A. Introduction

Patient treatment and transportation will be ensured by the most effective and efficient means possible 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. Patients will only be transported to a hospital on the Hospital Capability Chart Appendix 2.1.

B. Procedure

General Care

1. Transportation Destination

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

   b) All stable ALS patients **will** be transported via a MDFR ALS Rescue to the most appropriate (but not necessarily the nearest) facility considering the following:

      ▪ Specialized treatment
      ▪ Patient or physician requests

   c) All BLS patients requiring transportation **will** be transported to the closest appropriate facility via a MDFR ALS Rescue or BLS transport/ambulance.

      **NOTE:** Ambulatory BLS patients who refuse transportation to the closest appropriate facility are refusing care and can be released to themselves to provide alternate transportation via private vehicle, bus, taxi, etc. to the facility of their choice. The refusal must be documented in the ePCR.

   d) Patients meeting Trauma Transport Criteria Appendix 3 Appendix 4 **will** be transported to the closest appropriate Trauma Center via a 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.
- Trauma patients experiencing paralysis or suspected spinal cord injury will be transported to the closest Brain and Spinal Cord Acute Care Center.

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

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

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

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.

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.

f) 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. 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.

4. Patient in Possession of a Weapon(s)

a) When it becomes apparent that a patient is armed, and in the opinion of the OIC the scene is unsafe, withdraw and request the appropriate law enforcement agency.

b) 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.

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

5. 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.

6. Patient Release at Hospital

Fire Rescue personnel will not release a patient until they have provided the Emergency Department 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 Emergency Department nurse, physician’s assistant or physician who received the patient will be recorded in the ePCR.
7. **Documentation**

An ePCR will be completed on every EMS related dispatch, unless canceled by an on-scene MDFR unit 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. **Appropriate hospital** - A hospital having the capabilities to provide the necessary patient care as defined on the Hospital Capability Chart Appendix 2.

3. **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.

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

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

6. **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.

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

8. **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.

9. **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.

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

11. **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.
12. **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