

Subject: Administration - Provider
Paramedic Transfer Provider

Associated Policies:

- I. Authority and Reference (incorporated herein by reference)
 - A. Division 2.5 of the Health and Safety Code
 - B. California Code of Regulations, Title 22
 - C. North Coast Emergency Medical Services Policies and Procedures

- II. Purpose
To establish the procedure and requirements to authorize any North Coast EMS ALS service providers as a Paramedic Transfer Provider. Authorization as a Paramedic Transfer Provider by North Coast EMS is required for any provider to allow affiliated Special Care Transfer Paramedics to monitor IV infusions of nitroglycerine and/or heparin during inter-facility transfers.

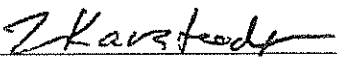
- III. Procedures
 - A. Any currently authorized North Coast EMS ALS Provider licensed and permitted to transport patients form within the North Coast EMS region may request Paramedic Transfer Provider Authorization.
 - B. Authorization to provide such service within the North Coast EMS region is contingent upon executing and maintaining a participation agreement with North Coast EMS, which includes:
 1. Abiding by all state laws, regulations and North Coast EMS policies, procedures, and protocols.
 2. Ensuring that only Special Care Transfer Paramedic affiliated with the provider can monitor IV infusions of nitroglycerine and/or heparin during inter-facility transfers.
 3. Ensuring that each affiliated Special Care Transfer Paramedic is always oriented to and proficient in the use of all infusion devices, pumps and accessories that could be utilized by the transferring base hospital.
 4. Ensuring that each Special Care Transfer Paramedic utilizing these procedures completes the nitroglycerine and Heparin IV infusion Ambulance transfer form and documents use on the ePCR system.
 5. Providing written verification submitted to North Coast EMS with the agreement of the participation of the assigned base hospital in the Paramedic Transfer Program. Base hospital participation includes written assurance by the hospital Prehospital Care Medical Director that all emergency department physicians and MICNs are oriented to this program and prepared to provide medical direction and quality improvement review relative to the monitoring of nitroglycerine and heparin IV infusions by Special Care Transfer Paramedics during inter-facility transfer from the base hospital.
 - C. Only North Coast EMS-authorized Paramedic Transfer Providers are authorized to utilize paramedics for this purpose.
 - D. The service provider must maintain a record, including the report (ePCR), of each utilization of monitoring IV infusions of nitroglycerin and/or heparin.

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- E. Both the base Hospital and the Paramedic Transfer Provider shall review each such utilization via its own Continuous Quality Improvement (CQI) process. North Coast EMS reserves the right to audit the service provider's records involving utilization of monitoring IV infusions of nitroglycerin and/or heparin for CQI purposes.

Approved:  Date: 5/22/20

Approved as to Form:  Date: 5/22/20