

**NOTICE OF MEETING**


*Public notice is hereby given that a public meeting of the Board of Directors of the St. Charles County Ambulance District will be held at the District's Offices, 4169 Old Mill Parkway in St. Peters, Missouri, on Thursday March 12, 2020 at 7:00 p.m., to consider and act upon the matters on the following tentative agenda and such other matters as may be presented at the meeting and determined to be appropriate for discussion at that time.*

**7:00 P.M. –BOARD MEETING**

- I CALL TO ORDER
- II PLEDGE OF ALLEGIANCE
- III PUBLIC COMMENTS
- IV AWARDS & ANNOUNCEMENTS
- V CONSENT AGENDA
  - A. March 12th Agenda Approval
  - B. February 27th Approval of Meeting Minutes
- VI STAFF REPORTS
- VII OLD BUSINESS
- VIII NEW BUSINESS
  - A. Policy #804-1 Waived Charges and Allowable Write Offs (*Revision*)
  - B. Policy #201-14 Inter-Facility Transport (*Revision*)
  - C. Coronavirus Plan
- IX ADJOURNMENT

Raymond Bauer  
Secretary of the Board of Directors

Date/Time Posted: 3.11.2020 @ 12 noon

By: 

**NOTICE OF MEETING**

*Public notice is hereby given that a public meeting of the Board of Directors of the St. Charles County Ambulance District will be held at the District's Offices, 4169 Old Mill Parkway in St. Peters, Missouri, on Thursday March 12th, 2020 at approximately 7:00 p.m., to consider and act upon the matters set forth below and such other matters as may be presented at the meeting and determined to be appropriate for discussion at that time.*

- I CALL TO ORDER – PUBLIC PORTION
- II MOTION TO CLOSE MEETING – PUBLIC PORTION  
Pursuant to: A. Attorney Client Sec.610.021(1) RSMo (1986), Personnel  
Section 610.021(3) RSMo(1986)
- III ADJOURNMENT - PUBLIC PORTION

Raymond Bauer  
Secretary of the Board of Directors

Date/Time Posted: 3.11.2020 @ 12 noon

By: 

**ST. CHARLES COUNTY AMBULANCE DISTRICT  
BOARD MEETING MINUTES  
THURSDAY FEBRUARY 27, 2020**

**I. CALL TO ORDER**

Mark Fenton called the meeting to order at headquarters at 7:00 p.m. In attendance were Mark Fenton, Raymond Bauer, Abigail Nilson, Ronald Reguly, James Cooke and Teresa Reynolds.

**II. PLEDGE OF ALLEGIANCE**

**III. PUBLIC COMMENTS**

**IV. AWARDS AND ANNOUNCEMENTS**

Chief Meyer presented awards and badges to recently promoted Lieutenants, Battalion Chiefs, citizen award, and swearing in of one fulltime paramedic.

**V. CONSENT AGENDA**

**A. Agenda Approval**

Teresa Reynolds moved to approve the agenda as presented for Thursday, February 27, 2020 James Cooke seconded, the motion carried 6 to 0.

**B. Meeting Minute Approval**

Teresa Reynolds moved to approve the Board Meeting Minutes from Thursday, February 13th, 2020 James Cooke seconded, motion carried 6 to 0.

**VI. STAFF REPORTS**

Rick Rognan presented the January Financial Report.

Chief Lewis commented that CMS has announced the EMS agencies that were selected to participate in the Emergency, Triage, Treatment and Transport (ET3) Model Program. SCCAD was indeed chosen as one of the first round participants, one of only three in the State of Missouri.

**VII. OLD BUSINESS**

**A. Base 3 & 6 Construction Update**

Collette Kowlieski from Navigate Building Solutions provided the Board with a construction update regarding base 3 and 6.

**VIII. NEW BUSINESS**

**ADJOURNMENT – PUBLIC PORTION**

Teresa Reynolds moved to adjourn the Board Meeting, Ronald Reguly seconded, the motion carried 6 to 0.

**ST. CHARLES COUNTY AMBULANCE DISTRICT  
SECOND BOARD MEETING MINUTES  
THURSDAY FEBRUARY 27, 2020**

**I. CALL TO ORDER – PUBLIC PORTION**

Mark Fenton called to order the Public Portion. In attendance were Mark Fenton, Abigail Nilson, Teresa Reynolds, James Cooke, Ronald Reguly and Raymond Bauer.

