

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

Prerequisite Protocol  
Paramedic Interfacility Transfer  
(PIFT)  
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)

- |   |   |
|---|---|
| <input type="radio"/> Advanced Sepsis, 7.0                    | <input type="radio"/> Operational K9, 7.5                   |
| <input type="radio"/> Critical Care Transport, 7.1            | <input type="radio"/> Pilot, 7.6                            |
| <input type="radio"/> Immunization, 7.2                       | <input type="radio"/> Point of Care Ultrasound (POCUS), 7.7 |
| <input type="radio"/> Interfacility Transport (PIFT), 7.3     | <input type="radio"/> Rapid Sequence Intubation (RSI), 7.8  |
| <input type="radio"/> Mobile Integrated Healthcare (MIH), 7.4 |   |

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: \_\_\_\_\_

# **Paramedic Interfacility Transfer (PIFT) Unit Prerequisite**

## **LICENSURE:**

- NH EMS Licensed Units.

## **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.

## **QM/PI PROGRAM:**

- 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 FSTEMS and as specified in Administrative Rule Saf-C 5902.08.
- Units utilizing this prerequisite protocol must document medications and procedures performed in their respective NEMSIS fields I.e. (eMedication.03/eProcedures.03).

## **RESOURCES:**

- See Interfacility transport quality management qualifiers.

## **EXPIRATION:**

- 2 years to coincide with the Unit license.

# **Paramedic Interfacility Transfer (PIFT) Provider Prerequisite**

## **LICENSURE:**

- NH EMS 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 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 FSTEMS and as specified in Administrative Rule Saf-C 5902.08.
- Units utilizing this prerequisite protocol must document medications and procedures performed in their respective NEMSIS fields I.e. (eMedication.03/eProcedures.03).

## **RESOURCES**

- May only practice at the PIFT level when affiliated with an EMS Unit credentialed at the PIFT level.

## **EXPIRATION:**

- 2 years to coincide with the Unit license.

**Paramedic Interfacility Transfer  
(PIFT)  
Prerequisites 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.
  
- \_\_\_\_\_ 3. EDUCATION  
Attach unit training plan and attestation that course meets all educational and training requirements.
  
- \_\_\_\_\_ 4. CLINICAL CARE SUPERVISOR  
Provide name, contact information, and credentials of the Clinical Care Supervisor, who is responsible for supervision of patient care provided by the PIFT Unit & providers.
  
- \_\_\_\_\_ 5. QUALITY MANAGEMENT  
Provide a copy of your PIFT Quality Management Plan.
  
- \_\_\_\_\_ 6. REPORTING REQUIREMENTS  
Complete NHESR report for each PIFT encounter.
  
- \_\_\_\_\_ 7. 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](mailto:clinicalsystems@dos.nh.gov)

**INTERFACILITY TRANSPORT – Quality Management Qualifiers**

**E-essential D-desired**

GENERAL STANDARDS	PIFT	CCT
There must be written policies and procedures specifying the mission statement and scope of care to be provided by the service. The Mission Statement describes what you do, and the scope of care describes what type of service you perform, what patients you transport and what type of medical team, etc.	E	E
All patient care resources, including personnel and equipment, necessary to the program's mission must be readily available in the transport vehicle or coordinated with the sending facility prior to initiating the mission.	E	E
The service agrees that "Emergency calls" or those requests which involve a patient with a potentially life threatening illness or injury who requires rapid transportation and intervention at a location within the defined service area are accepted or declined based on availability of resources only, and without prescreening for the ability to pay.	E	E
A Critical Care Transport vehicle will be staffed by, at a minimum, an EMT Driver, CCT Paramedic and a Registered Nurse with CCRN or CFRN credentials.		E
A PIFT vehicle will be staffed by, at a minimum, an EMR Driver and a PIFT credentialed Paramedic.	E	
MEDICAL PERSONNEL STANDARDS	PIFT	CCT
The service has a medical director of the critical care transport program. This individual is a physician who is responsible for supervising and evaluating the quality of medical care provided by the medical personnel. The medical director ensures, by working with the clinical supervisor and by being familiar with the scope of practice of the transport team members and NH EMS protocols, competency and currency of all medical personnel working with the critical care transport service. The medical director is actively involved in the quality management (QM) program for the service.	D	E
The service has a Clinical Care Supervisor for critical care - Responsibility for supervision of patient care provided by the various critical care providers (NRP, RT, RN, RCP, etc.) must be defined by the service. All patient care personnel must be supervised by someone knowledgeable and administratively empowered to perform clinical supervision. The clinical care supervisor and medical director(s) must work collaboratively to coordinate the patient care delivery given by the various professionals and to review the overall system for delivery of patient care.	E	E
* The clinical supervisor is actively involved in the QM/QA/PI of the program.	E	E
* The clinical supervisor is actively involved in all administrative decisions affecting patient care.	E	E
* The clinical care supervisor is actively involved in hiring, training and continuing education for all personnel who work within the PIFT or CCT service.	E	E
* The clinical care supervisor must ensure adequate mechanisms for the evaluation of clinical practice and competencies of patient care providers.	E	E
* The clinical care supervisor must be a qualified critical care transport provider.	D	E
* The clinical care supervisor must be a qualified PIFT provider.	E	E

