

CENTRAL CALIFORNIA EMERGENCY MEDICAL SERVICES

A Division of the Fresno County Department of Public Health

Manual	Emergency Medical Services Administrative Policies and Procedures	Policy Number 567
Subject	Delivering Patients to Receiving Hospitals	Page 1 of 3
References		Effective: 04/18/83

I. POLICY

EMTs and Paramedics shall deliver patients to the appropriate area of a hospital and turnover the care of the patient to the appropriate medical staff. Each hospital has the discretion of setting its own policy concerning who shall receive the turnover of the patient at its facility.

II. PROCEDURE

- A. EMS personnel will provide appropriate medical report and turnover of care to the appropriate individuals at the following hospitals:

Hospital	LVN	RN / RN Practitioner	Physician Asst	MD
Adventist Health- Hanford		X		X
Adventist Health- Reedley	X	X		X
Adventist Health- Selma		X		X
Adventist Health- Tulare	X	X	X	X
Clovis Community Medical Center	X	X		X
Coalinga Regional Medical Center		X		X
Community Regional Medical Center	X	X		X
Kaiser Permanente Hospital		X		X
Kaweah Health Medical Center	X	X	X	X
Madera Community Hospital		X		X
Mercy Medical Center Merced		X		X
Saint Agnes Medical Center	X	X		X
Sierra View Medical Center	X	X	X	X
Valley Children's Hospital	X	X		X
Veterans Administration Hospital		X		X

Approved By EMS Director	Daniel J. Lynch (Signature on File at EMS Agency)	Revision
EMS Medical Director	Miranda Lewis, MD (Signature on File at EMS Agency)	12/22/2025

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- b. If hospital staff decline to sign ePCR to receive the patient, EMS personnel shall document the staff member's name in the narrative and document "refused to sign" in the signature box

D. EMS Equipment and Therapy Status

1. Cardiac Monitor - If the patient is not being treated under an ACLS protocol and the monitor has shown a sinus rhythm or stable pre-existing rhythm (atrial fibrillation, bigeminy, asymptomatic bradycardia), the monitor shall be removed from the patient when arriving at hospital. No ETA Call-in is required if the cardiac monitor is discontinued.
 2. Oxygen Administration – Prehospital personnel should only administer oxygen when the treatment protocol requires oxygen, or when a patient's pulse oximetry reading is 93% or less.

Oxygen should be discontinued on patients when it is not indicated according to protocol. For example, if an ambulance crew arrives on scene where oxygen is initiated by the first responder agency, they shall discontinue the oxygen if not indicated. Oxygen is overused and should only be used on patients as noted in the patient treatment protocols. Frequently, the use of oxygen (when not needed) prevents the patient from being delivered to the waiting room. No ETA Call-in is required if oxygen is discontinued.
 3. IVs and Saline Locks – IV access should only be considered in a patient when the treatment protocol requires an IV or there is a reasonable and imminent chance that the patient's condition may deteriorate enroute to the hospital. Similarly, a saline lock should only be initiated in patients who require vascular access based upon the specific treatment protocol. Frequently, the IV or saline lock prevents the patient from being delivered to the waiting room.
- E. When arriving at a hospital, EMS personnel shall not delay the off-load of a patient from the ambulance and patients shall not be held in ambulances.