

**County of Santa Clara  
Emergency Medical Services System**



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**Date:** August 14, 2018  
**To:** EMS System Stakeholders  
**From:** David Sullivan *D.S.*  
County of Santa Clara  
**Subject:** Prehospital Care Policy Revisions and Open Comment Period

Consistent with *Santa Clara County Emergency Medical Services Prehospital Care Policy 109 - Policy Development and Implementation*, the EMS Agency announces prehospital care policy changes.

Summary of Changes (with public comment period)

Policy Name/Effective Date	Summary of Change
<b>315: Scope of Practice For Public Safety First Aid Providers</b> Effective: TBD Public Comment Ends: September 12, 2018	Draft policy should be reviewed in its entirety. It replaces current Policy 313: Naloxone Use By Public Safety First Aid Providers.
<b>603: Hospital Bypass</b> Effective: October 1, 2018 Public Comment Ends: September 12, 2018	Update to a current policy. Redline; track changes version is attached.
<b>620: Interfacility Transfer – Ground Ambulance</b> Effective: TBD Public Comment Ends: September 12, 2018	Draft policy should be reviewed in its entirety. It replaces current Policies 401, 801, and 802.
<b>622: Ambulance Patient Offload</b> Effective: October 1, 2018 Public Comment Ends: September 12, 2018	New policy; Draft should be reviewed in its entirety.

Stakeholder comments must be submitted electronically by email to [David.Sullivan@ems.sccgov.org](mailto:David.Sullivan@ems.sccgov.org), on or before September 12, 2018.

If you should have any questions or concerns regarding this memorandum, please contact David Sullivan at 408.794.0623 or by email at [David.Sullivan@ems.sccgov.org](mailto:David.Sullivan@ems.sccgov.org).



## SCOPE OF PRACTICE FOR PUBLIC SAFETY FIRST AID PROVIDERS

**Effective:** TBD  
**Replaces:** Policy 313  
**Review:** TBD

### I. Purpose

The purpose of this policy is to define the scope of practice for Firefighters, Peace Officers, and Lifeguards trained under requirements established in California Code of Regulations, Title 22, Division 9, Chapter 1.5 in Santa Clara County.

### II. Policy

- A. Public safety personnel shall adhere to the Santa Clara County Public Safety First Aid scope of practice while functioning with a Santa Clara County public safety agency, unless a different scope of practice is allowed due to EMT or paramedic training and employment.
- B. The scope of practice of public safety first aid personnel shall not exceed those activities authorized in California Code of Regulations, Title 22, Division 9, Chapter 1.5, and by Santa Clara County EMS policy.
- C. Only those individuals with public safety first aid training may function under this policy as part of the Santa Clara County EMS system.

### III. Authorized Skills for Public Safety First Aid Providers

- A. As authorized by Section 100018 of California Code of Regulations, Title 22, Division 9, Chapter 1.5, Public Safety First Aid Providers must complete their training and demonstrate competency for each of the skills in this section through an approved local or state Public Safety First Aid Training Program. Upon completion Public Safety First Aid Providers are authorized to perform medical care while at the scene of an emergency including, but not limited to, CPR and AED and may do any of the following:
  - 1. Evaluate the ill and injured
  - 2. Provide treatment for shock
  - 3. Use the following techniques to support airway and breathing:
    - a. Manual airway opening methods, including head-tilt chin-lift and/or jaw thrust;
    - b. Manual methods to remove an airway obstruction in adults, children, and infants
  - 4. Use of the recovery position

5. Perform the following during emergency care:
  - a. Spinal immobilization;
  - b. Splinting of extremities;
  - c. Emergency eye irrigation using water or normal saline;
  - d. Assist with administration of oral glucose;
  - e. Assist patients with administration of physician-prescribed epinephrine devices and naloxone;
  - f. Assist in emergency childbirth;
  - g. Hemorrhage control using direct pressure, pressure bandages, principles of pressure points, and tourniquets. Hemostatic dressings may be used from the list approved by the State EMS Authority;
  - h. Chest seals and dressings;
  - i. Simple decontamination techniques and use of decontamination equipment;
  - j. Care for amputated body parts;
  - k. Provide basic wound care.
6. The authorized skills of a public safety first aid provider shall not exceed those activities authorized in this policy.

#### **IV. Optional Skills for Public Safety First Aid Providers**

- A. In addition to the activities authorized by Section 100018 of California Code of Regulations, Title 22, Division 9, Chapter 1.5, public safety personnel, of an authorized agency, may perform the following optional skills when the public safety first aid provider has been trained and tested to demonstrate competence following initial instruction and when authorized by the Medical Director of the local EMS agency (LEMSA):
  1. Supplemental oxygen therapy using a nasal cannula, non-rebreather face mask, or bag valve mask
  2. Administration of naloxone for suspected narcotic overdose
  3. Use of oropharyngeal airways and nasopharyngeal airways

#### **V. Program Approval for Optional Skills**

- A. A public safety department that intends to authorize any of the above optional skills, shall submit their program proposal for approval by the Santa Clara County EMS Agency.

- B. The program proposal shall include the department policy regarding the administration of naloxone and/or oxygen and any policy related to the deployment or supply ordering of naloxone and/or oxygen.
- C. The program proposal shall identify all aspects of initial training requirements, on-going training requirements, including hands on manipulation of the intended devices that will be deployed.
- D. All training shall emphasis the importance of proper AED and CPR procedures with any unconscious unresponsive patient, prior to the deployment of naloxone and/or oxygen.
- E. The program proposal shall identify on scene communication to the responding prehospital providers if naloxone and/or oxygen is administered.
- F. The program proposal shall identify the means of communication to the EMS Agency, if naloxone is administered.
- G. The program proposal shall contain a continuous quality improvement plan that requires public safety first aid personnel to demonstrate trained optional skills competency at least every two years, or more frequently as determined by the EMS quality improvement program (EMSQIP).



## HOSPITAL BYPASS

**Effective:** October 1, 2018  
**Replaces:** September 1, 2015  
**Review:** October 1, 2021

### I. Purpose

The purpose of this policy is to define the circumstances in which hospitals can request EMS patients to bypass their facility. Facility bypass is a management tool that may be used temporarily by local hospitals when the patient load exceeds emergency department or specialty center resources.

### II. Hospital Bypass Requirements

- A. Hospitals may request 911 System bypass in accordance with the following:
1. The hospital shall have an Agency-approved patient volume management plan that utilizes the guidelines established by The Joint Commission (TJC) as a minimum. The hospital shall revise and submit the plan annually for review and approval by the Agency.
  2. The hospital has determined, based on the approved patient volume management plan, that it can no longer care for additional patients in the emergency department or specialty care areas. Lack of inpatient beds alone is not sufficient cause to implement hospital bypass.
  3. All Santa Clara County Hospitals must use EMResource for maintaining availability status. As such, the following must occur:
    - a. EMResource must be monitored at all times in each facility. This includes ensuring audible and visual alerting tools are activated and functioning at all times.
    - b. Facility personnel must be aware of the content of this Policy including the criteria for hospital Bypass.
    - c. Facility personnel must type the reason for going on Bypass (including number of holds) and the name of authorizing authority, in the comment section of EMResource.
- B. A hospital may close to all patients (both walk-in and ambulance) if the facility or a portion of the facility is in a state of Internal Disaster as defined by the California Department of Health Care Services. In such

cases, the facility shall attempt to change to **Internal Disaster** status via EMResource. If it is not possible to change the status via this method, the hospital must contact County Communications immediately. The facility shall report this status to the Department of Health Care Services in accordance with applicable requirements.

