




STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Joe Manchin III
Governor

Martha Yeager Walker
Secretary

MEMORANDUM

TO: EMS Agency Officials
EMS Agency Squad Training Officers
Regional Medical Command Staff

FROM: Deron E. Wilkes 
Chief of Operations

DATE: June 15, 2009

SUBJECT: **Class 3 Interfacility Transport and Critical Care Transport Programs, Procedures, and Protocols**

For some time, the WV EMS System has been taking steps to implement a Statewide Interfacility Transport program. Some of these steps have included the development and delivery of Critical Care Transport (**CCT**) and Class 3 Interfacility Transport (**C3IFT**) training programs as well the development and rollout of CCT and C3IFT protocols and guidelines. These programs were developed to prepare the State's EMS providers to provide care during those interfacility transports where the needed care exceeds the normal scope of practice for EMS providers.

The next logical step in the process is to set an implementation date for the program. After reviewing the delivery status of the various training programs, a decision has been reached to implement the program in September 2009. Prior to the implementation, information explaining the purpose and guidelines for the program will be distributed to each of the state's hospitals.

Therefore, **effective 12:01 AM, September 1, 2009 all EMS providers who perform interfacility transports, where the needed care exceeds the current scope of practice for field paramedics, must have complete the C3IFT training program.** Paramedics who have not completed this training program will be limited to transporting medications currently authorized for use in the 4000 series of the WV EMS System Protocols. Any patient requiring medications beyond those in the 4000 series must be transported by a C3IFT medic or a CCT crew, in accordance with the attached chart.

BUREAU FOR PUBLIC HEALTH
WV Trauma & Emergency Care System
Office of Emergency Medical Services
350 Capitol Street, Room 425
Charleston, West Virginia 25301-3714
www.wvoems.org

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Additionally, any patient, regardless of the medications being received or procedures in progress, can be transported as Class 0 CCT. In a Class 0 CCT transport, the sending facility may elect to retain medical responsibility for the patient by sending a physician or qualified registered nurse from the sending facility to care for the patient during transport. The EMS system then provides the vehicle, emergency vehicle operator and one certified EMSA.

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. Items marked "1" or "2" must be managed by an appropriately staffed CCT crew. A Class 1 CCT crew consists of an Emergency Vehicle Operator, CCT-Paramedic, and CCT-RN. A Class 2 CCT crew consists of an Emergency Vehicle Operator and two (2) CCT-Paramedics. Items marked "3" can be transported by a paramedic who has completed the C3IFT course. Items marked "4" can be transported by a paramedic who has not completed the C3IFT, items marked "5" can be transported by an EMSA-Intermediate, and items marked "6" can be transported by an EMT. Medications and procedures not listed on this chart are not permitted to be transported except as a Class 0 CCT, as outlined above. 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.

As with any new program, we expect questions and concerns to arise. However, we hope strong education of the EMS community and the transferring facilities concerning the appropriate means of transport, and the appropriate agency to complete the transport, will assist in minimizing the effects of these changes. Your assistance in this process will be invaluable.

Please feel free to contact me if you have any questions or if I can be of any assistance. I can be reached in the Office at 304.558.3956 or by email at deron.e.wilkes@wv.gov.

Classification of Medications			
Medication	Administer Primarily	Readminister or Titrate	Monitor Drip
	(By Crew)		
	A	B	C
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
			Limit to 1 Ab
Anti-CHF agents			
Furosemide (<i>Lasix</i>)	5	5	N/A
Bumetanide (<i>Bumex</i>)	2	2	2
Nesiritide (<i>Natrecor</i>)	1	1	1
Digoxin (<i>Lanoxin</i>)	2	N/A	N/A
Inamrinone (<i>Inocor</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
Eptifibatide (<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
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
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 with asterisk for initiation by CCT crew per MCP direction only			
†Note 1: Applies to Class 1 team obtaining O neg. PRBCs from hospital			