

# PATIENT TRANSPORT - PRIVATE AMBULANCE PROVIDER

## I. DISPATCH:

- A. As per Interhospital/Interfacility Transfer Policy C.27, federal legislation requires the transferring physician and facility to be responsible for the proper mode and level of transport. The private dispatchers can assist to determine the correct level of care based on patient criteria.
- B. In response to a non-interhospital/interfacility request for ambulance transport, the private dispatchers will determine the need for ALS or BLS (see Initiation of Patient Care Policy B.3) and send an ambulance capable of providing the appropriate level of care or make the appropriate referral to other private providers or municipalities.
- C. In response to a caller requesting prehospital care, when possible, the caller should be informed when vehicle responses will exceed 6 minutes.
- D. For time critical events such as chest pain, shortness of breath, altered mental status, profuse bleeding, new neurologic deficit less than 6 hours from onset, or cardiac arrest the private dispatcher should contact 911 unless an ALS transport unit can respond within 10 minutes.

## II. TRANSPORT:

- A. At no time will advanced life support (ALS) care that was initially established by the first responding ambulance company be relinquished to a basic life support (BLS) service unless prior contact is made to and approval given by OLMC.
- B. Hospice patients with a valid Do Not Resuscitate (DNR) order who have made arrangements for palliative care at a hospice or non-hospital facility may be transported to the destination of choice.
- C. Patients may be transported to the facility of choice under the following conditions:

### 1. BLS Patients

- a. Patients requiring a BLS level of service, including those with acute medical conditions requiring only BLS care.
- b. BLS patients with non-emergency conditions (e.g. bed ridden patients needing transportation assistance to outpatient facilities, routine dialysis, etc.)

### 2. ALS Patients

*For patients that are unstable after initial paramedic evaluation and intervention or deteriorate en-route, OLMC should be contacted. All others should continue transport to the destination of choice.*

### III. BLS VEHICLE RESPONDING TO A PATIENT REQUIRING ALS CARE:

- A. Contact OLMC if there is a question regarding most appropriate receiving facility or need for ALS care.
- B. Estimate the patient preparation and transport time to the closest appropriate facility.
  - 1. If the established patient preparation and transport time to the closest appropriate facility is less than or equal to five (5) minutes:
    - a. The BLS vehicle shall transport the patient to the closest appropriate facility without delay.
    - b. The receiving facility shall be alerted to the unusual transport circumstances via telemetry or MERCI radio. If the receiving facility does not respond to telemetry or MERCI, the BLS vehicle should contact its dispatch.
  - 2. If the estimated patient preparation and transport time to the closest appropriate facility is greater than five (5) minutes:
    - a. Consult with OLMC. OLMC will contact the private provider associated with the BLS vehicle and request availability of an ALS backup.
      - i. If ALS response is not available in a timely manner by the provider of the BLS vehicle, OLMC will directly contact the Office of Emergency Management and Communications (OEMC) and request from the supervisor on duty a CFD ambulance response.
      - ii. If the anticipated delay for ALS response is deemed detrimental to patient care, OLMC should recommend rapid transport by the BLS vehicle to the closest appropriate facility.
    - b. When a BLS ambulance transfers care to an ALS ambulance, the ALS ambulance will transport the patient.

### IV. REFUSAL OF TRANSPORT TO THE CLOSEST APPROPRIATE HOSPITAL (See Consent/Refusal of Service Policy B.12)

When the ALS patient's condition is deemed imminently life-threatening or is such that the patient is likely to deteriorate and might not withstand the longer transportation time, but the patient desires to be transported to a facility that is not the closest appropriate hospital, the patient may be transported to the more distant facility of choice only after consultation with OLMC and if one of the following conditions has been met:

- A. The patient is alert, oriented and judged by the EMS provider to have decision-making capacity to refuse the recommended care and understands the risks associated with transport to the more distant facility.
- B. A durable power of attorney who is present and acting on the individual's behalf understands the risks associated with transport to the more distant facility (nursing home

and other institutional staff are not appropriate individuals to act on the patient's behalf for the purposes of this decision).

**V. TRANSFERRING CARE FROM CFD TO PRIVATE PROVIDER:**

- A. Upon arrival, the private ambulance personnel providing transportation shall have patient sign a release for damages that may be incurred due to prolonged transportation time.
- B. Document verbal report of care per CFD in patient care report.
- C. Prior to transport the private paramedic shall re-contact Online Medical Control as needed with patient reassessment prior to transport.

**VI. INTERHOSPITAL/INTERFACILITY TRANSPORT** (See Interhospital/Interfacility Transport Policy C.27): Interfacility transports of patients requiring skills for which EMS personnel are not trained to perform (excluding home care devices) shall require appropriately trained medical personnel to be in attendance of the patient throughout the transport.

**VII. Use of intravenous fluids (IVF) is considered an ALS procedure. EMT-B's and BLS ambulances may NOT transfer patients with IVF's. Patients with IVF's must have their intravenous line discontinued or converted to a saline lock prior to transport by a BLS vehicle. Otherwise, an ALS ambulance must be used to transport.**

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