POLICY – EMS 405

Transporting Patients

Approved By:		**Original Policy Date:** 4/13/1999	**Revision Date** 9/22/2022
Supersedes:	4/13/99 – Original 10/25/16 – Revised 8/1/2018 – Revised 1/6/2022– Revised	**See Also:**	

1. Shoreline Fire Department (SFD) shall provide general guidelines for the utilization of Medic Unit / Advance Life Support (ALS), Aid Unit / Basic Life Support (BLS), and private ambulance use. The purpose is to provide a uniform decision-making process when determining final transport destinations and mode of transport.

2. EMS vehicles shall obey all traffic laws while transporting. Personnel will always operate the vehicle within the Department's established driving policy. All crewmembers will be adequately restrained unless unable to perform patient care.

3. All patients transported in a fire department vehicle shall be secured using the normal lap, chest, and shoulder harness straps attached to each stretcher. If a patient is placed on a backboard and then onto the stretcher, a belt shall be routed through a hand opening in the board to restrict the patient from sliding forward or backward off the stretcher.

4. At least one member of the EMS crew will ride in the rear of the vehicle attending to the patient's needs. At no time shall a patient be left alone in the transporting vehicle.

5. The EMS personnel will contact the receiving facility to provide the patient's condition and expected arrival time. This contact should be made as early as possible to facilitate any potential destination changes and allow adequate pre-arrival time for the facility.

6. EMS vehicles will attempt to facilitate a quick turn-around at the hospital to make themselves available for subsequent alarms. BLS units should notify dispatch that they are "available" when reaching the SFD response boundaries. ALS units should make themselves available when they get to their ALS service area.

7. People other than the patient may be transported in the EMS vehicle when a specific need exists, and they should always be encouraged to provide their own transportation to get home from the hospital. Examples of "specific needs" are parents, immediate family unable to drive, physicians or other care providers on the scene, etc.

8. Whenever Shoreline personnel assumes the responsibility of an incident that requires a patient to be transported to a medical facility, the EMS crew shall recommend the appropriate method of transportation. ALS personnel will generally make this decision when they are on the scene. In other cases, the BLS person assigned as the lead will make this decision. The exception to this process is a Mass Casualty Incident (MCI), where personnel shall follow the established MCI plan for King County.

9. **ALS patient transports**:

   a. Medic Units are intended and licensed for the ALS treatment and transportation of patients with life-threatening or potentially life-threatening conditions. Transport decisions for ALS patients should adhere to the Shoreline ALS patient care guidelines. The utilization of ALS private ambulances to transport patients who would typically be treated and transported by a medic unit is not authorized.

   b. Patients meeting the **"ALS Level, Rapid Transport Stroke Protocol"** should be transported in the shortest time frame possible to the closest Comprehensive Stroke Center.

   c. Unstable patients, or those with specific needs, i.e., burns, pediatrics, trauma, etc., will be transported to the facility that can best manage them. This decision is generally made in consultation with the Department's on-line medical control and established triage criteria.

   d. Stable patients who need to be transported by Medic Unit should be taken to the hospital of their choice utilizing the "normal transport destinations" for the jurisdiction where the incident originates. This decision should consider the patient's condition, time of day, traffic, and other extenuating circumstances.

   e. The hospitals considered "normal transport destinations" for Shoreline Medic units are listed below. Medic Units may transport to other facilities on a case-by-case basis. These decisions are subject to review by the EMS Chief and Medical Program Director.

UW - Northwest	University of Washington	Providence-Everett
Swedish-Edmonds	Swedish-Ballard	VA
Evergreen	Swedish-Cherry Hill	Harborview
Overlake	Swedish-First Hill	
Children's	Virginia Mason	

   f. Special requests, made on behalf of the patient by their family or physician, should be reported to on-line medical control to assist in the destination decision process. The Paramedics are responsible for recommending the best destination and method of transport to the patient, patient's family, and or physician.

