A. Introduction

Patient treatment and transportation will be ensured by the most effective and efficient means possible to all patients with illness or injury in accordance with this protocol. It is incumbent upon all Fire Rescue personnel involved with the patient to act in the patient's best interest. If at any time an MDFR non-transport unit requests an ALS Unit for patient treatment/transport, patient(s) will be transported ALS by a Rescue. At no time will a delay occur while on-scene; any disputes and/or concerns will be directed to an EMS Field Supervisor after the completion of patient treatment/transport. Patients will only be transported to a hospital on the Hospital Capability Chart **Appendix 2.1** or an Urgent Care Center that is an Approved Alternate Transport Destination as outlined on **Procedure 53** Alternate Care & Transport Facilities.

State laws governing Paramedic and EMT practice do not recognize the supervisory rank structure of EMS provider agencies. It is therefore the responsibility of the Officer in Charge (OIC) to ensure that all patient care decisions are based upon teamwork. It is the responsibility of all Paramedics and EMTs involved to ensure equal responsibility for the care of the patient. When conflicts/issues are encountered while carrying out any part of this protocol the higher level of care will always be applied. At no time will a patient be left unattended, including, but not limited to the transfer of a patient to a transport unit or the transfer of care at the receiving facility.

Patients may have one passenger accompany them to the hospital in the transport unit. The passenger will not be refused unless there is an extenuating circumstance that endangers the patient or crew members. Parents or guardians of minor patients will always be allowed to accompany the patient during transport, unless there is a danger to the patient or crew members. Any refusal to allow the passenger to ride in the transport unit will be documented in the ePCR narrative. If a patient's GCS is less than 15, a patient companion should always be encouraged to ride in the transport vehicle since they may be able to assist with pertinent history and possible decision making upon arrival at the hospital. All passengers must be secured in the vehicle with a seatbelt.

B. Procedure

General Care

1. Transportation Destination

a) All unstable ALS patients **will** be transported to the closest appropriate facility via an MDFR ALS Rescue.

b) All stable patients requiring transportation will be transported to the most appropriate (but not necessarily the nearest) facility considering the following:

1. Specialized treatment
2. Patient or physician requests

c) If there is any doubt or concern about a patient's condition or stability, the patient will be transported in an MDFR Rescue Unit to the most appropriate facility.

d) When any Fire Rescue personnel believes a patient care decision will have a negative impact on patient outcome, that individual will advise the OIC of their concerns. When possible, this should be accomplished away from the patient and family members. If there is an unresolved disagreement about the treatment and/or transport modality, the higher level of care will always be applied. Upon completion of the response, an EMS Field Supervisor will be contacted to provide any further clarification as needed. If an EMS Field Supervisor is on scene, he/she is the final authority on all EMS care decisions.

e) Patients meeting STEMI Alert criteria **Protocol 11** **will** be transported to the closest STEMI Center via an MDFR ALS Rescue.

f) Patients meeting Stroke Alert criteria **Protocol 13** **will** be transported to the closest appropriate Stroke Center via an MDFR ALS Rescue.

g) If there is any doubt or concern about a patient's condition or stability, the patient **will** be transported via an MDFR ALS Rescue to the most appropriate facility.

h) In addition to mandatory treatment and transport requirements that are outlined throughout the MOM, the following suspected conditions and/or findings require ALS treatment and transport via an MDFR Rescue unit:

1. All patients with a suspected long bone fracture.
2. All patients with a reported loss of consciousness.

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3. All patients with suspected/complaints of cardiac symptoms. Some examples are, but are not limited to, chest pain, chest pressure, reproducible thorax/chest pain, epigastric discomfort, etc.; Regardless of timeframe of onset of signs and symptoms.

4. All patients with a complaint of severe sudden onset headaches, "thunderclap" or described as "the worst headache" ever experienced, and/or light intolerance (photophobia).

5. All patients with suspected hip fracture or dislocation.

6. All patients, regardless of age, complaining of abdominal pain in any region.

    1. Female patients of child bearing age will follow the guidance denoted on the Transport Decision section within **Protocol 22**.

7. All patients that report blood in the vomit, stool, or a suspected GI/GU bleed.

i) Non-transport units are required to initiate protocols and procedures until a transport unit assumes treatment. This includes, but is not limited to, medical care, patient packaging and documentation of an ePCR.

2. Transportation Modes

a) Rescue units will not request or receive an ambulance/BLS transport unit unless the number of patients exceeds the Rescue's BLS transport capability of two (2) patients at one time.

b) After a complete patient assessment and based on the patient condition, a non-transport unit OIC may elect to:

- Transfer care to a MDFR ALS Rescue for transport
- Transfer care to an ambulance/BLS transport unit
- Use alternate transportation

c) The decision to transport a patient utilizing emergency lights and sirens will be at the discretion of the OIC.

