



Waterford Ambulance Service Standard Operating Guideline

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| Effective | August 2, 2016 | | | |
| Scope: | All WAS Staff | | | |
| From: | Steven D Garvin, President WAS | | | |
| Subject: | Patient Transport Destination | | | |
| SOG: | Operations | 2014 | 003 | 1 |
| | Type | Year | Number | Revision |

Purpose

To establish requirements for Waterford Ambulance Service personnel specifying patient transport destinations.

Requirements

Connecticut State Basic Life Support Guidelines.

Instructions

- 1) Although the vast majority of our EMS calls allow the patients to dictate which hospital ER they wish to be transported to, there are several factors that may affect the ultimate transport destination of our patients.
- 2) The transport decision needs to take into account the following:
 - The hospital ER of record for the patient.
 - Medical needs of the patient.
 - Waterford Ambulance Primary Service Area (PSA) coverage.
 - Receiving hospital capacity status.



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- 3) In all cases, if additional guidance is needed contact the onboard Paramedic or hospital Medical Control.
- 4) For multiple casualty situations, transport destinations will be dictated by the local hospitals, transport services capacity, and direction from hospital Medical Control.
 - a. An incident is considered a multiple casualty incident when there are more victims than rescue resources.
- 5) In cases where the WAS primary service area (PSA) is exceptionally busy, either from high call volume, lack of personnel or ambulances, or emergent circumstances such as extreme weather, the transport should be to the nearest appropriate medical care facility based on the patients conditions and Connecticut State BLS Guidelines.
 - a. In such cases, the EMT should fully document the patient's request and the reasons for the alternate destination decision, including any hospital Medical Control consultation.
- 6) For ALS calls, based on the mechanism of injury, assessment findings, treatment, Connecticut State BLS Guidelines, a patient in need of emergency medical care must be taken to the nearest appropriate medical care facility capable of treating the illness, disability or injury of the patient.
- 7) For non-ALS calls, the ambulance services *may* make transports to a hospital other than the closest facilities based on a patient's request. A patient's choice of hospital or other facility should be complied with unless contraindicated by state, regional or system/service protocol or the assessment by an EMS provider indicates that complying with the patient's request would be injurious or cause further harm to the patient.
 - a. In such cases, the EMT should fully document the patient's request and the reasons for the alternate destination decision, including any Medical Control consultation.



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- 8) A hospital may notify the WAS crew of a temporary inability to provide care in the Emergency Department (ED) and request ambulances divert patients to an alternate hospital facility. A request to divert to another facility shall be honored by WAS providers. A diversion request does not always mean the hospital ED is closed, but usually means the current emergency patient load exceeds the ED's ability to treat additional patients promptly.
- a. If the patient's condition is unstable and the hospital requesting diversion is the closest appropriate hospital, ambulance service personnel should notify the hospital of the patient's condition and consult with the onboard paramedic or hospital Medical Control.

In summary, patients have a right to dictate which hospital ER they wish to be transported to. There are several factors that may affect the ultimate transport destination of our patients as listed above. In all cases, the EMT's shall use reasonable discretion to meet the patients request.

Steven D. Garvin

President, Waterford Ambulance Service