**II. MOTION TO CLOSE MEETING – PUBLIC PORTION**

Mark Fenton made the motion to suspend public portion of the Meeting into Closed Session pursuant to: Attorney Client Sec.610.021 (1)RSMo (1986), Raymond Bauer seconded; roll call vote was taken. Raymond Bauer-yea, Mark Fenton-yea, James Cooke-yea, Abigail Nilson-yea, Teresa Reynolds-yea and Ron Reguly-yea, the motion carried 6 to 0.

**III. ADJOURNMENT - PUBLIC PORTION**

Teresa Reynolds moved to adjourn the Board Meeting. James Cooke seconded, the motion carried 6 to 0.

*Next Regular Board Meeting  
March 12th, 2020*

\_\_\_\_\_  
Mark Fenton, Chair

Submitted by Tammy Dixon

\_\_\_\_\_  
Raymond Bauer, Secretary/Treasurer

**ST. CHARLES COUNTY AMBULANCE DISTRICT  
POLICY AND PROCEDURE MANUAL**

CHAPTER 800      Financial Division Policies & Procedures  
SECTION 04      Patient Accounts  
TITLE              **WAIVED CHARGES AND ALLOWABLE WRITE-OFFS**  
NUMBER          804-1

DISTRIBUTION

Patient Accounts Personnel.

PURPOSE

To establish guidelines regarding waived charges and allowable write-offs to patient accounts of the District.

POLICY

1. The District shall make reasonable collection efforts for all balances, for medically necessary transportation, determined to be due directly from the patient (or the patient's financially responsible party) with the exception of the following circumstances, in which case the cost sharing amounts of the patient's debt shall be waived as part of a District benefit program offered as a result of the individual's public service to the District. In all of the following circumstances, the patient shall be liable for the charges to the extent of any available insurance coverage. Further, all waivers will be disclosed to any and all insurance companies via notation on the submitted claim:
  - a. Active District Board members and/or their dependents.
  - b. Past District Board members who served at least one full term (3 years).
  - c. Current full-time or retired employees of the District and/or their dependents.
  - d. Current part-time employees of the District and/or their dependents.
  - e. Firefighters, law enforcement, or dispatchers transported while on duty. All training is considered on duty.
  - e-f. Current St. Charles County Firefighters and their plan dependents.
  - f-g. Active SWAT members, while engaged in SWAT training or while on duty.
    - i. District shall bill Worker's Compensation plan if incident is determined to be compensable (work related) and the Workers Compensation plan is not self-funded.
    - ii. If incident is denied by Workers Compensation or determined to be non-compensable, District shall bill patient's health insurance. Any cost sharing amounts not paid by the insurance plan, will be waived by District.
    - iii. SWAT try-outs are not considered on duty for applicants not currently part of the SWAT team.
  - g-h. Employees and/or their dependents of local fire district / municipal ambulance services with whom the District has a reciprocal professional courtesy agreement to waive cost sharing amounts.
2. The District shall make reasonable collection efforts for all balances determined to be due directly from the patient (or the patient's financially responsible party). After reasonable collection efforts have been made, accounts will be turned over to a third party collection agency with the exception of the following circumstances, in which case the cost sharing amounts or uninsured portion of the patient's debt shall be written off due to the patient's status and/or due to the effort and expense required to pursue the outstanding balance. In all —of the

**ST. CHARLES COUNTY AMBULANCE DISTRICT  
POLICY AND PROCEDURE MANUAL**

following circumstances, the patient shall be liable for the charges to the extent of any available insurance coverage:

TITLE                      **WAIVED CHARGES AND ALLOWABLE WRITE-OFFS**  
NUMBER                    804-1

POLICY                    (Continued)

- 2.
  - a. Deceased patients.
  - b. Incarcerated patients.
  - c. Hardship approved patients (see Policy 804-2 Financial Assistance).
  - d. Bankrupt patients.
  - e. Medicaid patients.
  - f. Patients with an account balance +/-r \$5.00.

3. Prompt Pay Discounts:

- a. District shall make available a prompt pay discount to all patients upon patient request. Such discount shall apply to the patient's cost-sharing amounts and amounts owed for non-covered services. Prompt pay discount will be granted only if payment is made within 30 days of discount offer.
- b. The discount is designed to improve cash flow,, and to reduce accounts receivable, and cost of collections.
- c. The discount will be awarded based on the following schedule, which represents a close approximation of the District's collection costs and is less than the collection cost charged by the District's third party collection agency. The calculated discount shall be:

<u>Patient Balance</u>	<u>% of Discount</u>
\$0 - \$999.99	10%
\$1000 and greater	15%

- d. Payment will be taken by cash, credit card or (electronic) check, or check by mail as long as it is received within 30 days of the prompt pay offer. -

~~6.~~ Home for the Holidays Program: The District may make available, from time to time, a goodwill program that allows for transport of patients in long term care to be with their families for a specified period over certain holidays or special occasions. It is understood that without the goodwill of this program, these patients would be unable to reach the destination otherwise. Discretion for the program and its participants rest with the Chief Executive Officer.

