

# Transfer Patient Acuity Levels and Minimum Staffing Requirements

## Stable patient with virtually NO risk of deterioration

1 EMT and 1 EMR (driver)

- No IV infusions
- Oxygen for stable patient permitted
- Previously inserted Foley catheter, suprapubic tube, feeding tube (NG, PEG, J-tube not connected to infusion or suction)
- Saline lock permitted

## Stable patient with virtually LOW risk of deterioration

1 AEMT and 1 EMR (driver)

- IV crystalloids
- No ongoing meds administered or anticipated
- PCA pump
- IV pump for non-pharmacological agents

## Stable patient with MEDIUM risk of deterioration

1 PIFT Paramedic and 1 EMT (driver)

- Transcutaneous pacing
- Bipap
- Stable long-term ventilated patient to or from a medical facility, long term care facility, and/or home
- Intubated/ventilated patients on Assist Control or SIMV with non-complex settings \*

- Medical monitoring, procedures, and medication administration consistent with skill set, approved medications, protocols, and licensure
- Advanced airway management
- Chest tube
- Infusion of previously initiated blood products
- Maintenance of previously initiated medications
- Epidural catheter if secured, capped and labeled

## UNSTABLE patient or stable with HIGH risk of deterioration

CCT Crew or 1 PIFT Paramedic, 1 advanced care provider (hospital-based) and 1 EMT (driver)

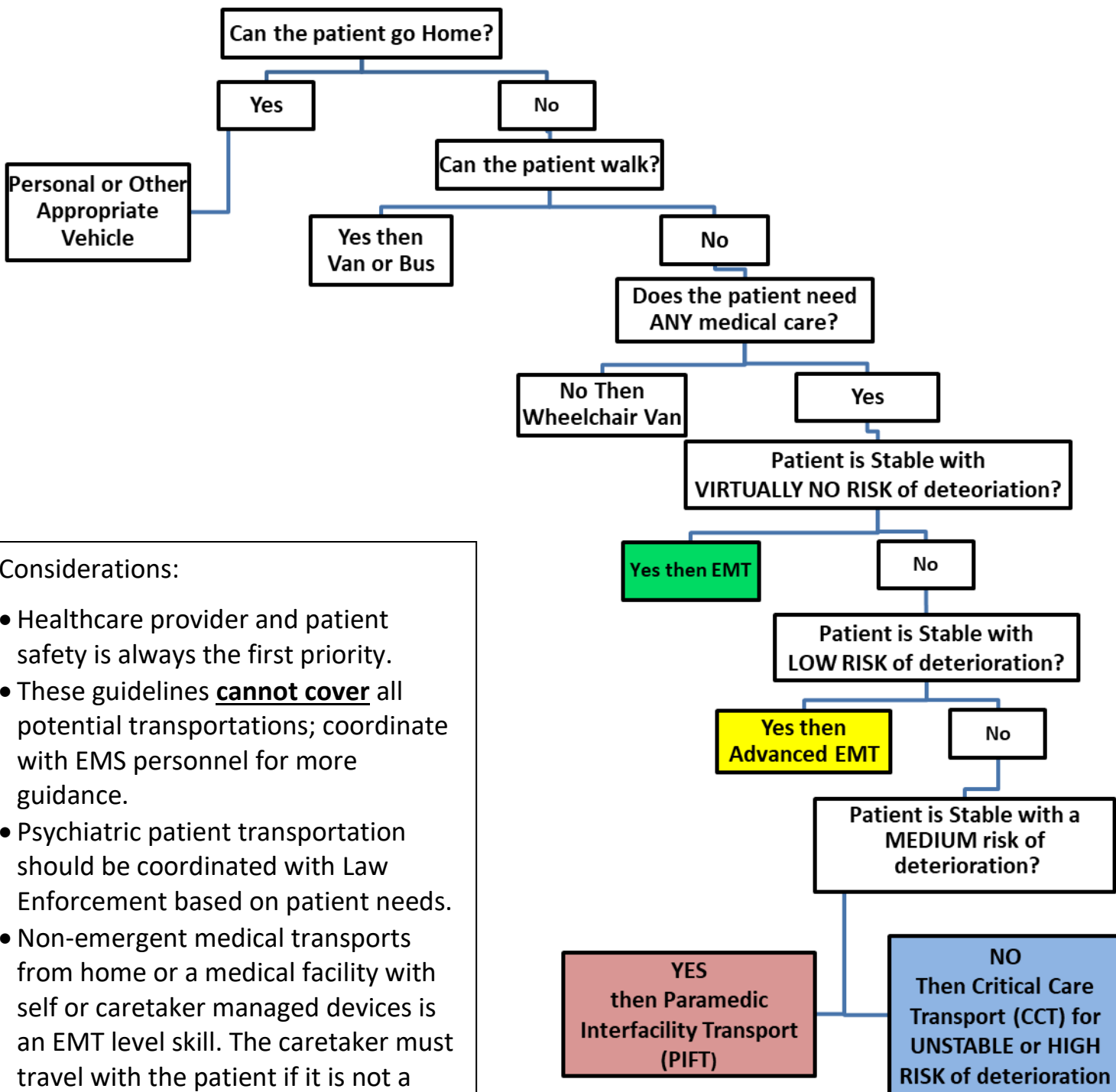
- Multiple vasoactive medication drips
- Uncorrected shock
- Invasive monitoring
- Balloon pump
- Transvenous pacing
- Intubated/ventilated patients with advanced or complex vent settings (such as pressure support PEEP >10, etc.)<sup>◆</sup>
- Procedures consistent with provider licensure, scope of practice, and training

<sup>◆</sup>*Non CCT Crews MUST ALSO have respiratory care practitioner in patient compartment. This is in addition to PIFT Paramedic and hospital-based advanced health care providers.*

\*MUST have a second provider in the patient compartment

# Disaster Transportation Decision GUIDE For Healthcare Facilities

October 2019



**Considerations:**

- Healthcare provider and patient safety is always the first priority.
- These guidelines **cannot cover** all potential transportations; coordinate with EMS personnel for more guidance.
- Psychiatric patient transportation should be coordinated with Law Enforcement based on patient needs.
- Non-emergent medical transports from home or a medical facility with self or caretaker managed devices is an EMT level skill. The caretaker must travel with the patient if it is not a self-managed device.

This is a document to assist with transportation decisions during a disaster from healthcare facilities and based on New Hampshire’s EMS resources and license levels and protocols.

October, 2019 (Version 1)