



LONG DISTANCE TRANSPORT POLICY

PURPOSE

To outline policies required of agencies that engage in long distance transport (LDT) and shares best practices when considering staffing models for long distance transport of patients out of and in to the Monroe-Livingston EMS Region, by the Monroe-Livingston EMS provider services.

DEFINITIONS

Ambulance - Any vehicle which meets the motor vehicle, airplane or boat outlined in Chapter VI Title 10 of the New York State Emergency Medical Services Code Part 800.3.e or 800.3.i

Crew Configuration – Any combination of Emergency Medical Technician, Paramedic, Specialty Care Transport Paramedic or Hospital Specialty provider (Physician, Registered Nurse, Respiratory Therapist, Perfusionist, etc.)

Driver – Any person who operates an ambulance. This includes, but is not limited to full time, part time, per diem or contracted operators.

Long Distance Transport – Any transport that involves driving, one way, over three hours with a patient onboard.

POLICY

Long distance transport of patients places a demonstrated strain on the crew members tasked with the transport. Crew fatigue and potential adverse weather are likely to promote potentially unsafe conditions for proper vehicle operation and patient care. Agencies are encouraged to develop internal policies governing long distance transport. While no specific Department of Transportation (DOT) or NYS Department of Health (DOH) regulation(s) define or regulate long distance EMS transport, DOT Motor Carrier Rules do place limitations on length of time while driving.

Each agency which provides long distance transport shall establish policies that deal with long distance transport. Such policies should include, but not be limited to:

1. Limitations of long distance/time in which personnel may operate ambulances or act as the medical provider during a long distance transport.
2. Standard Operating Guidelines which outlines standardized checklist or other device to ensure that sufficient planning and resources are available to ensure the safety of transport of the patient and the crew.
3. Availability of Medical Control
 - a. Who may provide medical control to EMS providers conducting long distance transport
 - b. When medical control MUST be contacted
 - c. What actions should be taken if medical control is not available.
4. Actions when vehicle/equipment failure delay or endanger patient transport
 - a. Vehicle failure
 - b. Medical equipment failure
 - c. Communications failure
 - d. Diversion to appropriate facilities
 - e. Emergency resupply during transport



The following matrix should be considered when staffing for long distance transports:

Parameter	Minimum Crew Configuration	Comments
BLS <3 hours	EMT, EMT	
BLS >3 hours	EMT, EMT, EMT	Driver change every 3 hours
ALS <3 hours	EMT, ALS	
ALS >3 hours	EMT, EMT, ALS	Driver change every 3 hours
SCT <3 hours	EMT, SCT	Add crew as needs/complexity dictate (Recommend additional ALS provider)
SCT, Vent >3 hours	EMT, EMT, SCT, SCT	Driver change every 3 hours, 2 nd SCT for pt
Any transport >10 hours	As above	Mandated crew rest (overnight) or sufficient crew

Approved by the Monroe-Livingston REMAC 6/17/2019