- 7. All other trip charges shall be collected or, if necessary, turned over to a collection agency unless unusual circumstances exist for which the Chief Executive Officer, Assistant Chief, or the Patient Accounts Manager may make a discretionary adjustment. Unusual circumstances include, but are not limited to, conditions such as patient care issues, billing department errors, timely filing issues, etc.

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**ST. CHARLES COUNTY AMBULANCE DISTRICT  
POLICY AND PROCEDURE MANUAL**

Adopted by the Board of Directors: 7/26/00

Revised: 5/27/03, 5/28/2008, 05/26/2010; 02/09/2011; 07/24/2013; 7/24/2013; 11/19/2015

This policy/procedure supersedes any previous policy or memorandum on this topic.

**ST. CHARLES COUNTY AMBULANCE DISTRICT  
POLICY AND PROCEDURE MANUAL**

<u>CHAPTER 200</u>	Operating Policies & Procedures
<u>SECTION 01</u>	Transport Policies
<u>TITLE</u>	<b>INTER-FACILITY TRANSPORTS</b>
<u>NUMBER</u>	201-14

DISTRIBUTION

All Uniform Operations Personnel and St. Charles County Hospitals and health related facilities (e.g., Hospitals, SNFs, Assisted Living Centers, Dialysis Centers).

PURPOSE

To establish guidelines regarding inter-facility transports, specialty care transports, bariatric transports, long-distance transports, and wait-and-return transports.

DEFINITIONS

For purposes of this policy, the following definitions shall apply:

Routine Transports – conveyance of a patient between two facilities that provide or are capable of medical care including hospital-to-home, hospital-to-skilled nursing facility, home-to-physician’s office.

Priority Transports – immediate conveyance of a patient between two facilities meeting specific high-acuity criteria such as: emergency department to emergency department, emergency department to intensive care unit, or intensive care unit to intensive care unit.

Emergency Time Critical Diagnosis (ETCD) – an unscheduled, emergent conveyance of an acutely ill or injured patient from a hospital to another hospital capable of rendering more advanced or special care. This would include but should not be limited to the following:

1. Any emergency surgical procedure not offered at the transferring facility, i.e. emergency cardiac catheterization, trauma surgery, etc.
2. Any emergent condition requiring specialized care not available at the transferring facility, i.e. unstable burn patient, pediatric ICU, high-risk obstetrics with active labor, specialized eye care.
3. Any non-surgical emergency procedure not available at the transferring facility, i.e. dialysis, hyperbaric chamber, etc.
4. Patients with a STEMI or Stroke being transported for an emergent intervention.
5. Any other emergency circumstances not listed upon approval of the Platoon Chief or their designee.

Specialty Care Transports – Specialty care transport (SCT) is the inter-facility transportation of a critically injured or ill beneficiary by a ground ambulance vehicle, including the provision of medically necessary supplies and services, at a level beyond the typical scope of the



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TITLE            **INTER-FACILITY TRANSPORTS**  
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POLICY (Continued)

EMT-Paramedic. SCT is necessary when a patient's condition requires ongoing care that must be furnished by one or more health professionals in an appropriate specialty area, for example, emergency or critical care nursing, emergency medicine, respiratory care, cardiovascular care, or a paramedic with additional training (cms.gov).

Closest Hospital - the hospital that can be reached by ground in the shortest travel time.

Medical Control - any area hospital that has a participating representative on the District Medical Advisory Board or a hospital that provides direction to District first response units located in outlying areas of the County.

Time Sensitive – scheduled flight, procedure that can't be changed or delay would cause patient detriment.

Long-Distance Transports – transports originating within St. Charles County to a location **60 minutes or greater** from the sending facility and outside SCCAD's Service Area.

Bariatric Transports – transports involving patients who are greater than 400 lbs. The following chart will be used to designate the appropriate type of ambulance:

Type II / Type I = < 500 lbs.  
Type I Ambulance = 500 – 600 lbs.  
Type I Bariatric Ambulance = > 600 lbs.