**III. Emergency Department (ED) 911 System Hospital Bypass Process**

- A. In order to fully realize the benefits of a hospital bypass program, all designated hospitals in the County have been included in the program:
  - 1. The Palo Alto Veterans Administration (PAV) Hospital is federally exempt from this requirement and would continue to receive 911 System patients who request transport to PAV. The facility will assist in the case of multi-casualty incidents/disaster situations.
  - 2. Lucille Packard Children’s Hospital is not included as the hospital does not have an emergency department. The facility will assist in the case of multi-casualty incidents/disaster situations.
  - 3. El Camino Hospital of Los Gatos is eligible for bypass, however, it is not included in any zone.
- B. All designated hospitals in the County’s bypass program are able to divert 911 System ambulance traffic (not including those in-extremis).
- C. Only one (1) hospital may be on bypass at any one time in a Bypass Zone. If a second hospital within the same Bypass Zone wants to request 911 System bypass status while another hospital is diverting, they must wait until the diverting hospital opens and then make the change through EMResource.

<p style="text-align: center;"><b><u>North Bypass Zone</u></b> Stanford University Hospital El Camino Hospital of Mountain View Kaiser Santa Clara</p> <p style="text-align: center;"><b><u>Central Bypass Zone</u></b>  Santa Clara Valley Medical Center O'Connor Hospital Good Samaritan Medical Center</p> <p style="text-align: center;"><b><u>South Bypass Zone</u></b> Kaiser San Jose Medical Center Regional Medical Center of San Jose Saint Louise Hospital</p>
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- D. Hospitals may remain on bypass status for no more than sixty (60) minutes per occurrence. A hospital that has diverted ambulances must remain open for at least sixty (60) minutes before being able to be on bypass again.
- E. When the EMS System is being negatively affected by hospital bypass, the EMS Agency may require a Zone or all hospitals to open as necessary.
- F. When the hospital is directed by the Agency and/or County Communications to open/remain open, they shall do so immediately. If facility staff considers the direction inappropriate, they may discuss the situation with the Agency during regular business hours; however, additional bypass time shall not be granted.
- G. Each hospital shall request no more than thirty-six (36) hours of 911 System bypass within a calendar month.
- H. The hospital shall immediately notify County Communications of any/all changes in facility status via EMResource. County Communications will not make any status changes by phone or radio unless EMResource has failed.
- I. EMS Agency staff may perform unannounced site visits to hospitals to ensure compliance with these requirements.
- J. Failure to fulfill these requirements may result in the hospital losing their bypass privilege.

#### IV. Emergency Department Receiving Status

The following status conditions apply to Emergency Departments that request the bypass of 911 System ambulances:

- A. **Open:** Accepting all 911 System ambulance patients.
- B. **Bypass:** Diverting all 911 System ambulance patients, except those in-extremis. The receiving hospital's Emergency Department is no longer able to accept additional patients due to the number and/or acuity of patients currently being treated. Patients who are in-extremis shall be accepted by the hospital regardless of the hospital's status.
- C. A hospital's status at the time the ambulance begins transport (**not** when the prehospital provider contacts the hospital with a ring-down) will apply to that transport regardless of any subsequent status changes.
- D. Hospitals may **not** direct ambulances to other facilities or refuse to accept the patient for any reason other than those in Section II.

- E. If a facility is on Hospital Bypass, no EMS team will communicate with the facility to determine their ability to accept a patient or to request exceptions except the EMS Duty Chief/Agency.
- F. Exception: An ambulance transporting an in-extremis patient to a hospital on bypass will notify that hospital of their impending arrival.
- G. No ambulance will transport a patient, other than those who are in-extremis, to a hospital emergency department that is on 911 System hospital bypass.

#### V. Trauma Center Bypass Process

- A. Only one Trauma Center may be on Bypass status at a time.
- B. In the event that a second Trauma Center requests Bypass, the Trauma Center Medical Directors and the EMS Agency must agree to an interim patient management solution prior to the second Trauma Center executing Bypass status. This option shall be reserved for extreme circumstances only as the countywide impacts may be significant.
- C. The requesting Trauma Center shall notify the EMS Agency Duty Chief of the intention to use "Bypass." The EMS Duty Chief will discuss the rationale for the request, including verification that the status cannot be addressed through Internal Disaster. If not, then the EMS Duty Chief will then contact the Trauma Center currently on Bypass and determine if they are able to open earlier. If not, the EMS Duty Chief may or may not authorize a second Trauma Center to be on Bypass.
- D. In the unlikely event that both pediatric trauma centers are on bypass at the same time, the paramedics will contact Base Hospital for advice as to which destination to choose. The Base Hospital will contact both trauma centers on bypass and request a destination for the pediatric patient.
- E. The EMS Agency will then consult with the Trauma Center Medical Directors and take any appropriate actions to ensure the safety and welfare of the public.
- F. A Trauma Center may not remain on Bypass status for more than sixty (60) minutes.
- G. A Trauma Center must remain open for at least sixty (60) minutes before they may execute Bypass status again.

#### VI. Trauma Center Receiving Status

The following statuses apply to Trauma Center availability:

- A. **Open:** Accepting all 911 System ambulances as directed by clinical protocols and Trauma Center Catchments Areas.

- B. **Bypass:** Diverting all 911 Ambulance Traffic (except in-extremis patients).
- C. A Trauma Center's status at the time the ambulance begins patient transport (not when the prehospital provider contacts the hospital with a ring-down) will apply to that transport regardless of any subsequent status changes.
- D. Hospitals may **not** direct ambulances to other Trauma Centers or refuse to accept patients for any reason.
- E. If a Trauma Center is diverting 911 System ambulance traffic, no EMS team will communicate with the facility to determine their ability to accept a patient or to request exceptions except the EMS Duty Chief/Agency.
- F. Exception: An ambulance transporting an in-extremis patient to a hospital which is diverting will notify that hospital of their impending arrival.

**VII. Stroke and/or STEMI Center Receiving Status**

The following statuses apply to Stroke and/or STEMI Center availability:

- A. **Open:** Accepting all 911 ambulance stroke and/or STEMI patients.
- B. **Bypass:** Diverting all 911 ambulances (except in extremis patients)
  - 1. Potential reasons for Stroke bypass:
    - a. No neurologist available
    - b. No CT scan available
    - c. No ED/ICU beds/staff available
  - 2. Potential reasons for STEMI bypass:
    - a. No interventional cardiologist available
    - b. No cath lab available
    - c. No ED/ICU beds/staff available
- C. If the Stroke and/or STEMI Center (Center) will be on bypass for a prolonged period of time, the EMS Duty Chief shall be notified.
- D. A Center's status at the time the ambulance begins patient transport will apply to that transport (**not** when the ambulance contacts the hospital with a "ring down") regardless of any subsequent changes.
- E. A Center may **not** direct ambulances to other Centers or refuse to accept the patient for any reason.

- F. If a Center is diverting 911 ambulance traffic, no EMS team will communicate with that Center to determine their ability to accept a patient or to request exceptions, excluding the EMS Duty Chief/Agency.
- G. Exception: An ambulance transporting an in-extremis patient to a Center that is diverting, will notify that hospital of their pending arrival.

