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# Receiving Hospitals

## 5001.1 DEFINITIONS

A receiving hospital: Is a hospital which is designated as such by the Emergency Medical Services (EMS) Agency and is licensed as a basic or stand-by emergency service and has in-house physician coverage twenty-four (24) hours per day.

Responsibilities: Accept emergency patients transported by ambulances. If unable to accept any particular patient, immediately advise the ambulance and the base hospital directing the emergency medical response of the hospital's inability to receive patient(s) being transported, and state the reason that the patient(s) cannot be accepted.

Admission: Admit patients to the hospital if the patient requests/requires admission and the hospital has space available.

Transfers: Patients will be transferred following Interfacility Transfer Guidelines.

Radios: Procure and maintain an operational radio for two-way voice communication, meeting County specifications and place this equipment in the emergency department.

## 5001.2 STATISTICAL INFORMATION

Cooperate with the EMS Agency in gathering and providing statistics and information needed for monitoring and evaluating pre-hospital programs.

- A. Standards: Follow and abide by the standards established for Advanced Life Support/Licensed (ALS) programs and for receiving hospitals, including those standards pertaining to professional staffing.
- B. Skills: Ensure that the emergency department staff, and other appropriate hospital personnel, possesses sufficient skill and knowledge in field procedures which are continued within the emergency department. These procedures include but are not limited to:
  - 1. Transthoracic pacing.
  - 2. Cricothyrotomy.
  - 3. Pleural decompression.
  - 4. Adult intubation.
  - 5. Intraosseous infusions.
- C. Continuing Education:
  - 1. Participate at base hospital continuing education session.
  - 2. Participate in training of prehospital personnel as arranged by the EMS Agency.

Facility	Address	BEDS	ED	ICU	OR	LEVEL
<b>Queen of the Valley Medical Center (QVMC)</b>	1000 Trancas Napa, CA 94558	178	25	16	6	Level III Trauma Center
<b>St. Helena Hospital</b>	10 Woodland Road, St. Helena, CA 94574	151	8	12	6	Basic Receiving



# Receiving Hospitals Outside of Napa County

ADMINISTRATIVE POLICY 5002

## 5002.1

The following are approved receiving hospitals outside of Napa County:

Hospital	Address	STEMI	L&D	Trauma	Burns	Hyperbaric	LZ
Queen of the Valley Medical Ctr.	1000 Trancas Blvd., Napa, CA 94558	x	x	3			x
St. Helena Hospital	10 Woodland Rd., St Helena, CA 94574	x	x				x
Children's Oakland (Peds only)	5222 Dover St., Oakland, CA 94609			1			x
David Grant Med. Ctr./Travis AFB	101 Bodin Circle, Travis AFB, CA 94585					x	
Doctors Medical Center San Pablo	2000 Vale Road, San Pablo, CA 94806					x	x
Eden Medical Center Castro Valley	20103 Lake Chabot Rd., Castro Valley, CA 94546						
John Muir Medical Center	1601 Ygnacio Valley Rd., Walnut Creek, CA 94598	x	x	2		x	x
Kaiser San Rafael	99 Montecillo Road, San Rafael, CA 94903	x					
Kaiser Santa Rosa	401 Bicentennial Way, Santa Rosa, CA 95403		x				
Kaiser Vallejo	975 Sereno Ave., Vallejo, CA 94590	x	x				
Kaiser Vacaville	1 Quality Dr., Vacaville, CA 95688	x	x	3			x
Marin General	250 Bon Air Rd., Greenbrae, CA 94904	x	x	3			
Northbay Medical Center	1200 B Gale Wilson Blvd., Fairfield, CA 94533		x	3			x
Petaluma Valley	400 North McDowell Ave., Petaluma CA 94954						
San Francisco General Hospital	1001 Potrero Avenue, San Francisco, CA 94110	x	x	1			
Santa Rosa Memorial Hospital	1165 Montgomery Drive, Santa Rosa, CA 95405	x	x	2			x
Sonoma Valley	347 Andrieux St., Sonoma, CA 95476		x				
Sutter Novato Community Hospital	180 Rowland Way, Novato, CA 94945						
Sutter Santa Rosa Medical Center	3325 Chanate Rd., Santa Rosa, CA 95404	x	x				x
Sutter Solano	300 Hospital Dr. Vallejo, CA 94590		x				
UC Davis	2315 Stockton Blvd., Sacramento, CA 95817	x	x	1	x		x
Vacaville	1000 Nut Tree Rd., Vacaville, CA 95687						



## Base Hospital Application

ADMINISTRATIVE POLICY 5003

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### 5003.1 BASE HOSPITAL APPLICANTS

- A. Applicants for base hospital status shall submit a statement describing compliance or plans for compliance with each criterion.
  - 1. Delegation of Responsibilities: The base hospital may, in its agreements with prehospital providers and with the consent of the health officer, delegate certain responsibilities (i.e., liability insurance).
  - 2. Proposed Variances: Proposals shall include a positive statement of acceptance of each condition. Any proposed variance from any condition shall be clearly described in the application.
  - 3. Supporting Documents: Supporting documents should be attached and the proposal shall be signed by a person with the authority to bind the applicant.
  - 4. Agreement: Upon designation, an agreement based on the contents of the proposal shall be executed between the institution and the Emergency Medical Services (EMS) Agency.
  - 5. Public Record: All materials submitted in the application shall become public record and are subject to all laws and regulations applicable to public records.