10. **BLS Patient Transports:**

   a. The KCEMS BLS patient care guidelines define the decision matrix to provide a BLS Level transport.

   b. **24-hours a day, seven days a week** when patients are requesting to go to the following facilities, a Shoreline Fire Department aid unit should transport them if one is available:
      i. **UW - Northwest**
      ii. **Swedish - Edmonds**
      iii. **Children's**
      iv. **Evergreen**
      v. **Or based on a specialty medical need Harborview, Swedish Cherry Hill, or Virginia Mason**
      "Specialty Medical need" is defined as burns, specialty trauma care, patients meeting the "Comprehensive Stroke Destination triage protocol" or when Northwest or

Swedish/Edmonds request divert to another facility based on a medical need and the transport has been initiated.

c. Unstable patients, or those who have specific needs, i.e., burns, pediatrics, trauma, etc., will be transported to the facility that can best manage them. This decision is made in consultation with the Department's on-line medical control and established triage criteria.

d. If a Department aid unit is not at the scene, personnel should request a SFD aid unit for transport with one exception. Normally A151 and A164 should not be used in the other's first-due station area respectively. If a Shoreline Aid unit is not available, the crew will request a private ambulance using the established process. Additionally, A151 should not normally transport to UW-Northwest, or Swedish-Edmonds and A164 should not normally transport to Evergreen. i.e. if E157 is looking for transport to UW-NW "ask for A163/A165" (assuming A157 is out of service), if E157 is looking for transport to Evergreen "ask for A151".

e. Personnel in the Lead position on Aid Unit transports are required to obtain the necessary information and signatures related to the BLS transport billing process.

11. The following **exceptions** apply to **BLS patient transports**:

a. Patients meeting the **"BLS Level Rapid Transport Stroke Protocol"** should be transported in the shortest timeframe possible to the closest appropriate facility. This typically will be UW-Northwest or Swedish-Edmonds for BLS patients, with the goal being no delays in transporting the patient.

b. When another agency requests a Shoreline aid unit for transport, they are to transport to the requested facility. This may require them to transport to a facility outside their regular destinations. If follow-up is necessary, provide a detailed report to the on-duty MSO and Division Chief of EMS.

c. Patients requesting to go to a "downtown hospital," such as the **University of Washington, Swedish/Ballard, Swedish/First Hill, Virginia Mason**, or patients who request **HMC or Swedish-Cherry Hill** without a "specialty" medical need, should be transported by private ambulance. If an ambulance is unavailable or the response time is unreasonable, a SFD aid unit should provide transport.

d. For patients with **alcohol intoxication** as the only complaint, and where the patient has been evaluated and found to be without any other medical concerns; consistent with the KC Blue Book, the EMS crew may utilize a taxi voucher, family member, private ambulance or leave them at the scene.

e. For patients who have been seen frequently by EMS and have a formal "care plan" established by the MIH program, the EMS crew should follow the specific care plan as prescribed for the patient.

f. For patients who are in need of an involuntary commitment, private ambulance use is authorized.

12. The following guidelines apply if it is determined that a **private ambulance transport** is to be used (transport outside of hospitals listed in 10-b or no Shoreline Aid cars are available:

    a. A patient or family request for a specific ambulance company or a specific destination should be honored.

    b. ALS ambulances are only allowed for BLS transports under our regular operations.

    c. A Patient Care Report (ESO), including history, findings, treatments, and transport destination, shall be available to the ambulance crew and the receiving hospital. Once they have accepted the patient, they are responsible for any additional patient care decisions. This will typically be accomplished by electronically transferring the ESO information utilizing the mobile-to-mobile link through ESO.

    d. When EMS units need an ambulance, they should request one using the 800 MHz radio system. The unit should switch to E-AMB (A13) to talk directly with AMR's dispatch center.

    e. If AMR cannot provide service, they will contact other ambulance providers to fulfill our request.

    f. If the patient requests another ambulance provider, that request will be made using NORCOM (Fire Dispatch).