DRAFT



## HOSPITAL EMERGENCY DEPARTMENT DIVERSION AND TRAUMA CENTER BYPASS

**Effective:** ~~September 1, 2015~~ October 1, 2018 ~~TBD~~  
**Replaces:** September 1, 2015  
~~July 27, 2009~~  
**Review:** ~~November 12, 2018~~ October 1, 2021 ~~TBD~~  
**Resources:**  
None

### I. Purpose

The purpose of this policy is to define the circumstances in which hospitals can request EMS patients to bypass ~~be diverted from~~ their facility. Facility diversion ~~bypass~~ is a management tool that may be used temporarily by local hospitals when the patient load exceeds emergency department or specialty center resources.

### II. ED Diversion/Trauma Hospital Bypass Requirements

- A. ~~Emergency Departments and Trauma Centers~~ Hospitals may request 911 System ambulance diversion ~~bypass/bypass~~ in accordance with the following:
1. The hospital shall have an Agency-approved patient volume management plan that utilizes the guidelines established by The Joint Commission (TJC, ~~formerly known as JCAHO~~) as a minimum. The hospital shall revise and submit the plan annually for review and approval by the Agency.
  2. The hospital has determined, based on the approved patient volume management plan, that it can no longer care for additional patients in the emergency department or specialty care areas. Lack of inpatient ~~or intensive care unit (ICU)~~ beds alone is not sufficient cause to implement ambulance-hospital diversion ~~bypass~~.
  3. All Santa Clara County ~~Emergency Departments and Trauma Centers~~ Hospitals must use EMResource for maintaining availability status. As such, the following must occur:

- a. EMResource must be monitored at all times in each facility. This includes ensuring audible and visual alerting tools are activated and functioning at all times.
- b. Facility personnel must be aware of the content of this Policy including the criteria for ~~implementing emergency department (ED) Diversion and Trauma Center~~ hospital Bypass.
- c. Facility personnel must type the reason for going on Bypass (including number of holds) and the name of authorizing authority, in the comment section of EMResource.

B. A hospital may close to all patients (both walk-in and ambulance) if the facility or a portion of the facility is in a state of Internal Disaster as defined by the California Department of Health Care Services. In such cases, the facility shall attempt to change to **Internal Disaster (black)** status via EMResource. If it is not possible to change the status via this method, the hospital must contact County Communications immediately. The facility shall report this status to the Department of Health Care Services in accordance with applicable requirements.

III. Emergency Department (ED) 911 System Ambulance Hospital Diversion Bypass Process

A. In order to fully realize the benefits of an ~~ambulance-hospital diversion~~ bypass program, all designated hospitals in the County have been included in the program:

1. ~~4.~~ The Palo Alto Veterans Administration (PAV) Hospital is federally exempt from this requirement ~~but and~~ would continue to receive 911 System patients who request transport to PAV. The facility will assist in the case of multi-casualty incidents/disaster situations.
2. Lucille Packard Children’s Hospital is not included as the hospital does not have an emergency department. The facility will assist in the case of multi-casualty incidents/disaster situations.
- ~~\_\_\_\_\_~~ El Camino Hospital of Los Gatos is eligible for ~~ambulance~~ bypass, however, it is not included in any zone.
- ~~\_\_\_\_\_~~ ~~2.~~ ~~El Camino Hospital of Los Gatos is not eligible for routine~~
3. ~~911 ambulance diversion. In the event that the hospital experiences an unusual situation where ED diversion may be indicated, the charge nurse or other designated facility administrator should contact the EMS Duty Chief through County Communications.~~

- B. All designated hospitals in the County's ~~ambulance diversionbypass~~ program are able to divert 911 System ambulance traffic (not including those in-extremis).
- C. Only one (1) hospital may be on ~~ambulance diversionbypass (red)~~ at any one time in a DiversionBypass Zone. If a second hospital within the same DiversionBypass Zone wants to request 911 System ~~ambulance diversionbypass~~ status while another hospital is diverting, they must wait until the diverting hospital opens and then make the change through EMResource.

<p><b><u>Northern DiversionBypass Zone</u></b>  Stanford University Hospital  El Camino Hospital of Mountain View  Kaiser Santa Clara</p> <p><b><u>Central DiversionBypass Zone</u></b>  <del>Regional Medical Center of San Jose</del>  Santa Clara Valley Medical Center  O'Connor Hospital  <u>Good Samaritan Medical Center</u>  <u>El Camino Hospital of Los Gatos</u></p> <p><b><u>Southern DiversionBypass Zone</u></b>  Kaiser San Jose Medical Center  Regional Medical Center of San Jose  Saint Louise Hospital</p>
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- D. Hospitals may remain on ~~ambulance diversionbypass~~ status for no more than ~~ninetysixty (9060)~~ minutes per occurrence. A hospital that has ~~closed to diverted~~ ambulances ~~diversion~~ must remain open for at least ~~ninetysixty (9060)~~ minutes before being able to ~~divert~~ be on bypass again.

~~When Hospitals are experiencing heavy surge of patients and on ambulance bypass they should consider specialty bypass such as Stroke, STEMI and Trauma.~~

G.E. When the EMS System is being negatively affected by ~~ambulance hospital diversionbypass~~, the EMS Agency may require a Zone or all hospitals to open as ~~necessary~~.

H.F. When the hospital is directed by the Agency and/or County Communications to open/remain open, they shall do so immediately. If facility staff considers the direction inappropriate, they may discuss the situation with the Agency during regular business hours; however, additional ~~diversionbypass~~ time shall not be granted.

~~I.G.~~ Each hospital shall request no more than thirty-six (36) hours of 911 System ~~ambulance diversion~~bypass within a calendar month.

~~J.H.~~ The hospital shall immediately notify County Communications of any/all changes in facility status via EMResource. County Communications will not make any status changes by phone or radio unless EMResource has failed.

~~K.I.~~ EMS Agency staff may perform unannounced site visits to hospitals to ensure compliance with these requirements.

~~L.J.~~ Failure to fulfill these requirements may result in the hospital losing their ~~diversion~~bypass privilege.

#### IV. Emergency Department Receiving Status

The following status conditions apply to Emergency Departments that request the ~~diversion~~bypass of 911 System ambulances:

- A. **Open ~~(Green)~~:** Accepting all 911 System ambulance patients.
- B. **Bypass ~~(Red)~~:** Diverting all 911 System ambulance patients, except those in-extremis. The receiving hospital's Emergency Department is no longer able to accept additional patients due to the number and/or acuity of patients currently being treated. Patients who are in-extremis shall be accepted by the hospital regardless of the hospital's status.
- C. A hospital's status at the time the ambulance begins transport (**not** when the prehospital provider contacts the hospital with a ring-down) will apply to that transport regardless of any subsequent status changes.
- D. Hospitals may **not** direct ambulances to other facilities or refuse to accept the patient for any reason other than those in Section II.
- E. If a facility is ~~diverting on Hospital Bypass 911 System ambulance traffic~~, no EMS team will communicate with the facility to determine their ability to accept a patient or to request exceptions except the EMS Duty Chief/Agency.
- F. Exception: An ambulance transporting an in-extremis patient to a hospital on ~~diversion~~bypass will notify that hospital of their impending arrival.
- G. No ~~911 System~~ ambulance will transport a patient, other than ~~interfacility transfers and~~ those who are in-extremis, to a hospital ~~emergency department~~ that is on 911 System ~~ambulance-hospital~~diversionbypass.

