

**San Joaquin County
Emergency Medical Services Agency**



BLS Interfacility Patient Transports

AUTHORITY: Health and Safety Code, Division 2.5, Sections 1797.60, 1797.80, 1797.197, 1797.197a, 1797.204, 1797.220, 1798; California Code of Regulations, Title 22, Chapter 2, Sections 100062, 100063, 100064

- I. Apply universal body substance isolation precautions.
- II. Prior to transport perform primary and secondary patient assessments. Initiate Routine Medical Care.
- III. Continuously monitor SpO2 during transport.
- IV. Reassessment of vital signs and other observations should be taken and recorded approximately every 5 minutes in unstable patients and every 15 minutes in stable patients. Changes and trends observed should be documented and communicated to the receiving physician/nurse.
- V. If at any time a patient's condition deteriorates the attending EMT shall contact the transferring physician or base hospital physician for direction. If contact cannot be made or the patient's condition is life threatening the patient should be transported to the closest receiving hospital.

Enhanced Skills EMT:

- VI. During inter-facility transport, a trained Enhanced Skills EMT who is on duty with an authorized enhanced skills EMT ambulance service provider may transport patients deemed as non-critical by the transferring physician with pre-existing: peripheral intravenous (IV) lines delivering IV fluids, Foley catheters, heparin and saline locks, nasogastric tubes, gastrostomy tubes, tracheostomy tubes and indwelling vascular access lines excluding arterial lines.
- VII. During inter-facility transport the following conditions apply:
 - A. Intravenous fluids have the following restrictions:
 1. No medications have been added to the intravenous fluid.
 2. Intravenous fluids are isotonic based including glucose solutions, Normal Saline, Ringer's Lactate, Isolyte or Isolyte M.
 - B. Approved IV Interventions:
 1. Monitor and maintain the IV at a preset rate.

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2. Check and clear tubing for kinks and reposition if necessary when loss of flow occurs.
 3. Control bleeding at the IV site.
 4. Turn off the flow of IV fluid if infiltration or alteration of flow occurs.
- C. Foley catheters:
1. The catheter must be able to drain freely to gravity.
 2. No action may be taken to impede flow or disrupt contents of drainage collection bags.
- D. Nasogastric tube or gastrostomy tube:
1. Nasogastric and gastrostomy tubes are clamped off prior to transport.
 2. All patients who have received fluids by NG or gastric tubes prior to transport are transferred in a semi-fowlers position to prevent aspiration, unless contraindicated.
- E. Tracheostomy tubes shall be managed as ordered by the transferring physician consistent with the EMT scope of practice.

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