S.O.P. #: 600-07

SUBJECT: TYPES OF AMBULANCE/MEDIC CALLS

DIVISION: EMERGENCY MEDICAL SERVICES

Objective: To define the different types of ambulance/medic calls the EMS Division handles and who can request them.

Section 1: Emergency Ambulance/Medic Calls

Definition: A case of life or death, a potential loss of limb, acute distress or intractable pain, where the patient must receive care rapidly.

A. Anyone can call and request an ambulance/medic unit for an emergency situation in Baltimore County.

B. The nearest ambulance/medic unit will be dispatched to the location of the incident.

C. All emergencies will be taken to the nearest appropriate medical facility.

1. The EMS crew will prioritize the patient based on Maryland Medical Protocol.

2. All Priority 1 patients must have medical consultation and be transported to the nearest appropriate hospital.

3. Priority 2 patients may be transported to other than the nearest hospital if:

a. In the judgment of the EMS crew the patient will not be harmed by the increased transport time, <u>and</u>
b. transport to the alternate hospital will not lengthen transport time by more than 15 minutes, <u>and</u>
c. on line medical direction approves bypassing the nearest hospital, (both hospitals should be on line – with the consulting and/or receiving center making the decision) <u>and</u>
d. there is no conflict with Maryland Medical Protocol regarding the need for trauma or specialty care.

4. Priority 3 patients may be transported to an alternate hospital. If the EMS crew has any concerns about the stability of the patient, medical consultation should be obtained.

NOTE: NO ACTION WILL BE TAKEN THAT WILL VIOLATE MARYLAND MEDICAL PROTOCOL

D. If a physician requests that a patient be taken to a specific hospital, he/she must make the necessary arrangements <u>prior</u> to making the request.

1. This request can be made either directly through Fire Dispatch, by phone at the scene by the EMS personnel, or in person by the doctor at the scene.

2. If no arrangements are made, the patient will be transported to the nearest appropriate medical facility.

3. When EMS personnel are unable to comply with a private physician's request to have the patient transported to a specific hospital, they are to immediately notify Dispatch. It will then be Dispatch's

responsibility to notify the physician involved. This shall also apply to patients who have Hospital Pre-Authorization.

E. Hospital Pre-Authorization Patients: If the patient has been granted a wallet-sized, green laminated pre-authorization card by the Baltimore County Fire Department, the ambulance/medic crew may transport the patient to the hospital designated on the card, unless the patient appears to be unstable.

1. In the event a pre-authorization patient appears to be unstable, the patient's physician may take over guidance of the situation in person. This must include accompanying the patient in the ambulance/medic to the hospital. If the physician is not present or refuses to accompany the patient to the hospital, the EMS personnel will obtain guidance by written protocol and radio consultation through EMRC. The consulting center will then give direction as to which hospital the patient will be transported.

2. If the patient wishes to be transported to a hospital other than the nearest and does not present to the ambulance/medic crew the green pre-authorization card, EMS personnel should contact Dispatch with the patient's name and home address for verification. This applies only to patients who state they have hospital pre-authorization.

F. Maternity patients may be taken to the hospital where they are pre-registered. It is recommended that the patient show some proof of pre-registration. If the patient is considered unstable, transport to the closest APPROPRIATE facility. Northwest Hospital Center and Good Samaritan Hospital do not have obstetrical services. Therefore, maternity patients should only be transported to those facilities in life threatening situations after receiving medical direction.

1. Where there is hemorrhaging, complications, or imminent birth of the baby, the call will be handled as an emergency ambulance/medic request. The patient will be transported to the nearest appropriate facility, which may not be the hospital that they are pre-registered at.
2. Appropriate facility would be a hospital that can manage the mother and fetus/child with advanced medical care for a maternity/infant/fetal complications. (i.e., NICU, PICU, Neo-natal Center)
   - The best interest of the patient(s) should be the main determinant in selecting the facility that is receiving the patient(s).

G. Snake Bite Patients. Medical direction for snakebite patients will be given by the normal consulting center with assistance by the Maryland Poison Control Center. A referral to a specialty center may be advised.

Section 2: Emergency Ambulance/Medic Calls (Transports)

A. Inter-hospital transports will be handled by commercial ambulance services. In those confirmed life threatening situations, where the hospital feels that any delay could be life threatening, the Baltimore County EMS Division will consider handling these calls on a case by case basis.

B. Hospitals who need these services will notify ADO at 410-887-4592.

C. If, after responding on the call, the medic crew determines this is not a life threatening situation, they should immediately contact their EMS District Officer.

Section 3: Non-Emergency Ambulance/Medic Calls (Transports)

A. Non-emergency transports, i.e. hospital to home, home to clinic, etc., will no longer be handled by the Fire Department. Special exceptions may be granted in rare circumstances by the on duty EMS Shift Commander. Volunteer EMS units may be dispatched as per standing agreements with Fire Dispatch.

Section 4: Admission of Patients to Receiving Hospitals

A. On occasion medic crews who transport patients to hospitals encounter delays in admission and the continuum of definitive care at the hospital. This policy provides a guide for EMS personnel to use when they encounter these situations. Mutual respect and cooperation between health care professionals is normally the best way to solve these problems.

1. On arrival at the hospital, providers will speak with nursing personnel for direction to a bed and to pass on patient information.

2. After initial contact with the nursing staff, crews will wait up to 15 minutes for a bed assignment. If the crew has waited longer than 15 minutes, they will contact the Charge Nurse to determine how long it will take before accommodations become available.

3. After 30 minutes, the provider will approach the attending physician and describe the situation. The attending physician should be given an opportunity to determine the emergency department status and notify the crew how the patient will be managed. After approaching the attending physician, the crew will notify the EMS District Officer who will report to the hospital emergency department to assist/resolve.

4. If the EMS District Officer cannot resolve the situation with the hospital staff, EMS Shift Commander will be notified.

5. The EMS Shift Commander will notify the following personnel and attempt to remedy the situation:

   a. On-call administrator for the hospital
   b. Region III EMS Administrator

6. On any incident where a medic unit remains in the emergency department for over 30 minutes without having patient care transferred to the emergency department, a Form 58 will be sent to:

   a. EMS Division Chief
   b. Chief Fire Surgeon
   c. Assistant Chief
   d. Region III Administrator

B. These guidelines will assist us in making sure that our patients receive definitive care in a timely manner. Under no circumstances may a patient be removed from the emergency department without authorization from the attending physician. The attending physician must ensure:

1. A screening examination was performed.

2. The receiving hospital and physician have accepted the patient.