Orientation, Training, and Continuing Education Program Requirements - A planned and structured program is required for all critical care transport and/or PIFT personnel. Competency and currency in these competencies must be ensured and documented through relevant continuing education programs/certification programs or their equivalent, and clinical evaluation of operation and troubleshooting of medical devices commonly used in critical care transport.	E	E
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OPERATIONAL ISSUES	PIFT	CCT
Adequate amounts (for anticipated liter flow and length of transport with an emergency reserve) of gases such as oxygen or MedAir must be available for every mission.	E	E
Medications consistent with the service's scope of care are accessible.	E	E
The transport service has a method of assuring that all medications and intravenous fluids are appropriately calculated. Examples of effective methods include the use of drug calculation lists, internet based programs and pre-programmed drug delivery systems such as those found in medication pumps.	E	E
There is an automatic blood pressure device (and for CCT arterial line monitoring capability) on-board or immediately available.	E	E
The service has a written policy that addresses a procedure to follow when the ground ambulance comes upon a scene of an accident. Policy must be consistent with state regulations.	E	E
There is a written policy that outlines the procedure to follow when the ambulance breaks down.	E	E
Medical transport personnel must ensure that all critical care medical equipment owned by the service is in working order and all equipment/supplies are validated through documented checklists.	E	E
Equipment must be tested and inspected by a certified clinical engineer according to manufacturer's recommended maintenance schedule	E	E
Records of equipment inspections are maintained.	E	E

MANAGEMENT AND ADMINISTRATION	PIFT	CCT
Management demonstrates a commitment to the medical transport service with the highest degree of safety.	E	E
A record of patient care is completed, and a copy remains at the receiving facility for appropriate continuity of care. A policy outlines minimal requirements for items to be documented in the patient care records that includes:	E	E
*Purpose of the transport	E	E
*Assessment, treatments, medications, intake and output and patient's response to treatments and medications.	E	E
*Signature of each care provider and clarity as to what care was performed by each provider (administering medications and performing procedures) and indicates who actually documented patient information.	E	E
* Transport facilities (to and from) and whom report was given to at the receiving facility.	E	E
A policy manual is available and familiar to all personnel.	E	E
*Policies are dated and signed by the appropriate manager(s).	E	E
*Policies are reviewed on an annual basis as verified by dated manager's signature on a cover sheet or on respective policies.	E	E

Management monitors and evaluates the quality and appropriateness of the critical care transport service through an active Quality Management (QM) program, including the following:	E	E
*At a minimum, reviews the periodic QM committee reports.	E	E
*Encourages staff participation in the QM Program.	E	E
*Promotes the effectiveness of the QM program through active participation by management in the program and by sponsoring active communication pathways between staff and management, and hospital staff.	E	E

QUALITY MANAGEMENT STANDARDS	PIFT	CCT
There is an ongoing, written Quality Management (QM) program designed to monitor, assess and improve the quality and appropriateness of patient care and safety of the transport service provided by the critical care transport service objectively, systematically and continuously.	E	E
The QM program should include activities related to patient care, communications, performance improvement and all aspects of transport operations and equipment maintenance pertinent to the service's mission statement.	E	E
*There will be regularly scheduled QM meetings providing a forum for all disciplines involved in the medical transport service.	E	E
*Evidence of QM studies and evaluation in compliance with written QM plan.	E	E
*Evidence of action plans developed when problems are identified through QM and communication of these plans to the appropriate personnel.	E	E



