

	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	5102.11
	<u>PROGRAM DOCUMENT:</u> Interfacility Transfers: Level of Care	Draft Date:	12/28/93
		Effective:	05/01/16
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		Review:	03/01/18

 EMS Medical Director

 EMS Administrator

Purpose:

- A. To provide guidelines for ambulance transport of patients between acute care hospitals.

Authority:

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9

Policy:

- A. It is the responsibility of the transferring physician, in consultation with the receiving physician, to determine the appropriateness of transfer, the appropriate mode of transportation and the appropriate personnel (Emergency Medical Technician (EMT), Paramedic, Registered Nurse (RN), Physician, etc.) to provide care during transport.
- B. Medical personnel providing interfacility transport shall have the capabilities and skills reasonably necessary to provide for the specific needs of the patient during the transport.
- C. Prehospital personnel involved in the interfacility transportation of patients shall adhere to the policies/procedures/protocols of the Sacramento County Emergency Medical Services **Agency** (SCEMSA) and the state scope of practice for prehospital personnel.
- D. Ambulance services available for the interfacility transport of patients:
 - 1. Basic Life Support (BLS) Ambulance
 - a. The ambulance is staffed with a least two (2) EMT's
 - b. The patient will require no more than the BLS skills during transport
 - c. Patient care may not exceed the EMT Scope of Practice
 - d. The patient must be considered stable prior to the transport
 - 2. Advanced Life Support (ALS) Ambulance
 - a. The ambulance is staffed with at least one (1) Paramedic
 - b. Paramedic and Paramedic service providers, involved in the interfacility transfer aspect of the Emergency Medical Services (EMS) system (Transfer/EMS, Transfer/Paramedic), shall follow SCEMSA Program Document (PD)# 5100
 - c. Paramedics, involved in the 9-1-1 aspect of the EMS system (9-1-1/EMS, 9-1-1/Paramedic), may be utilized for the interfacility transports of patients ONLY as a last resort when alternative forms of transportation are unavailable, or when the delay in obtaining alternative transport would pose an imminent threat to the patient's health and safety
 - 1. Hospital personnel accessing 9-1-1/EMS for such transports shall note that they may seriously deplete the 9-1-1/EMS resources of their local community
 - 2. In such situations, the 9-1-1/Paramedic shall be given as thorough and complete a patient report as is possible by the sending hospital staff, and will transport the patient IMMEDIATELY

3. 9-1-1/Paramedic should NOT wait at the sending hospital for the completion of medical procedures or the copying of medical records, X-rays, etc. In general, they will be expected to wait **no** longer than ten (10) minutes while a patient is being prepared for transport by the sending facility. After ten (10) minutes, they may notify their dispatcher and may return to 9-1-1/EMS service
 4. The 9-1-1/Paramedic, during the interfacility transfer, may utilize the Base Hospital they would normally utilize for direct medical control
 5. The 9-1-1/Paramedic, during the interfacility transfer, shall operate within their scope of practice and SCEMSA policies/procedures/protocols
- E. Patients requiring clinical skills (scope of practice) beyond those of an EMT or Paramedic shall be transported via Critical Care Transport (**CCT**) and accompanied by appropriate clinical personnel.

Cross Reference:

Interfacility Transfers: Paramedic Program Requirements PD#5100