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EMERGENCY MEDICAL SERVICES POLICIES and PROCEDURES

PARAMEDIC UNIFIED OPTIONAL SCOPE OF PRACTICE FOR CALIFORNIA WITHIN QUALIFIED TRANSPORT PROGRAMS

I. Purpose: To establish a uniform approach to patient care as delivered by approved Santa Barbara County EMS Agency (SBCEMSA) Qualified Transport Program paramedics that cross regional boundaries throughout California. The goal for this optional scope is to allow a uniform practice environment for Qualified Transport Program teams and their patients that remains consistent throughout California and across regional boundaries, and helps ensure that our patients receive the best critical care possible on both scene calls and interfacility transports.

II. Authority: [California Health & Safety Code, Division 2.5, Sections 1797.172\(b\)](#) and [1798](#) and [California Code of Regulations, Title 22, Division 9, Section 100146](#).

III. Definitions: See Appendix D

IV. POLICY:

A. Overview

This Unified Optional Scope provides a standardized scope of practice for qualified Paramedics who practice either on rotor or fixed wing aircraft. The SBCEMSA Medical Director shall ensure that each Qualified Transport Program for which an application is made has appropriate medical oversight for the program, and that crew configuration for aeromedical programs consists of a qualified transport nurse and either a FP-C or a CCP-C with additional education in flight and altitude physiology.

B. Unified Paramedic Optional Scope of Practice items include:

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

C. Qualified Transport Program Requirements for Participation in this Optional Scope

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 (see Appendix). Submission and verification of educational programs as specified in Appendix is required.
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.
4. The Program Medical Director must meet requirements as a "Qualified Transport Program Medical Director" must be board certified/ eligible in Emergency Medicine and which for

APPROVAL:

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Nicholas Clay, EMS Agency Director

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Daniel Shepherd, MD, EMS Agency Medical Director

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flight programs includes CAMTS 10th edition ECC level requirements for the Medical Director.

D. 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 SBCEMSA
4. Must remain competent/proficient in these 6 optional scope procedures by passing the competency testing noted in the Appendices with the frequency required and noted here:
5. Pediatric Intubation Quarterly
6. Rapid Sequence Intubation Quarterly
7. Video Laryngoscopy Quarterly
8. Supraglottic Airway Quarterly
9. Ventilator Management Annually
10. Intraosseous Access Annually
11. Must have completed a minimum of 200 hours of training and all requisite training by the Qualified Transport Program and meet the requirements as outlined in definitions for one of the following:
 - a. CCP-in training
 - b. FPC-in training
 - c. CCP
 - d. FPC

E. Medical Control

1. Medical Control shall remain the primary responsibility of the SBCEMSA Medical Director and is delivered in conjunction with the qualified transport program's policies and procedures when they are approved by the SBCEMSA Medical Director:
2. Online Medical Control via direct conversation between the Qualified transport teams and Qualified transport program Medical Director (this would be permitted if described within the qualified transport program Medical Control Policy when the policy is approved by the SBCEMSA Medical Director)
3. Online Medical Control as per current regulation via direct access to base hospitals
4. Offline Medical Control through the Qualified Transport program policies and procedures when approved by the SBCEMSA Medical Director (only items within the paramedic scope or approved optional scope).
5. Offline Medical Control through SBCEMSA policies, procedures, scope of practice and optional scopes of practice.
6. During an interfacility transport Online Medical Control may be obtained from the sending or receiving physician if on duty at a designated base hospital.

F. Qualified Transport Program Medical Director

1. The Qualified Transport Program Medical Director will be required to be Board certified or eligible in Emergency Medicine, and for aeromedical programs, meet CAMTS ECC level Medical Director requirements – CAMTS 10th Edition

V. APPENDICES

- A. [Appendix A - Training Requirements and Comparisons](#)
- B. Appendix B - Treatment Protocols
 1. [B.1 - Pediatric intubation](#)

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2. [B.2 - RSI \(rapid sequence induction\) medication administration including: sedatives, paralytics, analgesics, and induction agents](#)
 3. [B.3 - Video laryngoscopy \(indirect laryngoscopy\)](#)
 4. [B.4 - Supraglottic airways](#)
 5. [B.5 - Ventilator initiation, maintenance and management](#)
 6. [B.6 - Intraosseous access for both adult and pediatrics](#)
- C. Appendix C - Competency Evaluations and Quality Improvement
1. [C.1 - Pediatric intubation](#)
 2. [C.2 - RSI \(rapid sequence induction\) medication administration including: sedatives, paralytics, analgesics, and induction agents](#)
 3. [C.3 - Video laryngoscopy \(indirect laryngoscopy\)](#)
 4. [C.4 - Supraglottic airways](#)
 5. [C.5 - Ventilator initiation, maintenance and management](#)
 6. [C.6 - Intraosseous access for both adult and pediatrics](#)
 7. [C.7 – Quality Improvement Program](#)
- D. [Appendix D - Definitions](#)