PURPOSE: To ensure that 9-1-1 patients located on Catalina Island are transported to the most appropriate facility staffed, equipped and prepared for their medical emergency.

AUTHORITY: Health & Safety Code, Div. 2.5, Sections 1797.204, 1797.220, 1798.2, 1798.101(b)(1)
California Code of Regulations, Title 22. Section 100276, et seq.
California Code of Regulations, Title 22, Section 70649
Emergency Medical Treatment and Labor Act (EMTALA)

DEFINITIONS:

Standby Emergency Medical Service, Physician on Call: Medical care provided in a specifically designated area of the hospital which is equipped and maintained at all times to receive patients with urgent medical problems and capable of providing physician service within a reasonable time.

9-1-1 Response: The physical response of an EMS provider due to activation of the EMS system with a request for medical evaluation. For purposes of this policy, this includes emergency responses to the field, licensed healthcare facility, a physician’s office or clinic.

Emergency medical condition: Is one in which the absence of immediate medical attention could be reasonably expected to result in serious jeopardy to a patient’s health, bodily function impairment, or serious dysfunction of any body organ or part. For the purposes of this policy, this includes women in labor.

Interfacility Transfer (IFT): The transfer of a patient from a licensed health facility to another licensed health facility. For the purposes of this policy transport options for IFTs involve the use of EMS transport vehicles.

PRINCIPLES:

1. Emergency medical services (EMS) procedures on Catalina Island have been modified to accommodate the island’s limited medical and transport options, its unique geography, and distance from the mainland; nevertheless, the interfacility transfer of patients from Catalina Island Medical Center (AHM) shall comply with current EMTALA and Title 22 transfer laws and regulations for both sending and receiving hospitals.

2. AHM, the only available medical facility on the island, is licensed as a standby emergency medicine service. Emergency, inpatient and diagnostic services are limited and there are no obstetrical or surgical services.
3. AHM is not easily accessible from other areas of the island, for example, travel time from the Isthmus to Avalon is approximately 45-60 minutes by boat or ground transport.

4. Air transport is the preferred means for transporting critical patients off the island and may be limited by weather and availability.

4. Boat transport is an option if an air ambulance is unavailable but, like aircraft, weather may be a limiting factor. Paramedics, in consultation with the base hospital, shall determine if a boat will be used instead of an air ambulance.

5. Transportation arrangements for interfacility transfers (IFTs) from AHM are the responsibility of AHM. The appropriate transport modality should be made in consultation with the receiving hospital, which may include the utilization of 9-1-1 transport providers. AHM will make arrangements with the receiving hospital’s physician to accept the patient prior to the transfer. These arrangements may be accomplished through one of the paramedic base hospitals.

POLICY:

I. 9-1-1 Responses

A. Paramedic personnel, in consultation with the base hospital, shall determine whether an emergency medical condition exists which requires immediate transport to a 9-1-1 receiving facility. If such a condition exists, air transportation shall be requested.

B. If it is determined that the ETA for air transportation is prolonged or the patient’s condition precludes management in the field, prehospital personnel may opt to transport the patient to AHM to stabilize the patient while awaiting air transportation. Under these circumstances AHM is obligated to comply with Title 22 and EMTALA transfer laws. The transport and destination arrangements already made by the paramedics in consultation with the base hospital should be utilized to expedite the transfer of the patient. The paramedics should remain with the patient and assist AHM personnel until care can be transferred to the medical personnel accompanying the patient to the mainland.

C. There is no back-up paramedic capability on Catalina Island. If paramedics get another 9-1-1 call while assisting AHM personnel as described in Policy 1.B., all patient care shall be assumed by AHM personnel. AHM should provide updated verbal report(s) to the receiving hospital.

D. If paramedics or the base hospital determine a patient does not have an emergency medical condition or need air transport, but the AHM physician concludes otherwise the 9-1-1 system should be activated and 9-1-1 air transport should be initiated.

Prior to transport, the sending physician will make arrangements/acceptance for the transfer of the patient with the receiving physician.
E. In the event a patient arrives at AHM by private transportation, the examining physician has evaluated and stabilized the patient to the best extent possible and determines the patient’s condition warrants immediate transport, the 9-1-1 system should be activated, 9-1-1 air transport should be initiated, and arrangements for the transfer have been made with an accepting physician. In such instances, paramedics must establish base hospital contact with their assigned base hospital when medical direction for advanced life support (ALS) procedures is required. If the base hospital physician or mobile intensive care nurse (MICN) has questions about the patient care provided prior to transport, they should speak directly with the AHM physician.