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d) If the patient is to be transported, Fire Rescue personnel of the non-transport unit will remain on the scene until arrival of the transporting unit.

e) If the OIC, Paramedic, or EMT needs assistance with any aspect of the treatment and/or transport decision (excluding trauma criteria patients that must be triaged by the on-scene Paramedic or EMT) they may seek assistance from one of the following:

1. Medical Control Physician.
2. An EMS Field Supervisor.
3. Medical Director or Assistant Medical Director.
4. All transport decisions and/or transport destinations as directed by the EMS Field Supervisor or Medical Director are final.

NOTE: Anytime an MDFR care provider believes a patient would benefit from transport via MDFR, either ALS or BLS, the patient will be transported by MDFR. The patient care discussion may take place after the transport has been completed with notification of the on-duty EMS Field Supervisor.

f) All orders, interventions, and treatments that are received via online Medical Control Physician (MCP) that are outside of MDFR's protocols are to be thoroughly documented on the ePCR to include at a minimum:

1. Specificity of the orders, interventions, treatments with detailed information (e.g. medication administration, procedure to be performed, dose, route).
2. The authorizing and receiving physician's name.
3. The authorizing and receiving physician's facility of practice.

g) If an alternative means of transportation will be used, every effort will be made to ensure that this transportation can be initiated while the Fire Rescue unit is on the scene.

NOTE: It is imperative that a full patient assessment is accurately and completely documented in the ePCR to support the decision to release a patient to an ambulance/BLS transport unit or alternate means of transportation.

3. Transport Destination (OB/GYN Patients)

a) Stable pregnant patients with less than 20 weeks gestation can be transported to the most appropriate GYN facility by MDFR, ambulance/BLS transport unit, or alternate means.

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b) Any patient with ≥ 20 weeks gestation experiencing complications of pregnancy or exhibiting signs and symptoms of imminent delivery will be transported by an MDFR ALS Rescue unit to the nearest appropriate OB Facility.

4. Trauma Transport Destination

a) Patients meeting Trauma Transport Criteria **Appendix 3** **Appendix 4** **will** be transported to the closest appropriate Trauma Center via an MDFR ALS Rescue or Air Rescue. This includes patients whose status changes to Trauma Transport Criteria during transport to another facility.

- Trauma patients who meet Trauma Transport Criteria may be transported to a non-Trauma Center only when an airway cannot be established, or the trauma center is on diversion.

- Trauma patients meeting the burn Trauma Transport Criteria will be transported to the closest Burn Center unless there are other concurrent traumatic injuries that pose a more immediate or greater risk to the patient's survival.

b) A Trauma Alert patient will be transported to the closest Trauma Center.

5. Air Rescue Transportation

a) The OIC should consider the use of Air Rescue for critically ill or injured patients when either the arrival time to the scene, or the treatment/transport time from the scene to the nearest appropriate hospital is 20 minutes or greater.

b) Air Rescue can only transport to hospitals with approved helipads per the Hospital Capability Chart **Appendix 2.1**.

c) When transporting children, a non-injured family member may accompany the patient at the discretion of the aircrew. Provide the accompanying family member with the **Passenger Briefing** prior to the approach of the aircraft.

6. Patient in Possession of a Weapon(s)

a) Prior to transporting any patient in custody, ensure the police officer thoroughly checks patient for weapons prior to entry into the Rescue.

b) If it becomes apparent that a patient is armed and the OIC deems the scene unsafe, withdraw and request assistance from the appropriate law enforcement agency.

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c) If a weapon is discovered while transporting the patient, inform the FAO to have the police rendezvous with your unit. The patient will not be examined or transported if the weapon is not surrendered to law enforcement. Under no circumstances will a Fire Rescue employee impound a weapon.

d) Any actions taken should be documented on the Florida EMS Report **Procedure 36** or ePCR **Procedure 40**.

NOTE: Law Enforcement Officers (LEOs) that are accompanying patients can be transported with all of their equipment, including weapons.

7. Patients with Service Animals

a) Service dogs are the only approved service animals that can be transported with a patient. The patient does not need to prove the dog is a service animal but must provide Fire Rescue personnel with information regarding what service the animal provides.

b) The service dog will be tethered to the stretcher and transported with the patient in the patient compartment.

c) The service animal should be transported via another fire department vehicle or police vehicle if the patient is unstable or if the service animal will interfere with patient care.

8. Transport from Clinics/Urgent Care Centers/Doctors Offices

a) Fire Rescue personnel will transport all patients to the closest appropriate hospital (not necessarily the nearest) when requested by a medical facility or doctor's office.

1. The name of the physician and the reason for the transport must be documented in the narrative section of the EPCR.

b) If a patient at a medical facility or doctor's office refuses transport to the hospital after the medical staff requested MDFR transport, a patient refusal signature must be obtained on the ePCR.

1. Additionally, a witness signature from a medical staff member (Physician, RN, etc.) at the requesting facility must also be obtained.

NOTE: The medical staff signature does not mean they agree with the refusal, it means that they have witnessed the patient refuse transport. The witness signature shall NOT be an MDFR crew member.

9. Transport of Police/Fire Canines

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The treatment and transport of Police/Fire Canines is now accepted under Florida state law. Fire Rescue personnel will facilitate the transport of these animals and assist the handler with any equipment needed for treatment. Fire Rescue will only assist with equipment (such as O2 and bandaging) and coordinate transport to the appropriate facility. These animals will not be transported unless the handler is present. The handler will provide care to the canine and determine the transport destination.

