



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Joe Manchin III
Governor

Martha Yeager Walker
Secretary

MEMORANDUM

TO: All West Virginia Hospitals

FROM: Deron Wilkes
Chief of Operations
Office of EMS

A handwritten signature in blue ink that reads "Deron Wilkes".

DATE: August 3, 2009

RE: **Interfacility Transports**

For several years, the West Virginia EMS System has been striving to develop a statewide interfacility transport program that addressed the needs of the state's hospitals. Thanks to the hard work of many of the state's EMS providers, medical directors, and hospitals, the goal of a standardized, statewide program has been realized. This program addresses the transport of the critically ill, as well as the routine movement of patients from one facility to another. The goal of this memo is to explain the program, its components, and the capabilities of those components.

The first level of transport available is the **Critical Care Transport** or **CCT**. This level of service is provided by both the state's aeromedical providers and several of the state's ground EMS agencies. The providers employed by these agencies have undergone an extensive training program developed to specifically address the needs of West Virginia. This level of care is intended for those patients who require in-depth care and monitoring that exceeds that normally available from EMS agencies. CCT is further classified into two (2) levels of care – depending upon the crew configuration. A *Class 1 (One) CCT crew* consists of an emergency vehicle operator, a CCT-trained paramedic, and a CCT-trained RN. A *Class 2 (Two) CCT crew* is made up of an emergency vehicle operator and two (2) CCT-trained paramedics. As explained later in this memo, the makeup of the crew will determine what medications, procedures, and monitoring the crew is permitted to perform.

The second level of transport available has been labeled **Class 3 Interfacility Transport** or **C3IFT**. This level of care is intended for the transport of patients whose acuity or criticality does not require the level of expertise possessed by the CCT-level provider but exceeds the normal scope of practice for field EMS providers. The individuals allowed to perform this level of transport have completed training which prepares them to deal with medications and procedures not normally seen during their day-to-day provision of EMS.

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The third level of transport will be known as **Class 4 transports**. These transports are those transports which involve medications or procedures normally utilized by EMS field paramedics.

Of course, the implementation of this program has no effect on transporting *basic life support* patients who do not require any medications or monitoring (other than basic vitals) during transport. The other exception to the program is known as **Class 0 transports** which are those transports where the transferring facility elects to maintain medical responsibility for the patient during the transport and sends appropriate staff (physician or qualified registered nurse) with the patient to provide all necessary care and monitoring during the transport. The EMS system then provides the vehicle, an emergency vehicle operator, and one (1) certified EMS provider of any level.

The attached chart has been developed to assist you in determining which medications or procedures may be administered, readministered, or monitored by the various classes of EMS providers. Items marked "1" or "2" must be managed by an appropriately staffed CCT crew as explained above. Items marked "3" can be transported by a paramedic who has completed the C3IFT training described above and those items marked "4" can be transported by a field paramedic. An ESMA-Intermediate and an EMT can also be used to transport patients requiring items which are marked with a "5" and "6" respectively. **Medications and procedures not listed on this chart are not permitted to be transported except as a Class 0 Transport as outlined above.** EMS providers transporting medications and/or procedures beyond their approved level of care will be considered to be practicing beyond their scope of practice and face disciplinary actions against their certifications.

I would encourage you to discuss with your area agencies the level of interfacility transports they are capable of providing before the need arises. Requesting an agency to perform a transport they are not capable of providing only delays the transportation of the patient. I can provide you a list of agencies who are licensed to provide CCT transportation as well as a list of those who indicated they have C3IFT-trained staff available.

Please take a few minutes to review the attached chart and discuss it and the program with your staff. Additional copies of the chart are available upon request. If I can be of any assistance or if you have any questions, please feel free to contact me. I can be reached in the office (304.558.3956) or by email (deron.e.wilkes@wv.gov).

The program described in this memo takes effect at 12:01 AM, September 1, 2009. Thank you for your assistance with the implementation of this program and its components.

cc: Regional Medical Command Centers
Regional Program Directors
Regional Medical Directors
EMS agencies



Classification of Medications for Interfacility Transports

August 7, 2009



Medication	Administer Primarily (By Crew)	Readminister or Titrated	Monitor Drip
Analgesics			
Fentanyl (<i>Sublimaze</i>)	5	5	2
Morphine sulfate	5	5	3
Meperidine (<i>Demerol</i>)	3	3	N/A
Anti-anginals			
Atenolol (<i>Tenormin</i>)	1	2	N/A
Nitroglycerin IV	1	3	3
Anti-arrhythmics			
Amiodarone (<i>Cordarone</i>)	2	2	3
Lidocaine	5	5	5
Procainamide (<i>Pronestyl</i>)	2	2	3
Diltiazem (<i>Cardizem</i>)	2	2	3
Antibiotics			
All types of antibiotics	1	2	3
<i>** (limit to 1 Ab)</i>			
Anti-CHF agents			
Furosemide (<i>Lasix</i>)	5	5	N/A
Bumetanide (<i>Bumex</i>)	2	2	2
Nesiritide (<i>Natreacor</i>)	1	1	1
Digoxin (<i>Lanoxin</i>)	2	N/A	N/A
Inamrinone (<i>Inacor</i>)	N/A	1	1
Anti-coag/Anti-platelet			
Clopidogrel (<i>Plavix</i>)	2	N/A	N/A
Heparin	1	2	3
Enoxaparin (<i>Lovenox</i>)	1	N/A	3
Eptifibatid (<i>Integrilin</i>)	1	2	3
Tirofiban (<i>Aggrastat</i>)	1	2	3
Abciximab (<i>Reopro</i>)	1	N/A	3
Anti-convulsants			
Lorazepam (<i>Ativan</i>)	5	5	2
Phenobarbital	1	1	N/A
Phenytoin (<i>Dilantin</i>)	1	1	2
Fosphenytoin (<i>Cerebyx</i>)	1	1	2
Diazepam (<i>Valium</i>)	5	5	N/A
Anti-emetics			
Ondansetron (<i>Zofran</i>)	4	4	N/A
Prochlorperazine (<i>Compazine</i>)	2	2	N/A
Promethazine (<i>Phenergan</i>)	4	4	N/A
Anti-hypertensives			
Captopril (<i>Capoten</i>)	2	2	N/A
Clonidine (<i>Catapres</i>)	2	2	N/A
Nitroprusside (<i>Nipride</i>) IV *	1	1	2
Metoprolol (<i>Lopressor</i>)	2	2	N/A
Nicardipine (<i>Cardene</i>)	1	1	2
Labetalol (<i>Normodyne, Trandate</i>)	2	2	N/A
Esmolol (<i>Brevibloc</i>)	1	1	2
Hydralazine (<i>Apresoline</i>)	2	2	N/A