### 5003.2 BASE HOSPITAL PROPOSALS

- A. Proposals shall provide a narrative description of the proposed advanced life support operations, including but not limited to the following areas:
  - 1. Geographic area to be served.
  - 2. Prehospital providers to be involved.
  - 3. Level of service.
- B. Description: Proposals shall describe how each of the following program requirements will be met.
- C. Requirements: Base hospitals must meet Title 22 requirements for basic emergency medical services as established in California Code of Regulations 70415, 70417 and 70419, or in successor regulations, and must be staffed in conformance with the Joint Commission on Accreditation of Health Care Organizations. A waiver must be on file with the EMS Agency for hospitals with stand-by EMS.
- D. Staffing: At all times within the facility, there must be at least two (2) physicians (meeting program requirements) or a physician and a Mobile Intensive Care Nurse (MICN) present or immediately available to advanced life support field personnel. The emergency department physician will provide consultation to the MICN and other advanced life support personnel when requested, as time and conditions permit.
- E. On-Line Medical Director: Base hospitals must designate a physician to serve as the On-Line Medical Director. This physician must be certified by the American Board of Emergency Medicine. This medical director will represent the hospital on committees pertaining to the Advanced Life Support Program.
- F. Prehospital Liaison Nurse: Base hospitals must appoint a registered nurse to serve as the Prehospital Liaison Nurse. This registered nurse must be an authorized M MICN.
- G. Training: Base hospitals must train emergency department physicians and sufficient MICN to provide radio or telephone guidance, assistance, or direction to advanced life support personnel.

### 5003.3 RUN REVIEWS

- A. Base hospitals must schedule and provide for audit review and critique of cases handled by advanced life support personnel at least once a month.

- B. Supervision: Run review will be conducted under the supervision of the On-line Medical Director and the Prehospital Liaison Nurse.
- C. Participation: Participation will include basic and advanced life support personnel, emergency department medical and nursing personnel from the base hospital and receiving hospitals.
- D. Purpose: Run reviews will have the stated purpose of quality improvement and system evaluation.

#### **5003.4 PARTICIPATION IN TRAINING PROGRAMS**

- A. Base hospitals must be willing and able to participate in the training of Emergency Medical Technicians, Advanced Emergency Medical Technicians, Paramedics, Advanced Scope Paramedics, Mobile Intensive Care Nurses, and Emergency Department Physicians involved in the program.
- B. The base hospital shall, in addition to the monthly run review:
  - 1. Conduct continuing education sessions;
  - 2. Supervise and when necessary, immediately critique ALS runs;
  - 3. Develop and schedule base hospital training programs in accordance with EMS Agency requirements.
- C. The base hospital shall provide a continuing education and work experience program, approved by the EMS Agency, for certified ALS personnel.

#### **5003.5 BASE HOSPITAL ASSIGNMENTS**

- A. Each prehospital ALS agency is assigned to one base hospital for the purposes of medical control.
- B. No ALS unit shall routinely request medical direction from any other hospital, including hospitals in other counties, other than their assigned base hospital. In certain circumstances, such as disrupted communication, an ALS unit may request medical direction from another base hospital.
- C. The base hospital shall direct patient transport based entirely on objective analysis of patient needs and point of entry protocols. The base hospital shall make no effort to obtain institutional or commercial advantage through use of transport instructions and hospital assignments.

#### **5003.6 OUT OF SERVICE**

- A. In the event that the base hospital is unable to provide medical direction and control to assigned ALS ambulances, the following process will be implemented:
  - 1. The affected base hospital will contact the remaining designated county authorized base hospital to ascertain if they can provide medical control for a limited period of time.
  - 2. If that base hospital is in agreement, the affected ALS base hospital will contact EMS communication center immediately so that the communication center can announce to all the ALS units regarding which base hospital to contact for medical direction.
  - 3. If neither of the base hospitals are able to provide medical direction, the ambulance will continue to operate under disrupted communication protocols.
  - 4. A notification form shall be initiated by the base hospital in the instance the hospital is unable to provide medical direction.

#### **5003.7 AUTHORIZED PERSONNEL**

The base hospital shall allow only authorized personnel to provide on-line medical control.

#### **5003.8 BASE HOSPITAL PROPOSAL STATEMENTS**

- A. Each base hospital proposal shall include a positive statement accepting each of the following conditions:

1. Maintenance of Level of Service: Applicant hospital does not foresee any reduction from present status in level of service, facilities, staff or capabilities in any area covered by this application.
2. Employee Orientation: All hospital employees providing or supervising patient care will be adequately oriented to the Advanced Life Support Program and will be encouraged to cooperate with the program.
3. Field Personnel Support: All requests by field personnel for radio or telephone guidance, assistance, or direction will be answered promptly and with an attitude of utmost cooperation, responsibility and professional courtesy.
4. Communications Equipment: The hospital will support the maintenance and continued operation of communications equipment. The base will also maintain an unlisted telephone answered at the medical control console.

