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SUBJECT: Policy Clarification – Critical Care Transport Staffing Requirements

We have been asked to clarify the Idaho Code and Administrative Rules that pertain to the staffing requirements for air and ground advanced life support and critical care interfacility transfers. More specifically; must there be a critical care paramedic or flight paramedic on every critical care transfer or is it acceptable to staff a transfer with a licensed professional nurse and a licensed respiratory therapist?

Idaho Code divides the authorities involved in answering this question as follows: The Bureau of Emergency Medical Services and Preparedness (the bureau) sets standards for and licenses EMS agencies and EMS personnel. The Idaho Emergency Medical Services Physician Commission (EMSPC) establishes standards for scope of practice and medical supervision for licensed personnel and agencies licensed by the bureau. The Idaho Board of Medicine sets standards for and licenses respiratory therapists and the Idaho Board of Nursing sets standards for and licenses nurses. This document will only address those areas of code and rule for which the bureau and the EMSPC have authority.

While the general crew configuration requirements for ground ambulance agencies and air medical agencies differ, the specific requirements for ground and air critical care transfers are similar. IDAPA 16.01.03.303 states that *"Each ambulance or air medical agency that advertises the provision of critical care clinical capabilities must affiliate and deploy EMS personnel trained and credentialed to provide all critical care skills described in IDAPA 16.02.02, "Rules of the Idaho Emergency Medical Services (EMS) Physician Commission."* The EMSPC Standards Manual (incorporated by reference into IDAPA 16.02.02) states that a paramedic must receive additional critical care education and successfully complete the Board for Critical Care Transport Paramedic Certification (BCCTPC) exam for Flight Paramedic (FP-C) or Critical Care Paramedic (CCP-C) before they are allowed to practice critical care skills. These sections of Rule, if read in isolation, would indicate that the staffing configuration for all critical care transfers must include a paramedic who has met the FP-C or CCP-C requirement laid out by the EMSPC.

There are, however, a few specific exceptions that must be considered in order to gain a complete understanding of the critical care transfer staffing requirements. IDAPA 16.01.03.305 describes the "Ambulance Based Clinician" as a currently licensed professional nurse, advanced practice professional nurse, or physician assistant who maintains a current ambulance-based clinician certificate issued by the Department. IDAPA 16.01.03.305.05 further states that *"An ALS agency, licensed with an ALS transfer declaration described in Section 204.04 of these rules, may use ambulance-based clinicians to meet the licensed personnel requirements*

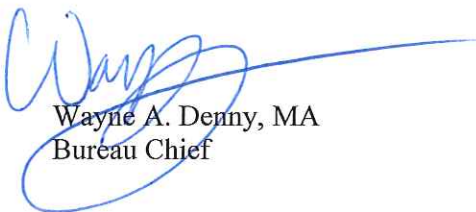
for the transfer declaration.” While this language does not specifically refer to critical care transfers, when read together with the language in IDAPA 16.01.03.303 referenced above, an ambulance based clinician who is trained and credentialed to provide the critical care skills described in IDAPA 16.02.02 does satisfy the critical care staffing requirement. While this answers part of the original question, it does not address using a respiratory therapist to satisfy the critical care transfer crew requirement.

The respiratory therapist as an interfacility transfer crew member is addressed in the rules that address personnel requirements for air medical EMS agency (IDAPA 16.01.03.302). Specifically, rule 302.01 states: *“An Air Medical agency must ensure that each flight includes at a minimum, one (1) licensed professional nurse and one (1) Paramedic. Based on the patient’s need, an exception for transfer flights may include a minimum of one (1) licensed respiratory therapist and one (1) licensed professional nurse, or two (2) licensed professional nurses.”* While this rule does not specifically address critical care transfers, it is understood that the licensed professional nurse referenced in this section of rule can meet the critical care personnel requirement as long as the ambulance based clinician requirement referenced above is met. It is, however important to note that all air medical interfacility transfers (regardless of clinical level) require a minimum of two crew members (not including the pilot) and that the required configuration for all flights is *“one (1) licensed professional nurse and one (1) Paramedic”*. The language in rule that allows the substitution of the paramedic with a second licensed professional nurse or a respiratory therapist is an exception. Furthermore, the rule clearly states that this exception is based on patient needs. We would therefore consider it to be outside of the critical care staffing requirements for an agency to use either the *“licensed respiratory therapist and one (1) licensed professional nurse, or two (2) licensed professional nurses”* crew configurations as their routine configuration as they are clearly stated in rule as an exception that may be used when appropriate for the needs of the specific patient.

In closing, to answer the original questions:

Must there be a critical care paramedic or flight paramedic on every critical care transfer? If a paramedic is used as the EMS provider, he or she must meet the FP-C or CCP-C requirement. A currently certified ambulance based clinician (licensed professional nurse, advanced practice professional nurse, or physician assistant) who is trained and credentialed to provide all critical care skills described by the EMSPC may also serve as the EMS provider.

Is it acceptable to staff a transfer with a licensed professional nurse and a licensed respiratory therapist? In a ground critical care transfer, a nurse who is a currently certified ambulance based clinician may serve as the required EMS patient care provider. In an air medical critical care transfer, the licensed professional nurse and a licensed respiratory therapist crew configuration may be used (as an exception) provided it is appropriate for the specific patient’s needs.



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