

**OPTIONAL SUPPLEMENTAL PROTOCOL
TRANSPORT TO FREESTANDING EMERGENCY MEDICAL FACILITY
AT BULLE ROCK (BASE STATION)**

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1. PURPOSE

To define the type of patient an EMS service may transport to a MIEMSS-designated freestanding medical facility.

2. INDICATIONS

A jurisdiction may allow transport of a patient, who meets one or more of the following indications, to a freestanding emergency medical facility.

- a) A stable Priority 2, 3, or 4 patient as outlined in *The Maryland Medical Protocols for EMS* who does not need a time-critical intervention
- b) Priority 1 patient with an unsecured airway or in extremis, who requires stabilization beyond the capability of the EMS crew (e.g., cardiac or respiratory arrest)
- c) If the freestanding emergency medical facility is a MIEMSS-designated Acute Stroke Ready Facility, patients of all priority that meet stroke criteria may be transported to the Acute Stroke Ready Facility, as long as the transport time to a Primary Stroke or Comprehensive Stroke Center is greater than 15 additional minutes.

3. CONTRAINDICATIONS

Except as provided in Indications, above, the following patients shall not be transported to a freestanding emergency medical facility.

- a) Any patient meeting the criteria for transport to a Trauma Center or Specialty Referral Center as defined in *The Maryland Medical Protocols for EMS*
- b) A pregnant patient complaining of abdominal pain or a patient who is in active labor
- c) Any patient in need of time-critical intervention that can be provided only at a hospital-based emergency department

4. PROCEDURE

The EMS clinician shall consult with a designated Base Station at the freestanding emergency medical facility, or the nearest Base Station if the freestanding emergency medical facility is not a designated Base Station, prior to arrival on all Priority 1 and 2 transports as provided in Indications and when otherwise unclear of the appropriate destination. The designated Base Station shall direct the clinician to the appropriate destination.

5. SPECIAL CONSIDERATIONS

None