### **5003.9 TAPE RECORDINGS**

- A. All ALS communications where medical orders are given between base hospital and ambulance will be tape recorded.
- B. Retention Time: These tape recordings are considered to be part of the patient's medical record. These records must be retained by the base hospital for one hundred eighty (180) days and filed to allow for easy retrieval, and may not be altered in any way.
- C. Copies: The tape recordings may be copied (in writing or by duplicating the tape) for teaching purposes but patient names shall be omitted on such copies. The names of the prehospital personnel and the MICN shall not be used without permission of these individuals.
  1. The base hospital shall provide an unaltered and complete copy of any tape requested by the EMS Agency.
- D. ALS Personnel: ALS personnel must participate in audit, review and critique of calls and in continuing education meeting accreditation standards and requirements in the region.

### **5003.10 RECORD KEEPING AND EVALUATION**

- A. Hospital will completely and accurately complete all appropriate forms and records of the advanced life support program.
- B. The base hospital shall keep all copies of prehospital patient records and base hospital records not less than three (3) years for the purpose of quality review.
- C. Data Collection: The hospital will cooperate with the EMS Agency in the collection and analysis of patient care and other data necessary to an ongoing evaluation of the Advanced Life Support Program.
  1. Necessary records and other information will be provided to the EMS Agency to allow assessment of the ALS program. Appropriate confidentiality will be maintained.

### **5003.11 LIABILITY INSURANCE**

Liability insurance in the amount of one million dollars (\$1,000,000.) for each occurrence, no aggregate limit, will be obtained and maintained to protect all program participants and will name the EMS agency and its Medical Directors, as additional insured parties, at no cost to the County.

### **5003.12 PARTICIPATION IN CLINICAL TRAINING**

Proposals shall include written assurance that the administrative and medical staffs and the governing body of the institution agree to support and participate in the continuing clinical training of advanced life support personnel. This training shall be provided whether or not the personnel involved are employees of the hospital. The hospital shall recognize such training to be essential to the Advanced Life Support Program.

### **5003.13 REGULATORY AUTHORITY**

The hospital shall be responsible for all applicable requirements of the Emergency Medical Services System, Prehospital Medical Care Personnel Act (Division 2.5 of the Health and Safety Code).

### **5003.14 PROPOSAL FORMAT**

- A. Proposals shall include a positive statement accepting each of the following conditions:
1. Maintenance of Level of Service: Applicant does not foresee any reduction from level of service, vehicles, staff or capabilities in any area covered by this application.
  2. Employee Orientation: All employees will be adequately oriented to the EMS System Advanced Life Support Program and will be encouraged to cooperate with the program.
  3. Certified/Licensed Personnel: Only certified/licensed personnel will be allowed to perform advance procedures.
  4. Record keeping and Evaluation: Service will cooperate with the EMS Agency in the collection and analysis of patient care and other data necessary to an ongoing evaluation of the ALS Program. Necessary records and other information will be provided to the health officer (or designee) to provide quality assurance of ALS services. Appropriate confidentiality will be maintained.
  5. Protocols: Hospital agrees that in the operation of an ALS unit, it will follow all EMS Agency protocols, policies and procedures.
  6. Suspension or Revocation of Accreditation: Hospital recognizes the right of the EMS Agency Medical Director to suspend or revoke the accreditation of ALS personnel (MICN) according to state guidelines and agrees that persons so suspended or de-accredited will not be allowed to operate or function on an ambulance or other advanced life support unit in the role.
  7. Records: Hospital agrees to complete such reporting mechanisms as required by EMS Agency.



# Receiving Hospital Notification

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## 5004.1 RECEIVING HOSPITAL NOTIFICATION

- A. The receiving hospital will be notified of patient's en-route to their facility via ambulance by the ambulance crew unless communication has been established with a base hospital, and the base hospital has been requested to contact the receiving hospital.
- B. Report Information: The information provided will include:
  - 1. Patient profile.
  - 2. Prehospital medical care rendered (if any).
  - 3. The patient's response to such treatment.
  - 4. The estimated time of arrival at the receiving facility.
  - 5. Response code.

The time of notification and the person receiving the report shall be documented on the base hospital report by the base hospital Mobile Intensive Care Nurses (MICN) if contact has been made.

## 5004.2 AMBULANCE COMMUNICATIONS

- A. When communication with a base hospital has not been established, the ambulance will notify the receiving facility by Med Net, utilizing the standard procedure for such notification.
- B. Telephone Lines: Each receiving facility shall have a telephone line located at the radio console, which is dedicated to ambulance communications.
  - 1. This telephone line is to be used only to receive communications from ambulances.
  - 2. Communications via landline will conform to the same policies and procedures that govern ambulance communications via radio communication.
  - 3. Each ambulance will maintain a list of the dedicated landline telephone numbers for each receiving facility.

