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TO: EMS DISTRIBUTION LIST
OCEMS ERC EMERGENCY DEPARTMENT MANAGERS

FROM: SAM J. STRATTON, MD, MPH 
EMS MEDICAL DIRECTOR

SUBJECT: INTERFACILITY ACUTE CARE HOSPITAL TRANSFERS USING EMS
AMBULANCE PROVIDERS

Attached is Orange County EMS Policy 310.20 with Attachment that describes the different resources available for Interfacility transfer of patients using Orange County licensed ambulance providers.

Policy 310.20 replaces the previous Orange County EMS policy # 670.10. Policy 310.20 provides the following clarifications:

1. Any interfacility transfer between acute care hospitals must comply with federal and state transfer laws and regulations.
2. Unless being transported for direct admission to an inpatient bed, a patient cannot be transported to the emergency department of a hospital that is formally declared it is on Emergency Department Diversion Status (by means of the ReddiNet).
3. The IFT-ALS program is preferred for paramedic transport between acute care hospitals.
4. The different levels and capabilities of available transport modalities are clarified in 310.20 Attachment A.

Please contact Orange County EMS for any questions or comments regarding Policy 310.20.

SJS##3196



INTERFACILITY TRANSFER BETWEEN ACUTE CARE HOSPITALS USING EMS TRANSPORT PROVIDERS

I. **AUTHORITY:** *Health and Safety Code, Division 2.5, Sections 1797.220, 1798, 1798.170, and 1798.172. U.S. Sec 1867.[42 U.S.C. 1395dd], DHHS/CMS 42 CFR Part 489; Calif H&S Code-HSC Sec 1317.1, 1317.2*

II. **APPLICATION:**

Guidelines for transport of a patient with an emergency medical condition from an emergency receiving center (ERC) to a different ERC or to a higher level of care (specialty) center.

III. **DEFINITIONS:**

“**BLS Ambulance**” means ambulance staffed with certified emergency medical technicians (EMTs) (refer to Attachment A).

“**Emergency Medical Condition**” means a medical-surgical condition manifesting itself by acute symptoms or sufficient severity such that the absence of immediate medical attention could be expected to result in the following:

- (1) Placing the person’s health in jeopardy
- (2) Impairment to bodily functions
- (3) Dysfunction of any bodily organ or part

“**EMTALA**” means the U.S. Department of Health and Human Services Emergency Medical Treatment and Active Labor Act (*DHHS/CMS 42 CFR Part 489*).

“**ERC**” means an acute care hospital designated by Orange County EMS for receiving 911-dispatch response patients.

“**Health and Safety Code**” (HSC) means California Health and Safety Law.

“**Interfacility Transfer**” means ambulance transport of a patient between one health care facility and another. This policy is specific for transport of patients between acute care hospitals.

“**IFT-ALS**” (**Interfacility Transport-Advanced Life Support**) means an ambulance staffed with OCEMS accredited paramedics and EMTs, licensed by OCEMS to perform advanced life support (paramedic) level interfacility transports (refer to Attachment A).

“**Scope of Practice**” means the California defined medical capabilities of an EMS provider category (EMT or paramedic). Refer to Attachment A.

“**SCT Transport**” means “Specialty Care Transport” as defined by the Centers for Medicare and Medicaid Services (CMS) which is an ambulance staffed with a Registered Nurse and other staff as required (such as Respiratory Therapist) that transport a critically ill patient requiring management above the scope of practice of a Paramedic (refer to Attachment A).

IV. **GUIDELINES:**

1. Clarification of Interfacility transport and acute care receiving centers on diversion status:
Per OCEMS diversion policy (OCEMS Policy # 310.96), no patient is to be transported to an Emergency Department that is on formal diversion status (“diversion” entered into the ReddiNet system).



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- A. Patients who are direct admission category may be transported to a hospital when the Emergency Department is on diversion status to be directly admitted in an inpatient bed.
 - B. If a receiving center enters into diversion status during the active transport of a patient to that center, the patient will continue to be transported to that center and cannot be re-routed or turned away upon arrival.
 - C. If Interfacility transport is requested to an Emergency Department on diversion status, the physician or health organization ordering the transport should be contacted through the ambulance dispatch office to determine an appropriate alternate destination.
 - D. 911 Units transporting interfacility transfers (see 3.C below) shall contact their Base Hospital to advise them of the emergent transfer and provide at least an abbreviated report to determine final receiving center destination.
2. Any patient transfer between an ERC and specialty center or other ERC must be in compliance with EMTALA Rules and Regulations and California HSC Law.
 3. The following transport options are available in Orange County for transfer of a patient with an emergency medical condition, as determined by the transferring (not receiving) physician and in compliance with federal EMTALA Rules and Regulations and California HSC (also see Attachment A for Scope of Practice for EMTs and paramedics):
 - A. BLS ambulance staffed by Orange County certified EMT (Attachment A) ambulance attendants.
 - B. IFT-ALS paramedic unit staffed with Orange County accredited paramedic(s) (Attachment A).
 - C. 911 transfers utilizing fire department based emergency response paramedic (Attachment A) units (fire engine and ambulance).
 - Reserved for 911 fire department based transfers for trauma, cardiovascular, and stroke patients presenting to an emergency department (not hospital in-patients) who require immediate specialty center intervention.
 - Transferring physician must have arranged accepting physician at receiving facility (per California HSC Law).
 - D. Specialty Care Transport (SCT) ambulance staffed with a Registered Nurse and other staff as Appropriate for patient condition.
 - E. Licensed air ambulance staffed by paramedic(s) and/or flight Registered Nurse.
 - F. BLS EMT staffed ambulance, with Respiratory Therapist or Registered Nurse and/or appropriate support personnel from the transferring facility.
 - Registered nurses accompanying patients (usually for medications or devices required during transport that are out of the scope of practice for an EMT or paramedic) are not authorized to issue treatment orders to EMTs or paramedics (who, in this circumstance, are under OCEMS standing orders or base contact if available).
 - G. Pediatric SCT transport, staffed by a Registered Critical Care Nurse and/or Pediatric physician.



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4. Copies of transfer documents, x-rays and laboratory data shall be available for transfer with the patient when the transport unit arrives or may be electronically sent or delivered by courier to the receiving ERC or specialty center to avoid transport delay.

Approved:

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