

KITTITAS COUNTY EMERGENCY MEDICAL SERVICES COUNTY OPERATING PROCEDURES

COP #9: Interfacility Transports

I. PURPOSE

To provide guidance on transferring high-risk trauma and medical patients without adverse impact to clinical outcomes.

II. SCOPE

All interfacility patient transfers via ground or air shall be provided by an appropriate licensed or verified service with appropriate certified personnel and equipment to meet the patient's needs.

III. GENERAL PROCEDURES

- A. Medical responsibility during transport should be arranged at the time of the initial contact between receiving and referring physicians, and transfer orders should be written after consultation between them.
- B. Immediately upon determination that a patient's needs exceed the scope of practice and/or protocols of the crew, the EMS personnel shall advise the transferring facility that they do not have the resources to provide the transfer.
- C. When online medical control is not available, local prehospital MPD protocols shall be followed during EMS transport if an emergency situation occurs while in route that is not anticipated prior to transport. Rendezvous with higher level of care should be considered when benefit to patient.
- D. While in route, the transporting agency should communicate patient status and estimated time of arrival to the receiving health care service per MPD local protocols and COPs. Communication with the receiving health care service should be made no less than ten minutes from arrival. Communication for critical patients should be made at least 20 minutes from arrival.
- E. Requesting Transfer
 - 1. KITTCOM shall be notified when a patient is ready to transfer. The following information shall be provided by the requesting facility.
 - ALS emergent (be specific, when possible, i.e.)
 - STEMI
 - Stroke
 - Trauma
 - Routine ALS
 - BLS

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- Chief complaint
 - Location in the hospital
 - Patient destination
2. KITTCOM shall assume transfer requests are from authorized personnel with the facility and under the direction of a licensed medical provider.

Definitions per MPD:

ALS –Advanced Life Support shall be provided when the patient meets one or more of the following criteria:

- Endotracheal Intubation
- Ventilator
- BiPAP or CPAP device
- IV Therapy (Not to include IV Special Skill / Monitor per protocol)
- Cardiac Rhythm Monitoring
- Medication Administration (ongoing and outside BLS protocols)
- OB Patient
- Unstable Trauma or Medical Patient

BLS – Basic Life Support may be provided when the patient meets the following criteria:

- Stable Patient (hemodynamically stable)
- No IV Therapy (except with IV Special Skill or IV Monitor)
 - Saline lock allowed for all EMTs
- No Medications (except in BLS protocol)
- No Intubation, CPAP, BiPAP, or ventilator
- No Cardiac Monitor (except for telemetric monitoring of vitals/capnography per protocol and with approved training.)
- Pain medication is acceptable when administered at least 15 minutes prior to transfer.
 - No ongoing IV medication administration for IV Special Skill / Monitor.
- 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.

3 Person Level of Staffing (*emergency department only*) – When transporting agency cannot provide a three-person crew, sending facility

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needs to provide third person. – See ALS Interfacility Transports Protocol for more guidance.

- Unstable Medical Patient
- Unstable Trauma Patient
- Unstable OB Patient / Imminent Birth
- Multiple IV Pumps, with medication management
- Intubated Patient
- At the discretion of the lead paramedic

IV. DEFINITIONS

Authorized Care – Patient care within the scope of approved level of EMS certification and / or specialized training as identified in current Washington State Approved Skills and Procedures for Certified EMS Providers (DOH 530-173) and approved protocols.

Submitted by:	Change/Action:	Date:	Type of Change:
KCEMS/TCC	Original	11/7/1996	<input type="checkbox"/> Major <input type="checkbox"/> Minor
KCEMS/TCC	Amended	6/99, 12/00, 1/04, 11/04	<input type="checkbox"/> Major <input type="checkbox"/> Minor
KCEMS/TCC	Amended – DOH approved	8/11/2011	<input checked="" type="checkbox"/> Major <input type="checkbox"/> Minor
KCEMS/TCC	Amended – DOH approved	05-2025	<input checked="" type="checkbox"/> Major <input type="checkbox"/> Minor
KCEMS/TCC			<input type="checkbox"/> Major <input type="checkbox"/> Minor