





SAN MATEO COUNTY HEALTH
EMERGENCY
MEDICAL SERVICES

EMS POLICY	603
Effective:	April 2025
Approval: EMS Director Travis Kusman, MPH	Signed: 
Approval: EMS Medical Director Greg Gilbert, MD	Signed: 

HOSPITAL EMERGENT INTERFACILITY TRANSFERS

I. PURPOSE

This policy provides guidance for hospital emergency or other departments (ICU) for ground ambulance transport of emergency patients that require interfacility transfer at the Basic (EMT), Advanced Life Support (Paramedic), or Critical Care Transport (CCT) levels.

II. AUTHORITY

California Code of Regulations, Title 22, Division 9, §100096.03, 100139, 100149.02

III. DEFINITIONS

Advanced Life Support (“ALS”): Special services designed to provide definitive prehospital emergency medical care, including, but not limited to, cardiopulmonary resuscitation, cardiac monitoring, cardiac defibrillation, advanced airway management, intravenous therapy, administration of specified drugs and other medicinal preparations, and other specified techniques and procedures administered by authorized personnel under the direct supervision of a base hospital as part of a local EMS system at the scene of an emergency, during transport to an acute care hospital and while in the emergency department of an acute care hospital until responsibility is assumed by the emergency or other medical staff of that hospital.

Air ambulance: Any aircraft specifically constructed, modified, or equipped and staffed for the primary purpose of responding to emergency medical calls and transporting critically ill or injured patients. Air ambulance aircraft shall be ALS capable.

Basic Life Support (“BLS”): Emergency first aid and cardiopulmonary resuscitation procedures which, as a minimum, include recognizing respiratory and cardiac arrest and starting the proper application of cardiopulmonary resuscitation to maintain life without invasive techniques until the victim may be transported or until advanced life support is available.

Critical Care Transport: Special services designed to provide definitive critical care such that the failure to assess/ recognize resuscitation needs and urgently initiate and maintain acute medical diagnostics and/ or interventions, pharmacological interventions, or technologies would likely result in sudden, clinically significant, or life-threatening deterioration in the patient's condition. These capabilities exceed those of an Advanced Life Support EMS unit.

Emergency Medical Services Agency (“LEMSA”) [or “Agency”]: The San Mateo County EMS Agency is designated as the Local Emergency Medical Services Agency (LEMSA) and is statutorily charged with primary responsibility for administration and medical control of emergency medical services in San Mateo County.

IV. POLICY

- A. All transfers shall comply with State and Federal laws.
- B. Paramedic/ 9-1-1 system personnel may be used to transport patients ONLY as a last resort when alternative forms of transportation are unavailable, or when the delay in obtaining alternative transport would pose an imminent threat to the patient’s health. Hospital personnel accessing the EMS system for transfers shall note that by accessing the EMS system, they may deplete the EMS resources of their local community.
- C. Interfacility transfers utilizing Paramedic/ 9-1-1 system personnel remain under San Mateo County LEMSAs medical direction and control.
- D. Paramedic/ 9-1-1 system units are staffed with two personnel: Typically, one paramedic, and one EMT.
- E. Unstable patients shall be transferred only when the reason for the transfer is to medically facilitate the patient’s care. The transport of the patient must have the concurrence of both the transferring and receiving physicians that the transfer is appropriate.
- F. The sending physician is responsible for determining the appropriate level of transport required.
- G. The sending physician is responsible for making arrangements for the receipt of the patient by another physician at the receiving facility.
- H. The sending physician or designee shall contact the appropriate dispatch center to arrange for transport.
- I. The sending physician or designee shall provide a verbal report and transfer documents to the arriving ambulance crew. Transfer documents must include the names of the sending and receiving physician.
- J. For patients requiring emergency transfer, specifically those needing immediate care or intervention at a higher level of care receiving hospital (e.g., critical trauma, STEMI, or stroke):
 - 1. Ensure the indication for use is appropriate. Emergency ambulance transport utilizes 9-1-1 resources and is reserved for truly emergent cases;
 - 2. Activate 9-1-1 to request Interfacility Emergency Response;
 - 3. Arrange transfer of the patient with the receiving physician;
 - 4. Assess patient needs prior to the transport to determine if the patient needs exceed the paramedic scope of practice. If the care required during transport is beyond the paramedic scope of practice, hospital staff and/or equipment shall be provided by the

transferring hospital and accompany the patient (e.g., if IV pump needed, blood transfusion in progress, management of paralytic agents for intubated patient);

5. Prepare transfer records for the arriving ambulance crew. The ambulance will generally arrive within thirteen (13) minutes of request and patient, paperwork, staff and equipment should be ready for transport by the time the ambulance arrives. Records which are not time sensitive or critical to immediate ongoing treatment of the patient may be faxed, emailed, or alternatively delivered to the receiving facility. If the transfer is delayed once the ambulance arrives on scene, the 9-1-1 ambulance may be reassigned to other emergency needs.
6. The 9-1-1 ambulance crew will arrive at the Emergency Department (ED). If the patient is being transferred from a location other than the ED, a hospital representative shall meet the responding ambulance crew immediately upon arrival, escort prehospital personnel to the patient's location, remain with the crew, and escort the crew back to the ED.