Wait-and>Returns Transports – transports commencing within St. Charles County requiring transportation to a facility for service or procedure either within St. Charles County or outside. The patient requires transfer back to the sending facility / residence.

- Facility-to-Facility St. Charles County = F2FSCC
- Facility-to-Facility St. Louis County = F2FSTL
- Residence-to-Facility St. Charles County = R2FSCC
- Residence-to-Facility St. Louis County = R2FSTL

**ST. CHARLES COUNTY AMBULANCE DISTRICT  
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TITLE            **INTER-FACILITY TRANSPORTS**  
NUMBER        201-14

POLICY (Continued)

1. Inter-facility transport service must originate from a location within St. Charles County unless approved by the Chief Executive Officer or their designee prior to transport.
2. The local inter-facility transport service area will be limited to locations within the following areas:
  - a) St. Charles County
  - b) St. Louis County
  - c) St. Louis City
  - d) Warren County
  - e) Lincoln County
  - f) Jefferson County
  - g) Franklin County
  - h) Pike County
3. When one or more transfer units are on-duty they shall handle inter-facility transports, provided they are able to meet the time guidelines of this policy. Up to two primary units may be used if transfer units are unable to meet the guidelines in this policy.
4. When no transfer units are on-duty, the Duty Officer may permit up to three primary units for inter-facility transports.
5. ETCD transports are not subject to the limitation of number of primary units that may be used listed in number 3 and 4 above.
6. Available resources should be used as efficiently as possible and meet the guidelines of this policy, i.e. should not assign a unit to a transport before they are in the county, should utilize a primary unit for a return from the hospital when the patient is going to their zone and they are available, etc. This is an exception to number 3 above.
7. If the requests for inter-facility transports exceed the number of units available to meet the acuity levels defined in this policy, contact the Duty Officer or their designee to determine use of additional primary units.
8. Inter-facility transport services may be limited or suspended at any time, due to severe weather conditions or other unusual situations, at the discretion of the Duty Officer or their designee.
9. Inter-facility transports may be suspended when the District reaches a Level V as defined by the Move-Up Procedure.
10. No inter-facility transport will be performed if it compromises the District's primary responsibility to provide emergency response. This does not apply to ETCD Transports as they are considered emergency calls.

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TITLE            **INTER-FACILITY TRANSPORTS**  
NUMBER        201-14

POLICY (Continued)

1. **Long Distance Transports (LDT):** SCCAD strives to manage all inter-facility transports while keeping resources near St. Charles County. Patients may require a facility outside the Service Area. Examples include: patient choice, psychiatric care, specialized skilled nursing facilities (long-term dialysis, ventilator care), or Veteran services. To achieve our objective of keeping resources close, SCCAD will attempt facilitation of LDTs with an outside agency. For any transfer meeting the LDT definition (see above), the sending facility must provide twelve-hour advanced notice. LDTs will fit into the Level II Scheduled Transfer grouping.
  
2. **Bariatric Transports:** SCCAD strives to manage all transports while keeping resources near St. Charles County. Should patients meet the definition of Bariatric (see above), a specialized ambulance may be utilized to manage patient logistics. The sending facility should provide three-hour advanced notice. If a patient who is considered “Bariatric” originates at home and requires Routine Transfer, the specialized ambulance should be deployed without time constraints. Normally, Bariatric Transports should fit into the Level II Scheduled Transfer grouping.
  
3. **Wait-and-Return Transports:** SCCAD endeavors to manage all transports while keeping resources close to St. Charles County. The Transfer Division Battalion Chief or their designee will facilitate logistics for Wait-and-Return Transports by coordinating with the sending and destination facilities. Should the patient require additional services after arriving to the designation facility (e.g., must remain on a stretcher, airway monitoring, etc.) SCCAD will remain with the patient for up to thirty minutes. Should scene time exceed thirty minutes, the crew should contact the on-duty Transfer Division Battalion Chief or Platoon Chief.
  
