Solano County Health & Social Services Department

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POLICY MEMORANDUM 7200

Implementation Date: June 5, 2013 Release Date: June 5, 2013

REVIEWED/APPROVED BY:

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SUBJECT: INTERFACILITY TRANSFER GUIDELINES

AUTHORITY: CALIFORNIA HEALTH & SAFETY CODE, DIVISION 2.5; §1797.220.

PURPOSE/POLICY: To establish guidelines for interfacility patient transfers.

I. DEFNITIONS:

- A. Emergency Medical Technician (EMT): Emergency Medical Technician means a person who has successfully completed a basic EMT course and who has been certified. EMT's may be used to transport Basic Life Support (BLS) level patients based on their scope of practice.
- B. Paramedic: Paramedic means a person who is educated and trained in all elements of Pre-hospital Advanced Life Support (ALS) and who has been licensed by the state. Paramedics may be used to transport patients based on their scope of practice.

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C. Registered Nurse: A Registered Nurse (RN) is a nurse who has graduated from a Nursing program at a college or university and has passed a National licensing exam. RNs may be used to transport patients based on their scope of practice.

- D. Critically III: Patients suffering from a life-threating condition in which they are either critically ill or injured.
- E. Scope of Practice: As defined in California State Regulations and Solano County EMS Policies and Protocols:
 - 1. EMT: Title 22, Chapter 2, Article 2, §100063, and Policy 6300.
 - 2. Paramedic: Title 22, Chapter 4, Article 2, §100146, and Policy 6400.
 - 3. RN: Business and Professions Code §2725.

II. BASIC LIFE SUPPORT (BLS) TRANSPORT

- A. EMTs may transport patients performing functions or procedures falling within their Scope of Practice as outlined in Policy 6300.
- Hospital Staff should consider the EMT Scope of Practice when making patient transport decisions.
- C. EMTs must have a completed Inter-facility Transport Form (IFT) prior to transporting a patient.
- D. Request for EMT transport beyond scope of practice:
 - 1. In the event an EMT ambulance is dispatched to an acute care facility (i.e., a hospital) to perform an interfacility transfer and upon arrival the EMT determines that a RN or MD is not accompanying the patient, it is the responsibility of the EMT attending to the patient to inform the transferring physician (or his/her designee) that the patient's medical needs are beyond the EMT Scope of Practice. The transferring physician shall arrange for appropriate personnel to accompany the patient.
 - 2. In the event an EMT ambulance is dispatched to a non-acute care health facility (e.g., convalescent home, doctor's office) to transport a patient and the EMT determines that the patient may require a higher level of care, the EMT shall make a clinical decision to either immediately "load and go" and transport the patient to the closest appropriate hospital or to dispatch an Advanced Life Support (ALS) unit to the scene. This decision shall be based on the EMTs assessment of what immediate medical care is in the patient's best interest.
 - Once the patient is turned over to the care of a physician at a Receiving Hospital, the EMT shall complete a Patient Care Report (PCR) and a Field Advisory Report (FAR) and notify the EMS Office via telephone or FAX of the occurrence. A copy of the PCR shall be submitted with the FAR.

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III. ADVANCED LIFE SUPPORT (ALS) TRANSPORT

A. Paramedics may transport patients performing functions or procedures falling within their scope of practice as defined in Policy 6400.

- B. Hospital Staff should consider Paramedic Scope of Practice when making patient transport decisions.
- C. In certain instances, RNs may be used to transport ALS patients. This level of transport is for patients whose condition exceeds the paramedic scope of practice, but the patient is not critically ill or injured as determined by the transferring physician.
 - Patients that may require this level of transport include but are not limited to intravenous (IV) antibiotics and other IV medicines outside of a paramedic's scope of practice.
- D. Paramedic and RN transports must have a completed IFT form prior to transporting a patient.

IV. CRITICAL CARE TRANSPORT (CCT)

- A. Critical Care Transport (CCT) teams perform interfacility transport moving critically ill or injured patients from one hospital to another for potentially advanced care. Patients include but are not limited to those requiring ventilators, intra-aortic balloon pumps, etc.
- B. CCT teams must have a completed IFT form prior to transporting a patient.

V. INTERFACILITY TRANSFER FORMS (IFT)

- A. Properly completed IFT forms will include the patients' name, level of care requested, EMS request time, EMS arrival time, diagnosis, receiving facility, receiving physician name, and discharge physician or staff nurse name and signature.
- B. It is the responsibility of the sending facility to provide the transporting ambulance staff an IFT form properly completed and signed by the transferring physician or staff nurse.
- C. It is the responsibility of the transferring ambulance staff to obtain an IFT form and to ensure the form is properly completed and signed by the transferring physician or staff nurse; and <u>not</u> to transport the patient until the form is properly completed and signed.

VI. SPECIAL PROCEDURES AND/OR EQUIPMENT

A. For ambulance transportation from a residence, the patients will be transported to the nearest appropriate facility with intervention prescribed by EMT/Paramedic Scope of Practice and Solano County Policies and Procedures.