

SIERRA-SACRAMENTO VALLEY EMS AGENCY PROGRAM POLICY

REFERENCE NO. 416

SUBJECT: ALTERNATE TRANSPORT VEHICLE POLICY

PURPOSE:

To establish requirements for S-SV EMS approved alternate transport vehicles to transport patients to a Landing Zone (LZ) or Rendezvous Point (RP). This policy is designed to allow approved providers to transport patients to an LZ or RP on those limited occasions when an authorized transport provider is delayed or not available.

AUTHORITY:

California Health & Safety Code, Division 2.5, Sections 1797 et seq

California Code of Regulations, Title 13, Section 1100.2 & 1108

California Code of Regulations, Title 22, Division 9

California Vehicle Code, Section 2512 & 21055

DEFINITIONS:

Alternate Transport Vehicle – Means an S-SV EMS inspected and approved vehicle utilized by a non transport EMS provider that has been specially constructed, modified or equipped, and used for the purpose of transporting sick, injured, convalescent, infirm, or otherwise incapacitated persons.

Authorized Transport Provider – Means an S-SV EMS authorized air ambulance/air rescue or ground ambulance transport provider.

Landing Zone (LZ) – A location where an air ambulance/air rescue can land to allow for the transfer of patient care.

Rendezvous Point (RP) – A meeting location that has been agreed to by both the alternate transport vehicle and the responding authorized transport provider personnel that would provide the most expeditious and safe transfer of a patient.

POLICY

On limited occasions, alternate transport vehicles may be able to transport patients more expediently to meet a subsequent transport vehicle at an LZ or RP, rather than waiting on scene for an authorized transport provider.

Effective Date: 06/01/2011

Date last Reviewed / Revised: 11/10

Next Review Date: 11/2013

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Approved:

SIGNATURE ON FILE

S-SV EMS Medical Director

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S-SV EMS Regional Executive Director

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PROCEDURE

- A. Prior to moving a patient utilizing an alternate transport vehicle, on scene personnel ***shall*** contact the responding authorized transport provider to determine their estimated time of arrival (ETA).
- B. A risk/benefit assessment shall be done prior to moving a patient utilizing an alternate transport vehicle. The following items shall be considered:
 - 1. Is the transport in the best interest of the patient?
 - 2. Is it the optimal way to transport the patient from the scene?
 - 3. What is the ETA to the LZ or RP?
 - 4. What is the ETA of the responding authorized transport provider?
 - 5. If transporting to an LZ, would the alternate transport vehicle be waiting at the LZ for EMS aircraft to arrive or would it be more appropriate to remain on scene for an approved transport provider without significantly delaying transfer of care to the EMS aircraft personnel?
- C. The following criteria shall be met prior to moving a patient utilizing an alternate transport vehicle:
 - 1. The ETA of the alternate transport vehicle to the LZ or RP must be shorter than the ETA of the authorized transport vehicle to the LZ or RP, and;
 - 2. The alternate transport vehicle shall be able to provide, at a minimum, a First Responder / Emergency Medical Responder (EMR) level of care during transport, and;
 - 3. The alternate transport vehicle can provide for safe patient transportation in accordance with S-SV EMS Agency policies, and;
 - 4. The highest medical authority on scene is required to obtain permission from the closest base/modified base hospital physician prior to moving the patient in this manner. In the event that EMS personnel at the scene attempt direct voice contact with a base/modified base hospital but cannot establish or maintain that contact, the patient may only be moved in an alternate transport vehicle if all other criteria in this section are met. Communication failures must be clearly documented in the Patient Care Report.
- D. If all of the above criteria are met, than the alternate transport vehicle may transport the patient to an LZ or RP.

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- E. An alternate transport vehicle ***shall not*** transport a patient directly to the hospital unless specifically approved by the base/modified base hospital physician.

- F. If a patient is moved utilizing an alternate transport vehicle, the incident shall be documented on an S-SV EMS approved Patient Care Report (PCR) in compliance with Title 22 regulatory and S-SV EMS policy requirements. The report shall include, at a minimum, the following information:
 - 1. All pertinent patient assessment and treatment information.
 - 2. All pertinent times (assessment, treatment, ETA's, transport, arrival at the LZ or RP, transfer of patient care, etc.).
 - 3. Signatures and printed names of caregivers.
 - 4. The level of care that was provided.
 - 5. The ETA of the authorized transport provider and whether any attempt was made to rendezvous with the responding authorized transport provider.
 - 6. If the patient was transported to an LZ, the initial reported ETA of the responding air ambulance/air rescue in addition to their actual LZ arrival time.

The completed PCR and any accompanying documents (EKG strips, etc.) shall be forwarded to S-SV EMS within seven (7) calendar days of the incident.

CROSS REFERENCES:

Policy and Procedure Manual

Patient Care Report (PCR) Form, Reference No. 605

Base / Modified Base Hospital Contact, reference No. 812