4. **Specialty Care Transports:** SCCAD strives to manage all high-acuity transports meeting Specialty Care Transport criteria with a Critical Care Paramedic. These transports include, but are not limited to the following:

<u>ETCD</u>	<b>Pick-up</b>	<b>Destination</b>
	ED	ED / Emergency Procedure
	ICU	ED / ICU / Emergency Procedure
	Cath Lab	ED / ICU / Cath Lab

Specialty Care Transport Criteria

- a. Intra-Aortic Balloon Pumps
- b. Left Ventricular Assist Devices
- c. Invasive Arterial Lines
- d. Chest Tube Monitoring
- e. Ventilator Management
- f. Vasoactive Drug Maintenance / Titration
- g. Pulmonary Artery Catheters
- h. Extracorporeal Membrane Oxygenation
- i. Blood Product Monitoring / Titration
- j. Any unusual transfer with high probability for deterioration

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POLICY AND PROCEDURE MANUAL**

TITLE            **INTER-FACILITY TRANSPORTS**  
NUMBER        201-14

POLICY (Continued)

5.     **Routine, Priority Transports:** Acuity levels for local inter-facility transport service area are assigned as follows based on the location of pick-up and destination:

	<b>Pick-up</b>	<b>Destination</b>
<u>Priority</u>	ED / ICU ED Cath Lab ED	ED / ICU Nursing Floor ICU Pediatric ED / ICU
<u>Level I</u>	ED Residence ED	NH / Residence Direct Admit Floor / Treatment Facility
<u>Level II</u> (Scheduled)	Residence Testing Facility Residence Physician's Office NH / Assisted Living	Testing Facility Residence Physician's Office Residence Testing Facility
<u>Level III</u>	ED Psychiatric Nursing Floor Nursing Floor Nursing Floor	Psychiatric Facility Nursing Floor ED/ICU Extended Care Facility

6.     County Dispatch will strive to deploy inter-facility transports in a manner that the ambulance will arrive at the transferring facility based on the following schedule when requests exceed the District's ability to provide immediate dispatch.

Priority Transfer	30 minutes
Level I	60 minutes
Level II	90 minutes
Level III	90 minutes

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TITLE            **INTER-FACILITY TRANSPORTS**  
NUMBER        201-14

PROCEDURE

1. Inter-facility transports shall be scheduled by calling the St. Charles County Dispatch at 928-7569 or 332-8744. Calls will be accommodated in the order received and as defined in this policy.
2. Inter-facility transports shall be dispatched following the appropriate EMD protocol. If the patient does not have any emergency complaints or does not fall in a 37-D category the transport will be assigned a Priority, Level I, II, or III based on the criteria established by this policy.
3. If there will be a delay in providing transport, the dispatcher shall inform the caller that a unit will be sent just as soon as one becomes available. If the first available time is unacceptable or if any other unusual situation arises, the dispatcher should contact the Transfer Division Battalion Chief or after hours, the dispatcher will alert the Platoon Chief.
4. In the event a primary unit (emergency division) assigned to an ETCD transfer is closer to an emergency, the unit should be disregarded on the transfer and assigned the emergency. Assign the next closest unit to the ETCD transfer. The on-duty Transfer Division Battalion Chief, Platoon Chief, or their designee may assign an ETCD inter-facility transport to the closest unit when they deem it appropriate.
5. If the request for an ETCD inter-facility transport does not fall under the ETCD inter-facility transport criteria, advise the transferring facility the next available unit will be sent to handle the transport on a non-emergency basis. The Transfer Division Battalion Chief, Platoon Chief, or their designee should be contacted.
6. If the transferring facility insists the call is an ETCD inter-facility transport but does not meet the above criteria, the transferring facility should be advised to contact the on-duty Transfer Division Battalion Chief, Platoon Chief, or their designee.
7. District units shall respond to the originating facility of an ETCD inter-facility transport without the use of emergency lights and siren unless the Transfer Division Battalion Chief, Platoon Chief, or their designee specifically requests them.
8. Acuity levels for local inter-facility transport service area are assigned as follows based on the location of pick-up and destination:
9. In the event a patient develops an unmanageable airway, uncontrolled external bleeding, life-threatening cardiac arrhythmias or cardiac arrest while en route, the attending paramedic shall contact the closest hospital and obtain orders and/or authorization to divert to that facility.
10. En route, the attending paramedic should contact the receiving hospital and advise them of the estimated arrival time.

**ST. CHARLES COUNTY AMBULANCE DISTRICT  
POLICY AND PROCEDURE MANUAL**

TITLE            **INTER-FACILITY TRANSPORTS**  
NUMBER        201-14

PROCEDURE (Continued)

**Long-Distance Transports**

The sending facility will schedule the transfer twelve-hours prior to the desired pick-up time through the normal call-in procedure via dispatch and call-intake (if applicable).

