

## LIMITED TRANSPORT POLICY

**PURPOSE:** To establish requirements for rescues to transport patients to helispots (HS) or rendezvous points (RP). This Policy is designed so non-authorized transport providers can transport patients on those limited occasions, when an authorized ambulance provider is delayed or not available.

**AUTHORITY:** The EMS Act (Health and Safety Code Section 1797 et. seq.).

### DEFINITIONS:

1. **Rescue:** A non-authorized provider of ambulance services who does not meet the requirements of the Title 13, California Code of Regulations and Nor-Cal EMS Provider Policies.
2. **Helispot:** A location where a helicopter can take off and land.
3. **Rendezvous point:** A meeting spot that has been agreed to by both units that would provide the most expeditious transfer of a patient.

**POLICY:** It has been determined that on limited occasions rescues are able to transport patients more expediently to meet a subsequent transport vehicle at an HS or RP, rather than waiting on scene for an authorized transport provider.

**PROCEDURE:** Prior to moving a patient, a rescue **SHALL** contact the responding ambulance to determine the estimated time of arrival (ETA).

1. A benefit/risk assessment shall be done for each transport in a rescue. The following items shall be considered:
  - Is this transport in the best interest of the patient?
  - Is this the safest and only way to transport the patient from the scene?
  - What is the ETA to the HS/RP?
  - What is the ETA of the authorized transport provider?
  - Would the rescue be waiting for the aircraft at the HS (if transporting by air), or would the ETA of the ambulance be shorter to the scene?
2. In order for a rescue to transport, the following criteria shall be met:
  - The ETA of the approved transport provider must exceed the travel time to the HS or RP by the rescue, and
  - The rescue shall be able to provide the same or greater level of care which can be provided by the responding ambulance, and
  - The rescue can provide for safe transport.
3. If all of the above criteria are met, then the rescue may transport the patient to an HS or RP.
4. In rare circumstance these requirements can be waived without making contact with the transport unit:
  - If the patient is in immediate danger.
  - Waiting for a transport unit would immediately compromise patient care.
5. If the rescue does not meet all of the above criteria, yet decides that it would be in the patient's best medical interest to transport, the rescue must contact the responding ambulance, and inform them of this decision. If the two providers cannot agree on the decision to transport by the rescue, an incident report will be completed by the rescue and sent to the Nor-Cal EMS Systems Director, upon completion of the call.
6. The EMS Systems Director will review the report and forward it to the Medical Director. If a complaint is filed, by either the rescue or ambulance the Medical Director will schedule a meeting with the involved parties to resolve the difference.
7. If a rescue transports the patient, the transport shall be documented on the Patient Care Report (PCR) upon completion of the call. The report should include what level of care was provided, the ETA of the transport provider, and whether any attempt was made to rendezvous with the transport provider. The PCR shall be forwarded by either fax or mail to Nor-Cal EMS Systems Director within seven (7) days of the incident.
8. If the rescue is transporting patients on a regular basis, then the provider shall apply to become an authorized ambulance provider.