#### V. Trauma Center Bypass Process

- A. Only one Trauma Center may be on Bypass status ~~(red)~~ at ~~the same~~a time.

- B. In the event that a second Trauma Center requests Bypass, the Trauma Center Medical Directors and the EMS Agency must agree to an interim patient management solution prior to the second Trauma Center executing Bypass status. This option shall be reserved for extreme circumstances only as the countywide impacts may be significant.
- C. The requesting Trauma Center shall notify the EMS Agency Duty Chief of the intention to use "Bypass." The EMS Duty Chief will discuss the rationale for the request, including verification that the status cannot be addressed through Internal Disaster ~~(Black)~~. If not, then the EMS Duty Chief will then contact the Trauma Center currently on Bypass and determine if they are able to open earlier. If not, the EMS Duty Chief may or may not authorize a second Trauma Center to be on Bypass.
- D. In the unlikely event that both pediatric trauma centers are on bypass at the same time, the paramedics will contact Base Hospital for advice as to which destination to choose. The Base Hospital will contact both trauma centers on bypass and request a destination for the pediatric patient.
- E. The EMS Agency will then consult with the Trauma Center Medical Directors and take any appropriate actions to ensure the safety and welfare of the public.
- F. A Trauma Center may not remain on Bypass status for more than sixty (60) minutes.
- G. A Trauma Center must remain open for at least sixty (60) minutes before they may execute Bypass status ~~subsequent times~~ again.

## VI. Trauma Center Receiving Status

The following statuses apply to Trauma Center availability:

- A. **Open ~~(Green)~~**: Accepting all 911 System ambulances as directed by clinical protocols and Trauma Center Catchments Areas.
- B. **Bypass ~~(Red)~~**: Diverting all 911 Ambulance Traffic (except in-extremis patients).
- C. A Trauma Center's status at the time the ambulance begins patient transport (not when the prehospital provider contacts the hospital with a ring-down) will apply to that transport regardless of any subsequent status changes.
- D. Hospitals may ***not*** direct ambulances to other Trauma Centers or refuse to accept patients for any reason.

- E. If a Trauma Center is diverting 911 System ambulance traffic, no EMS team will communicate with the facility to determine their ability to accept a patient or to request exceptions except the EMS Duty Chief/Agency.
- F. Exception: An ambulance transporting an in-extremis patient to a hospital which is diverting will notify that hospital of their impending arrival.

**VII. Stroke and/or STEMI Center Receiving Status**

The following statuses apply to Stroke and/or STEMI Center availability:

- A. **Open ~~(Green)~~**: Accepting all 911 ambulance stroke and/or STEMI patients.
- B. **Bypass ~~(Red)~~**: Diverting all 911 ambulances (except in extremis patients)
  - 1. Potential reasons for Stroke diversion/bypass:
    - a. No neurologist available
    - b. No CT scan available
    - c. No ED/ICU beds/staff available
  - 2. Potential reasons for STEMI bypass:
    - a. No interventional cardiologist available
    - b. No cath lab available
    - c. No ED/ICU beds/staff available
- C. If the Stroke and/or STEMI Center (Center) will be on diversion/bypass for a prolonged period of time, the EMS Duty Chief shall be notified.
- D. A ~~Stroke~~ Center's status at the time the ambulance begins patient transport will apply to that transport (**not** when the ambulance contacts the hospital with a "ring down") regardless of any subsequent changes.
- E. A ~~Stroke~~ Center may **not** direct ambulances to other ~~Stroke~~ Centers or refuse to accept the patient for any reason.
- F. If a ~~Stroke~~ Center is diverting 911 ambulance traffic, no EMS team will communicate with that ~~Stroke~~ Center to determine their ability to accept a patient or to request exceptions, excluding the EMS Duty Chief/Agency.
- G. Exception: An ambulance transporting an in-extremis patient to a Ccenter that is diverting, will notify that hospital of their pending arrival.

### **VIII. STEMI Center Receiving Status**

The following statuses apply to STEMI Center availability:

A. **Open (Green):** Accepting all 911 ambulance STEMI patients.

B. **Bypass (Red):** Diverting all 911 ambulances (except in extremis patients)

1. Potential reasons for STEMI diversion:

a. No interventional cardiologist available

b. No cath lab available

C. If the STEMI Center will be on bypass for a prolonged period of time, the EMS Duty Chief shall be notified.

D. A STEMI Center's status at the time the ambulance begins patient transport will apply to that transport (not when the ambulance contacts the hospital with a "ring down") regardless of any subsequent changes.

E. A STEMI Center may not direct ambulances to other STEMI Centers or refuse to accept the patient for any reason.

F. If a STEMI Center is diverting 911 ambulance traffic, no EMS team will communicate with that STEMI Center to determine their ability to accept a patient or to request exceptions, excluding the EMS Duty Chief/Agency.

G. Exception: An ambulance transporting an in-extremis patient to a center that is diverting, will notify that hospital of their pending arrival.



# County of Santa Clara Emergency Medical Services System

Policy # ~~401620~~  
Interfacility Transfer – Ground Ambulance

## INTERFACILITY TRANSFER – GROUND AMBULANCE

**Effective:** ~~December 13, 2016~~ **TBD**, 20168  
**Replaces:** ~~September 12, 2014~~ **December 13, 2016**  
**Review:** November, 2019 **21**

**Resources:** \_\_\_\_\_  
**Reference Guide: 801**—Trauma Transfer Guide  
**Reference Guide: 802**—Stroke Transfer Guide

### I. Purpose

The purpose of this policy is to establish standards for the ground ambulance transport of non-911 patients at the Basic Life Support (BLS), Advanced Life Support ~~Paramedic~~ (ALS), and Critical Care Transport (CCT) levels.

### II. Definitions

- A. **BLS Ambulance** – Any Santa Clara County permitted basic life support ambulance staffed with at least two Santa Clara County accredited EMTs.
- B. **ALS (~~Paramedic~~) Ambulance** – Any Santa Clara County permitted advanced life support ambulance staffed with at least one Santa Clara County accredited paramedic and one Santa Clara County accredited EMT or paramedic.
- C. **CCT Ambulance** – Any Santa Clara County permitted critical care transport ambulance with one of the following staffing configurations:
  - 1. One Santa Clara County accredited CCT-RN and two Santa Clara County accredited EMTs and/or paramedics; or
  - 2. One Santa Clara County accredited CCT-RN and one Santa Clara County accredited EMT or paramedic, if the CCT-RN has completed the Santa Clara County EMS Agency system orientation and can function at the same operational level as an accredited EMT.

### III. Utilization Guidelines

- A. The 911 System shall not be used as a means for intake of interfacility transportation requests. All requests for interfacility requests shall be made directly to a private ambulance service dispatch center.

- B. The sending physician is primarily responsible for determining the appropriate level of care required for each transported patient. However, each private ambulance service dispatch center shall utilize call screening mechanisms to assist callers in selecting the most appropriate unit for every patient to be transported. The dispatch center shall also have a clear policy on which patients are to be immediately transferred to County Communications for a 911 response.
- C. The sending physician shall prearrange acceptance of the patient by another physician at the receiving facility. In the absence of such an arrangement crews shall transport the patient to the closest appropriate open emergency department.
- D. All BLS and ALS ambulance services may provide interfacility transports as long as an employee training program has been conducted. This program must include roles and responsibilities, emergency procedures, documentation, etc.
- E. Each private ambulance service shall designate at least one program coordinator who shall clinically oversee and review interfacility patient transfers. The program coordinator must possess a valid and equal or greater level of medical certification/licensure compared to the level of service to be overseen.