# **Appendix A**

## **PARAMEDIC INTERFACILITY TRANSFER LESSON PLAN**

### **PREPARATION**

Motivation: Paramedic Interfacility Transfer training is intended to prepare and evaluate paramedics in interfacility transfers. This training is above and beyond that taught by the Department of Transportation's Paramedic Curriculum and/or Education Standards

Prerequisites: New Hampshire Paramedic

Teaching Methods: Lecture/discussion  
Practical skills sessions/stations  
Open questions and answer periods  
Clinical application on a simulated patient

### **MATERIAL**

AV Equipment: Utilize various audio-visual materials related to interfacility transfers. The continuous design and development of new audio-visual material relating to EMS requires careful review to determine which best meet the needs of the program. Materials should be edited to assure meeting the objectives of the curriculum.

EMS Equipment: As with AV Equipment, medical equipment continues to develop and evolve. It is the expectation that the equipment needed and used in interfacility transfer care be available for demonstration and practice during this training. The equipment includes, but is not limited to: IV Pumps, Foley catheters, central lines, chest tubes, various examples of medications, and monitoring devices

### **PERSONNEL**

Primary Instructor: The Primary instructor will be the PIFT Unit's clinical coordinator and will be an experienced paramedic having worked in the interfacility environment. The primary instructor will have completed the FSTEMS's PIFT Train the Trainer program.

Assistant Instructor: The instructor to student ratio should be 1:6 for psychomotor skill practice. This may include MD, PA, or RN. Paramedics who have previously completed this module are also eligible.

Instructor Activities: Supervise student practice.  
Reinforce student progress in cognitive, affective, and psychomotor domains.  
Redirect students having difficulty with content.

### **EVALUATION**

Critical Thinking: Evaluation of the paramedic critical thinking skills in various interfacility transfer scenarios.

Practical: Evaluate the actions of the paramedic students during role-play and practice.  
Skill station to determine their compliance with the cognitive and affective objectives and their mastery of the psychomotor objectives of this lesson.

Remediation: Identify students or groups of students who are having difficulty with this subject content and work with student(s) until they have met the cognitive, affective and psychomotor objectives of this lesson.

Enrichment: Identify what is unique in the local area concerning this topic and incorporate into local training modules.

Recommended  
Minimum Time to  
Complete: 8 – 12 hours

# NH Paramedic Interfacility Transfer (PIFT) Education Modules Lesson Plan

## OBJECTIVES

Each module will contain a terminal objective and enabling objectives.

Terminal Objectives are a statement of the instructor's expectation of student performance at the end of a specific lesson or module. The objectives are written in the perspective of what the student will do, not what the instructor will do.

Enabling Objectives are concise statements of the instructor's expectations of the student's performance and are considered steps to achieving the terminal objective.

## **PIFT – BLOOD PRODUCTS**

### Terminal Objective

At the completion of this module the student will have a basic knowledge of blood products and administration of blood products.

### Enabling Objectives

At the conclusion of this module the student will be able to:

- List indications for blood therapy
- Identify commonly use blood products
- Differentiate between antibodies & antigens
- Discuss type & cross matching
- Discuss infusion therapy risks
- State lab values
- State proper procedures to administer blood
- List signs & symptoms associated with transfusion reaction and actions necessary to manage
- Demonstrate assembly and administration of blood
- Demonstrate proper history taking and documentation when assuming care of a patient receiving blood products
- Defend the need to type & cross match
- Defend the need to watch for infusion reactions

## **PIFT – DEVICES**

### Terminal Objective

At the completion of this section the student will understand the basic mechanical principles, operation, and troubleshooting of common PIFT devices.

### Enabling Objectives

At the conclusion of this module, the PIFT paramedic will be able to perform the following actions for each of the listed categories of devices:

- Pumps
  - Describe the basic mechanical principles of infusion pumps including syringe pumps.
  - Demonstrate infusion pump operation to include: tubing set up, on-off and rate adjustment of a common (typical) infusion pump.
  - Demonstrate use of pump library
  - Diagnosis and correct common infusion pump problems to include: blockages or power failure.
  - Demonstrate competency in pump operations
  - Demonstrate competencies in patient related causes of pump complications.
  
