

**MEHLVILLE FIRE PROTECTION DISTRICT
EMERGENCY MEDICAL SERVICES
GUIDELINES FOR PREHOSPITAL EMERGENCY CARE**

**SUBJECT: 100.03
OPERATIONS:
AMBULANCE TRANSPORT POLICY**

**ORIGINAL ISSUE 5/08
LATEST REVISION 9/15**

The following protocol is based on the District's Ambulance Transport Policy approved on April 14, 2009.

The District's transport policy allows patients who experience acute medical conditions or injuries to be transported to five area hospitals: St. Anthony's Medical Center, St. Clare Health Center, Des Peres Hospital, Missouri Baptist Medical Center and Mercy Hospital St. Louis. In cases of a special nature, whether related to trauma or medical conditions, the District may transport to a Level One Adult Trauma Center such as St. Louis University Hospital, Barnes-Jewish Hospital or Mercy Hospital St. Louis.

Situations involving pediatric cases of significant trauma will be transported to a Level One Pediatric Center such as Cardinal Glennon Children's Medical Center or Children's Hospital St. Louis.

Patients that have had recent surgery or a significant medical condition, which has been treated at an outside hospital such as Barnes-Jewish Hospital, Barnes-Jewish West County Hospital, St. Luke's Hospital, St. Mary's Health Center, or St. Louis University Hospital, may be transported to that facility as long as the patient remains medically stable for the extended transport time involved.

In the event of a high impact incident, disaster or inclement weather that creates hazardous conditions, patients may be transported to the closest accessible emergency facility. It is advisable, however, to spread patients of a mass casualty incident among multiple hospitals so as not to overload the closest hospital.

Heart attack or stroke patients will be transported to the aforementioned hospital, of their choice, as long as they are medically stable to withstand the extended transport time involved.

Should the responding EMS unit be unable to accomplish the transport, they will stand by until a transport unit selected by the patient is available to the scene and appropriate level personnel of the transporting service have assumed care of the patient.

If a critical patient insists on transport to a hospital other than the closest facility and the patient is deemed to be competent (as outlined in section 500.04) to make sound medical decisions, medical control may be contacted for assistance. The patient should be informed that transfer to a more distant hospital might result in death, disability, a delay in treatment or a worsening of the patient's medical condition. Should transfer to a more distant hospital be authorized by medical control, careful documentation of the patient's competency and of the discussion of the risks involved should be included on the EMS report.

When care is transferred to a provider who works for another EMS agency, the provider assuming care for the patient will be identified by name and license number in the patient care report (PCR) whenever possible. The provider's signature should also be obtained in the box on the PCR for patient acceptance. If the provider's name and license number cannot be obtained at the scene, an attempt to obtain it should be made after the call.