#### **IV. Scope of Practice**

- A. The scope of practice for EMTs and paramedics may not exceed those described by the EMS Agency.
- B. An EMT or paramedic may follow care instructions provided by the sending physician that are within the scope of practice of the EMT or paramedic and that do not conflict with standing orders established by the EMS Agency Medical Director.
- C. A CCT-RN shall practice in accordance with orders provided by the sending physician and as authorized by the Medical Director of that private ambulance service.
- D. The sending physician or designee shall provide a verbal transfer of care report with transfer documentation to the transporting crew. Transfer documents must include the name of the sending and receiving physicians. Once this has occurred the transporting crew shall be responsible for the patient until they provide a verbal transfer of care report with transfer documentation to the accepting physician or designee at the receiving facility.
- E. A CCT-RN shall ensure that a physical copy of physician-signed transfer orders accompanies the patient. These orders must specify all care to be performed by the CCT-RN while that CCT-RN retains care of the patient.

- F. The transporting EMT, paramedic, or CCT-RN shall only transfer patient care to an equal or higher level care giver with the capability to continue the level of care provided during transport.
- G. If an ALS unit is used in place of a BLS unit, no ALS procedures are required, and the patient's condition originally warranted BLS level of care, the paramedic may transfer care to the EMT partner.
- H. In the event that a CCT unit is utilized for a 911 system response, the unit shall operate at the BLS level. Currently there is no provision for RN-level care in the 911 setting.
- I. A CCT ambulance may carry additional equipment not specified in *Santa Clara County Prehospital Care Manual Policy 302: Minimum Inventory Requirements*, as authorized by the individual private ambulance service medical director. The CCT-RN shall be responsible for the appropriate use of any additional equipment if carried.

**V. Patient Care Records**

An EMS Agency approved patient care record shall be completed for every transport.

**VI. Hospital Communications**

- A. Each provider shall contact the receiving facility to notify that facility of impending patient arrival. This may be accomplished by cellular phone or through the private ambulance service dispatch center.
- B. Santa Clara County EMS Radio Frequency Command 92 shall not be used for interfacility hospital notifications unless the patient is diverting to the closest, most appropriate, medical facility.

**VII. Changes in Patient Condition**

- A. In the event that a patient's condition deteriorates during transport to the prearranged destination, the following actions should be taken:
  - 1. A BLS ambulance shall divert to the closest most appropriate emergency department. If possible, pre-arrival hospital notification shall be made.
  - 2. An ALS ambulance paramedic may perform any ALS care within EMS Agency approved scope of practice as appropriate. Unless the paramedic is unable to manage the patient appropriately (patient is in extremis) they should not divert to another facility.
  - 3. CCT-Nurses shall follow their company protocols.

- B. A non-911 ambulance may operate with red lights and siren (RLS) if the patient's condition is such that not operating with RLS would present a clear risk to the patient's life and/or limb.

### VIII. General Acute Care Hospital Requests for Service

- A. All requests for interfacility transfers (BLS, ALS, and CCT-RN) shall be made directly to a private ambulance service dispatch center. A sending physician may order the use of red lights and siren for response and/or transport for any patient by written order.

1. Santa Clara County Prehospital Policy #620: Schedule A: Permitted Ambulance Providers list current Santa Clara County permitted ambulance providers and the level of services provided.

- B.A. A 911 ambulance may be used to **immediately** transfer a patient from a non-trauma facility to a Santa Clara County trauma center, if the acute trauma patient presents with any of the following:

1. Systolic blood pressure (SBP) less than 90mmHg, or
2. A 30mmHg decrease in SBP following two (2) liters of crystalloid solution infusion, or
3. Head injury with unilateral pupil dilation, or
4. Penetrating thoracic or abdominal trauma, or
5. Any patient requiring immediate evaluation/resuscitation per the transferring physician
  - a. Santa Clara County Prehospital Care Policy ~~8620~~: Schedule B: Trauma System Transfer Guidelines

- C. A 911 ambulance may be used to **immediately** transfer an acute stroke patient requiring comprehensive stroke services from a facility not able to provide necessary services to a capable facility, in the following circumstances:

1. CCT-RN ambulance is not available in an appropriate amount of time given the patient's condition, and the patient requires rapid transport.
2. IV thrombolytic infusion monitoring is outside the paramedic scope of practice. If infusion monitoring is necessary, facility staff (minimum RN level) will be required for the transport.
  - a. Santa Clara County Prehospital Care Policy ~~80620~~: Schedule C: Stroke System Transfer Guidelines

D. A 911 ambulance may be used to immediately transfer a “STEMI” patient requiring STEMI services from a facility not able to provide necessary services to a capable facility, in the following circumstances:

1. Non-911 paramedic or CCT-RN ambulance is not available in an appropriate amount of time given the patient’s condition, and the patient requires rapid emergency transport.

a. Santa Clara County Prehospital Care Policy 620:  
Schedule D; STEMI System Transfer Guidelines

D.E. All other STEMI, stroke and trauma patients requiring transfer shall be transported via CCT ambulance. If a physician believes the patient requires immediate transport by 911 ambulance and the patient does not meet the above criteria the ED Staff shall contact the EMS Duty Chief for authorization. When this occurs the sending facility shall do the following:

1. The sending physician shall coordinate with the accepting physician prior to sending the patient. Physician to physician contact regarding the patients transferred using the 911 system can be accomplished by ED physician to ED physician contact.
2. All calls for a 911 resource shall be made to County Communications via dedicated land line only. When requesting a 911 resource the caller should ask for a “code 3 trauma transport,” “code 3 STEMI transport” or a “code 3 stroke transport”.
3. 911 ambulances will generally arrive within twelve (12) minutes; the sending facility will ensure the patient is ready for immediate transport at the time the call for ambulance is placed.

E. The 911 emergency medical services system is not to be used for interfacility transfers except where authorized in section VIII, B, C and ED.

1. If a request for an interfacility response is made to any Public Safety Answering Point (either by calling 911, the jurisdictions seven digit emergency number or by using the direct connect phone in the emergency department) the appropriate law enforcement, EMS, and fire service agency will be dispatched.
2. Santa Clara County Prehospital Care Policy shall determine the patient’s destination and the role of any physician that may have ordered the transfer.
3. All of interfacility responses will be reviewed and evaluated by the EMS Agency to determine if further reporting is required.

4. Hospitals or other individuals that initiate interfacility transfers through the 911 EMS System may be responsible for all costs associated with the response.

**IX. Discontinuation**

Interfacility transports may be suspended at any time by the EMS Agency based on the needs of the 911 system. In such cases, any county permitted ambulances may be utilized for 911 system responses.



## INTERFACILITY TRANSFER – GROUND AMBULANCE PERMITTED AMBULANCE PROVIDERS

**Effective:** TBD, 2018  
**Replaces:** New  
**Review:** TBD

### I. Purpose of the Schedule

The purpose of this schedule is to identify Santa Clara County permitted ground ambulance providers and service levels.