1. During normal business hours, SCCAD's call in-intake representative will alert the on-duty Transfer Division Battalion Chief of the Long-Distance Transfer. After hours, dispatch will alert the Platoon Chief to the Long-Distance Transfer.
2. Confirm the Transfer does not fit inside the SCCAD Inter-Facility Transport Service Area: St. Louis, St. Louis City, Warren, Lincoln, Jefferson, Franklin, Pike (Please note some trips inside the aforementioned counties can take approx. 1.5 hours & may dramatically affect the availability of Transfer Trucks to accommodate the transfer load (e.g., Health Center to Bowling Green; if the SCCAD Duty Officer agrees, Abbott can be used).
3. SCCAD's on-duty Battalion Chief or Platoon Chief will contact Contractor Number One he or she will need pertinent patient pedigree when facilitating logistics.
4. If Contractor One is unable to manage the Long-Distance Transfer, SCCAD Leadership will contact Contractor Number Two.
5. Should Contractor One or Contractor Two deny the Long-Distance Transfer, SCCAD will manage keeping reasonable accommodations in mind. After hours, the Platoon Chief will coordinate with the SCCAD Duty Officer to configure a plan.
6. County Dispatch may inquire transport to the Metro East (e.g., Alton, Edwardsville, Belleville, Granite City, etc.) These townships should not be outsourced to an outside contractor.

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TITLE            **INTER-FACILITY TRANSPORTS**  
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PROCEDURE (Continued)

**Bariatric Transports**

1. Should the patient weigh more than 500 lbs., the sending facility will schedule the transfer three-hours prior to the desired pick-up time through the normal call-in procedure via dispatch and call-intake (if applicable).
2. During normal business hours, SCCAD's call in-intake representative will alert on-duty Transfer Division Battalion Chief of the Bariatric Transfer. After hours, dispatch will alert the Platoon Chief to the Bariatric Transfer.
3. If the patient weighs more than 600 lbs., The Transfer Division Battalion Chief, Platoon Chief or their designee will coordinate with the assigned ambulance to facilitate a truck switch into the SCCAD Bariatric Ambulance.

**Wait-and-Return Transports**

1. The sending facility will allow three hours advanced notice of a potential wait-and-return transfer.
2. During normal business hours, SCCAD's call in-intake representative will alert on-duty Transfer Division Battalion Chief of the Bariatric Transfer.
3. The Transfer Division Battalion Chief or their designee will facilitate logistics pertaining to transport back to the point-of-origin for:
  - a. F2FSCC
  - b. R2FSCC
4. The Transfer Division Battalion Chief or their designee will facilitate logistics including outside contractors for transport back to the point-of-origin for:
  - a. F2FSTL
  - b. R2FSTL
5. If the receiving facility is unable to accommodate the patient's situation and the crew remains at destination > 40 minutes, the facility may be billed by St. Charles County Ambulance District \$30.00 for every 10 minutes of delay. Use the Inter-Facility Surcharge Form to document the time.

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TITLE            **INTER-FACILITY TRANSPORTS**  
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PROCEDURE (Continued)

**Specialty Care Transport**

1. The sending facility will use the normal call-in procedure via dispatch and call-intake (if applicable) to facilitate the transfer.
2. Transports meeting SCT standards will be coded under the 37Delta classification.
3. The district will attempt to pair patients meeting SCT criteria (see above under SCT policy) with a Critical Care Paramedic who has completed an approved Critical Care Transport educational program and has an accepted Critical Care credential.
4. The Critical Care Paramedic will either respond to an approved SCT trip in a Quick Response Vehicle (QRV) or a traditional advanced life support vehicle.
5. Critical Care Paramedics will function within the SCCAD Critical Care Clinical Practice Guidelines.
6. When patients require specific care parameters that may require care outside the Clinical Practice Guidelines, the SCCAD Critical Care Paramedic should attempt to obtain a set of written orders provided by that transferring physician or advanced practice clinician written specifically for the patient's medical condition(s). Verbal order(s) may be utilized as well.
7. For the purpose of Specialty Care Transports, the Critical Care Paramedic will be considered the lead provider.
8. The Critical Care Paramedic will optimize pre-departure interventions to diminish the potential for en-route deterioration.
9. The Critical Care Paramedic will respond aggressively to en-route deterioration with interventions.
10. The Critical Care Paramedic will seek to achieve application of tertiary care perspective and technology to integrate the care of the patient from the referring facility into that of the receiving facility.

Adopted by Board of Directors:

This policy/procedure supersedes any previous policy or memorandum on this topic.