## 5004.3 RADIO LOG

- A. Each receiving facility will continuously maintain a log book at the radio console.
- B. Legal Document: This log is a medical legal document and will be retained at the receiving facility for seven (7) years.
- C. Contents: All communications by time in chronological order. This will include a brief description of all communications received or transmitted (e.g. patient cases, daily radio tests).
- D. Notation of patient cases within the radio log will include, at a minimum:
  - 1. Patient's ALS number or dispatch number.
  - 2. Patient's chief complaint/problem.
  - 3. The radio identifier of the ALS mobile unit.
  - 4. The base hospital MICN if contact was made.
  - 5. Patient disposition.
  - 6. Patient admitting/discharge diagnosis.
  - 7. Pertinent comments.





# Ambulance Restocking

ADMINISTRATIVE POLICY 5005

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## 5005.1 RECEIVING HOSPITALS

- A. Receiving hospitals will replace all ALS supplies and medications used in the care of patients who have been transported to their facility.
- B. Receiving hospitals will replace on an exchange basis, non disposable equipment left with the patient when that equipment can not be immediately returned.

## 5005.2 BASE HOSPITALS

Base hospitals will provide at their cost for replacement, ALS medications when these items are used on a patient who subsequently is not transported to a receiving facility. In order for the replacement request to be honored, a Patient Care Report documenting the use of these items shall be provided to the Base with the request for restocking.

## 5005.3 AMBULANCE PROVIDERS

All ambulance providers are to cooperate with the receiving hospitals and the Base to which they are assigned to document all ALS medications and supplies for patients for which they have provided service. All ambulance providers will agree that they will not charge for drugs, medications, solutions or supplies used for a prehospital care patient when such items are replaced by a hospital.

## 5005.4 EXPIRED MEDICATION AND/OR SOLUTIONS

Receiving hospitals and Bases are not responsible for replacement of expired medications and/or solutions.



## Inter-Facility Transfers

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### 5006.1 DEFINITIONS

Transferring Facility: The facility from which the patient is being transferred.

Base Hospital: Napa County Emergency Medical Services (EMS) system base hospital directing the paramedic transfer call.

Receiving Hospital: The facility to which the patient is being transferred.

### 5006.2 PURPOSE

It is the intent of these guidelines to assure compliance with Section 1798.172, Chapter 1240 (SB 12), to assure that hospitals in Napa County EMS system meet the obligations of their license to provide emergency medical services and that patients requiring transfer to another facility for any reason will be transferred safely and without delay. Hospitals and transport providers within Napa County EMS system shall adhere to any and all standards set forth here when implementing the inter-facility transfer of patients. As defined in Chapter 1240, the State Department of Health Services shall be responsible for development of protocols and procedures for implementation as well as review and investigation of reported transfer violations.

### 5006.3 TRANSFER PROCEDURES FOR PATIENTS WITH DNR ORDERS

Patients who are being transferred with Do Not Resuscitate (DNR) orders shall also have orders to the effect of the destination of the patient in the case of death during transfer. Options for destination include the patient's intended receiving facility (i.e. home, skilled nursing home, hospital), pre-determined funeral home or the coroner's office. It shall be the responsibility of the transferring facility and the provider of the transport to ensure that these arrangements have been made prior to the initiation of the transfer.

### 5006.4 EXCEPTIONS TO TRANSFER PROCEDURE

If an Advanced Life Support (ALS) transfer unit is unavailable, the transferring physician may request a Basic Life Support (BLS) unit staffed with at least one (1) Registered Nurse (RN) and appropriate equipment.

### 5006.5 BASIC RESPONSIBILITIES FOR TRANSFER

- A. A variety of reasons may exist for the transfer of a patient to another hospital or health facility including:
  - 1. Needed services not available at the transferring facility;
  - 2. A shortage of needed beds at the transferring facility;
  - 3. Patient request;
  - 4. Patient repatriation;
  - 5. Patient needing a lower level of care.
- B. Hospitals licensed to provide emergency services must fulfill their obligation under the California Health and Safety Code to provide emergency treatment to all patients regardless of their ability to pay. Transfer made for reasons other than immediate medical necessity must be evaluated to assure that the patient can be safely transferred without medical hazard to the patient's health and without decreasing the patient's chances for or delaying a full recovery. In these cases, physicians and hospitals should take a generally conservative view, deciding in favor of patient safety.
- C. Patient transfers involve the following physician and hospital responsibilities:
  - 1. Each hospital is expected to process all transfers in accordance with Title 22 of the California Administrative Code, Chapter 1240 of the 1987-88 California Legislative Session, the Joint Commission on Accreditation of Hospital Standards, the OSHA Consent Manual and those conditions specified by these transfer guidelines.

2. Each hospital shall have its own written transfer policy clearly establishing administrative and professional responsibilities. Transfer agreements must also be negotiated and signed with hospitals that have specialized services not available at the transferring facility. In addition, hospitals seeking consent to transfer patients to county hospitals shall execute formal transfer agreements implementing these guidelines.