### II. Santa Clara County Permitted Non-911 Critical Care Transport-RN Providers

Provider	Minimum Staffing	Phone Number
AMR	CCT RN (1) / EMT (1)	855.788.8370
Bayshore Ambulance	CCT RN (1) / EMT (1)	650.525.9700
Falck North America	CCT RN (1) / EMT (1)	800.344.9955
Norcal Ambulance	CCT RN (1) / EMT (1)	866.755.3400
Pro Transport-1	CCT RN (1) / EMT (1)	800.650.4003
Royal Ambulance	CCT RN (1) / EMT (1)	888.510.3687
Westmed Ambulance	CCT RN (1) / EMT (1)	888.331.1420

### III. Santa Clara County Permitted Non-911 Paramedic (ALS) Providers

Provider	Minimum Staffing	Phone Number
Falck North America	Paramedic (1) / EMT (1)	800.344.9955
Pro Transport-1	Paramedic (1) / EMT (1)	800.650.4003
Silicon Valley Ambulance	Paramedic (1) / EMT (1)	888.551.9437
Westmed Ambulance	Paramedic (1) / EMT (1)	888.331.1420

### IV. Santa Clara County Permitted Non-911 BLS (EMT) Providers

Provider	Minimum Staffing	Phone Number
AMR	EMT (2)	855.788.8370
Bayshore Ambulance	EMT (2)	650.525.9700
Falck North America	EMT (2)	800.344.9955
Norcal Ambulance	EMT (2)	866.755.3400
Pro Transport-1	EMT (2)	800.650.4003
Royal Ambulance	EMT (2)	888.510.3687
Silicon Valley Ambulance	EMT (2)	888.551.9437
Westmed Ambulance	EMT (2)	888.331.1420



## INTERFACILITY TRANSFER – GROUND AMBULANCE TRAUMA SYSTEM TRANSFER GUIDELINES

**Effective:** TBD, 2018  
**Replaces:** EMS Reference 801  
**Review:** TBD

### I. Purpose of the Schedule

The purpose of this schedule is to identify Santa Clara County Trauma System Transfer Guidelines.

### II. Trauma Transfer Procedure

DO NOT DELAY. Initiate the process immediately. Transfers can be cancelled.	
Step 1	Contact the receiving "Trauma Center" and confirm that the receiving physician will accept the patient.
Step 2	Determine the appropriate "Type of Ambulance Transport."
Step 3	Initiate response by requesting " <b>CODE 3 Trauma Transfer</b> " from the appropriate ambulance provider. ♦ For <b>EMERGENCY TRANSFER</b> patients, use County Communications' direct phone line. When a 911 ambulance is used, the patient <u>must always go to the closest Trauma Center</u> . ♦ For <b>URGENT TRANSFER</b> patients, call contracted ambulance provider directly or other non-911 ambulance provider. When a non-911 ambulance is used, the destination is at the discretion of the sending physician.
Step 4	Prepare patient and paperwork for immediate transfer of care when the ambulance arrives.

### III. Trauma Transfer Criteria for **EMERGENCY TRANSFER**

EMERGENCY TRANSFER criteria - for patients requiring immediate transfer by 911 ambulance:	
• Blood Pressure	♦ BP of <90 ♦ Decrease in BP by 30mmHg after 2 liters of crystalloid solution infusion
• Head Injury with blown pupil	
• Penetrating thoracic or abdominal trauma	
• Patient requiring immediate evaluation / resuscitation per transferring physician	
• <b>Contact trauma hospital Emergency Department before calling for a 911 ambulance</b>	

IV. Trauma Transfer Criteria: **URGENT TRANSFER**

URGENT TRANSFER criteria - for patients <u>NOT</u> requiring immediate transfer by 911 ambulance:	
● Central Nervous System	◆ Penetrating injury or open fracture to head
	◆ GCS < with abnormal CT
	◆ Spinal cord or major vertebral injury
● Chest	◆ Major chest wall injury with >3 rib fractures and/or pulmonary contusion
	◆ Wide mediastinum or other signs of great vessel injury – Transfer to Stanford
	◆ Cardiac injury
	◆ Penetrating chest injury
● Major extremity injuries	◆ Fracture / dislocation with loss of distal pulses and/or ischemia
	◆ Open long bone fractures
	◆ Two or more long bones fractures
	◆ Amputations requiring re-implantation
● Pelvis / Abdomen	◆ Pelvic ring disruption
	◆ Solid organ injury confirmed by CT or ultrasound demonstrating abdominal fluid
● Multiple System Injury	◆ Burns with associated injuries – Transfer to Valley
	◆ Major injury to more than two body regions
	◆ Signs of hypo-perfusion – Lactate >4 or Base deficit >4
● Co-morbid factors	◆ Adult >65 y/o
	◆ Children <6 y/o – Transfer <15 y/o to Stanford or Valley
	◆ Insulin dependent diabetes
	◆ Morbid obesity
	◆ Cardiac or respiratory disease
	◆ Immunosuppression
	◆ Pregnancy >22 weeks gestation – Transfer to Stanford or Valley
● <b>Contact trauma hospital call center to arrange for transfer</b>	

**V. Type of Ambulance Transports for Trauma Transfers**

<b>Ground Ambulance Transport</b>	
911 ALS	Provide standard ACLS capabilities and medications.
CCT-RN	Provide ACLS, administer most medications/drips and provide mechanical ventilation.
Non-911 ALS	Provide standard ACLS capabilities and medications. No blood products within 30 minutes.
Non-911 BLS	Provide standard BCLS only. Staffed by two (2) EMTs. Last ground ambulance option. Consider sending facility RN or MD with crew.
<i>List of Permitted Ground Ambulance Providers found in Schedule A of this policy.</i>	
<b>Air Ambulance Transport</b>	
Provide ACLS, administer most medications/drips and provide mechanical ventilation. Policy 621: Interfacility Transfer-Air Ambulance identifies system requirements and providers.	

**VI. Designated Santa Clara County Trauma Centers**

<b>Trauma Center</b>	<b>Level of Care</b>	<b>Phone Number</b>
Regional-San Jose (RSJ)	Adult	408.729.2841 - (Both)
Stanford (SUH)	Adult / Pediatrics	650.723.7337 - (Emergency Transfer) 800.800.1551 - (Urgent Transfer)
Valley Medical Center (VMC)	Adult / Pediatrics	408.947.4087 - (Both)



## INTERFACILITY TRANSFER – GROUND AMBULANCE STROKE SYSTEM TRANSFER GUIDELINES

**Effective:** TBD, 2018  
**Replaces:** EMS Reference 802  
**Review:** TBD

### I. Purpose of the Schedule

The purpose of this schedule is to identify Santa Clara County Stroke System Transfer Guidelines.

### II. Stroke Transfer Procedure

Stroke Transfer Procedure	
Step 1	Confirm patient needs endovascular neuro-intervention.
Step 2	Contact the receiving “Comprehensive Stroke Center” and confirm that the receiving physician will accept the patient.
Step 3	Determine the appropriate “Type of Ambulance Transport”: <ul style="list-style-type: none"> <li>◆ Is the patient receiving any medications?</li> <li>◆ Will a CCT-RN be needed?</li> </ul>
Step 4	<ul style="list-style-type: none"> <li>◆ Initiate the transfer process immediately with your non-911 contracted ambulance provider, transfers can always be cancelled.</li> <li>◆ Request “Red Lights and Siren” as appropriate to the patient’s acuity.</li> <li>◆ Evaluate the expected time of arrival for the transport ambulance with the acuity of the patient.</li> <li>◆ If needed, contact another non-911 ambulance provider (CCT-RN or non-911 ALS); compare estimated time of arrival (ETA).</li> </ul>
Step 5	If the patient has no medications and is not in need of a CCT-RN and the acuity dictates rapid transfer by 911 ALS: <ul style="list-style-type: none"> <li>◆ Contact County Communications via direct phone line.</li> <li>◆ Expect a ten (10) minute response time.</li> <li>◆ Have all necessary paperwork and films ready prior to ambulance arrival.</li> </ul>
Step 6	Prepare patient and paperwork for immediate transport ambulance arrives.

