



# Emergency Medical Services Agency Prehospital Care Manual **Policy 215**

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## **CRITICAL CARE TRANSPORT BY PARAMEDIC OPTIONAL SCOPE OF PRACTICE AUTHORIZATION**

**Effective Date**                      January 22, 2007  
**Replaces**                              June 22, 2005

### **Resources**

[EMS Personnel Application](#)

[CCT Paramedic Authorization Application](#)

### **Purpose**

#### **I. Purpose**

To provide Santa Clara County Accredited Paramedics with the authorization to utilize an optional scope of practice during critical care interfacility transfers (CCT).

#### **II. Eligibility**

A. Applicants must meet the following requirements.

1. Current Paramedic Accreditation in Santa Clara County in accordance with Policy 205.
2. Minimum of two (2) years full-time field experience, as a Paramedic, in an Advanced Life Support (ALS) system within the last five years.
3. Current and continuously renewed provider status in BCLS, ACLS, PALS or PEPP, and PHTLS or BTLS.
4. Successfully complete an Agency approved training and orientation program specific to the skills and procedures used on critical care interfacility transfers. A certificate of completion of training from the provider agency is valid for no more than six (6) months.

5. Not be the subject of any outstanding formal prehospital investigation or have any censures including performance improvement plans, suspensions, etc. within the past two (2) years.
6. Be sponsored by an authorized CCT-P provider agency.

### **III. Application Process**

- A. Submit a completed EMS Personnel Application and attach copies of the following:
  1. Certificate of Completion verifying completion of Section II, A, 4.
  2. Critical Care Paramedic Authorization Application
- B. Upon receipt of materials and payment of any applicable fees, the Agency will review all documents to determine the applicant's eligibility.
- C. The Agency will notify the individual and employer of the approval or denial within fourteen (14) business days.
- D. An applicant may utilize the CCT Paramedic Optional Scope of Practice prior to authorization.

### **IV. Renewal**

- A. Provider agencies offering CCT Paramedic interfacility transfers shall submit an annual report to the EMS Agency that includes the following information:
  1. A roster of all CCT Paramedic Optional Scope personnel.
  2. A roster demonstrating that at least ten (10) hours of annual Continuing Education, in specialized CCT paramedic optional scope as approved by the Agency, has been provided to each authorized paramedic.
  3. A roster that demonstrates each authorized paramedic has maintained all eligibility requirements in Section II-A.
- B. The Annual Report shall be submitted at the same time as the Annual EMS Update Rosters

**V. Loss of CCT Paramedic Optional Scope of Practice Authorization**

- A. Authorization may be discontinued for the following reasons:
  - 1. Failure to comply with any provision of this Policy and/or
  - 2. The EMS Medical Director has determined, based on validated significant negative clinical or performance issues related to the CCT Paramedic Optional Scope Practice.
  - 3. Failure to comply with all applicable federal, state, and local statutes, regulations, ordinances, and policies.
- B. Any individual that has had their authorization discontinued or fails to meet all provisions of this Policy is required to complete the entire authorization process again prior to operating in the CCT Paramedic Optional Scope of Practice.