F. EMS personnel shall request an air ambulance in accordance with their agency’s policies and procedures. It may be necessary for the base hospital to facilitate communication between paramedics and air ambulance dispatch. Paramedics on scene, in collaboration with the base hospital, may ask Command and Control to dispatch a specific resource based on patient need or scene circumstances.

A 9-1-1 air transport request shall be initiated as follows:

1. Los Angeles County Fire Department Command and Control will determine if a helicopter can be dispatched from one of the following (not necessarily in this order):
   a. Los Angeles County Fire Department (2 paramedics)
   b. Los Angeles County Sheriff’s Department (2 paramedics)
   c. Los Angeles City Fire Department (2 paramedics)
   d. Mercy Air (1 nurse, 1 paramedic, other medical personnel as appropriate)
   e. U.S. Coast Guard Search and Rescue (rescue swimmer*)

   *If unable to accommodate a Los Angeles County paramedic to accompany the patient to the receiving facility, the paramedic handling the call may transfer care to the U.S. Coast Guard. Additionally, Baywatch Avalon should be consulted if Mercy/Reach is not available or declines the call.

   NOTE: It is extremely important that the Catalina Island paramedics be apprised of transportation arrangements as soon as possible to facilitate patient care.

G. EMS personnel may request boat transport if an air ambulance is not available and weather permits. Base hospital contact may be needed to facilitate communication between paramedics and boat dispatch. Paramedics on scene, in collaboration with the base hospital, may ask Command and Control to dispatch a specific resource based on patient need or scene circumstances.

A 9-1-1 boat transport request shall be initiated as follows:

1. Los Angeles County Fire Department Command and Control will determine if a boat can be dispatched from one of the following (not
necessarily in this order):

a. Los Angeles County Fire Department (2 paramedics)
b. Los Angeles County Sheriff’s Department (2 paramedics)
c. Long Beach Fire Department (3 paramedics)

2. Paramedics who transport patients from Catalina Island into another provider agency’s jurisdiction on the mainland must contact that provider agency’s dispatch center for notification and dispatch the appropriate advanced or basic life support transport.

II. IFT Transportation Options

A. 9-1-1 Response: the jurisdictional 9-1-1 provider agency may be contacted when the AHM physician has evaluated and stabilized the patient to the extent possible and determines the patient’s emergency medical condition warrants immediate transport.

B. Private Air Ambulance Provider or Medical Alert Center:

1. If appropriate transfer arrangements have been made, AHM may contact either a private air ambulance provider directly or the Medical Alert Center (MAC) and request air transport for an IFT. AHM and/or the MAC shall make every effort to notify the air ambulance provider of the acuity of the call when requesting air transport. At minimum, the following information will be provided:

   a. Patient’s name
   b. Diagnosis
   c. Vital signs
   d. Pertinent medical history
   e. Any therapy required or in progress (MAC must consider scope-of-practice issues)
   f. Patient destination
   g. Payer source (if any)

2. Contact the MAC to determine if an air ambulance can be dispatched from one of the following (in this order):

   a. Private air ambulance provider**
   b. Los Angeles County Fire Department Command and Control
   c. Los Angeles Fire Department Operations Control Dispatch

**If a private air ambulance provider is requested to do an IFT, payer source may be a factor in determining whether they will respond.

The MAC will provide Los Angeles County Command and Control with a report detailing the process/rationale used to determine which air ambulance was utilized.

3. AHM shall make every effort to facilitate an IFT through a private air
ambulance provider. Use of public providers for IFT transports should be considered as a last resort.

4. If requested by the provider agency, AHM shall make every effort to meet the air ambulance at the helipad with the patient to expedite transportation.

III. Non-emergency Patient Transportation

Ambulatory patients who do not have an emergency medical condition and require no medical assistance or monitoring enroute, but are instructed to seek further medical care on the mainland, may be transported by private transport, commercial boat or helicopter service. Such patients would be equivalent to patients on the mainland who are released at scene or instructed to seek medical care via private transportation.

CROSS REFERENCE:

Prehospital Care Manual:
Ref. No. 418, Authorization and Classification of EMS Aircraft
Ref. No. 502, Patient Destination
Ref. No. 514, Prehospital EMS Aircraft Operations
Ref. No. 816, Physician at the Scene
Ref. No. 520.1, Catalina Island Transfer Process/Algorithm