### III. Type of Ambulance Transports for Stroke Transfers

<b>Ground Ambulance Transport</b>	
CCT-RN	Provide ACLS, administer most medications/drips and provide mechanical ventilation.
Non-911 ALS	<p>Provide ACLS. Most IV medications utilized for stroke patient are not in the paramedic's scope of practice, including thrombolytics. Options include:</p> <ul style="list-style-type: none"> <li>◆ Give bolus medication prior to arrival, or</li> <li>◆ Complete the infusion, or</li> <li>◆ Make plans to send facility staff (minimum one RN) during the transport to complete the infusion.</li> <li>◆ Thrombolytics cannot be running at time of call, unless facility staff (minimum RN) is at patient's side.</li> </ul>
911 ALS	<p><b><u>For only critically ill patients that need immediate transfer.</u></b></p> <p>Provide ACLS. Most IV medications utilized for stroke patient are not in the paramedic's scope of practice, including thrombolytics. Options include:</p> <ul style="list-style-type: none"> <li>◆ Give bolus medication prior to arrival, or</li> <li>◆ Complete the infusion, or</li> <li>◆ Make plans to send facility staff (minimum one RN) during the transport to complete the infusion.</li> <li>◆ Thrombolytics cannot be running at time of call, unless facility staff (minimum RN) is at patient's side.</li> </ul>
Non-911 BLS	Provide BCLS only. Last resort. Will send facility staff (minimum one RN) during the transport to complete the infusion and care for the patient.
<b><i>List of Permitted Ground Ambulance Providers found in Schedule A of this policy.</i></b>	
<b>Air Ambulance Transport</b>	
<p>Provide ACLS, administer most medications/drips and provide mechanical ventilation.            Policy 621: Interfacility Transfer-Air Ambulance identifies system requirements and providers.</p>	

#### IV. Designated Santa Clara County Stroke Centers

Stroke Center	Level of Care	Phone Number
El Camino-Mountain View (ECH)	Comprehensive / Primary	650.940.7055
Good Samaritan (GSH)	Comprehensive / Primary	408.599.2190
Regional-San Jose (RSJ)	Comprehensive / Primary	408.729.2841
Stanford (SUH)	Comprehensive / Primary	800.800.1551
El Camino-Los Gatos (LGH)	Primary	408.866.4040
Kaiser-San Jose (STH)	Primary	408.972.6140
Kaiser-Santa Clara (KSC)	Primary	408.851.1000
O'Connor (OCH)	Primary	408.947.3999
Saint Louise (SLH)	Primary	408.848.8680
Valley Medical Center (VMC)	Primary	888.880.2862



## INTERFACILITY TRANSFER – GROUND AMBULANCE STEMI SYSTEM TRANSFER GUIDELINES

**Effective:** TBD, 2018  
**Replaces:** New  
**Review:** TBD

### I. Purpose of the Schedule

The purpose of this schedule is to identify Santa Clara County STEMI System Transfer Guidelines.

### II. STEMI Transfer Procedure

STEMI Transfer Procedure	
Step 1	Confirm patient needs percutaneous coronary intervention or coronary artery bypass graft.
Step 2	Contact the receiving “STEMI Center” and confirm that the receiving physician will accept the patient.
Step 3	Determine the appropriate “Type of Ambulance Transport”: <ul style="list-style-type: none"> <li>◆ Is the patient receiving any medications?</li> <li>◆ Will a CCT-RN be needed?</li> </ul>
Step 4	<ul style="list-style-type: none"> <li>◆ Initiate the transfer process immediately with your non-911 contracted ambulance provider, transfers can always be cancelled.</li> <li>◆ Request “Red Lights and Siren” as appropriate to the patient’s acuity.</li> <li>◆ Evaluate the expected time of arrival for the transport ambulance with the acuity of the patient.</li> <li>◆ If needed, contact another non-911 ambulance provider (CCT-RN or non-911 ALS); compare estimated time of arrival (ETA).</li> </ul>
Step 5	If the patient has no medications and is not in need of a CCT-RN and the acuity dictates rapid transfer by 911 ALS: <ul style="list-style-type: none"> <li>◆ Contact County Communications via direct phone line #xxx-xxx-xxxx.</li> <li>◆ Expect a ten (10) minute response time.</li> <li>◆ Have all necessary paperwork and films ready prior to ambulance arrival.</li> </ul>
Step 6	Prepare patient and paperwork for immediate transport ambulance arrives.

### III. Type of Ambulance Transports for STEMI Transfers

<b>Ground Ambulance Transport</b>	
CCT-RN	Provide ACLS, administer most medications/drips and provide mechanical ventilation.
Non-911 ALS	<p>Provide ACLS. Most IV medications utilized for STEMI patient are not in the paramedic's scope of practice, including medications such as IV nitroglycerine, thrombolytics, and other IV drip medications. Options include:</p> <ul style="list-style-type: none"> <li>◆ Give bolus medication prior to arrival, or</li> <li>◆ Complete the infusion, or</li> <li>◆ Make plans to send facility staff (minimum one RN) during the transport to complete the infusion.</li> <li>◆ IV drip medications cannot be running at time of call, unless facility staff (minimum RN) is at patient's side.</li> </ul>
911 ALS	<p><b><u>For only critically ill patients that need immediate transfer.</u></b></p> <p>Provide ACLS. Most IV medications utilized for STEMI patient are not in the paramedic's scope of practice, including medications such as IV nitroglycerine, thrombolytics, and other IV drip medications. Options include:</p> <ul style="list-style-type: none"> <li>◆ Give bolus medication prior to arrival, or</li> <li>◆ Complete the infusion, or</li> <li>◆ Make plans to send facility staff (minimum one RN) during the transport to complete the infusion.</li> <li>◆ IV drip medications cannot be running at time of call, unless facility staff (minimum RN) is at patient's side.</li> </ul>
Non-911 BLS	Provide BCLS only. Last resort. Will send facility staff (minimum one RN) during the transport to complete the infusion and care for the patient.
<b><i>List of Permitted Ground Ambulance Providers found in Schedule A of this policy.</i></b>	
<b>Air Ambulance Transport</b>	
<p>Provide ACLS, administer most medications/drips and provide mechanical ventilation.            Policy 621: Interfacility Transfer-Air Ambulance identifies system requirements and providers.</p>	

**IV. Designated Santa Clara County STEMI Centers**

<b>STEMI Center</b>	<b>Phone Number</b>
El Camino-Mountain View (ECH)	650.336.4933
Good Samaritan (GSH)	800.543.7425
Kaiser-San Jose (STH)	408.972.7711
Kaiser-Santa Clara (KSC)	408.851.1000
O'Connor (OCH)	408.947.6225
Regional-San Jose (RSJ)	855.762.6375
Stanford (SUH)	650.723.4696
Valley Medical Center (VMC)	888.880.2862



## AMBULANCE PATIENT OFFLOAD

**Effective:** October 1, 2018  
**Replaces:** New  
**Review:** October 1, 2021

### I. Purpose

The purpose of this policy is to establish direction for the safe and rapid transfer of patient care responsibilities between Emergency Medical Services (EMS) personnel and Emergency Department (ED) medical personnel in accordance with 1797.125 of Health and Safety Code, and the process to address offload delays.

