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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.

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## INTERFACILITY TRANSFER BETWEEN ACUTE CARE HOSPITALS USING EMS TRANSPORT PROVIDERS

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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:**

Sam J. Stratton, MD, MPH  
OCEMS Medical Director

Tammi McConnell, MSN, RN  
OCEMS Administrator

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## Policy 310.20 Attachment A

This attachment is provided as a **general guideline** of the various providers' capabilities and scopes of practice.

Refer to current OCEMS policies, ALS Standing Orders, BLS Standing Orders – available at [www.healthdisasteroc.org/ems](http://www.healthdisasteroc.org/ems)

Note: Not all providers have the same capabilities of providing these services/interventions. SCT ambulance policies may vary.

	OCEMS Ref. for BLS or ALS (EMT or Paramedic)	BLS (EMT)	911 ALS (paramedic)	IFT ALS (paramedic)	SCT with RN (may vary by agency)
<b>Base Hospital Contact Required:</b>		No	Yes	No	No
<b>IV Fluids/Medications</b>					
IV flow controller device		Yes	Yes	Yes	Yes
Infusion pump	IFT-SO-3 for IFT ALS	No	No	Yes	Yes
Titration of IV infusion to effect		No	No	No	Yes
Administration of fluid bolus for hypotension	ALS Standing Orders	No	Yes	Yes	Yes
IV solutions	315.00				
NaCl 0.9%	315.00	Yes	Yes	Yes	Yes
Lactated Ringers	315.00	Yes	Yes	Yes	Yes
Isotonic balanced salt solutions	315.00	Yes	Yes	Yes	Yes
Solutions containing folic acid, thiamine, multivitamins	315.00, IFT-SO-3	Yes	Yes	Yes	Yes
PCA pump (narcotic analgesia)		No	No	No	Yes
Implanted medical pumps (insulin, PCA, TPN, etc.)	315.00	Yes	Yes	Yes	Yes
Blood/Blood products		No	No	No	Yes
<b>Medications</b>	<b>OCEMS Ref:</b>	<b>BLS</b>	<b>911 ALS</b>	<b>IFT ALS</b>	<b>SCT</b>
ACLS Emergency Medications	ALS Standing Orders and Base Hospital Treatment Guidelines	No	Yes	Yes	Yes
PALS Emergency Medications	As above	No	Yes	Yes	Yes
Albuterol nebulizer	IFT-SO-3, 911 Standing Orders	No	Yes	Yes	Yes
Amiodarone infusions	IFT-SO-3	No	No	Yes	Yes
Antibiotics (at pre-set rate)	315.00, IFT-SO-3	Yes	Yes	Yes	Yes
Benzodiazepine (midazolam, lorazepam, diazepam) infusions	IFT-SO-3	No	No	Yes	Yes
Dextrose, oral, for suspected hypoglycemia	ALS, BLS Standing Orders	Yes	Yes	Yes	Yes
Dextrose, intravenous, for documented hypoglycemia	ALS Standing Orders	No	Yes	Yes	Yes
Fentanyl (IFT-ALS paramedics may monitor infusions)	IFT-SO-3	No	IVP only	Yes	Yes
Glucagon, IM, for documented hypoglycemia	ALS Standing Orders	No	Yes	Yes	Yes
Heparin infusions	IFT-SO-3	No	No	Yes	Yes
KCl of ≤ 20 mEq/1000mL	IFT-SO-3	No	No	Yes	Yes
Insulin infusions	IFT-SO-3	No	No	Yes	Yes
Magnesium sulfate infusions	IFT-SO-3	No	No	Yes	Yes



Morphine sulfate (IFT-ALS paramedics may monitor infusions)	IFT-SO-3	No	IVP only	Yes	Yes
Naloxone	ALS Standing Orders	No	Yes	Yes	Yes
Nitroglycerine infusions	IFT-SO-3	No	No	Yes	Yes
Nutritional IV	315.00	Yes	Yes	Yes	Yes
Other IV medication infusions (IFT-ALS paramedics are authorized for other infusions being delivered by infusion pump, including lipids and TPN)	IFT-SO-3	No	No	See IFT-SO-3	Yes
<b>IV Access Lines</b>	<b>OCEMS Ref:</b>	<b>BLS</b>	<b>911 ALS</b>	<b>IFT ALS</b>	<b>SCT</b>
Arterial lines		No	No	No	Yes
Arterial Venous Sheaths		No	No	No	Yes
Central line with IV fluids and/or medications	315.00	No	No	No	Yes
CVP or Central Venous Pressure Lines		No	No	No	Yes
Dialysis Shunts with complications		No	No	No	Yes
Heparin/Saline Lock	315.00	Yes	Yes	Yes	Yes
Intraosseous Line	ALS Standing Orders	No	Yes	Yes	Yes
IV access in Dialysis Shunts		No	No	No	Yes
PICC Lines/long-term established central lines	315.00	Yes	Yes	Yes	Yes
Porta Caths		Yes	Yes	Yes	Yes
Pulm. Artery Lines		No	No	No	Yes
<b>Tubes</b>	<b>OCEMS Ref:</b>	<b>BLS</b>	<b>911 ALS</b>	<b>IFT ALS</b>	<b>SCT</b>
Abdominal Tube (G-tube, J-tube, Peg, JP, etc)	315.00	Yes	Yes	Yes	Yes
Chest Tube to suction		No	No	No	Yes
Chest Tube to water seal	315.00	Yes	Yes	Yes	Yes
Foley catheters	315.00	Yes	Yes	Yes	Yes
Nasogastric tube, clamped	315.00	Yes	Yes	Yes	Yes
Nasogastric tube, to suction		No	No	No	Yes
<b>Monitoring / Procedures (not all providers have the capability to provide all levels of monitoring/procedures)</b>	<b>OCEMS Ref:</b>	<b>BLS</b>	<b>911 ALS</b>	<b>IFT ALS</b>	<b>SCT</b>
Automatic External Defibrillation (AED)		Yes	Yes	Yes	Yes
Blood Glucose Monitoring (capillary)		No	Yes	Yes	Yes
Cardioversion		No	Yes	Yes	Yes
Combitube/King Airway insertion		No	Yes	Yes	Varies
Cricothyrotomy (needle)		No	No	No	Varies
DNR – honor request	SO-BLS, 315.00	Yes	Yes	Yes	Yes
ECG – ongoing monitoring		No	Yes	Yes	Yes
ECG – 12-lead capability		No	Yes	Yes	Varies
Endotracheal intubation		No	Yes	Yes	No
Intraosseous insertion		No	Yes	Yes	Varies
Needle thoracostomy		No	Yes	Yes	Varies
Pericardiocentesis, drain		No	No	No	Varies
Rapid Sequence Intubation (RSI)		No	No	No	Varies
Tracheostomy, stoma suctioning		Yes	Yes	Yes	Yes

These are provided as general guidelines only. If any questions, refer to OCEMS policies and standing orders at

[www.healthdisasteroc.org/ems](http://www.healthdisasteroc.org/ems)