- Foley Catheters
  - Describe the physiology and basic operation of Foley Catheters.
  - Describe the aspects of normal operation/expectations for Foley Catheters.
  - Diagnosis and correct common problems such as equipment failure, clogged/kinked tubing, and extubations.
  - Ensure Foley catheter bag is not transported in patient's lap
  - Demonstrate competencies in patient related causes of catheter complications
  
- Central Lines
  - Identify the basic anatomy and physiology pertaining to central lines, Swan Ganz lines and triple lumen catheters.
  - Monitor to ensure Swan Ganz does not migrate
  - Describe the aspects of "normal operation/expectations" for central lines.
  - Recognize and troubleshoot a common problem such as unexpected removal.
  - Demonstrate competency in central line access.
  - Demonstrate competencies in patient related causes of central lines complications.
  
- Chest Tubes
  - Describe the basic physiology of chest tubes and pleural vacuum.
  - List the basic equipment associated with chest tubes including the Heimlich valve and the water seal.
  - Describe the aspects of "normal operation/expectations" for chest tubes including Heimlich valve and water seal.
  - Recognize and troubleshoot common problems such as disconnection or blockage and leakage.
  - Demonstrate competency in chest tube maintenance
  - Demonstrate competencies in patient related causes of chest tube complications.
  
- Ventilator
  - Describe assist control
  - Describe synchronized intermittent mandatory ventilator
  - Describe pressure control
  - Describe the basic physiology and basic operations of ventilators
  - Describe the aspects of normal operation/expectations for ventilators.
  - Recognize and troubleshoot common problems such as high pressure, low o2, disconnect, low PEEP, power problem, vent circuit displacement, patient positioning, etc....
  - Demonstrate competency in ventilator operations
  - Demonstrate competencies in patient related causes of ventilator complications.
  
- Other Devices not requiring paramedic intervention

- Recognize devices usually not requiring intervention during transport but still needing review of with hospital staff
  - Wound drainage dressing
  - Feeding Pumps
  - PCA Pumps

## **PIFT – MEDICAL DIRECTION AND QUALITY IMPROVEMENT**

### Terminal Objective

At the completion of this section the student will understand eligibility for paramedic interfacility transfer service

### Enabling Objectives

At the conclusion of this section the student will be able to:

- Define a PIFT Unit's policies and procedures as they pertain to interfacility transfers
- Define a Service Medical Director as it pertains to PIFT
- Define a Clinical Supervisor as it pertains to PIFT
- Describe sending and receiving physicians as it pertains to PIFT
- Defend the need for medical oversight and quality improvement

## **PIFT – PHARMAOLOGY**

### Terminal Objective

At the completion of this section the student will have a review of pharmacology, learned in full, at a previous time

### Enabling Objective

At the conclusion of this section the student will be able to:

- Define important pharmacological terms
- Discuss pharmacokinetics
- Discuss pharmacodynamics
- Discuss the autonomic nervous system

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- Define important pharmacological terms
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## **PIFT – PHARMACOLOGY MEDICATION CLASSIFICATION**

### Terminal Objective

At the completion of this section the student will have basic knowledge of medication classifications routinely used in interfacility transfers.

### Enabling Objectives

At the conclusion of this section the student will be able to describe each of the following medication classifications

- Anticoagulants
- Anticonvulsants
- Antidiabetics
- Antidysrhythmics
- Antihypertensives
- Anti-infectives
- Antipsychotics
- Cardiac glycosides
- Corticosteroids
- Drotrecogin
- GI Agents
- IV fluids
- Narcotics
- Parenteral Nutrition
- Platelet Aggregation Inhibitors
- Respiratory Medications
- Sedatives
- Vasoactive Agents
- Paralytics
- Blood Products

At the conclusion of this section the student will be able to:

- Identify a typical patient on a particular class of medication
- Describe what to watch out for during transfer when on a particular class of medication
- Describe potential interventions for an adverse reaction to a class of medication
- Identify the most commonly used medications within a class of medications

### **PIFT – MEDICAL LEGAL**

#### Terminal Objective

At the completion of this section the student will understand the basic principals of the medical-legal considerations for an interfacility transfer

#### Enabling Objective

At the conclusion of this section the student will be able to:

- Differentiate responsibilities between interfacility transfer (IFT) & 911 calls.
- Define the federal legal principal guiding IFTs
- Describe the principals of EMTALA
- Describe a legally appropriate transfer
- Define the State Laws and Rules guiding IFTs
- Demonstrate working knowledge of the clinical decision to change destination with relation to patient deterioration when in conflict with transfer orders.

