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Extraordinary Care.

POLICY:	200.17 NON-EMERGENT TRANSPORT OF PATIENTS FROM THE SCENE		
APPROVAL:	VICE PRESIDENT OF PROFESSIONAL SERVICES; MANAGER OF EMS;		
EFFECTIVE DATE: 2/15/2024			ORIGINAL EFFECTIVE DATE: 8/2022
DEPARTMENT SPECIFIC		EMERGENCY MEDICAL SERVICES	

I. Purpose:

The purpose of the policy is to help System Emergency Medical Services Personnel determine when to respond non-emergently to the scene and decide if patients need to be transported emergently or without lights and sirens.

II. Policy:

Some patients seen in the prehospital setting require medical attention but do not have a life threatening condition. The goal is to get the patient to a higher, more appropriate level of care in the safest manner possible.

This policy is not meant to supersede any System Agencies’ response policies.

RESPONSE TO THE SCENE: Use of emergency warning devices while en-route to the scene should be based upon the Agency’s policies and the information received from the dispatch center or PSAP. General guidelines on not using warning devices would consist of

- 1) No immediate danger to life and health and
- 2) Response for a scheduled or inter-facility transport

Special circumstances may require usage of emergency warning devices for some inter-facility transports and should be documented.

TRANSPORT FROM THE SCENE The use of emergency warning devices from the scene should be determined by whether or not the patient’s outcome will be improved by an emergent ride to the appropriate facility. Basically, is the risk worth the time that’s being saved? Below are some circumstances when an emergent trip might be warranted for ALS patients. When in doubt, EMS Personnel can always contact Medical Control for further direction

Vital Signs

- A. Systolic B/P less than 90mmHg in adults or 70mmHg + 2 times the age for children under 8yo
- B. Adults with a respiratory rate >32 times per minute or < then 10 times per minute

Airway

- A. Inability for EMS to establish or for the patient to maintain an airway
- B. Upper airway stridor
- C. Pulse oximetry < 90%
- D. Severe respiratory distress

Circulatory

- A. Cardiac arrest with persistent V-Fib, hypothermia, overdose, or poisoning NOTE: Most other non-complicated cardiac arrests could be transported non-emergency.

Trauma

- A. Patients with anatomic or physiologic conditions requiring the need of a Trauma Team

Neurologic

- A. Patient does not follow commands (motor portion of GCS <5)
- B. Recurrent or persistent generalized seizure activity
- C. Acute stroke symptoms that began in the last three hours

Approval:

James Kirchner **Date**
Vice President of Professional Services

Kathleen Geiger MSN, RN **Date**
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