
  - 1. Specific review for use of intravenous Blood Products, TPN, Glycoprotein Inhibitors IIb – IIIa, Midazolam, Morphine Sulfate, NTG, Heparin, Amiodarone and KCl will include:
    - a. Review of transferring physician's orders and evidence of compliance with orders.
    - b. Documentation of vital signs, including frequency.
    - c. Documentation of any side effects/complications including hypotension, bradycardia, increasing chest pain, arrhythmia, altered mental status, and interventions with these events.
    - d. Documentation of any unanticipated discontinuation or rate adjustments of infusions along with rationale and outcome.
    - e. Review of any base contact or contact or transferring physician for orders during transport.
- D. Significant complications shall be communicated to the EMS agency by the next business day.
- E. CQI Plans shall include provisions for continuing education including types of activities, frequency, and required hours
- F. The CCP Provider shall provide, at its sole expense, to EMS, all hardware and software necessary for reviewing and monitoring the ePCR.
- G. The CCP Provider shall use software in the ePCR and Data Collection System to allow realtime access in the format specified by EMS. The software shall also provide detailed operations, clinical, and administrative data in a manner that facilitates retrospective analysis.
- H. EMS Agency will receive quarterly reports summarizing CQI activity, CCP data, identified trends, and resolutions.

**VII. CCP COMPETENCY STANDARDS** - All critical care paramedics shall meet the following requirements to maintain their County approval to function with their advanced scope of practice:

- A. Minimum of six shifts per quarter on a CCP Unit
- B. Completion of the following CCP competency skills is required before Alameda County CCP accreditation and yearly thereafter :
  - 1. Oral intubation, adult and pediatric
  - 2. Supraglottic airway insertion
  - 3. Bougie insertion
  - 4. Needle Thoracostomy
  - 5. Intraosseous Needle Insertion
  - 6. Ventilator Application
  - 7. CCP Drip Calculations
  - 8. **Skill list may be expanded at the discretions of the Local EMS Agency**

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- C. Field evaluation by a CCP FTO, RN, or MD of the following CCP competency standards is required prior to Alameda County CCP accreditation
  - 1. Acquiring a patient's history
  - 2. Patient Assessment
  - 3. Direction of overall care in a clinic, hospital and transport setting
  - 4. Leadership
  - 5. Completing the ePCR as prescribed by local policies and procedures
  - 6. Show sufficient knowledge of clinic and hospital interventions related to CCP care including common tests, lab values, medications and procedures
  - 7. Show sufficient knowledge of all parenteral and oral medications and solutions included in the Alameda County CCP scope including proficiency in indications, contraindications, side effects, dosage and concentrations
- D. All CCPs are expected to maintain all CCP competencies in order to remain in good standing as an active CCP in Alameda County.
- E. Any variance requires approval of the EMS Medical Director.
- F. Educational standards time requirements must be approved by the EMS Agency.

**VIII. CCP AMBULANCE EQUIPMENT**

- A. CCP ambulances are required to comply with the Alameda County EMS Ambulance Ordinance.
- B. CCP ambulances are required to comply with ALS Transport Equipment and Supply Requirements, Inspections and Specifications defined in the Alameda County EMS Field Manual.
- C. The following additional equipment is required and must be approved by the Alameda County EMS Medical Director:
  - 1. AC Power Inverter
  - 2. Mechanical Ventilator (with associated accessories including HME filter)
  - 3. Mechanical Infusion Pump
  - 4. Portable Doppler
  - 5. Thermometer
  - 6. Additional equipment as required by the EMS Medical Director