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## ***Emergent Interfacility Transfers***

**Purpose:** To define when ambulance services will consider requests from sending facilities, for the interfacility transfer of a patient, to qualify as an “emergency” and thus be handled as would a 9-1-1 scene call and use the last ambulance in their coverage area.

- I. Definitions
  - a. Emergency interfacility transfer patient is one who:
    - i. Is hemodynamically unstable, or
    - ii. Critically ill or injured, with an immediate life, limb, or sight threatening condition
    - iii. AND will likely require an immediate **TIME-DEPENDENT** intervention that is NOT AVAILBLE at the sending facility
- II. Protocol
  - a. Facilities contacting an ambulance service or communications center (including 911 PSAP) for an emergency interfacility transfer must fill out an interfacility transfer checklist and submit it to the transporting agency (communication center or responding ambulance service).
  - b. Emergent requests meeting criteria will be prioritized as an emergent response BUT ambulances will not respond with lights and siren UNLESS there is need to temporarily circumvent traffic or construction delays.
  - c. First response agencies will not be dispatched.
  - d. EMS personnel transporting the patient will adhere to MCA protocols relating to lights and siren use during transport.
  - e. Requests for emergent transfer that are determined to be based upon non-factual information for the purposes of obtaining faster transfer service will be reported to the MCA for investigation.
  - f. If an emergency request is received by an ambulance service and they do not have the capacity to respond as they would to an emergency call:
    - i. Mutual aid shall be deployed to requesting facility
    - ii. The ambulance service that does not have capacity to respond to emergency requests will notify the MCA and the Department.
  - g. If the responding ambulance is the last available ambulance in the primary 911 service area, mutual aid coverage will be activated.