



COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Transport and Destination Guidelines		Policy Number 604	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: July 1, 2020	
APPROVED: Medical Director:	 Daniel Shepherd, M.D.	Date: July 1, 2020	
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- I. PURPOSE: To establish guidelines for determining appropriate patient destination, so that to the fullest extent possible, individual patients receive appropriate medical care while protecting the interests of the community at large by optimizing use and availability of emergency medical care resources.
- II. AUTHORITY: Health and Safety Code, Section 1317, 1797.106(b), 1797.220, and 1798 California Code of Regulations, Title 13, Section 1105(c) and Title 22, Section 100147.
- III. POLICY: In the absence of decisive factors to the contrary, patients shall be transported to the most accessible medical facility equipped, staffed, and prepared to receive emergency cases and administer emergency medical care appropriate to the needs of the patients.
- IV. PROCEDURE:
 - A. Hospitals unable to accept patients due to an internal disaster shall be considered NOT "prepared to receive emergency cases".
 - B. In determining the most accessible facility, transport personnel shall take into consideration traffic obstruction, weather conditions or other factors which might affect transport time.
 - C. Most Accessible Facility
The most accessible facility shall ordinarily be the nearest hospital emergency department, except for:
 1. Base Hospital Direction for ALS patients
 - a. Upon establishment of voice communication, the Base Hospital is responsible for patient management until the patient reaches a hospital and medical care is assumed by the receiving hospital. Paramedics will continue to follow their ALS Standing Orders

- b. The Base Hospital may direct that the patient be transported to a more distant hospital which in the judgment of the BH physician or MICN is more appropriate to the medical needs of the patient.
 - c. Patients may be diverted in accordance with Policy 402.
 - 2. Patients transported in BLS ambulances demonstrating conditions requiring urgent ALS care (e.g., unstable vital signs, chest pain, shortness of breath, airway obstruction, acute unconsciousness, OB patient with contractions), shall be transported to the nearest hospital emergency department prepared to receive emergency cases.
- D. "Decisive Factors to the Contrary"
Decisive factors to the contrary for BLS or ALS patients include, but are not limited to, the following:
 - 1. Prepaid Health Plans
 - a. EMS personnel shall not request information on insurance or delay transport or treatment while determining insurance status.
 - b. A member of a group practice prepayment health care service who volunteers such information and requests a specific facility may be transported according to that plan when the ambulance personnel or the Base Hospital determines that the condition of the member permits such transport. Therefore when the Base Hospital contact is made the Base Hospital must always be notified of the patient's request.
 - c. However, when the on duty supervisor determines that such transport would unreasonably remove the ambulance unit from the service area, the member may be transported to the nearest hospital capable of treating the member.
 - 2. Patient Requests
 - a. When a person or his/her legally authorized representative requests emergency transportation to a hospital other than the most accessible emergency department, which may include out of the county, the request should be honored when ambulance personnel, BH physician or MICN determines that the condition of the patient permits such transport. Therefore when the Base

Hospital contact is made the Base Hospital must always be notified of the patient's request.

- b. When it is determined by the on duty supervisor that such transport would unreasonably remove the ambulance unit from the service area, the patient may be transported to the nearest hospital capable of treating him/her.

3. Private Physician's Requests

When a treating physician requests emergency transportation to a hospital other than the most accessible acute care hospital, which may include out of the county, the request should be honored unless it is determined by the on duty supervisor that such transport would unreasonably remove the ambulance from the service area. In such cases:

- a. If the treating physician is immediately available, ambulance personnel shall confer with the physician regarding a mutually agreed upon destination.
- b. If the treating physician is not immediately available, the patient should be transported to the nearest hospital capable of treating him/her.
- c. If Base Hospital contact has been made due to the condition of the patient and the immediate unavailability of the treating physician, and the BH physician or MICN determines that the condition of the patient permits or does not permit such transport, BH directions shall be followed. If communication with the treating physician is possible, the BH should consult with the physician.

4. Physician on Scene per VC EMS Policy 703

When a bystander identifies him/herself as a physician and offers assistance on scene, VC EMS Policy 702 shall be followed.

5. Direct Admits

When a patient's physician has arranged direct admission to a hospital, the patient should be transported to that hospital regardless of Emergency Department diversion status unless the Base Hospital determines that the patient's condition requires that s/he be transported to a more appropriate facility.

- E. “Medical facilities equipped, staffed and prepared to administer care appropriate to needs of the patients.”
1. Paramedics treating patients that meet trauma criteria Steps 1-3 in VCEMS Policy 1405 will make Base Hospital contact with a designated Trauma Center. The Trauma Center MICN or ED physician will direct the patient to either the Trauma Center or a non-trauma hospital.
 2. Patients who meet STEMI criteria in VC EMS Policy 726 will be transported to a STEMI Receiving Center.
 3. Patients who are treated for cardiac arrest and achieve sustained return of spontaneous circulation (ROSC) will be transported to a STEMI Receiving Center.
 4. Patients who meet Stroke criteria in VC EMS Policy 451 will be transported to an Acute Stroke Center.