

	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	5100.17
	<u>PROGRAM DOCUMENT:</u> Interfacility Transfers: ALS/CCT Program Requirements	Initial Date:	12/15/93
		Last Approved Date:	12/14/23
		Effective Date:	05/01/24
		Next Review Date:	06/01/24

Signature on File

 EMS Medical Director

Signature on File

 EMS Administrator

Purpose:

- A. To establish the program requirements for provider agencies wishing to utilize Paramedics in interfacility transfers.
- B. To establish the approval process for provider agencies wishing to utilize Paramedics in interfacility transfers.

Authority:

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

Protocol:

- A. Advanced Life Support (ALS) service providers wishing to utilize Paramedics and/or CCT in interfacility transfers shall:
 - 1. Have dedicated medical control (see Sacramento County Emergency Medical Services Agency (SCEMSA) Program Document (PD) #5101).
 - 2. Staff all ALS transfers with at least one (1) paramedic or one (1) RN.
 - 3. Staff all Critical Care Transfer (CCT) transfers with at least one (1) EMT and one (1) CCT RN, RN, RN ride-along or Physician ride-along for stable transports. For patients deemed to be unstable, transports must have at least two (2) EMTs and one (1) CCT RN, RN or Physician ride-along.
 - 4. Have a Quality Improvement Program (QIP) that reviews all Paramedic Scope of Practice Utilization during interfacility transfers.
 - 5. Have a designated medical director with the following responsibilities:
 - a) Oversight of the QIP
 - b) Reporting deficiencies in patient care that are not correctable through the QIP, to SCEMSA
 - 6. Have all patient care rendered by Paramedics documented. Specific documentation format shall be at the discretion of the designated program’s medical director. Make available all relevant patient care records to SCEMSA upon request.
 - 7. Provide an annual summary statement of Paramedic utilizations in interfacility transfers, to include the following:
 - a) Total number of transports,
 - b) Total number of transports that utilized Paramedics,
 - c) Scope of Practice utilization profiles (e.g., either total intubation or expressed as a percentage),
 - d) Areas of improvement in patient care delivery by Paramedics that were identified,

- e) Provide an annual statement to SCEMSA by March 1.
- B. Have established policies and procedures, which include:
 - 1. A statement regarding the medical control option that will be utilized by the program (see SCEMSA PD#5101).
 - 2. A mechanism that will assure that all Paramedics utilized in the interfacility program maintain clinical competency in all scope of practice skills.
 - 3. A mechanism to assure that all Paramedics remain current with the policies/procedures/ protocols and other communications of SCEMSA.
 - 4. A mechanism to assure that all personnel working with Paramedics utilized in the interfacility program are cognizant of the Paramedics' Scope of Practice.

Policy:

- A. Program approval is contingent upon the above requirements being met.
- B. SCEMSA shall be notified when a program will no longer utilize Paramedics in interfacility transfers.

Notes:

Home Ventilators:

- A. Only approved Advanced Life Support (ALS) providers may transport a patient on a home ventilator without a RN, LVN, or Caretaker personel that is qualified and trained on the patient's specific ventilation operating system. The trained and qualified person is required to be at the patient's side during the duration of the transport.
- B. If the patient is not in an emergent situation and no qualified RN, LVN, or Caretaker is available, the patient must be transported by Critical Care Transport (CCT) or approved ALS provider.
- C. In an emergency situation requiring immediate transport, the ventilation-operating device may be disconnected, and the patient's ventilations supported with Oxygen and a Bag Valve Mask (BVM). Continuous ETCO₂ monitoring shall be performed throughout transport, if available.
- D. The hospital shall be notified of the patient's ventilator-dependent status prior to arrival.

Cross Reference: PD# 2220 – EMT Scope of Practice
PD# 2221 – Paramedic Scope of Practice
PD# 5101 – Inter-facility Transfers: Medical Control
PD# 5102 – Inter-facility Transfers