


Sierra – Sacramento Valley EMS Agency Program Policy

Medical Control for Transfers Between Acute Care Facilities

	Effective: 06/01/2017	Next Review: 01/2020	840
	Approval: Troy M. Falck, MD – Medical Director		SIGNATURE ON FILE
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PURPOSE:

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

AUTHORITY:

- A. California Health and Safety Code, Division 2.5, § 1797.185, 1797.194, 1797.218, 1797.220, 1798.102, 1798.170, and 1798.172.
- B. California Code of Regulations, Title 22, Division 9.
- C. United States Code, Title 42, Section 395dd, EMTALA Statute.
- D. Code of Federal Regulations 42, Sections 489.20 and 489.24, EMTALA Regulations.

POLICY:

- A. Prior to accepting an acute care inter-facility transfer patient, EMS personnel shall:
 - 1. Obtain pertinent patient information to include diagnosis, history and any therapies received while in the hospital or the previous four (4) hours, whichever is less.
 - 2. Complete a physical assessment, including vital signs.
- B. EMS personnel shall follow orders of the transferring physician, however they cannot provide care beyond the S-SV EMS approved scope of practice. Should medical consultation be needed during transport, EMS personnel shall follow S-SV EMS policy for base hospital/modified base hospital contact (Reference No. 812).
- C. If a patient is to be transferred outside of the S-SV EMS region or base/modified base hospital radio contact range, EMS personnel may provide care according to approved S-SV EMS policies and treatment protocols.