


Sierra – Sacramento Valley EMS Agency Program Policy

Medical Control For Transfers Between Acute Care Facilities

	Effective: 06/01/2020	Next Review: 05/2023	840
	Approval: Troy M. Falck, MD – Medical Director		SIGNATURE ON FILE
	Approval: Victoria Pinette – Executive Director		SIGNATURE ON FILE

PURPOSE:

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

AUTHORITY:

- A. HSC, Division 2.5, § 1797.185, 1797.194, 1797.218, 1797.220, 1798.102, 1798.170, and 1798.172.
- B. CCR, Title 22, Division 9.
- C. USC, Title 42, Section 395dd, EMTALA Statute.
- D. CFR 42, Sections 489.20 and 489.24, EMTALA Regulations.

POLICY:

- A. Prior to accepting an acute care interfacility transfer patient, EMS personnel shall:
 - 1. Obtain patient information to include diagnosis, history and any therapies received while in the hospital or within 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 required during transport, EMS personnel shall follow the S-SV EMS Base/Modified Base/Receiving Hospital Contact Policy (Reference No. 812).
- C. If a patient is transferred outside of the S-SV EMS region or base/modified base hospital radio contact range, EMS personnel may provide care according to S-SV EMS standing order policies/protocols.