### II. Considerations

It is incumbent upon receiving hospitals and ambulance providers to minimize the time required to transfer patient care and return ambulances to service to ensure optimal patient care, safety and EMS system integrity. Delays in the transfer of patient care and offloading of patients delivered to designated receiving hospitals by EMS ambulances adversely affects patient care, safety and the availability of ambulances for emergency responses throughout Santa Clara County.

### III. Definitions

**Ambulance arrival at the Emergency Department (ED)** - the time the ambulance arrives at the location outside the hospital ED where the patient will be unloaded from the ambulance.

**Ambulance Patient Offload Time (APOT)** - the time interval between the arrival of an ambulance patient at an ED and the time the patient is transferred to the ED gurney, bed, chair or other acceptable location and the emergency department assumes the responsibility for care of the patient.

**Ambulance Patient Offload Delay (APOD)** – the ambulance patient offload time for a patient exceeds a period of time designated by the LEMSA. For purposes of this policy and for Santa Clara County EMS system oversight review, all transfer of care timestamps over 25 minutes and up to 60 minutes will be considered an offload delay.

**Ambulance Patient Offload Delay Sentinel Event** – the occurrence of a patient remaining on the ambulance gurney and/or the emergency department has not assumed responsibility for patient care beyond the LEMSA maximum delay time-over 60 minutes.

**Emergency Department Medical Personnel** – ED physician, Physician Assistant, Nurse Practitioner or Registered Nurse (RN).

**EMS Personnel** – Public Safety First Responders, EMTs, and/or paramedics responsible for out of hospital patient care and transport consistent with the scope of practice as authorized by their level of credentialing.



#### IV. EMS Personnel Responsibility

- A. EMS personnel shall continue to provide patient care prior to the transfer of patient care to the designated receiving hospital ED medical personnel. All patient care shall be documented according to Santa Clara County policies. Medical Control and management of the EMS system, including EMS personnel, remain the responsibility of the Local EMS Agency Medical Director and all care provided to the patient must be pursuant to Santa Clara County EMS treatment protocols and policies.
- B. During triage by ED medical personnel, EMS personnel will provide a verbal patient report containing any pertinent information necessary for the ongoing care of the patient. Transfer of patient care is completed once the ED medical staff has received a verbal patient report and the patient is offloaded. If the transfer of care exceeds the 25 minute standard, it will be documented and tracked as an Ambulance Patient Offload Delay.
- C. After transfer of patient care to ED medical personnel has occurred, the transporting EMS personnel are not responsible to continue monitoring the patient or provide care within the hospital setting.
- D. EMS personnel are responsible for immediately returning to response ready status once patient care has been transferred to ED medical personnel and the patient has been offloaded from the ambulance gurney.

#### V. Hospital Responsibility

The hospital responsibility for the care of a patient begins when the patient or ambulance arrives on hospital grounds and requires an initial assessment and triage of the patient without delay. Upon arrival of a patient at the hospital by ambulance, the ED medical personnel should make every attempt to medically triage the patient and offload the patient to a hospital bed or other suitable sitting or reclining device at the earliest possible time not to exceed 25 minutes. The ED staff will work with ambulance personnel to ensure optimal patient transfer of care and resolve any instances of delay past the time standard. During periods of unusual level of demand, hospitals shall activate internal protocols for ED saturation. Predictable daily and seasonal high utilization periods should be included in hospital planning and are not considered unusual level of demand episodes. Hospital staff will work with the Santa Clara County EMS Agency to ensure internal policies and procedures are in place to prioritize patients arriving by 911 transport providers.

#### VI. Santa Clara County EMS Agency Responsibilities

The EMS Agency will provide hospitals and ED leadership with reliable patient transfer of care performance reports, and publically post EMS to ED patient transfer of care reports on the Santa Clara County EMS Agency website.

#### VII. APOD Mitigation Procedures

- A. Designated receiving hospitals have a responsibility to ensure policies and processes are in place that facilitates the rapid and appropriate transfer of patient care from EMS personnel to the ED medical personnel within 25 minutes of arrival at the ED.



1. ED medical personnel should consider the following to prevent APOD:
    - a. Immediately acknowledge the arrival of each patient transported by EMS
    - b. Receive a verbal patient report from EMS personnel
    - c. Receive and offload patients transported by ambulance within 25 minutes of arrival in the ED
    - d. Transfer patient to the hospital gurney, bed, chair, wheelchair or waiting room as appropriate for patient condition within 25 minutes of arrival at the hospital ED.
  2. If APOD does occur, the hospital should make every attempt to:
    - a. Provide a safe area in the ED within direct sight of ED medical personnel where the ambulance crew and patient can temporarily wait.
    - b. Inform the attending paramedic or EMT of the anticipated time for the offload of the patient.
    - c. Provide information to the supervisor of the EMS personnel regarding the steps that are being taken by the hospital to resolve APOD.
    - d. Consider activation of ED surge policy.
  3. If APOD does occur, the EMS personnel shall:
    - a. promptly notify ED supervisory staff (ED charge nurse and/or physician in charge) of ambulance patient offload issues past the 25 minute standard.
    - b. promptly notify their EMS Field Supervisor, who shall:
      - i. assist with the resolution of the availability issues and follow up with the hospital.
      - ii. notify the EMS Duty Chief of all patients held longer than 45 minutes and document the details in a Command Event Record
        1. EMS Duty Chief will advise the EMS Director to contact the hospital's Administrator on Call.
- B. Hospitals will provide written details to the Santa Clara County EMS Agency and EMS providers of policies and procedures that have been implemented to mitigate APOD and assure effective communication with the affected partners:
1. Processes for the immediate notification of the following hospital staff through their internal escalation process of the occurrence of APOD, including but not limited to:
    - a. ED/Attending Physician



- b. ED Nurse Manager/Director or Designee (i.e. charge nurse)
  - c. House supervisor
  - d. Administrator on call
2. Processes to alert the following affected partners via EMResource when a condition exists that affects the timely offload of ambulance patients:
    - a. Local receiving hospitals/base hospitals
    - b. Ambulance dispatch centers
  3. Processes for ED medical personnel to immediately respond to and provide care for the patient if the attending EMS personnel alert the ED medical personnel of a decline in the condition of a patient being temporarily held on the ambulance gurney.
- C. EMS personnel are directed to do the following to prevent APOD:
1. Provide the receiving hospital ED with the earliest possible notification that a patient is being transported to their facility.
  2. Utilizing the appropriate safety precautions, walk-in ambulatory patients or use a wheelchair rather than an ambulance gurney, if appropriate for the patient's condition.
  3. Provide a verbal patient report to the ED medical personnel within 25 minutes of arrival to the ED.
  4. Contact the EMS supervisor for direction if the ED medical personnel do not offload the patient within the 25 minute local ambulance patient offload time standard.
  5. Complete the Santa Clara County EMS required patient care documentation.
  6. Work cooperatively with the receiving hospital staff to transition patient care within the timeframes established in this policy.
- D. Upon request, hospitals will provide written details and a mitigation plan to the Santa Clara County EMS Agency related to excessive Ambulance Patient Offload Delay Sentinel Events (transfer of care timestamps over 60 minutes).
1. Responses shall be submitted to the EMS Agency within 15 days of being notified.