Sierra – Sacramento Valley EMS Agency Program Policy			
Medical Control For Transfers Between Acute Care Facilities			
	Effective: 10/01/2026	Next Review: 07/2029	**840**
	Approval: Troy M. Falck, MD – Medical Director		SIGNATURE ON FILE
	Approval: John Poland – 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, § 1798.172.

B. CCR, Title 22, Division 9.

C. USC, Title 42, § 395dd (EMTALA Statute).

D. CFR 42, § 489.20 & § 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.