# 7.3

# Interfacility Transfers

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

A notification of an occurrence must be sent by the sending facility and the transporting EMS Unit(s) via email to FSTEMS Captain of Clinical Systems and the Unit EMS Medical Director with 48 hours when the following occurs:

- PIFT Medications ordered outside formulary initiated during transport.
- Utilization of either Alternative 1 or Alternative 2.

## Introduction

The purpose of this section is to reconcile the unique aspects of interfacility transfers with current NH EMS law, licensure, and acute care protocols. It is intended to provide flexibility, when possible, for individual agencies, institutions, and communities to meet their unique needs.

## Interfacility Transfer

Any transfer, after initial assessment and stabilization, from and to a healthcare facility. (Guide for interfacility patient Transfer, NHTSA, April 2006) or any transfer from a healthcare facility to any other location.



- Nothing in this protocol shall preclude EMS personnel from providing any medication or therapy that is already within their scope of practice unless it is explicitly forbidden by the transferring facility provider's written orders for transport.
- If at any time during transport a patient develops new signs/symptoms or has a change in status, EMS personnel shall refer to the appropriate NH EMS Protocol.
- If there is a conflict between NH EMS Protocols and the transferring facility provider's written orders for transport, the transferring facility provider's written orders shall prevail.

## **Shared Responsibilities**

- Assign the appropriate transport agency level for patient transport including sending hospital staff, if necessary (see following pages).
- Receive and relay a complete patient care report.
- Ensure every effort has been made to mitigate risk, including environmental factors.

## **Transferring Facility Responsibilities**

- Certify benefits of transfer outweigh all expected risks.
- Ensure that patient has an accepting provider and bed assignment at destination facility.
- Transferring provider must ensure ongoing care will be sufficient and appropriate, and provide resources as necessary.
- Transferring provider point of contact who will be immediately available to serve as medical control for transporting agency during transfer.
- Provide complete set of patient care orders for the transporting agency.
- In any case where the number of patients requiring transport exceeds the number of available EMS resources, the transferring institution shall decide the order in which patients are transported.

## **Transporting Agency Responsibilities**

- Assign personnel and resources that are most appropriate (consider training/experience, environmental factors, equipment needs).
- Decline transports when proper resources cannot or will not be provided and/or their level of training/experience is not compatible with patients acuity.
- Consult medical control as necessary during transport.
- Seek education or information about therapies or medications outside of normal formulary as necessary.

Protocol Continues

# Interfacility Transfers

## 7.3

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



### Transport Agency Levels

- EMT
- AEMT
- Paramedic Interfacility Transport (PIFT)\*
- Critical Care Teams (CCT)\*

At a minimum, 2 licensed EMS providers in the vehicle, of which 1 may be the driver.

\* Only to be used by paramedics and EMS units who have been trained and credentialed by FSTEMS. Training must be delivered once every 2 years.

Interfacility transfers that are appropriate for EMT or AEMT level of care do not require additional levels of credentialing beyond training requirements defined in the NH EMS protocols and by [Saf-C 5900](#).

### CAPABILITIES

#### EMT

# E

- Care and treatment of stable patients.
- Therapies within the EMT scope of practice.
- Medications within EMT scope of practice.
- Non-invasive monitoring (BP, HR, RR, SpO<sub>2</sub>, EtCO<sub>2</sub>, temperature).
- Previously inserted Foley catheter, suprapubic tube, established feeding tube (NG, PEG, J-tube not connected to infusion or suction).
- Saline lock.
- Chest tube capped and without need for suction during transport.
- Maintenance of stable, long term ventilated patients with any mode of ventilation so long as the patient is familiar and capable of operating the equipment OR patient is accompanied by a care provider who is capable of the same.
- If a device or infusion is functioning properly and is maintained by an alert/oriented patient (or caregiver), transport the patient with the device or infusion in place and operating normally.

