



MEDICAL CONTROL FOR ACUTE CARE TRANSFERS

PURPOSE

This policy is to assure medical control of patients during transfers between acute care facilities. It does not exempt any acute care hospital or Physician from meeting their statutory or regulatory obligations for transfers. The medical/legal responsibility for the patient rests with the transferring Physician.

AUTHORITY

Health & Safety Code, Division 2.5, Chapter 3, Article 5, §§ 1797.185, 1797.194

Health & Safety Code, Division 2.5, Chapter 4, Article 1, §§ 1797.218, 1797.220

Health & Safety Code, Division 2.5, Chapter 6, Article 1, § 1798.102

Health & Safety Code, Division 2.5, Chapter 6, Article 3, §§ 1798.170, 1798.172

California Code of Regulations, Title 22, Division 9

United States Code, Title 42, § 1395dd, Emergency Medical Treatment & Labor Act (EMTALA) Statute

Code of Federal Regulations Title 42, Chapter IV, Subchapter G, Part 489, Subpart B, §§ 489.20, 489.24, EMTALA Regulations

POLICY

- I. Prior to accepting the patient for an acute care Inter-facility Transfer (IFT), the Paramedic shall:
 - A. Obtain pertinent patient information to include:
 1. Patient diagnosis, history, and documentation of the therapies that the patient received while in the hospital or the previous four (4) hours, whichever is less.
 2. Complete a physical assessment, including vital signs.
 3. Signed transfer paperwork listing the accepting Physician and facility.
 4. A direct contact number to the transferring Physician should any questions arise during transfer.
- II. The Paramedic will follow orders of the transferring Physician, however the Paramedic cannot provide Advanced Life Support (ALS) care outside of their YEMSA approved Scope of Practice. Should medical consultation be needed during transport, the Paramedic shall contact the Base Hospital Physician for orders.
- III. If a patient is to be transferred outside of the YEMSA Region, the Paramedic may provide care according to approved YEMSA Policies and Protocols.