

Muskegon County
Critical Care Protocols
CRITICAL CARE PROGRAM POLICY

Date: March 9, 2016

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Critical Care Program Policy

Purpose

The purpose of this policy is to identify the minimum requirements for agencies and personnel operating at the Critical Care level within this MCA.

1. Program Policy
 - A. Critical Care Medical Director is appointed by the MCA Medical Director. See **Critical Care Medical Director Roles/Responsibilities Protocol**.
 - B. Critical Care Supervisor
 - (1) Each participating service will have a designated Critical Care Supervisor.
 - (2) Critical Care trained Paramedic with two years full time Critical Care experience.
 - (3) Approval of Critical Care Medical Director.
 - C. Critical Care Course Coordinator for approved Critical Care Program.
 - (1) Provides initial training.
 - (2) Licensed Paramedic Instructor-Coordinator.
 - (3) Approved by the Critical Care Medical Director.
 - D. Critical Care Paramedic
 - (1) Paramedic currently licensed by the State of Michigan.
 - (2) Employed by an approved ALS provider agency.
 - (3) Successfully completed an MCA approved Critical Care training program.
 - (4) Participated in Critical Care continuing education and recertification as required by the MCA.
2. Agency Requirements
 - A. Critical Care Supervisor, Critical Care Training, Critical Care equipment and personnel are to be provided for and maintained by the agency.
 - B. Provide staffing with minimally one Critical Care Paramedic and one EMT or higher for each Critical Care designated ambulance.
 - C. Maintain accurate records of personnel licensure, Critical Care training and clearance status including completion of an MCA approved clinical orientation.
 - D. Records must be available to the MCA, MDCH or other appropriate regulatory agencies upon request.
 - E. Provide reports as deemed necessary by the MCA and/or Medical Director, provide ePCR access to the Medical Director for all reports.
 - F. Ensure regular attendance of Critical Care Paramedics at any scheduled Critical Care meetings and/or in-service trainings.

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G. All Critical Care personnel are expected to follow the procedures and protocols as stated in the policy. If the Critical Care Medical Director, MCA Medical Director or Medical Control Board determines that the provider is in violation of the policy, the provider's or agency's Critical Care Program approval may be suspended or revoked.

3. Equipment

A. See **Critical Care Interfacility Transfer Protocol**.

B. If medications are used from the Regional Drug Bag System during Critical Care Transport (e.g., for treatment of unanticipated deteriorating patient condition), they are to be replaced as they would during non-Critical Care Transport at the receiving facility, or once back in the agencies primary coverage area at any designated facility participating in the Regional Drug Bag System.

4. Critical Care Initial Training Requirements

A. Program Faculty

(1) Critical Care Coordinator

- a. Responsible for supervision of all aspects of the Critical Care program.
- b. Participants in selection, training and certification process for Critical Care Paramedics.
- c. Supervises and assures that education and proficiency requirements are met.
- d. In conjunction with the Critical Care provider agency, provides data to Critical Care Medical Director and MCA as required.

(2) Critical Care Course Instructor – Responsible for coordination and instruction of the Critical Care Training Program. Is a content expert in their respective area of instruction and approved by the Critical Care Coordinator and/or Medical Director.

B. Student Qualifications

(1) Fully licensed paramedic by the State of Michigan and employed by an approved ALS provider agency.

(2) Two years of experience as a paramedic and approval of the sponsoring agency.

C. Critical Care Initial Training Course or approved course

(1) Approved by Critical Care Medical Director.

D. Critical Care Paramedic Approval

(1) Successful completion of Critical Care initial training course.

(2) Successful completion of Critical Care Paramedic test.

(3) Complete Critical Care clinical experience.

(4) Approval of the Critical Care Medical Director.

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5. Critical Care Continuing Education and Recertification
- A. During the two-year period of the provider's Critical Care certification, they must accrue **MCA approved** continuing education credits. Critical Care Paramedics are required to complete 20 hours of continuing education relevant to critical care transfers, as determined by the MCA, every two years in order to be eligible for re-certification by the MCA.
 - B. In addition to 20 hours of relevant continuing education, Critical Care Paramedics must maintain currency of the following certifications (no CC-P CE credit will be awarded for proof of these certifications):
 - 1) Basic Cardiovascular Life Support (CPR) Certification (must meet basic life support standards for a professional provider, as set forth by the American Heart Association)
 - 2) Advanced Cardiovascular Life Support (ACLS) Certification
 - 3) Pediatric Advanced Life Support (PALS) or Pediatric Education for Prehospital Professional (PEPP) or Emergency Pediatric Care (EPC) Certification
 - 4) International Trauma Life Support (ITLS) or Prehospital Trauma Life Support (PHTLS) Certification
 - C. In order to maintain clearance as a Critical Care Paramedic, personnel must staff the Critical Care ambulance on a regular basis. If there has been a significant lapse in an individual's Critical Care experience they may be reclassified as a non-Critical Care Paramedic until approved for Critical Care status by the Critical Care Coordinator and Medical Director.
 - 1) If a provider has lapsed for 6 months to 12 months, they will be required to conduct an agency re-orientation before being allowed to be reclassified as Critical Care Paramedic.
 - 2) If a provider has lapsed for more than 12 months, they will be required to obtain MCA approval before practicing as a Critical Care Paramedic. Approval will be considered by the Medical Director on a case-by-case basis.
6. Critical Care Reporting
- A. Each Critical Care transport will be clearly documented on the Critical Care ePCR.
 - B. ePCR access will be provided for the Critical Care Coordinator and Medical Director for review as requested.