



## DEPARTMENT OF PUBLIC HEALTH

### Emergency Medical Services Agency

POLICY #520.00

TITLE: **EMT AND PARAMEDIC INTERFACILITY TRANSFER**

APPROVED: ON-FILE

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ON-FILE

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**Authority:** California Health and Safety Code Sections 1317, 1797.220–1797.226 and 1798.172. California Code of Regulations, Title 22, Division 9, Sections 100063 and 100146.

**Purpose:** To provide guidelines for Basic Life Support and Advanced Life Support ground ambulance transport of patients between acute care hospitals (Interfacility Transfer).

**Policy:** EMTs and Paramedics are authorized to perform Interfacility Transfers originating from within Merced County. EMTs and Paramedics shall conduct Interfacility Transfers by providing patient care within their respective scopes of practice.

Patients requiring clinical skills (scope of practice) beyond those of an EMT or Paramedic shall be transported via Critical Care Transport (CCT) and accompanied by appropriate clinical personnel.

In the event a Critical Care Transport (CCT) unit is unavailable, the transferring facility may choose to send a Registered Nurse or physician on the transfer with the ambulance crew. The transferring facility shall assume the responsibility for the Registered Nurse or physician's actions and patient care provided during the transfer and return trip to the transferring facility.

**Services:** EMT and Paramedic ambulance services available in Merced County for the Interfacility Transfer of patients:

1. Basic Life Support (BLS) Ambulance.
  - a) The ambulance is staffed with a minimum of two (2) EMTs.
  - b) The patient will require no more than BLS skills during transport and the patient care rendered may not exceed the EMT scope of practice as defined in California Code of Regulations, Title 22, Division 9, Section 100063.
  - c) The patient must be considered clinically stable prior to the transport.
2. Advanced Life Support (ALS) Ambulance.
  - a) The ambulance is staffed with a minimum of one (1) EMT and one (1) Paramedic.
  - b) The patient will require no more than ALS skills during transport and the patient care rendered may not exceed the Paramedic scope of practice as defined in California Code of Regulations, Title 22, Division 9, Section 100146.
  - c) 9-1-1 system ALS ambulances are not authorized to perform Interfacility Transfers that originate outside Merced County.

MERCED COUNTY EMS PERSONNEL  
EMT AND PARAMEDIC SCOPE OF PRACTICE DURING INTERFACILITY TRANSPORTS

ALS Scope of Practice: California Code of Regulations, Title 22, Division 9, Paramedic, Section 100146

BLS Scope of Practice: California Code of Regulations, Title 22, Division 9, Emergency Medical Technician, Section 100063

	EMT	EMT-P																											
1. Perform basic life support including assessment, CPR, bandaging, splinting, and the use of basic airway maneuvers and adjuncts (OPA, NPA, and tracheostomy/stoma care).	X	X																											
2. Administration of oxygen.	X	X																											
3. Administration of oral glucose.	X	X																											
4. Monitor a stable patient with an in-place nasogastric tube, gastrostomy tube, foley catheter or saline lock.	X	X																											
5. Monitor a stable patient with a peripheral IV line of glucose or isotonic balanced salt solution (including ringer's lactate) if the IV solution does not contain medications or additives.	X	X																											
<b>UNDER THE DIRECTION OF THE EMS BASE HOSPITAL, A PARAMEDIC MAY PERFORM THE FOLLOWING:</b>																													
6. Monitor a patient with a capped central venous line.		X																											
7. Monitor a patient with a thoracostomy/chest tube; chest tube must terminate with a water seal, not suction.		X																											
8. Monitor and adjust IV solutions containing potassium (equal to or less than than 40mEq/L).		X																											
9. Utilize mechanical ventilation devices for continuous positive airway pressure (CPAP)/bi-level positive airway pressure (BPAP) and positive end expiratory pressure (PEEP) in the spontaneously breathing patient.		X																											
10. Cardiac monitoring including 12-lead electrocardiograms; perform defibrillation, synchronized cardioversion and external cardiac pacing.		X																											
11. Institute intravenous (IV) catheters, saline locks, needles, or other cannulae (IV lines), in peripheral veins (including the External Jugular/EJ) and monitor and administer medications through pre-existing vascular access and intraosseous (IO) needles or catheters.		X																											
12. Perform pulmonary ventilation by use of lower airway multi-lumen adjuncts, the esophageal airway, perilyngeal airways, stomal intubation, and adult oral endotracheal intubation.		X																											
13. Administer, using prepackaged products when available, the following medications by the following routes: IV, IO, intramuscular, subcutaneous, inhalation, transcutaneous, rectal, sublingual, endotracheal, intranasal, oral or topical:		X																											
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">a. Activated Charcoal</td> <td style="width: 33%;">i. Dopamine Hydrochloride</td> <td style="width: 33%;">r. Morphine Sulfate</td> </tr> <tr> <td>b. Aerosolized or Nebulized beta-2 Specific Broncho-Dilators</td> <td>j. Epinephrine</td> <td>s. Naloxone</td> </tr> <tr> <td>c. Adenosine</td> <td>k. Diazepam</td> <td>t. Nitro Preps except IV</td> </tr> <tr> <td>d. Aspirin</td> <td>l. Glucagon Hydrochloride</td> <td>u. Sodium Bicarbonate</td> </tr> <tr> <td>e. Atropine Sulfate</td> <td>m. Intravenous Glucose Solution</td> <td>v. Sublingual Nitroglycerine</td> </tr> <tr> <td>f. Calcium Chloride</td> <td>n. Isotonic Balanced Salt Solution</td> <td>w. Ondansetron</td> </tr> <tr> <td>g. 10%, 25% and 50% Dextrose</td> <td>o. Lidocaine Hydrochloride</td> <td>x. Fentanyl</td> </tr> <tr> <td>h. Diphenhydramine</td> <td>p. Magnesium Sulfate</td> <td></td> </tr> <tr> <td></td> <td>q. Midazolam</td> <td></td> </tr> </table>	a. Activated Charcoal	i. Dopamine Hydrochloride	r. Morphine Sulfate	b. Aerosolized or Nebulized beta-2 Specific Broncho-Dilators	j. Epinephrine	s. Naloxone	c. Adenosine	k. Diazepam	t. Nitro Preps except IV	d. Aspirin	l. Glucagon Hydrochloride	u. Sodium Bicarbonate	e. Atropine Sulfate	m. Intravenous Glucose Solution	v. Sublingual Nitroglycerine	f. Calcium Chloride	n. Isotonic Balanced Salt Solution	w. Ondansetron	g. 10%, 25% and 50% Dextrose	o. Lidocaine Hydrochloride	x. Fentanyl	h. Diphenhydramine	p. Magnesium Sulfate			q. Midazolam			
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14. Insertion of and ventilation via endotracheal tube and Visualize the airway by use of the laryngoscope and remove foreign body(ies) with Magill forceps.		X																											
15. Insertion and ventilation via needle cricothyroidotomy; perform needle thoracostomy.		X																											
16. Administer IV or IO glucose solutions or isotonic balanced salt solutions, including Ringer's lactate.		X																											
17. Perform Valsalva Maneuver		X																											

Other procedures or medications are beyond the scope of practice of a Paramedic or EMT according to state regulation and/or county policy. Consult the base hospital Physician and consider requesting a Critical Care Transport (CCT) unit or send a Physician or R.N. along with the patient and ambulance crew during the transfer.

To request a ground ALS, BLS or CCT transport ambulance in Merced County phone: EMS Communications Center – (209) 725-7011