

	<b>COUNTY OF SACRAMENTO</b> EMERGENCY MEDICAL SERVICES AGENCY	<b>Document #</b>	5101.15
	<u>PROGRAM DOCUMENT:</u> <b>Interfacility Transfers: Medical Control</b>	<b>Initial Date:</b>	12/15/93
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 EMS Medical Director

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 EMS Administrator

**Purpose:**

- A. To establish the medical control options that are available for interfacility transfer programs that utilize Paramedics.
- B. To ensure that Paramedics are always functioning under medical control, either direct or indirect.

**Authority:**

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

**Policy:**

- A. Any provider agency wishing to utilize Paramedics in interfacility transfers shall establish dedicated medical control from one of the following three (3) options:
  - 1. Enter into an agreement or contract with an existing base hospital, functioning in the 9-1-1 aspect of the Emergency Medical Services (EMS) system.
  - 2. Enter into an agreement or contract with a physician(s) either internal or external to provider agency. This physician(s) shall have significant knowledge and experience with the Paramedic Scope of Practice.
  - 3. Enter into an agreement with Sacramento County Emergency Medical Services Agency (SCEMSA) utilizing the scope of practice for Paramedics on standing orders only during interfacility transfers.
- B. Provider agencies exercising options 1, or 2 shall implement alternate direct medical control arrangements in the setting of communication failure.
- C. At no time can a ventilator dependent patient be transported by a Basic Life Support (BLS) ambulance.
- D. At no time can an Advanced Life Support (ALS) unit transport a patient on a home ventilator without an RN, LVN, or Caretaker that is qualified and trained on the patients specific ventilation operating system. The trained and qualified person is required to be at the patients side during the duration of the transport.
- E. 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).
- F. In an emergency requiring immediate transport by a Paramedic, the ventilation-operating device may be disconnected and the patients ventilations supported with Oxygen and a Bag Valve Mask (BVM). Continuous ETCO2 monitoring shall be performed throughout transport, if available.
- G. The hospital shall be notified of the patients ventilator dependent status prior to arrival.

**Cross Reference:** PD# 5100 – Interfacility Transfers; ALS/CCT/Program Requirements  
PD# 5102 – Interfacility Transfers  
PD# 2221 – Paramedic Scope of Practice