

*Jackson County Medical Control Authority*  
**Community Paramedicine Protocols**  
COMMUNITY PARAMEDICINE PROGRAM POLICY

Date: November 2014

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***Community Paramedicine (CPM) Program Policy***

This Community Paramedicine Program (CPMP) Policy is designed to provide alternatives to traditional treatment and transport of EMS patients. It applies to patients referred to specially trained EMS providers whose responsibility it is to evaluate and facilitate treatments and continuity plans for these patients. Treatment goals may vary depending on referral source. This protocol provides for development of a variety of programs conducted under the Community Paramedicine Program umbrella.

**I Program Policy**

- A. Each CPMP must have a CPP medical director appointed by the EMS Medical Director (see CPMP Medical Director Roles/Responsibilities Protocol).
- B. CPU Supervisor
  - 1. Each participating service will have a designated CPU Supervisor.
  - 2. CPU trained EMT-P with two years full time MICU experience or other qualifications as approved by the EMS Medical Director.
  - 3. CPMP Medical Director must approve the selection of the CPU Supervisor
- C. CP Course Coordinator
  - 1. The CP Course Coordinator provides initial training. Training may also be accomplished through an MCA approved CP training program.
  - 2. Licensed paramedic instructor-coordinator or qualifications as approved by the CPMP Medical Director and CPU Supervisor.
  - 3. Approved by the CPMP Medical Director and CPU Supervisor.
- D. CPU Paramedic
  - 1. Paramedic currently licensed by the MDCH.
  - 2. Employed by an approved ALS provider.
  - 3. Successfully completed an approved CP training program.
  - 4. Participated in CPM continuing education and recertification as required by the CPMP Medical Director.
  - 5. Cleared CPU Paramedic is known as a Community Paramedic (CP).

**II Agency Requirements**

- A. CPU Supervisor, CPMP Medical Director, CP Course Coordinator or equivalent, CPU equipment and CPU personnel are to be provided for and maintained by the agency.
- B. Provide staffing as follows:
  - 1. A Community Paramedic Unit (CPU) will be staffed with a minimum of one Community Paramedic (CP).
- C. Maintain accurate records of personnel licensure, CP training and clearance status including completion of an MCA approved clinical orientation.
- D. Records must be available to the MCB, MDCH or other appropriate regulatory agencies upon request.

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- E. Provide reports as deemed necessary by MCB and/or the EMS Medical Director, provide EPCR access to the EMS Medical Director for all reports. Provide the same for the CPMP Medical Director.
- F. All CPU personnel are expected to follow the procedures and protocols as stated in the policy. If the CPMP Medical Director, EMS Medical Director or MCB determine that the provider is in violation of the policy, the provider's or agency's CPMP approval may be suspended or revoked.

**III Equipment**

- A. See CPU Equipment List
- B. CPU Medication Box will be exchanged per CPU Medication Box Exchange Procedure.
- C. Standard ALS Equipment

**IV CP Training Program**

- A. Program Faculty
  - 1. CPU Supervisor
    - a. Responsible for supervision of all aspects of the CPMP program.
    - b. Participates in selection, training and certification process for CPs.
    - c. Supervises and assures that education and proficiency requirements are met.
    - d. In conjunction with the CPMP provider agency, provides data to CPMP medical director and MCA as required.
  - 2. CP Course Coordinator – responsible for coordination and instruction of the CP training program.
- B. Student Qualifications
  - 1. Fully licensed paramedic by MDCH – EMS Division and employed by an approved ALS provider.
  - 2. Two years of experience as a paramedic and approval of the sponsoring agency.
- C. CPP Initial Training Course and approval process
  - 1. Approved by CPMP Medical Director and the EMS Medical Director.
  - 2. See CP Curriculum.
- D. Provisional Community Paramedic Approval
  - 1. Successful completion of CP initial training course.
  - 2. Successful completion of CP test.
- E. Community Paramedic Approval
  - 1. Complete CPU Orientation Checklist.
  - 2. Complete CPU clinical experience.
  - 3. Approval of the CPMP Medical Director and CPU Supervisor.
- F. Recertification
  - 1. In order to maintain clearance as a CP, personnel must staff the CPU on a regular basis. If there has been a significant lapse in an individual's CPU experience they may be reclassified as a provisional Community Paramedic

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until approved for Community Paramedic status by the CPU Supervisor and CPMP Medical Director. Maintain MCA-required training competencies.

**V CPU Reporting**

- A. Each CPU patient contact will be documented on an MCA designated CPU EPCR.
- B. EPCR access will be provided for the CPU Supervisor, CPMP Medical Director or EMS Medical Director for review as requested.

**VI CPU Procedures**

- A. See CPU Treatment Capabilities for patients appropriate for CPU referral. Patients not meeting these indications should be initially evaluated by ALS personnel. After initial evaluation, patients may be transported or referred for CPU continued care as determined under these protocols and as approved by the CPMP Medical Director and the EMS Medical Director.
- B. Patient Treatment
  - 1. Initial patient treatment is defined under these protocols and standard EMS treatment protocols.
  - 2. CPU personnel will use CPMP treatment protocols and standard EMS treatment protocols during the evaluation and treatment of CPU patients. Contact the CPMP Medical Director or on-line medical direction for any problems.

**VII Continuity**

- A. Each patient evaluated and treated under the Community Paramedicine Program must have a continuity plan at the end of evaluation and treatment. This plan may include: transport to an ED or other designated facility, arranged follow up with a primary care provider or designated clinic or facility or other plan as approved by the CPMP Medical Director.

**VIII Follow Up and Program Reporting**

- A. Each patient evaluated and treated under the Community Paramedicine Program should be contacted after treatment at a time as determined by the CPMP Medical Director. Information obtained and outcomes collected should include: Success of continuity plan (was it completed or not, if not what was done?), tabulation of various categories of treatment plans and patient satisfaction with the evaluation, treatment and continuity plan.
- B. The above information will be provided on a semi-annual basis to the EMS Medical Director, the MCB and MDCH as requested.