#### Advanced EMT

# A

- Care and treatment of stable patients.
- Therapies within the AEMT scope of practice.
- Medications within AEMT scope of practice.
- Pain management (nitrous oxide or IV acetaminophen).
- Any IV crystalloid infusion (e.g., normal saline, lactated ringers, D5, ½ normal saline, pH balanced crystalloid solution).
- Cardiac monitoring 4 lead ECG as vital sign, no rhythm interpretation.
- CPAP.





# 7.3

# Interfacility Transfers

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

Protocol Continues

## PIFT Paramedic

PIFT credential required. This level is only to be used by paramedics and EMS units who have been trained and credentialed to perform PIFT- level transfers.

P

- Care and treatment of potentially unstable patients.
- Therapies within the Paramedic scope of practice.
- Medications within Paramedic scope of practice.
- Continuation of any infusion started prior to departure, including blood products.
- Repeat administration of any medications given prior to departure.
- In anticipation of patient deterioration, medication administration within the scope of practice and within the formulary (see Appendix 1), the transferring hospital provider may provide the medications as well as provide initiation and titration guidelines on the appropriate transfer paperwork.
- Maximum 1 vasopressor infusion.
- Cardiac monitoring of 4 lead ECG with anticipated need for ACLS intervention.
- Chest tube management.
- Epidural catheter if secured, capped, and labeled.

The following require a SECOND EMS provider or hospital based healthcare provider based on anticipated healthcare needs in the patient compartment:

- Transcutaneous pacing.
- Intubated non-complex vent setting.
- Deep suctioning.
- RSI/DSI (agency & providers must be credentialed).

## Critical Care Transport, including but not limited to:

- Care and treatment of unstable patients.
- Greater than one vasopressor infusions.
- Initiation of additional blood products.
- Managing uncorrected shock.
- Continuation of invasive monitoring.
- Continuation of balloon pump/impella pump.
- Transvenous pacing.
- Rapid sequence or delayed sequence induction.
- Intubated/ventilated patients with complex vent settings.
- See Critical Care Protocol 7.1 for additional scope

This level is only to be provided by air or ground agencies credentialed to perform CCT by FSTEMS and the EMS Medical Control Board unless utilizing one of the following alternative crew configurations:

**Alternative 1:** PIFT paramedic provider and 1 additional (sending) hospital-based advanced health care provider with experience related to the patient's condition (e.g., nurse, physician assistant, nurse practitioner, physician, paramedic, respiratory therapist).

**Alternative 2:** As a measure of last resort, in cases where CCT providers are unavailable AND delay in transfer would have a significant negative impact on patient outcome, crew configurations not listed above may be utilized provided that:

- The sending facility makes an exhaustive effort to send appropriate personnel.
- All interventions are within the scope of practice of the assembled crew.
- Properly document in PCR the staffing configuration.

Protocol Continues

# Interfacility Transfers

## 7.3

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

Protocol Continues

### **Definitions**

**Unstable Patient:** A critically ill or injured patient who cannot be stabilized at the transporting facility, who is deteriorating or likely to deteriorate during transport. (From "Guide for Interfacility Patient Transfer," NHTSA.)

**Potentially Unstable:** A critically ill or injured patient who is currently stable (as defined below) but whose disease process will likely lead to instability or an acute change in condition enroute.

**Stable Patient:** Hemodynamically stable patient with a secure airway and who is **NOT** in acute distress or likely to deteriorate during transport

**Resources:** Could refer to personnel, equipment, medications or therapies.

**Sufficient & Appropriate:** Transferring facilities are responsible for the coordination of ongoing care during transfer until the patient arrives at the destination facility. Patient must continue receiving care that is commensurate with their condition and potential for deterioration throughout transfer within the limits of the system. This may mean providing additional transferring facility or transporting agency personnel, up to and including physicians if necessary .

**Non-complex vent settings:** Volume or pressure modes of ventilation provided that:

No inverse I:E ratios.

No PEEP > 12 cmH<sub>2</sub>O.

No PIP > 40 cm H<sub>2</sub>O.

No Plateau pressures > 30 cm H<sub>2</sub>O.

No pediatric patients, see definition of pediatric patient in Routine Patient Care.

No high frequency oscillation.

No mode of ventilation without apnea backup.

