

OVERVIEW

Amerimed EMS has on occasion the need to conduct an intercept and transition a patient from one unit to another, to help a patient efficiently and safely to be transported from one location to another. This policy will outline how and when these intercepts are allowed.

SECTION A – INTERCEPTS MAY BE ALLOWED FOR THE FOLLOWING TRANSPORTS

- Behavioral health requests are the only transports for which intercepts may be allowed, unless approved by the General Manager/s.
- Long distance runs-described as anything over 3.5 hours in total time or 200 miles in total length, or if a unit does not have duty time to complete the call within the 2-hour hold, even if transport is under 3.5 hours or 200 miles. Transports can be intercepted between a day to a night unit.

SECTION B – INTERCEPTS MAY BE CONDUCTED AT THE FOLLOWING LOCATIONS

- Intercepts should only be conducted at an Amerimed EMS Operational hub that has a drive in bay, large enough for 2 ambulance vehicles, and room to make a secure transfer of patient, while on stretcher, with bay doors closed, before patient transfer is conducted.
- At no time should the patient be unsecured from the stretcher.

SECTION C – SCHEDULING INTERCEPTS

- All service requests that may require an intercept in order to safely and efficiently complete the transport should be processed in accordance with all applicable company guidance, workflows, and Standard Operating Procedures.
- The OIC and / or Division Manager will be contacted and the MedComm Radio Telecommunicator will advise which units they suggest for the intercept based upon the current schedule displayed. The OIC and / or DM will accept or alter that suggestion based upon their situational awareness of their units and their schedules.
- The Radio Telecommunicator will set up and assign both legs of the intercept as agreed upon, at the time that it is communicated.
- The intercept information is to be shared in pass-on within both MedComm and Operations should it span multiple shifts.
- All notes will include all communications regarding the scheduling of the intercept, this will include any/all call assignments, and any pertinent details.
- Once an intercept is assigned, it will not be moved without DM or higher involvement as it requires multiple elements to be realigned.

SECTION D – DISPATCHING INTERCEPTS

- All dispatches will occur as per policy described in 2.14.2, 3.18.1, 3.18.2 and all other applicable policies.
- When the intercept is scheduled for both sides, the MedComm Dispatcher will communicate with both OICs and/or Division Managers to arrange the intercept, units to utilize and coordinate all points. This is needed to ensure that units are equipped as needed and scheduled to arrive to ensure timeliness of the run.
- Intercepts may be cancelled by the OIC or DM should the patient become combative or aggressive; in this case the primary unit should complete the entire transport if able to do so safely. The OIC and/or DM will work with the Radio Telecommunicator to coordinate.
- Assigning units to intercepts should not delay other unassigned calls
- Units should not be held “sitting/waiting” for the patient loaded unit to arrive when there are unassigned calls holding.
- Patient loaded units arriving to an intercept point where the other intercepting unit has not arrived yet, must continue with transport if the second unit has an ETA to the intercept point of greater than 15 minutes.

Radio Lingo for All MedComm Divisions

- Plain text shall be used for all two-way radio traffic.

Administrative / Tactical Radio Traffic

- Administrative traffic is conducted via the proper TAC talk-groups. This is traffic that is lengthier in nature and not of the nature that should be on the primary talk-group.