



**SERVICE PROVIDER TRANSPORT AND DISPATCH  
CRITERIA FOR INTERFACILITY TRANSFERS BETWEEN  
ACUTE CARE HOSPITALS**



I. AUTHORITY: *Health and Safety Code, Division 2.5, Sections 1797.220, 1798, 1798.170, and 1798.172. U.S. Sec 1867.[42 U.S.C. 1395dd], DHHS/CMS 42 CFR Part 489; Calif H&S Code-HSC Sec 1317.1, 1317.2*

II. APPLICATION:

Guidelines for transport of a patient with an emergency medical condition from an emergency receiving center (ERC) to a different ERC or to a higher level of care (specialty) center.

III. DEFINITIONS:

“**BLS Ambulance**” means ambulance staffed with certified emergency medical technicians (EMTs) (refer to Attachment A).

“**Emergency Medical Condition**” means a medical-surgical condition manifesting itself by acute symptoms or sufficient severity such that the absence of immediate medical attention could be expected to result in the following:

- (1) Placing the person’s health in jeopardy
- (2) Impairment to bodily functions
- (3) Dysfunction of any bodily organ or part

“**EMTALA**” means the U.S. Department of Health and Human Services Emergency Medical Treatment and Active Labor Act (*DHHS/CMS 42 CFR Part 489*).

“**ERC**” means an acute care hospital designated by Orange County EMS for receiving 911-dispatch response patients.

“**Health and Safety Code**” (**HSC**) means California Health and Safety Law.

“**Interfacility Transfer**” means ambulance transport of a patient between one health care facility and another. This policy is specific for transport of patients between acute care hospitals.

“**IFT-ALS**” (**Interfacility Transport-Advanced Life Support**) means an Orange County licensed ambulance staffed with OCEMS accredited paramedics and EMTs, designated by OCEMS to perform advanced life support (paramedic) level interfacility transports (refer to Attachment A).

“**Scope of Practice**” means the California defined medical capabilities of an EMS provider category (EMT or paramedic). Refer to Attachment A.

“**SCT Transport**” means “Specialty Care Transport” as defined by the Centers for Medicare and Medicaid Services (CMS) which is an ambulance staffed with a Registered Nurse and other staff as required (such as Respiratory Therapist) that transport a critically ill patient requiring management above the scope of practice of a Paramedic (refer to Attachment A).

IV. SERVICE PROVIDER TRANSPORT GUIDELINES:

- A. Clarification of Interfacility transport and acute care receiving centers on diversion status:  
Per OCEMS diversion policy (OCEMS Policy # 310.96), no patient is to be transported to an Emergency Department that is on formal diversion status (“diversion” entered into the ReddiNet system).



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1. Patients in the direct admission category may be transported to a hospital when the Emergency Department is on diversion status to be directly admitted to an inpatient bed or receiving center treatment area other than the emergency department.
  2. If a receiving center enters into diversion status during the active transport of a patient to that center, the patient will continue to be transported to that center and cannot be re-routed or turned away upon arrival.
  3. If Interfacility transport is requested to an Emergency Department on diversion status, the physician or health organization ordering the transport should be contacted through the ambulance dispatch office to determine an appropriate alternate destination.
  4. Base hospital contact by 911 and IFT-ALS Units transporting interfacility transfers is permitted and is optional (unless required by OCEMS protocols), indicated by the needs of the patient and paramedic judgment.
- B. Any patient transfer between an ERC and specialty center or other ERC must be in compliance with EMTALA Rules and Regulations and California HSC Law.
- C. The following transport options are available in Orange County for transfer of a patient with an emergency medical condition, as determined by the transferring (not receiving) physician and in compliance with federal EMTALA Rules and Regulations and California HSC (also see Attachment A for Scope of Practice for EMTs and paramedics):
1. BLS ambulance staffed by Orange County certified EMT (Attachment A) ambulance attendants.
  2. IFT-ALS paramedic unit staffed with Orange County accredited paramedic(s) (Attachment A).
    - Not to be used for ICU to ICU transfers.
  3. 911 transfers utilizing fire department based or private emergency response paramedic (Attachment A) units (fire engine and/or ambulance).
    - Reserved for 911 fire department based or 911 private paramedic transfers for trauma, cardiovascular, and stroke patients presenting to an emergency department (not hospital in-patients) who require immediate specialty center intervention. For ED patients needing emergent transport not going to a specialty care center, can use 911 paramedics for ED transfers if IFT-ALS paramedics not available
    - Transferring physician must have arranged accepting physician at receiving facility (per California HSC Law).
  4. Specialty Care Transport (SCT) ambulance staffed with a Registered Nurse and other staff as appropriate for patient condition.
  5. Licensed air ambulance staffed by paramedic(s) and/or flight Registered Nurse.
  6. BLS EMT staffed ambulance, with Respiratory Therapist or Registered Nurse and/or appropriate support personnel from the transferring facility.
    - Registered nurses accompanying patients (usually for medications or devices required during transport that are out of the scope of practice for an EMT or paramedic) are
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not authorized to issue treatment orders to EMTs or paramedics (who, in this circumstance, are under OCEMS standing orders or base contact if available).

