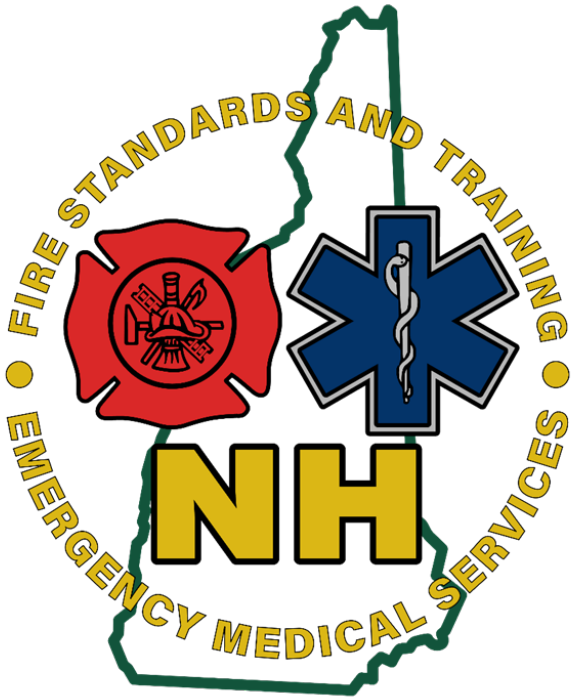
New Hampshire Department of Safety
Division of Fire Standards and Training & Emergency Medical Services

Critical Care
Prerequisite Protocol
Administrative Packet
2024



NH Department of Safety
Division of Fire Standards and Training & Emergency Medical Services
Prerequisite Protocol Application 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)

- ☐ Advanced Sepsis, 7.0
- ☐ Critical Care Transport, 7.1
- ☐ Immunization, 7.2
- ☐ Interfacility Transport (PIFT), 7.3
- ☐ Mobile Integrated Healthcare (MIH), 7.4
- ☐ Operational K9, 7.5
- ☐ Pilot, 7.6
- ☐ Point of Care Ultrasound (POCUS), 7.7
- ☐ Rapid Sequence Intubation (RSI), 7.8

Required Documents

1. Written recommendation from the Medical Director.
2. Written recommendation from the EMS Unit leader and testament that the providers completed the required training.
3. Provide list of eligible providers.
4. Provide copy of your Quality Management plan as it pertains to the prerequisite protocol(s) applying for.
5. Any additional documentation required specific to the individual prerequisite protocol.

Unit Head's Signature:_____Date:_____

Medical Director's Signature:_____Date:_____

Critical Care Transport
Prerequisite Protocol

LICENSURE:

- NH licensed Paramedic.

EXPERIENCE:

- None.

EDUCATION:

- Education that meets or exceeds the requirements outlined in this prerequisite protocol.

MEDICAL DIRECTION:

- Medical Director approval.

RECOMMENDATION:

- The Medical Director and the EMS Unit leader must mutually agree to participate in the program.
- Written recommendation from the Medical Director.
- Written recommendation from the EMS Unit leader and testament that the providers completed the required training.

QUALITY MANAGEMENT:

- 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 5921.

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.

RESOURCES:

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

EXPIRATION:

- 2 years to coincide with the Unit license.

Critical Care Transport
Prerequisite Checklist

_____1. APPLICATION
Provide completed prerequisite application signed by both Medical Director and EMS Unit leader.

_____ 2. RECOMMENDATIONS:
Attach letters of recommendation from Medical Director and Head of EMS Unit.
Provide list of eligible providers and attestation of competencies.

_____ 4. PROTOCOLS
Attach a copy of the unit protocol/standards.

_____ 5. EDUCATION
Attach unit training plan and attestation that course meets all educational and training requirements.

_____ 6. QUALITY MANAGEMENT
Provide a copy of your Critical Care Transport Quality Management Plan.

_____7. REPORTING REQUIREMENTS
Complete NHESR Report for each critical care transport.

_____ 8. EQUIPMENT AND STAFF SUPPORT RESOURCES NECESSARY
MRH agreement with participating hospital which includes access to necessary resources/departments (e.g., E.D., IV team, O.R., Respiratory, etc.)
Medications and equipment, as needed.

Questions and completed applications should be directed to clinicalsystems@dos.nh.gov

Critical Care 7.1

This prerequisite protocol is only to be used by EMS Units and their affiliated providers who are authorized by FSTEMS.

Introduction
The purpose of this prerequisite protocol is to recognize the unique aspects of critical care medicine and to facilitate it's practice within current protocol. Through this protocol providers affiliated with licensed rotary wing units and their 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
The unit 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 primary care provider 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 appropriately deliver care at the critical care level using 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. Participating units must define who will be providing 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

7.1 Critical Care

This prerequisite protocol is only to be used by EMS Units and their affiliated providers who are authorized by FSTEMS.

Protocol Continues

Training Plan
Describe what training will be provided to enable the providers to deliver the services described within. 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
Skills identified may be performed by 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
- Direct Laryngoscopy
- Video Laryngoscopy
- Rapid Sequence Induction (RSI)
- Supraglottic Airway Insertion (e.g.- King Airway, LMA, iGel)
- Needle Cricothyrotomy
- Surgical Cricothyrotomy

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)
- Perform and interpret 12-Lead ECG, with Cath Lab activation capabilities
- Intraosseous Access (e.g. manual IO, EZ IO, FAST1, etc.)
- Indwelling port access (e.g. Port-a-Cath)
- Transcutaneous, Transvenous, and Epicardial wire pacemaker capabilities
- Pericardiocentesis
- Invasive Hemodynamic Monitoring (e.g. 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, including 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)
- Wound closure; including, but not limited to, suturing, stapling, skin adhesives (e.g. Dermabond)
- Hemorrhage control including, but not limited to, tourniquet use, Israeli bandage, chemical clotting agents, chest seals, etc.

Protocol Continues

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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

Pharmacology
- ACLS Medications
- Anesthetics
- Antibiotics
- Anticoagulants
- Anticonvulsants
- Antidiabetics
- Antidysrhthmics
- Antiemetics
- Antihypertensives
- Antipsychotics
- Anti-inflammatory Agents
- Anxiolytics
- Blood and Blood Products
- Cardio Glucosides
- Corticosteroids
- Drotecogin
- Electrolytes (e.g. Calcium, Magnesium, Potassium)
- GI Agents
- Inhaled Gasses (e.g. Heliox, Nitric Oxide)
- Narcotics/Analgesics
- Nebulized respiratory medications
- Paralytics (e.g. Succinylcholine, Rocuronium, Vecuronium, etc.)
- Parenteral Nutrition
- Platelet Aggrefation Inhibitors
- Prostaglandin
- Surfactant
- Transexamic Acid (TXA)
- Thrombolytic agents
- Vasoactive agents (e.g Norepinepherine, Neosynepherine, Vasopressin, etc.)