#### **5006.6 TRANSFER STANDARDS**

- A. Standards for all transfers (medical and non-medical) include:
  1. Patient Safety: Physicians considering patient transfer should exercise conservative judgment, always deciding in favor of patient safety.
  2. Emergency Care: If the patient presents to an emergency room, the transferring physician or other appropriate medical personnel operating under a physician's direction, must examine and evaluate the patient to determine if the patient has an emergency medical condition or is in active labor and if so, perform emergency care and emergency services where appropriate facilities and qualified personnel are available.
  3. Emergency Medical Condition: The term "emergency medical condition" means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:
    - a. Placing the patient's health in serious jeopardy;
    - b. Serious impairment to bodily functions, or
    - c. Serious dysfunction of any body organ or part;
    - d. Potential for death.
  4. Active Labor: The term "active labor" means labor at a time at which:
    - a. There is inadequate time to effect safe transfer to another hospital prior to delivery; or
    - b. A transfer may pose a threat to the health and safety of the patient or unborn child.
  5. Unavailability of Services: Facilities and personnel for emergency care and emergency services shall be consistently available regardless of ability to pay. If, however, a transferring physician is, for whatever reason, faced with the unavailability of needed emergency facilities and/or personnel, and therefore a greater risk exists to the patient if there is no transfer, then the transferring physician may initiate transfer and the receiving physician may accept the transfer.
  6. Medical Fitness of Patient: For all other circumstances except those outlined above, the transferring physician must determine whether the patient is medically fit to transfer. This determination may include but should not be limited to:
    - a. Establishing and assuring an adequate airway and adequate ventilation;
    - b. Initiating control of hemorrhage;
    - c. Stabilizing and splinting the spine or fractures;
    - d. Establishing access routes for fluid administration as needed;
    - e. Initiating fluid and/or blood replacement as needed;
    - f. Determining that the patient's vital signs (including blood pressure, pulse, respiration and urinary output, as indicated) are sufficient to sustain adequate perfusion. The vital signs should remain within these parameters for a reasonable period of time prior to transfer;
    - g. Determining that the patient has a stable level of consciousness for a reasonable period of time prior to transfer;
    - h. Providing that patient receives cardiac monitoring, if appropriate; and

- i. In the case of pregnant women, determining with reasonable certainty that delivery will not occur during the expected duration of transfer and that neither the mother nor fetus show any signs of distress.
7. Consent of Receiving Physician: No transfer shall be made without the consent of the receiving physician and confirmation by the receiving hospital that the patient meets the hospital's admissions criteria relating to appropriate bed, personnel and equipment necessary to treat the patient.
8. Advisement of Patient: The patient or the patient's legal representative must be advised, if possible, of the need for the transfer and the alternatives, if any, to the transfer as well as adequate information regarding the proposed transportation plans and the benefits and risks, if any, of the proposed transfer.
9. Patient Needs: Once the decision to transfer the patient has been reached, every effort should be made to affect the transfer as rapidly and safely as possible. The transferring physician must take into account the needs of the patient during transport and the ability of the transport personnel to care for the patient.
10. Scope of Practice of Transport: Transport personnel are not authorized and will not provide services beyond their scope of practice. Should services beyond scope be required, a person qualified in its performance shall accompany the patient during transport.

#### **5006.7 PREARRANGED TRANSFER AGREEMENTS**

Inter-facility transfers within Napa County EMS system shall be accomplished by prearranged transfer agreements between the transferring and receiving hospitals and transport shall be performed by an ALS, BLS ambulance, and wheelchair or gurney car in accordance with the Inter-facility Transfer Policy. The designated ALS transfer units shall be ALS equipped and staffed to the level required of ALS emergency response ambulances in Response and Transportation Section of this policy manual. If patient transport needs exceed the EMT-P scope of practice, then the transferring physician will order a critical or emergency care level registered nurse and any other personnel, equipment or supplies necessary for patient care. This is true even when ambulances are staffed with EMT-P (paramedic) personnel.

#### **5006.8 ADDITIONAL REQUIREMENTS FOR TRANSFER FOR NON-MEDICAL REASONS**

When patients are transferred for non-medical reasons such as an inability to pay; the transferring hospital must follow all of the above requirements. In particular, the transferring physician must ensure that emergency care and emergency services have been provided and shall determine that the transfer would not create a medical hazard to the patient and would not decrease that patient's chances for or delay the patient's full recovery. The transferring physician must verify these determinations on the patient transfer form. The transferring physician must still arrange for an accepting physician at the receiving facility.

#### **5006.9 REPORTING REQUIREMENTS**

The receiving hospital personnel, physicians, emergency department personnel and prehospital care providers are required to report all apparent violations of these guidelines and regulations relating to patient transfers. The transferring hospital personnel are permitted to report all apparent violations of these guidelines and regulations relating to patient transfers. These reports shall be made to the State Department of Health Services on a form prescribed by the State Department, within seventy-two (72) hours of the occurrence of the violation for the purpose of review and investigation.

