



SENECA COUNTY

Emergency Services



Standard Administrative Guideline

Subject: Transport Policy

Reference Number: 26

Effective Date: January 1st, 2009

Review Date: Annually, 2/2020

Purpose:

The purpose of this policy is to establish guidelines for the transportation of patients by Seneca County Emergency Medical Services

Background:

Seneca County EMS shall transport all patients to the closest, most appropriate facility.

Although there may be requests by a patient, or patient's family, to transport the patient to a receiving hospital that is not considered by SCEMS to be a local receiving hospital for that squad's area; all transports by SCEMS squads should be made to a local receiving hospital for that individual squad's area. SCEMS squads should avoid transporting to non-local hospitals because of a preference of a patient or family members or where the family physician is located whenever possible.

Transporting to non-local hospitals specifically needs to be addressed when a life or limb threatening emergency exists. SCEMS squads are authorized to transport ONLY to the nearest facility during an emergency transport, unless medical control has given express permission, via on-line communication, that it is permissible for this patient.

Policy & Procedure

1. The Local Receiving Hospital for each squad district is as follows:

Each of the Seneca County EMS units will transport to the closest appropriate hospital for the patient's condition. It will be up to the best judgment of the crew on board/patient condition, and medical control

* It is acceptable to transport a patient to a facility other than listed above per patient/family request if approved by **Medical Control of the closest receiving facility**, and it does not cause a shortage of SCEMS resources *

Ken Majors RN, NRP, Emergency Services Director
Dani Gebauer, EMT-P Emergency Services Administrator
126 Hopewell Ave. Tiffin, Ohio 44883
Office: 419-447-0266 ■ Fax: 419-448-5064



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2. MANNER OF TRANSPORT TO HOSPITAL

- A. **EMERGENCY TRANSPORT:** An emergency transport will be made any time there is a possible “life or limb” threatening emergency. These transports will be made with emergency lights and siren activated. The decision of what type of transport made will be up to the Senior EMT on the run.
- B. **NON-EMERGENCY TRANSPORT:** A non-emergency transport shall be made any time there is not a possible “life or limb” threatening emergency. These transports shall be made without emergency lights and siren activated.

3. NON-SCENT’S DRIVING SCEMS SQUADS

SCEMS is aware there are times squads are staffed by a minimum number of EMTs and it is not unusual to justify the need for supplementary personnel during the transport phase. SCENTs are authorized to allow another “Public Safety” person to assist on a run by driving a SCEMS squad as long as this individual is knowledgeable on the operations of that particular squad. SCEMS squads are encouraged to provide cross training of this type with your local Fire Department and Law Enforcement staff. Ohio Revised Code provides for personnel that are NOT certified as pre-hospital care providers, firefighters, or law enforcement officers, ARE allowed to drive an ambulance, provided that it is staffed with 2 certified EMT’s of any level. (Or One EMT of any level and one *Emergency Medical Responder/EMR in the case of a volunteer squad*). If a volunteer ambulance is staffed by 1 EMR, and 1 EMT (of any level), the EMR *must* be the driver during transport of the patient in accordance with ORC 4765.43

4. Seatbelt/Restraint Use

Anytime the ambulance is in motion all passengers, crew, and patient shall be properly restrained at all times. If it becomes necessary to “un-belt” to provide care to the patient(s), the crewmember will inform the driver that there is a need for them to move about the cabin, alerting the driver of the unsecured passenger. As soon, as the care is completed, the crewmember will re-attach their restraint system and alert the driver that they are complete.

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