Medication	Administer Primarily (By Crew)	Readminister or Titrated	Monitor Drip
Bronchodilators			
Albuterol	6	6	N/A
Metaproterenol (<i>Alupent</i>)	3	3	N/A
Ipratropium (<i>Atrovent</i>)	5	5	N/A
Theophylline	1	N/A	3
Racemic epinephrine	2	2	N/A
H2 Blockers			
Cimetidine (<i>Tagamet</i>)	2	2	2
Famotidine (<i>Pepcid</i>)	2	2	2
Ranitidine (<i>Zantac</i>)	2	2	2
Ob/Gyn Meds			
Magnesium sulfate	1	2	3
Oxytocin (<i>Pitocin</i>)	1	2	2
Terbutaline (<i>Brethine</i>)	2	2	N/A
Paralytics			
Vecuronium (<i>Norcuron</i>)	2	3	N/A
Succinylcholine (<i>Anectine</i>)	2	2	N/A
Rocuronium (<i>Zemuron</i>)	2	2	N/A
Sedatives			
Midazolam (<i>Versed</i>)	3	3	2
Propofol (<i>Diprivan</i>) *	1	2	2
Etomidate (<i>Amidate</i>)	2	2	N/A
Thrombolytics			
Alteplase (<i>Activase</i>) t-PA	1	1	2
Anistreplase (<i>Eminase</i>)	1	1	2
Streptokinase (<i>Streptase</i>)	1	N/A	2
Retepase (<i>Retavase</i>)	1	2	2
Tenecteplase (<i>TNKase</i>)	1	N/A	N/A
Vasopressors			
Dopamine *	4	4	4
Dobutamine (<i>Dobutrex</i>) *	1	3	3
Norepinephrine (<i>Levophed</i>) *	1	2	2
Epinephrine 1:1000 SQ	6	6	N/A
Epinephrine 1:10,000 IV bolus	5	5	N/A
Epinephrine drip *	1	1	1
Phenylephrine (<i>Neo-Synephrine</i>) *	1	2	2
Milrinone (<i>Primacor</i>) *	N/A	1	1
Vasopressin (<i>Pitressin</i>)	1	1	1
Volume Expanders			
Hetastarch (<i>Hespan</i>)	2	3	3
Plasmanate	2	3	3
Blood Products	1	2	3
Proton pump inhibitors			
Pantoprazole (<i>Protonix</i>)	1	3	3
Esomeprazole (<i>Nexium</i>)	1	3	3
Lansoprazole (<i>Prevacid</i>)	1	3	3

Medication	Administer Primarily (By Crew)	Readminister or Titrated	Monitor Drip
Miscellaneous			
Mannitol	2	3	3
Insulin *	1	2	2
Methylprednisolone (<i>SoluMedrol</i>)	2	3	3
Potassium chloride	1	1	3
Flumazenil (<i>Romazicon</i>)	3	3	3
TPN	N/A	1	3
Antivenin (<i>CroFab</i>)	N/A	2	3
Calcium chloride	2	2	3
Calcium gluconate	2	2	3
Glucagon	5	N/A	N/A
Naloxone (<i>Narcan</i>)	5	5	2
D50W, D25W	5	5	N/A
Thiamine	4	N/A	N/A

* Meds for initiation by CCT crew per MCP direction only
 † Note 1: Applies to Class 1 team obtaining O neg. PRBCs from hospital

The attached chart shows the medications and procedures which may be administered, readministered, or monitored during interfacility transports by the various classes of EMS providers. Medications and procedures not listed on this chart are not permitted to be transported except as a Class 0. Transporting medications and/or procedures beyond the provider's approved level of care will be considered to be practicing beyond their scope of practice and dealt with accordingly.

Contact Deron Wilkes at the WV Office of EMS at 304.558.3956 or deron.e.wilkes@wv.gov for more information.

My closest Critical Care Transport provider:

My closest Class 3 Interfacility Transport provider:

Class 1 Crew	Class 2 Crew	Class 3 Crew	Class 4 Crew	Class 5 Crew	Class 6 Crew	Class 0 Crew
Emergency Vehicle Operator, CCT-Paramedic, CCT-RN	Emergency Vehicle Operator, Two (2) CCT-Paramedics	Emergency Vehicle Operator, Paramedic with C3IFT course	Emergency Vehicle Operator, EMT-Paramedic	Emergency Vehicle Operator, EMSA-Intermediate	Emergency Vehicle Operator, EMT-Basic	Emergency Vehicle Operator, Transfer facility-provided RN or physician, Certified EMS Attendant