

Memorial EMS
Decatur Memorial EMS
Springfield Memorial EMS

Interfacility Transport



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Interfacility, Expanded Scope and Critical Care Transport

Interfacility transport via EMS is vital to patient care and definitive treatment. In a rural and suburban setting, the ability to safely and appropriately transfer patients between facilities is essential. This document is designed to outline the most common interventions needed by patients requiring interfacility transport. It is impossible to list, educate to and credential for every possible intervention. The goal of this protocol is to address the vast majority of needs. Patient interventions, not included in this protocol are not allowed unless 1- elevated to the level of, and included in a licensed Critical Care Transport service, 2- the specific situation is presented to a member of the EMS System Leadership team and approved for transport with specific guidance for that case, or 3- the transport is approved by a Medical Control Physician not directly involved in the current care of the patient. If approval is obtained for an intervention outside of this protocol, the treating provider should include in the patient care report who was contacted and approved the request.

The 2025 update of these protocols reflects changes at the Illinois Administrative Code level as well as changes to enable providers at an earlier stage in their paramedic career to be able to provide care to the more stable interfacility transport. The protocols are now divided into two groups: Paramedic and Expanded Scope (Paramedic).

Paramedic: Any licensed Paramedic in the Systems who serves on a transport agency who participates in interfacility transports will be credentialed for these patient interventions.

Expanded Scope: Any licensed Paramedic in the Systems who serves on a transport agency and has at least six months experience at that level will be credentialed for these patient interventions.

Expanded Scope with Ventilator Management: An Expanded Scope Paramedic after six months of experience at the Expanded Scope level or with MD written preapproval, can be credentialed for these patient interventions based on agency utilization of ventilator transport.

The Administrative Code outlining this capability includes specific requirements for paramedics/ PHRNs. This is outlined in 515.860. To meet the competency requirements of this program, all providers are required to maintain at all times ACLS, PEPP or PALS, ITLS or PHTLS. Every year in April the EMS Systems will establish times for all providers to validate competency on these protocols through a written test and/or scenario assessment. Providers who do not yet meet the six months or one year experience requirement, but who work for an agency who provides Expanded Scope interfacility transports can participate in this competency in April while waiting for their one year of experience benchmark. Any new providers who complete competency after April, will short cycle to renew with their peers next April.

Additional information has been provided in this protocol regarding a higher or lower level of care. This is provided as a reference for all who participate in interfacility transport.

Ongoing Interventions

As patients are moved between facilities and/ or discharged to non-hospital facilities to continue their care and recovery, often times interventions will be continuing in the secondary location and therefore during the transport to those locations. The following should serve as guidance for how the most common situations can be cared for and the level of EMS who can participate in those patient transports.

The chart below represents the lowest level of care who can transport a patient with the particular intervention. At any time, a higher level of care unit can be utilized.

	EMT	AEMT	Paramedic	Interfacility Paramedic	Expanded Scope	Critical Care
IV Access/ IV fluids	X IV Lock	X IV with fluids infusing				
Patient Controlled Anesthesia	X In use greater than 8 hours prior					
Indwelling Urinary Catheter	X					
Nasogastric or Orogastric Tube				X		
Continuous Nebulizer						X
Continuous Bladder Irrigation				X		
Ventilator- patient ongoing ventilator dependent. Requires trained family member in the patient compartment during patient care and BVM always available.	X					
Ventilator					X see limitations	X
Bilevel Positive Airway Pressure				X see limitations		
Thoracostomy Management					X see limitations	X

Should an EMS crew be requested to transport a patient who has received any single dose medication (an IM injection, IVP administration or similar) that is not continued as an infusion, EMS can begin transport fifteen minutes after the first administration of the medication. Repeat doses do not require the wait time, unless a blood product was administered. Level of care would be guided by condition and patient management needs.