

# Kittitas County Prehospital EMS Protocols

**SUBJECT: INTERFACILITY TRANSPORTS**

## **GENERAL PRINCIPLES**

Interfacility transport may occur at BLS, ALS, and Critical Care (hospital staff only) levels within the following special categories:

- Transfer between facilities for admission for services not available at initial facility
- Transfer and return of patient to facility for diagnostic evaluations at second facility
- Transfer from hospital to extended care facility
- Transfer of patient between facilities at patient and/or physician request

As a general rule, it is the responsibility of the transferring facility to ensure that the medical necessities for safe patient transfer are met. Medical instructions from the attending physician and registered nurses will be followed unless specifically contrary to EMS protocols. If treatment is recommended that is contrary to protocol or beyond the scope of training of the EMS personnel, transport should not be initiated. Consider air ambulance transport or assistance by qualified hospital staff.

The responsibility for transfer to another facility resides with the transferring facility. Patients will not be transferred to another facility without first being stabilized. Stabilization includes evaluation and initiation of treatment to ensure that transfer of a patient will not, within reasonable medical probability, result in the following: material deterioration of the conditions, loss and/or serious impairment of bodily functions, parts, organs, or death. Furthermore, the benefits of transfer to the next facility outweigh the risks of transfer to the facility. Evaluation and treatment of patients prior to transfer are to include the following:

- Establish and ensure adequate airway and ventilation
- Cardiac monitoring and emergency defibrillation, when indicated
- Establish control of hemorrhage if possible
- Stabilize and splint the spine or fractures, when indicated
- Establish and maintain adequate access routes for fluid administration
- Administer adequate fluid and/or blood replacement
- Determine that the patient's vital signs (blood pressure, pulse, respiration, and urinary output, if indicated) are sufficient to sustain adequate perfusion. Initiate important

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therapeutic regimens that can be started in a timely fashion and safely continued during transport.

For requests for transports not meeting the above criteria, the following may apply:

- The transporting personnel may request compliance with the above criteria
- If the transporting personnel do not think the plan for transfer can be safely accomplished, contact appropriate agency supervisor

It is also the transferring facility's responsibility to establish the need for BLS, ALS, or Critical Care transport. If a BLS transport is requested and it is the judgment of the BLS crew that the patient needs to be transported by ALS or Critical Care team, it is mandated that the appropriate agency supervisor be contacted.

Similarly, if an ALS transport is requested and it is the judgment of the ALS crew that the patient needs to be transported by a Critical Care team, the hospital should provide or obtain the appropriate staffing. Under no circumstances should an EMS crew transport a patient, if in their judgment, the patient requires a higher level of care than that crew can provide (Mass-casualty incidents are an exception).

Specific conditions requiring the presence of a Critical Care RN or Respiratory Therapist, during transport (parameters outside ALS scope of practice):

- Complicated IV infusions
- Patients on a ventilator for primary respiratory support which may include:
  - Significant Non-compliant lung issues
  - Ventilator settings outside of normal limits
  - BiPap
  - Ventilator along with other complicated patient treatment plans (medications, pumps, etc)

At the discretion of the Paramedic, under specific conditions, may request a Critical Care RN or Respiratory Therapist:

- Cardiogenic Shock
- Post cardiac arrest (acute)
- Unstable arrhythmias
- Severe or worsening ischemic chest pain
- Complicated patients who have a fibrinolytic infusion may require a Critical Care RN according to physician's discretion
- Unsuccessful fibrinolytic infusion
- Patients on a ventilator not for primary respiratory support

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A Paramedic level ALS crew may transfer patients on a ventilator, IV infusions and/or drugs not typically used for prehospital care, provided the following conditions are met:

- Automatic Ventilator per protocol (w/approved MPD training) –
  - Intubated patient without significant non-compliant lung issues (COPD, aspiration, etc.)
  - Only Ventilator settings needed (all within normal limits): Respiratory Rate, tidal volume, inspiratory time, O2 concentration, and PEEP.
  - KVH transport ventilator is connected to patient and patient is being adequately ventilated, prior to paramedic arrival.
  - All providers are comfortable with plan after RT/nurse/doctor provide review of patient status and treatment plan.
  - All fittings, tubing and other supplies are provided at time of transport.
- The rate of administration is controlled by a mechanical pump and was established prior to transfer.
- The Paramedic in charge during the transfer has had specific MPD approved training relevant to the effects and potential side effects of the IV infusions and/or drugs involved. MPD approved training may be just in time training provided by qualified hospital staff. Appropriate drug reference sheet should be provided or available electronically.

If during patient transport, an emergency condition develops that was not anticipated prior to transport, prehospital patient care procedures and protocols will immediately apply. Medical Control may be contacted for concurrence and any orders as appropriate. The receiving facility should be contacted ASAP to inform them of changes in the patient's condition.

### **LEVEL OF CERTIFICATION OF EMS PERSONNEL TO ATTEND THE PATIENT DURING TRANSPORT**

1. State law requires that at least one individual certified at the EMT level must be attending the patient in the back of an ambulance. A total of two certified EMS providers must staff the ambulance on transports. For more details, see WAC 246-976-260-Licenses required, WAC 246-976-390 - Trauma verification of prehospital EMS services and RCW 18.73.150 - Ambulance personnel requirements.
  - <https://app.leg.wa.gov/wac/default.aspx?cite=246-976-260>
  - <https://app.leg.wa.gov/wac/default.aspx?cite=246-976-390>
  - <https://app.leg.wa.gov/rcw/default.aspx?cite=18.73.150>
2. The EMS provider with the highest level of certification may allow an EMT to attend the patient during transport, provided that, in the highest-level provider's judgment, the patient's illness or injury is stable and that any anticipated treatment would not be better rendered by a higher level of certified individual, care is not outside the scope of practice of the EMT, and both providers are comfortable with this decision.