#### **5006.10 SCOPE**

This policy addresses the inter-facility transfer of patients accompanied by prehospital care personnel. This policy applies to transfers originating at a Napa County EMS facility with destination within or out of Napa County EMS system. The EMT's and Paramedics may perform any activity identified in their scope of practice, California Administrative Code, Title 22, Division 9, which has been approved by the Napa County EMS Agency.

**5006.11 TRANSFER DETERMINATION**

- A. Attending physician makes determination that inter-facility transfer is needed and the level of transfer care required, as defined in "Guidelines for Determining Level of Transfer" (following):
  - 1. Receiving physician and facility agree to accept patient.
  - 2. Transferring facility requests appropriate level transfer unit from provider unless agreed between transferring and receiving facility that receiving facility is to make arrangement.
  - 3. Transferring facility will advise provider of the following:
    - a. Patient's name.
    - b. Diagnosis/level of acuity.
    - c. Destination.
    - d. Transfer date and time.
    - e. Unit transferring patient.
    - f. Level of transfer requested.
    - g. Sending doctor's name.
    - h. Treatment received.
    - i. History, medication, allergies and orders.
    - j. Special equipment with patient.
    - k. Additional hospital personnel attending patient.
  - 4. If a patient requires a ventilator, respirator, or in situations where additional airway management may be advantageous, a respiratory therapist or RN will accompany patient to assist in airway management.
  - 5. Provider agrees to accept transfer based on reported information and advises estimated time of arrival of the transfer unit.
  - 6. The transfer unit notifies their operational area dispatch of destination per county protocol.

**5006.12 GUIDELINES FOR DETERMINING LEVEL OF TRANSFER**

Wheelchair or Gurney car	<ul style="list-style-type: none"> <li>• No medical personnel</li> </ul>
Basic Life Support	<ul style="list-style-type: none"> <li>• EMT staffed transfer by BLS ambulance</li> </ul>
Advanced Life Support	<ul style="list-style-type: none"> <li>• Paramedic staffed transfer on ALS equipped ambulance</li> </ul>
RN (CCT/Air Ambulance)	<ul style="list-style-type: none"> <li>• R.N. (s) in attendance on ALS equipped ambulance with additional staff as appropriate (paramedic or EMT's)</li> </ul>
Physician	<ul style="list-style-type: none"> <li>• Physician in attendance on ALS equipped unit with additional staff as appropriate (EMT, Paramedic, R.N.)</li> </ul>

**5006.13 COMMUNICATION**

- A. Transport personnel shall receive appropriate patient status report from transferring physician and/or RN.
- B. The paramedic shall receive the transferring orders from the transferring physician prior to leaving the sending hospital, including a telephone number where the transferring physician can be reached during the patient transport.
- C. Copies of all pertinent medical records, lab reports, x-rays, and transfer forms accompany patient to

receiving facility.

- D. Transport personnel shall receive patient report and confirm appropriate level of care for transfer. If transport personnel and transferring physician are unable to agree, they will confer with the base hospital physician.
- E. All levels of transfer will have a patient care record completed by the transport personnel.

**5006.14 TRANSFER SUMMARY**

- A. The records transferred with the patient shall include a "transfer summary" signed by the transferring physician which contains relevant transfer information. The form of the "transfer summary" shall, at a minimum, contain the patient's name, address, sex, race, age and medical condition; the name and address of the transferring doctor or emergency department personnel authorizing the transfer; the time and date the patient was first presented at the transferring hospital; the name of the physician at the receiving hospital consenting to the transfer and the time and date of the consent; the time and date of the transfer; the reason for the transfer; and the declaration of the signor that the signor is assured, within reasonable medical probability, that the benefits of the transfer outweigh any medical risk to the patient.
- B. Neither the transferring physician nor transferring hospital shall be required to duplicate in the "transfer summary" information contained in medical records transferred with the patient. In addition, the "transfer summary" shall include any other information pertinent to patient care as outlined in this policy.

**5006.15 QUALITY IMPROVEMENT**

ALS inter-facility transfer calls will be reviewed as per the Quality Improvement policy in this manual.

Determination of level of transfer required. (See definition of levels in section 5004.9) (X = Minimum level of service required) 5004.18	Wheelchair or Gurney car	Basic Life Support	Advanced Life Support	RN	Physician
Vital signs stable	X	X			
Oxygen by mask or cannula		X			
Level of consciousness stable		X			
Peripheral IV fluids running (no additives)		X			
Continuous respiratory assistance needed				X*	
Peripheral IV medications running or anticipated (refer to following chart)					
IV medications outside county protocols running or anticipated				X	
Paramedic level interventions			X		
Central IV line in use			X		
PA line in use				X	
Arterial line in place				X	
Temporary pacemaker in place				X	
ICP line in place				X	
IABP in place				X	
Medical interventions/changes anticipated					X (unless written orders are provided)
Chest tube			X		
Neonatal transport				X	

\*Respiratory therapist or RN

**5006.16 APPROVED FOR PARAMEDIC TRANSFERS**

- A. The following are approved for paramedic transfers:
1. 25% and 50% dextrose.
  2. Activated charcoal.
  3. Adenosine.
  4. Aerosolized or nebulized beta-2 specific bronchodilators.
  5. Aspirin.
  6. Atrovent.
  7. Atropine sulfate.
  8. Calcium chloride.
  9. Diazepam.
  10. Diphenhydramine hydrochloride.
  11. Dopamine hydrochloride.
  12. Epinephrine.
  13. Furosemide.
  14. Glucagon.
  15. Midazolam.
  16. Lidocaine hydrochloride.
  17. Morphine sulfate.
  18. Naloxone hydrochloride.
  19. Glycerin preparations, except intravenous, unless permitted by EMS Agency.
  20. Sodium bicarbonate;
  21. Syrup of ipecac.