10. Patients in Police or Correctional Custody

a) All patients in police or correctional custody who meet transport criteria will be transported according to this protocol, including patients with altered mental status.

1. Patients who are in police or correctional custody are not able to refuse medical transport if transport is requested by police, correctional officers, correctional facility medical staff, or if a medical assessment by MDFR indicates the need for care at a medical facility.

2. Patients in custody may refuse medical treatment while under MDFR care if they are not mentally incapacitated and have the full mental capacity to make an informed medical decision, but if transport is indicated, the patient must still be transported to the appropriate facility via MDFR Rescue, or other BLS transport if the patient meets BLS transport criteria per protocol MDFR protocols.

3. If a correctional facility medical staff member calls MDFR for transport, the patient will be transported either ALS or BLS, as appropriate.

4. All treatment refusals by patients in custody will be documented in detail in the narrative portion of the ePCR.

5. A refusal witness signature from an on-scene police or correctional officer must be obtained before or during transport. The witness signature shall NOT be an MDFR crew member.

11. Patient Release at Hospital

Fire Rescue personnel will not release a patient until they have provided the receiving facility nurse, physician's assistant or physician with a minimum of a face-to-face verbal transfer of pertinent information. The name, title and signature of the receiving facility nurse, physician's assistant or physician who received the patient will be recorded in the ePCR.

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12. Documentation

An ePCR will be completed on every EMS related dispatch, unless canceled by an on-scene MDFR unit prior to patient contact or canceled prior to arrival by the Fire Alarm Office **Procedure 40**.

C. Definitions

1. **Alternate Transport**- Transportation other than by ALS Rescue or BLS transport/ambulance obtained through alternate means such as: private vehicle, taxi, bus, etc.

2. **Alternate Transport Facility -** An approved urgent care center or clinic licensed by the Florida Department of Health, approved by the Agency for Healthcare Administration (AHCA) and an approved partner by Center for Medicare & Medicaid Services (CMS).

3. **Altered Mental Status** (AMS) - Comprises a group of clinical symptoms rather than a specific diagnosis, and includes cognitive disorders, attention disorders, arousal disorders, and decreased level of consciousness.

4. **Appropriate Hospital -** A hospital having the capabilities to provide the necessary patient care as defined on the Hospital Capability Criteria **Appendix 2**.

5. **Complications of Pregnancy -** Premature labor (< 32 weeks), active vaginal bleeding, seizures, prolapsed cord, limb presentation, meconium stained amniotic fluid, or abnormal vital signs (systolic blood pressure less than 90 mmHg, or a blood pressure in the second half of pregnancy equal to or greater than 140/90 mmHg and who otherwise has a normal blood pressure). Additionally, any female who is pregnant and whose blood pressure exceeds 30 mmHg systolic and/or 15 mmHg diastolic above her normal BP.

6. **Imminent Delivery -** Signs and/or symptoms that the patient will deliver in a reasonably short period of time. These include:
   a) The maternal urge to push, or to move the bowels;
   b) Evidence of crowning;
   c) Leakage, loss or discharge of amniotic fluid; or
   d) A bloody show.

7. **Medical Control Physician -** Physician at the medical facility answering the telemetry who is responsible for medical orders outside of MDFR's protocols, or orders for which Medical Control permission is required.

8. **Minor -** For the purpose of legal consent, a patient younger than 18 years of age.

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9. **Pediatric patient -** For the purpose of hospital capabilities and Trauma Transport Criteria, a patient less than 16 years of age.

10. **Pediatric Trauma Center (PTC) -** Any hospital that has been issued a certificate of verification as a pediatric trauma center or provisional trauma center by the Florida Department of Health.

11. **Specialized treatment -** Patient care not identified in other areas of the hospital capability chart or the Trauma Transport Protocol.

12. **Stable patient -** A patient that is not likely to deteriorate between the time we conduct our initial assessment and the time they reach the hospital and patient care responsibilities are transferred.

13. **Suspected labor -** Patients with greater than 20 weeks gestation experiencing abdominal pain, contractions or other indications of labor, but not meeting the definition for imminent delivery.

14. **Trauma Transport Criteria -** Criteria that categorized a patient for inclusion into the trauma system **Appendix 3** **Appendix 4**. At no time can a "EMT/Paramedic Judgment" Trauma Criteria Patient be downgraded once declared.

15. **Trauma Center -** Any hospital that has been issued a certificate of verification as a trauma center or provisional trauma center by the Florida Department of Health.

16. **Unstable patient -** Life threatening emergencies that require immediate interventions including but not limited to:

    a) Airway obstruction

    b) Respiratory insufficiency or respiratory arrest

    c) Decreased cardiac output, cardiac arrest, or shock

    d) Acute changes in level of consciousness not related to trauma

    e) Cardiac symptoms to include life threatening arrhythmias

    f) Patients meeting STEMI, Stroke or Trauma Alert Criteria

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