DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

SUBJECT: **PRIVATE PROVIDER AGENCY TRANSPORT/RESPONSE GUIDELINES** (EMT, PARAMEDIC, MICN) REFERENCE NO. 517

PURPOSE: To provide guidelines for private ambulance providers handling requests for emergency and non-emergency transports.

AUTHORITY: Los Angeles County Code, Title 7, Business License, Division 2, Chapter 7.16
Health & Safety Code, Division 2, Section 1250,
Health & Safety Code, Division 2.5, Sections 1797.52 - 1797.84,
California Code of Regulations Section 100169
Emergency Medical Treatment and Labor Act of 2006 (EMTALA)

DEFINITIONS:

Health Facility: A health facility may include any of the following:

General Acute Care Hospitals
Skilled Nursing Facility
Clinics/Urgent Care Centers
Physician Offices
Dialysis Centers
Intermediate Care Facility
Acute Psychiatric Facility

Interfacility Transport (IFT): The transport of a patient from one health facility to another health facility as defined above.

Life-Threatening Medical Condition: An acute medical condition that, without immediate medical attention, could reasonably be expected to result in serious jeopardy to the health of an individual (in the case of a pregnant woman, the health of the woman or her unborn child) or serious impairment or dysfunction of any bodily organ or part.

9-1-1 Response: An emergency response by the primary emergency transportation provider or its designee for that geographic area in which the response is requested. Requests for a 9-1-1 response are generally made by the public but may include requests from health facilities.

PRINCIPLES:

1. A private ambulance company must be licensed by the County of Los Angeles as a Basic Life Support provider. Each of the company's ambulance vehicles that operate within the County of Los Angeles shall also be licensed by the County.

2. Private ambulance providers are prohibited from dispatching an ambulance to any call that would normally be considered an emergency 9-1-1 call for the authorized emergency transportation provider for that geographical area. A private ambulance provider may only dispatch an ambulance to such a call if the request is from either the 9-1-1 jurisdictional provider or the authorized emergency transportation provider requesting backup services.

APPROVED: _____ _____
Director, EMS Agency Medical Director, EMS Agency

3. Any ambulance personnel observing the scene of a traffic collision or other emergency should:

   a. Contact their respective dispatch center and request that the jurisdictional 9-1-1 provider agency be notified.

   b. Follow the internal policy developed by their employer in regard to stopping at the scene of an observed emergency.

4. It is the responsibility of the requested transport provider, in consultation with the facility requesting the transport, to provide the appropriate level of transport (Basic Life Support, Advanced Life Support or Critical Care Transport) based on the transferring physician's determination of the medical needs of the patient (Refer to Reference No. 517.1, Guidelines for Determining Level of Interfacility Transport).

5. Health facilities shall provide the transport personnel with appropriate transfer documents in compliance with Title 22 and EMTALA transfer requirements.

6. A health facility may not have the staffing and equipment available to assess, treat and/or monitor a patient for extended time frames. Therefore, 9-1-1 emergency responses may be necessary for those patients whose condition may deteriorate while waiting for a private provider response.

7. If it is known that transfer arrangements were not made, the transporting unit shall make every possible effort to contact the receiving facility and advise them of the patient's imminent arrival. This may be done through the provider's dispatch center.

8. Patients with a valid Do-Not-Resuscitate (DNR) form or order shall be transported as outlined in Reference No. 815, Honoring Prehospital Do-Not-Resuscitate Orders.

9. The transferring physician, in consultation with the receiving physician, assumes responsibility for determining the appropriateness of the transfer. It is not the responsibility of the base hospital or the transport personnel to determine whether the transfer is appropriate.

10. Private provider agencies shall ensure that a patient care record (PCR) is completed for each patient transport performed including, but not limited to, critical care transports. The PCR shall include documentation regarding patient monitoring and care during transport, from the time of the patient contact at the sending facility until transfer of care at the receiving health facility or other patient destination. For patients transported to a health facility, each private provider agency shall ensure there is a mechanism in place to provide the receiving facility with a copy of the transport PCR at the time of transfer of care.

POLICY:

I. Transport Modalities

   A. Basic Life Support (BLS) Transport

1. Unit is staffed with two EMTs.

2. Requests may be for emergency or non-emergency response.

3. Patient requires care which does not exceed the Los Angeles County EMT scope of practice.

4. Patient does not meet base hospital contact criteria as outlined in Section I of Reference No. 808, Base Hospital Contact and Transport Criteria, at the time of transport.

5. Patients who develop a life threatening medical condition enroute shall be diverted to the most accessible facility appropriate to the needs of the patient.

B. Advanced Life Support (ALS) Transport

1. Unit is staffed with two paramedics unless the ambulance provider has been given approval by the EMS Agency to staff ALS IFT units with one paramedic and one EMT.

2. Requests may be for emergency or non-emergency response.

3. Patient requires skills or treatment modalities which do not exceed the Los Angeles County paramedic scope of practice.

4. Base hospital contact is not required to monitor therapies established by the sending facility prior to transport if such therapies fall within the Los Angeles County paramedic scope of practice.

5. If the patient's condition deteriorates or warrants additional therapies enroute, Procedures Prior to Base Contact Field Reference (Ref. No. 806.1) may be initiated and base hospital contact is required. The base hospital will determine if the patient may be transported to the original destination requested by the sending facility, which should occur whenever possible, or if the patient requires diversion to the most accessible receiving facility appropriate to the needs of the patient.