**5006.17 APPROVED FOR EMT TRANSFER**

- A. The following are approved for EMT transfers:
1. Monitor peripheral lines delivering intravenous glucose solutions or isotonic balanced salt solutions including Ringer's lactate for volume replacement.
  2. Monitor, maintain, and adjust if necessary in order to maintain, a preset rate of flow and turn off the flow of intravenous fluid.
  3. Transfer a patient, who is deemed appropriate for transfer by the transferring physician, and who has nasogastric (NG) tubes, gastrostomy tubes, heparin locks, foley catheters, tracheostomy tubes and/or indwelling vascular access lines, excluding arterial lines.

**5006.18 APPROVED FOR WHEELCHAIR/GURNEY CAR TRANSFER**

- A. The following are approved for wheelchair/gurney car transfer:
1. Any patient who does not require monitoring or intervention by transport personnel. All medical devices on the patient will not be in use or available to transporting personnel.
  2. Any transdermal medication applications must have been in use for twelve (12) hours or more.





# Trauma Center Bypass

ADMINISTRATIVE POLICY 5008

## 5008.1 PURPOSE

The purpose of this policy is to mitigate trauma center bypass occurrences by defining the criteria by which a trauma center may qualify for bypass and define the trauma centers responsibilities during an approved bypass occurrence.

## 5008.2 EM SYSTEMS DEFINITIONS

Closed: Not operational – unable to receive patients.

Open: Operational.

Trauma Bypass: Personnel must select one (1) or more from this list when choosing “Trauma Bypass” status. Personnel must enter a comment when choosing “Trauma Bypass” status.

- A. Trauma Center Inundated – Trauma staff are involved in emergency resuscitation or operative cases. Hospital administrator’s name approving the bypass must be entered in the comment box.
- B. Trauma Center Bypass – Other – Unusual circumstances approved by the on call EMS duty officer. Not to be used for “trauma center inundation”. Napa County hospitals shall contact the EMS duty officer at (707) 253-4451.
- C. Comment: Include the name of the hospital administrator approving the bypass.

## 5008.3 BYPASS ELIGIBILITY

- A. A trauma center may be considered eligible for bypass when any one (1) of the following conditions exists:
  - 1. The physical plant is inoperable due to internal disaster i.e. fire, flood, structural damage, contamination, etc. such that the physical plant is closed to emergency and walk in traffic.
  - 2. The trauma surgeon(s) are encumbered in emergency resuscitation or operative procedures and are anticipated to be involved for an extended period of time.
  - 3. The anesthesiologists are involved in emergency resuscitation or operative cases and are anticipated to be involved for an extended period of time.
  - 4. All operating room personnel are involved in emergency resuscitation or operative cases.
  - 5. The computed tomography (CT) scanner is inoperable or unavailable (for patients with traumatic head injury ONLY).
- B. Unusual circumstances other than the above may be approved for bypass on a case-by-case basis. This approval must be obtained from the on call EMS duty officer at (707) 253-4451.
- C. Napa County hospitals shall contact Napa Central Dispatch at (707) 253-4451, who will notify the EMS duty officer or public health officer.

## 5008.4 BYPASS INELIGIBILITY

- A. Except as noted in the Interfacility section # 9900, the following conditions do not constitute acceptable grounds for trauma center bypass:
  - 1. There is a lack of clinical specialty back up, inpatient bed space or inpatient nursing staff.
  - 2. Trauma center bypass shall not be contingent upon ED saturation or non-functioning CT scanner, except for isolated traumatic head injuries.

### **5008.5 BYPASS PROCEDURE**

- A. The on call hospital administrator or designee shall be notified and must approve the bypass status change prior to actual bypass of patients.
- B. The emergency department supervisor or designee shall make the bypass status change in EMS systems. In the event of an EMS systems outage, please contact the EMS duty officer at (707) 253-4451.
- C. The bypass event shall be discontinued as soon as OR/physician availability resumes. This bypass event will be evaluated after two (2) hours and every hour thereafter.
- D. Any ambulance transport initiated to the compromised trauma center prior to the status being changed shall continue to that facility and will not be redirected.

### **5008.6 AMBULANCE DIRECTION**

- A. Ambulance providers shall call their assigned base hospital for direction during any trauma center bypass event and consider the following:
  - 1. Transportation to the next closest trauma center by either ground or air.
  - 2. Ground ambulance providers should consider utilization of an EMS aircraft and/or transportation to an off scene landing zone.
  - 3. Patients may be transported to the nearest emergency department if timely access to an alternative trauma center is not possible.