V. LEVELS OF CARE FOR AMBULANCE TRANSPORT

Type of Transport	Patient Needs	Scope of Practice	Contact
9-1-1 Advanced Life Support (Paramedic) Interfacility Emergency Transfer	Emergency intervention or evaluation not available at the sending hospital (e.g., critical trauma, STEMI, stroke, obstetric care for active labor where birth is not imminent). May include neuro and vascular patients transported directly to an OR/intervention lab.	<ol style="list-style-type: none"> 1. Advanced airway (ETT and King); 2. Administer and adjust IV fluids including: Glucose, isotonic saline, lactated ringers, and those containing potassium; 3. ECG monitoring; 4. Defibrillation and synchronized cardioversion; 5. Monitoring of water-sealed chest tube; 6. Administration of ACLS medications 	9-1-1

Type of Transport	Patient Needs	Scope of Practice	Contact
Critical Care Transport with RN	Advanced care for patients with complex medical care needs as determined by the transferring physician and the ambulance agency. May include pediatric and obstetric patients.	Critical Care RN	Contact ambulance service directly
Air Ambulance	RN/Paramedic level of care for patients with complex medical care needs when the receiving hospital is distant and time is a critical factor. May include pediatric and obstetric patients.	Critical Care RN/Paramedic	Contact air ambulance service directly

Type of Transport	Patient Needs	Scope of Practice	Contact
Non-emergency Advanced Life Support (Paramedic)	Scheduled transport of patients who require an advanced level of care. Patient does not require emergency intervention at the receiving facility.	<ol style="list-style-type: none"> 1. Advanced airway (ETT and i-gel); 2. Administer and adjust IV fluids including: Glucose, isotonic saline, lactated ringers, and those containing potassium; 3. ECG monitoring; 4. Defibrillation and synchronized cardioversion; 5. Monitoring of water-sealed chest tube; 6. Administration of ACLS medications 	Contact County-contracted emergency ALS ambulance provider
Non-emergency Basic Life Support (EMT)	Scheduled transport of patients who require a basic level of care.	EMT	Contact ambulance service directly

VI. TRAUMA TRANSFER PROCEDURE

TRAUMA TRANSFER PROCEDURE		
STEP 1	Determine appropriate level of transfer using chart below. Contact receiving Trauma Center and confirm acceptance of patient.	
	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> Stanford Trauma Center (650) 724-2243 (EMERGENCY) (650) 723-4696 (Urgent adults) (650) 723-7342 (Urgent pediatrics ≤ 6 years) </td> <td style="width: 50%; vertical-align: top;"> Zuckerberg S.F. General Trauma Center (628) 206-8111 – request to speak with Attending in Charge (“AIC”) about trauma re-triage patient Adults and Pediatrics > 6 years only </td> </tr> </table>	Stanford Trauma Center (650) 724-2243 (EMERGENCY) (650) 723-4696 (Urgent adults) (650) 723-7342 (Urgent pediatrics ≤ 6 years)
Stanford Trauma Center (650) 724-2243 (EMERGENCY) (650) 723-4696 (Urgent adults) (650) 723-7342 (Urgent pediatrics ≤ 6 years)	Zuckerberg S.F. General Trauma Center (628) 206-8111 – request to speak with Attending in Charge (“AIC”) about trauma re-triage patient Adults and Pediatrics > 6 years only	
STEP 2	As soon as need for transfer is recognized, request CODE 3 TRAUMA TRANSFER using ED to Public Safety Communications microwave direct line #344.	
STEP 3	Prepare patient and paperwork for immediate transport before ambulance arrives.	
STEP 4	For trauma consults for patients not meeting red or blue box criteria, contact the Trauma Center and request to speak to the Trauma AIC about trauma re-triage patient.	
RED BOX EMERGENCY TRANSFER PROCEDURE		
Call Trauma Center PRIOR to transfer and state “RED BOX TRAUMA TRANSFER.”		
ED physician determines patient requires immediate evaluation/ resuscitation by a trauma center. Some indicators: <ul style="list-style-type: none"> • Blood pressure < 90 or decrease in blood pressure by 30 mmHg following 2L IV crystalloid • Head injury with blown pupil • Penetrating thoracic or abdominal trauma 		
BLUE BOX URGENT TRANSFER PROCEDURE		
Call Trauma Center PRIOR to transfer.		
ED physician determines patient requires urgent evaluation by a trauma center based on the following indicators:		
ANATOMIC AREAS	FINDINGS/ RELATED INJURIES	
Central Nervous System	<ul style="list-style-type: none"> • GCS < 14 with abnormal CT scan • Spinal cord or major vertebral injury 	
Chest	<ul style="list-style-type: none"> • Major chest wall injury with > 3 rib fractures and/ or pulmonary contusion • Cardiac injury 	
Pelvis/ Abdomen	<ul style="list-style-type: none"> • Pelvic ring disruption • Solid organ injury confirmed by CT scan or ultrasound demonstrating abdominal fluid 	
Major Extremity Injuries	<ul style="list-style-type: none"> • Fracture/ dislocation with loss of distal pulses and/ or ischemia • Open long bone fractures • Two or more long bone fractures • Amputations that require reimplantation 	
Multi-System Injury	<ul style="list-style-type: none"> • Trauma with associated burns – transfer to closest trauma center • Major trauma to more than two body regions • Signs of hypoperfusion – Lactate > 4 or Base Deficit > 4 	
Co-morbid Factors	<ul style="list-style-type: none"> • Adults > 65 years of age • Pediatric < 6 years of age – transfer to Stanford Pediatric Trauma Center • Pregnancy > 22 weeks gestation • Insulin dependent diabetes • Morbid obesity • Cardiac or respiratory disease • Immunosuppression • Antiplatelet or anticoagulation agents 	