6. Paramedics may not accept standing orders or medical orders from the transferring physician or provider medical director.

C. Nurse and/or Respiratory Care Practitioner (RCP) Staffed Critical Care Transport (CCT)

1. Unit is staffed by a qualified registered nurse and/or RCP and two EMTs or paramedics. Other medical personnel (e.g., physician, perfusionist, etc.) may be added to meet the needs of the patient.

2. Requests may be for emergency or non-emergency response.

3. Patient requires, or may require, skills or treatment modalities that are within the nurse's and/or RCP's scope of practice.

4. Registered nurses and RCPs are not required to make base hospital contact. Nurses and RCPs may follow medical orders of the transferring physician and/or orders approved by their CCT Medical Director within their applicable scope of practice for patient care enroute. However, if paramedic(s) are part of the CCT transport team, they can only perform medical orders received from a base hospital.

5. Patient destination requested by the sending facility will be honored; however, if the patient's condition deteriorates enroute, the registered nurse or RCP may determine it is in the patient's best interest to divert the patient to the most accessible facility appropriate to the needs of the patient.

II. Transport Requests and Response Levels

A. If a transport request is received and it is determined that the patient's condition would normally be considered an emergency 9-1-1 call for the authorized emergency transportation provider as identified in policy Section (I.) of Reference No. 808, Base Hospital Contact and Transport Criteria, the dispatcher shall immediately refer the request to the jurisdictional 9-1-1 provider under the following circumstances:

1. A private citizen requesting ambulance transportation.

2. If the patient is at a health facility but has not been evaluated and stabilized to the extent possible by a physician prior to the facility requesting transport.

B. If upon arrival at a health facility or private residence and EMTs or paramedics find that the patient has a life-threatening emergency medical condition as identified in policy Section (I.) of Reference No. 808, Base Hospital Contact and Transport Criteria, the EMS personnel shall determine whether it is in the best interest of the patient to request the jurisdictional 9-1-1 provider to respond or to provide rapid transport to the most accessible receiving facility. If on-scene personnel determine that immediate transport is indicated, the jurisdictional 9-1-1 provider shall be notified and justification shall be documented on the patient care record.

C. Emergency Response Requests

1. Request by a 9-1-1 Provider Agency

Ambulance providers shall dispatch an ambulance within the maximum response times for emergency calls specified in the County Code in response to an emergency call from a public safety agency or authorized emergency transportation provider for that geographical area, unless the caller is immediately advised of a delay in responding to the call.

2. Request by a Health Facility

a. If a physician at the health facility has evaluated and stabilized the patient to the extent possible and arranged an interfacility transfer, a private ground (or air) ambulance transport may be arranged and the jurisdictional 9-1-1 provider is not ordinarily contacted.

b. **The jurisdictional 9-1-1 provider may be contacted if the ETA of the private provider is delayed and the condition of the patient warrants a rapid response and transport. Patient destination will then be determined as outlined in the applicable patient destination policy.**

D. Non-Emergency Response Requests - Request by a Health Facility or Private Citizen

1. A request for transport of a patient who has, or is perceived to have a stabilized medical condition that requires transport, and the patient does not have a life threatening emergency medical condition as identified in policy Section (I.) of Reference No. 808, Base Hospital Contact and Transport Criteria

2. Transports are handled by a private ambulance provider with BLS, ALS, or CCT staffed units, depending upon the medical requirements of the patient and the EMS personnel's scope of practice.

III. Role of the Base Hospital in ALS Interfacility Transports

A. Provide immediate medical direction to paramedics if the patient's condition deteriorates or warrants additional therapies during transport.

B. Determine if the patient may be transported to the original destination requested by the sending facility, which should occur whenever possible, or if the patient requires diversion to the most accessible receiving facility appropriate to the needs of the patient if the patient's condition changes while enroute to the pre-designated facility. If diverted, the base hospital shall:

1. Contact the new receiving hospital and communicate all appropriate patient information.

2. Advise the original receiving hospital that a diversion has occurred.

C. Clarify the scope of practice of EMS personnel when requested to do so by a sending facility.

CROSS REFERENCES:

Prehospital Care Manual:

Ref. No. 304, **Role of the Base Hospital**
Ref. No. 414, **Critical Care Transport (CCT) Provider**
Ref. No. 502, **Patient Destination**
Ref. No. 506, **Trauma Triage**
Ref. No. 510, **Pediatric Patient Destination**
Ref. No. 511, **Perinatal Patient Destination**
Ref. No. 513, **ST Elevation Myocardial Infarction Patient Destination**
Ref. No. 513.1 **Interfacility Transport of Patients with St-Elevation Myocardial Infarction**
Ref. No. 514, **Prehospital EMS Aircraft Operations**
Ref. No. 516, **Return of Spontaneous Circulation (ROSC) Patient Destination**
Ref. No. 517.1 **Guidelines for Determining Level of Interfacility Transport**

Ref. No. 802, **EMT Scope of Practice**
Ref. No. 802.1 **EMT Scope of Practice, Table Format**
Ref. No. 803, **Paramedic Scope of Practice**
Ref. No. 803.1 **Paramedic Scope of Practice, Table Format**
Ref. No. 806, **Procedures Prior to Base Contact**
Ref. No. 806.1 **Procedures Prior to Base Contact, Field Reference**
Ref. No. 808, **Base Hospital Contact and Transport**
Ref. No. 815, **Honoring Prehospital Do-Not-Resuscitate (DNR) Orders**