### **5008.7 OFF BYPASS**

To re-establish normal ambulance traffic and acceptance of all trauma patients, the trauma center supervisor or designee shall update their status in EM Systems. In the event of an EMS systems outage, please contact the EMS duty officer at (707) 253-4451.

### **5008.8 EMS AGENCY NOTIFICATION**

Trauma centers will monitor and review all trauma bypass incidents and will submit reports to the EMS Agency when requested. The EMS Agency may at any time send EMS Agency staff to the facility on bypass to verify the reasons given for bypass.

### **5008.9 BYPASS ADDENDUM**

- A. **Bypass Prognosis** - Base hospitals and/or the EMS Agency may contact the trauma center at any time to determine the prognosis for continuation of bypass. The EMS Agency may at any time send EMS Agency staff to the facility on bypass to verify the reasons given for bypass.
- B. **Base Hospital Resource Availability** - The base hospitals shall keep an update of surrounding trauma center availability for the duration the trauma center is on bypass.

### **5008.10 EMS AGENCY RIGHT TO DENY BYPASS**

The EMS Agency reserves the right to deny bypass approval based on overriding community need, impending EMS system need or determination that bypass criteria are unmet. If multiple trauma centers meet bypass criteria at the same time, trauma centers will be expected to treat patients to the best of their ability and there will be no EMS Agency approved bypass for any facility.

### **5008.11 WALK-IN TRAUMA PATIENTS RECEIVED**

The trauma center may still receive trauma patients from outside of the EMS system. In the event this occurs, the hospital on trauma bypass must treat and transfer the trauma patient received as expeditiously as possible.



# Hospital Emergency Service Downgrade or Closure Impact Evaluation

ADMINISTRATIVE POLICY 5009

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## 5009.1 PURPOSE

The establishment of this policy ensures that the Napa County Emergency Medical Services (EMS) Agency and its respective provider members meet relevant statutory requirements concerning the downgrading or closure of hospital emergency services. The downgrading or closure of facility emergency services can impact a community and its access to those services. This impact can also affect other entities and the emergency services that they provide in their hospitals. How to evaluate and report on these impacts to the affected communities and overall Emergency Medical Services system is the purpose of this policy.

## 5009.2 POLICY

To establish a methodical process for the evaluation of the potential impact on the EMS system due to the downgrade or closure of EMS in hospitals.

## 5009.3 PROCEDURE FOR HOSPITALS

- A. Any hospital proposing a reduction or elimination of emergency medical services in their facility shall notify the Napa County EMS Agency no later than 90 days prior to any such change. The notification must include:
  1. Itemization of the services currently provided and the exact nature of the proposed change(s).
  2. Reason for the proposed change(s).
  3. Description of the local geography, surrounding services, and average number of visits.
  4. Description of potential impact on the EMS community regarding patient volume and type of prehospital and emergency department services available, including a pre/post comparison.
  5. Description of potential impact on the public regarding accessibility of comparable alternative facilities or services, including a pre/post comparison.

## 5009.4 PROCEDURE FOR EMS AGENCY

- A. Within thirty (30) days of notification, the EMS Agency will complete and distribute a draft EMS Impact Evaluation of the proposed changes. The criteria which will be addressed in the impact evaluation report will include:
  1. Geography: Service area population density, travel time and distance to the next nearest facility, number and type of other available emergency services as well as the availability of prehospital resources.
  2. Level of Care: Assessment of level of emergency services provided, i.e., basic, standby, base hospital and next nearest available facility/service.
  3. Specialty Services: Neurosurgery, obstetrics, burn center, pediatric critical care, trauma etc. and the next nearest available facility/service.
  4. Patient Volume: Number of patients annually, both 911 transports and walk-ins
  5. Availability of Prehospital Care: Impact on availability of ALS level prehospital care and air ambulance resources.
  6. Public and Emergency Provider Comments: Obtained through local EMS committees and public hearing.

ADMINISTRATIVE POLICY 5009 - HOSPITAL EMERGENCY SERVICES DOWNGRADE OR  
CLOSURE IMPACT EVALUATION

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7. Preliminary Recommendations: Shall include a determination of whether the request for reduction or elimination of emergency services should be approved or denied.

**5009.5 PUBLIC HEARING**

Within seven (7) days of completing the preliminary Impact Evaluation, the EMS Agency, in cooperation with the affected county's health department, will conduct at least one (1) public hearing, and incorporate the results of those hearings in the final Impact Evaluation. These public hearings may be incorporated with other public meetings held by the EMS Agency, the Board of Supervisors of the affected county, and/or other government agencies, commissions, or committees.

**5009.6 FINAL ACTION**

Within sixty (60) days of receiving notice, the EMS Agency will prepare the final Impact Evaluation and final EMS Agency recommendations, including a summary of comments received during the public hearing, and submit those findings to the California Department of Health Services, the EMS Agency Regional Advisory Committee, the Board of Supervisors of the affected county, and other interested parties.