**Complex vent settings:** Any mode of ventilation outside the above parameters.

Protocol Continues

# Interfacility Transfers

## 7.3

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

Protocol Continues

Prerequisite Protocol 7.3

### Transport Levels

EMT Stable	AEMT Stable	PIFT Potentially Unstable	CCT Unstable
<ul style="list-style-type: none"> <li><input type="checkbox"/> EMT therapies</li> <li><input type="checkbox"/> EMT medications</li> <li><input type="checkbox"/> Vital signs</li> <li><input type="checkbox"/> EtCO<sub>2</sub></li> <li><input type="checkbox"/> Temperature monitoring</li> <li><input type="checkbox"/> Foley catheter</li> <li><input type="checkbox"/> Suprapubic catheter</li> <li><input type="checkbox"/> Feeding tube with no need to access or adjust</li> <li><input type="checkbox"/> Saline lock</li> <li><input type="checkbox"/> Capped chest tube</li> <li><input type="checkbox"/> Maintenance of stable, long term ventilated patients with any mode of ventilation so long as the patient is familiar and capable of operating the equipment OR patient is accompanied by a care provider who is capable of the same</li> <li><input type="checkbox"/> If a device or infusion is functioning properly and is maintained by an alert/oriented patient (or caregiver), transport the patient with the device or infusion in place and operating normally.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> AEMT therapies</li> <li><input type="checkbox"/> AEMT Medications</li> <li><input type="checkbox"/> Pain management (nitrous oxide or IV acetaminophen, if available)</li> <li><input type="checkbox"/> Any crystalloid infusion (e.g., normal saline, lactated ringers, D5, ½ normal saline normasol, pH balanced crystalloid solution, etc.).</li> <li><input type="checkbox"/> Cardiac monitoring 4 lead ECG as vital sign, no rhythm interpretation</li> <li><input type="checkbox"/> CPAP</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Paramedic therapies</li> <li><input type="checkbox"/> Paramedic medications</li> <li><input type="checkbox"/> Any infusion started prior to departure</li> <li><input type="checkbox"/> Repeat administration of any medications given prior to departure</li> <li><input type="checkbox"/> Max 1 vasopressor</li> <li><input type="checkbox"/> Continuation of blood or blood products</li> <li><input type="checkbox"/> High flow nasal cannula</li> <li><input type="checkbox"/> In anticipation of patient deterioration, medication administration within the scope of practice and within the formulary (see Appendix 1), the transferring hospital provider may provide the medications as well as provide initiation and titration guidelines on the appropriate transfer paperwork.</li> <li><input type="checkbox"/> Cardiac monitoring of 4 lead ECG with anticipated need for ACLS intervention</li> <li><input type="checkbox"/> Serial 12 leads</li> <li><input type="checkbox"/> Chest tube management</li> <li><input type="checkbox"/> Epidural catheter if secured, capped, and labeled.</li> </ul> <p><b>The following require a SECOND provider in the patient compartment:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Active transcutaneous pacing</li> <li><input type="checkbox"/> Intubated/sedated patients</li> <li><input type="checkbox"/> Deep suctioning</li> <li><input type="checkbox"/> RSI/DSI*</li> <li><input type="checkbox"/> Acutely Non-complex vent settings</li> </ul>	<p>Including but not limited to:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Multiple vasoactive medications/pressors</li> <li><input type="checkbox"/> Initiation of additional blood products</li> <li><input type="checkbox"/> Managing uncorrected shock.</li> <li><input type="checkbox"/> Continuation of invasive monitoring.</li> <li><input type="checkbox"/> Continuation of balloon pump/impella pump</li> <li><input type="checkbox"/> Transvenous pacing.</li> <li><input type="checkbox"/> Intubated/ventilated patients with complex vent settings</li> <li><input type="checkbox"/> See <u>Critical Care Protocol</u> for additional scope</li> </ul> <div style="border: 1px solid gray; padding: 5px; margin-top: 10px;"> <p><b>Crew Options:</b> Alternative: 1 PIFT paramedic provider and 1 additional (sending) hospital-based advanced health care provider with experience related to the patient's condition (e.g., nurse, physician assistant, nurse practitioner, physician, paramedic, respiratory therapist).</p> <ul style="list-style-type: none"> <li>• Last Resort                             <ul style="list-style-type: none"> <li>○ Any other appropriate crew</li> </ul> </li> </ul> </div>