7. Pediatric SCT transport, staffed by a Registered Critical Care Nurse and/or Pediatric physician.
- D. Copies of transfer documents, x-rays and laboratory data shall be available for transfer with the patient when the transport unit arrives or may be electronically sent or delivered by courier to the receiving ERC or specialty center to avoid transport delay.

**V. DISPATCH CRITERIA**

**IFT-BLS Dispatch Criteria:** Patients transported by Interfacility Transport Basic Life Support (IFT-BLS) must not require services that are beyond the “OCEMS EMT Scope of Practice” (OCEMS Policy # 315.00). The IFT-BLS service transport level is suitable if deemed the appropriate level of transport by a physician or attending physician-designated allied health professional and falls within the parameters of action included in the EMT Scope of Practice Policy #315.00.

**IFT-ALS Dispatch Criteria:** The IFT-ALS service transport level is appropriate if deemed the appropriate level of transport by a physician or attending physician-designated allied health professional and falls within the paramedic scope of practice. A currently accredited OCEMS IFT-ALS or 911 Provider may be dispatched to transport patients with any of the following advanced life support situations:

- A. Acute stroke, cardiac, burn, replantation, or trauma from an ERC to a specialty center
- B. The following intravenous solutions infused by an external pump at a flow rate predetermined by the transferring physician if the paramedic is trained to manage IV pumps:
  - Amiodarone\*
  - Benzodiazepines [including midazolam (Versed), lorazepam (Ativan), diazepam (Valium)]
  - Dopamine
  - Fentanyl
  - Heparin\*
  - Insulin
  - Lidocaine
  - Nitroglycerin\*
  - Normal saline, Ringers Lactate, dextrose solutions, solutions with KCL (potassium chloride) at no more than 20 meq/liter.
  - Magnesium Sulfate
  - Morphine
  - Sodium Bicarbonate
  - Tissue Plasminogen Activator (tPA)\*
  - Total Parenteral Nutrition (TPN) / Intravenous Lipid Emulsions

\* Orange County EMS Agency Optional Scope

Pump-trained paramedics may discontinue any of these infusions if the patient decompensates during transport.

- C. Requiring cardiac monitoring with approval for use of any appropriate Cardiac Standing Order (OCEMS # SO-C-10, SO-C-20 through 40, SO-P-040 and 045).
- D. Clinically significant hypoglycemia that may require blood glucose monitoring with potential glucose



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administration.

- E. Respiratory distress requiring albuterol administration and/or use of CPAP while in route.
- F. Maintenance of circulatory status with intravenous fluid infusion, push-dose epinephrine, or dopamine infusion at a constant rate.
- G. Endotracheal intubation requiring sedation and neuromuscular blocking agents (paralytic medication) to maintain stability.
- H. Co-transport with respiratory therapist or nurse of intubated/trached ventilator-dependent patient.
- I. Use of transport ventilator provided that paramedic meets OCEMS ventilator competencies (PR-240).
- J. Use of external cardiac pacing to maintain circulation.

**Transfer of IFT-ALS Dispatch Requests to the 911 System**

The following types of dispatch calls not originating from an acute care hospital are to be referred to the OCEMS 911 system:

- Patients for whom a 12-lead ECG is performed on site by the caller and is read as showing “acute MI” or “suspected MI”.
- Mass Casualty Incidents (MCI) or any incident with more than one patient at a time at a single scene.
- Patients with blunt or penetrating injury who meet Trauma Triage Criteria (See OCEMS Policy #310.31).
- Burn patients, defined as equal to or greater than 10% body-surface area second degree burn, any third degree burn, any electrical burn, and any burn of a hand, foot, groin area, or eye.
- Amputation injuries, excluding finger tips or toe tips.
- Automatic Internal Defibrillator discharging twice or more times in less than fifteen minutes.
- Triage decisions in which the IFT Dispatcher believes activation of the 911 system is appropriate.
- Abdominal and/or back pain in patient with known or suspected abdominal aortic aneurysm.

EXCEPTION: After IFT-paramedic arrival at the transferring facility, if a patient is suspected of meeting cardiovascular, stroke-neurology, burn, replantation, or trauma center criteria, the dispatch center should be notified and the patient immediately transported to the nearest appropriate specialty center without calling 911.

**Approved:**

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