



Healthcare Facility Guide for 911 Response to Interfacility Transport Request

This guide is in reference to 911 response to a healthcare facility for assistance with interfacility transport and does not supplant preexisting private EMS agency and facility transport agreements which may be in place.

Denver Metro EMS Medical Directors’ Position Regarding ALS 911 System Interfacility Transport Assistance

EMS providers are required to follow Denver Metro 911 Protocol when transporting patients. If a patient requires immediate transport and a specialty/critical care transport team is not available in a timely fashion, *AND* the patient requires treatment outside Denver Metro 911 protocol (see <http://dmemsmd.org/protocols>), *AND* treatment cannot be safely interrupted for duration of EMS transport (e.g. drip cannot be turned off), *THEN* either wait for specialty/critical care team or send a nurse or qualified healthcare provider with the EMS crew.

No Medication Pump Infusions

No Mechanical Ventilators

911 may transport patients with medications, nutritional support, ventilators, and other medical devices which are already in place and managed day-to-day at a residence by the patient or a caretaker.

For a complete list of medications authorized under Denver Metro 911 Protocol, refer to <http://dmemsmd.org/protocols>

Patient Destination

All reasonable efforts will be made to accommodate sending physician’s destination choice, as specialized care may have already been arranged at the receiving facility, however, transports must be consistent with individual agency and Denver Metro Protocol as well as RETAC Trauma Triage Algorithm.

Helicopter Use

In general, helicopter transport should be considered when the helicopter can get a patient with a time sensitive condition (trauma alert, CVA, STEMI, pregnancy in active labor) to an appropriate hospital in less time than an appropriate ground transport vehicle OR, there is expertise on the helicopter that would benefit patient care that is not available on a ground transport vehicle.

Things to consider:

- Patient who is critical or in need of time-sensitive therapy and who can’t be cared for at the closest hospital
- Critically ill or injured patient and traffic is a prohibiting factor for timely transport
- Critically ill or injured patient and no ALS or Crit Care ambulance is available in a reasonable timeframe

All of these depend on a landing zone that has been surveyed previously by an air medical program, is free from hazards and can be secured by the local fire or law enforcement resources. That landing zone can be the helipad at a nearby hospital if nothing closer is available, and the ambulance/helicopter transfer on the helipad doesn’t obligate the hospital to any assessment, triage or other responsibility for the patient.