


**GUAM MEMORIAL HOSPITAL AUTHORITY
ADMINISTRATIVE MANUAL**

| APPROVED BY: | RESPONSIBILITY | EFFECTIVE DATE | NUMBER | PAGE |
|--|---|-----------------------|---------------|-------------|
|  REY VEGA, MPH Hospital Administrator/CEO, Interim | Nursing Services Medical Staff Social Work Department Facilities Maintenance | 5/2012 | A-PC300 | 1 of 12 |
| TITLE: ON-ISLAND PATIENT TRANSFER AND TRANSPORT GUIDELINES | | | | |
| LAST REVIEWED/ REVISED: New | | | | |
| ENDORSED: NMC 3/2012; PSC 4/2012; EOC: 5/2012; MEC 5/2012; EMC 5/2012 | | | | |

PURPOSE:

To provide quality care and ensure the health and safety of the patient during the on-island transfer/transport by following established guidelines.

To ensure a safe and reliable on-island non-emergency medical transportation service for in-house hospital patients as deemed necessary for the continuity of patient care.

To specify the types of assessments and documentation that are required to assure appropriate care and the generation of a written record for any patient being evaluated for transfer/transport.

To clarify the roles and responsibilities of the Hospital, the physician, Nursing, the Patient Escort (if any), and the patient in terms of transferring or transporting a patient.

POLICY:

It is the Policy of the Guam Memorial Hospital that a safe and reliable non-emergency, ground medical transportation service shall be available for in-house patients who need to be transported between the Guam Memorial Hospital, GMHA Skilled Nursing Unit, Guam International Airport, or other facilities as deemed necessary for the continuity of patient care.

The non-emergency medical transport service shall not be used to make scene responses for emergencies (which shall remain the responsibility of Guam EMS Services) or to transport discharged patients to residential location.

The non-emergency medical transport service is classified as a Class B-Stretcher Van Transport which will operate to accommodate an incapacitated or disabled patient who does not require medical monitoring or treatment during transport. The Hospital Administrator shall establish and periodically review, for possible modification, the medical transport service charges and fee schedule.

TYPES OF PATIENT TRANSFER/TRANSPORT:

1. Class A: Transfer of Patient with Emergency Medical Condition (defined by COBRA as):

A. When an individual exhibited an emergency condition manifesting itself as acute symptoms of sufficient severity that the absence of immediate medical attention could reasonably be expected to result in placing the health of the individual or of a pregnant woman or her unborn child in serious jeopardy, serious impairment or bodily functions, serious dysfunction of any bodily organ or part or acute or severe pain. This includes symptoms of substance abuse and psychiatric disturbances.

B. In the case of a pregnant woman with contractions, whether there was adequate time to effect the safe transfer to another hospital before delivery, or whether a transfer would pose a threat to the health or safety of the woman or unborn child.

2. Class B: Transfer of Patients with non-emergency medical conditions defined as, failure to transfer would not likely result in death or increased severity of illness.

A. A transfer involving a patient who has a medical condition or injury that can be better treated by another facility that has the advanced technology, specially trained staff, or expertise needed to most effectively care for the patient. A member of the Medical Staff has determined that it is medically necessary to seek medical care in another facility in order to achieve the most favorable patient outcome.

PATIENT CLASSIFICATIONS

Patients who utilize the Hospital's on-island ground transportation will be classified according to the following levels of priority:

| <u>PRIORITY</u> |
|--|
| A. HIGH (must depart GMHA within 2 hours of scheduled flight time for off-island transfer) |
| B. Medium or Low (must arrive at least half an hour prior to appointment time) |

PROCEDURES:

I. Assessment:

- A. The patient transfer is initiated by the attending physician. Evaluation of the need for patient transfer is the responsibility of the attending physician. The attending physician completes an examination of the patient and determines if the patient has an Emergency Medical Condition and if a transfer is medically necessary.
- B. Complete documentation of the assessment, treatment provided, and the plan for acceptance at the receiving facility is maintained by the attending physician. Physician documentation is to include the reason for and condition under which the patient is transferred or transported. The physician communicates with and documents acceptance of the receiving facility and their roles in ensuring patient safety during transfer.
- C. A patient may not be transferred or transported without prior stabilization unless the following conditions apply:
 - i. The patient or legal representative requests for the transfer/transport; and
 - ii. The medical risks of not being transferred/transported outweigh the risks of the transfer/transport itself, and

- iii. The risks associated with the transfer/transport are explained to the patient or legal representative.
- D. If transfer/transport is indicated (Class A or B), the following steps are initiated by the attending physician:
 - i. Medically stabilize the patient if patient has an emergency condition. (“Stabilize” is defined as: evaluate and initiate treatment to assure that transfer/transport of the patient will not cause death or impairment of bodily functions, parts or organs.)
 - ii. Discuss the need for transfer/transport with the patient and/or legal representative.
 - iii. Write an order for the specific type of transfer/transport.
- E. If the patient is medically stabilized and a transfer/transport is not medically necessary but the patient or legal representative requests one, the attending physician shall coordinate the transfer.

II. Implementation

- A. Nursing Unit:
 - i. Transcribes the transfer/transport orders properly.
 - ii. Notifies the Nursing Supervisor of the transfer/transport and if a nurse escort is needed.
 - iii. Assess the type of equipment, supplies, and medications which are necessary for the transfer/transport. Compares this assessment with the physician's orders.
 - iv. Obtains physician's orders, as required for any necessary equipment, supplies, or medications that have not been ordered.
 - v. Obtains and secures consent from patient to release any medical information such as requested x-ray films, ultrasound studies, slides of specimens and drug profiles which are to be sent with the patient.
 - vi. Stretcher Van Transport
 - 1. Stretcher Van Transport use will be arranged by the Nursing Supervisor II.
 - 2. The stretcher vehicle may transport a patient who:
 - (a) Needs routine transportation to or from a medical service if that patient is convalescent otherwise non-ambulatory but does not require medical monitoring, aid, care or treatment by certified medical personnel during transport and is no medical distress.
 - (b) Is an in-patient at the Hospital and needs transportation to another hospital for diagnostic tests if the attending physician authorizes the use of a non-emergency medical transport vehicle.
 - (c) Has a patent IV access in place without IV fluids infusing, unless otherwise ordered by physician.
 - (d) Is receiving oxygen therapy via nasal cannula or face mask.
 - 3. The stretcher vehicle shall *not* transport the following patients without a licensed escort:
 - (a) Is receiving intravenous fluids and Oxygen therapy.
 - (b) Is intubated and on mechanical ventilation.
 - (c) Needs or may need suctioning.
 - (d) Is being evaluated in the emergency room and for any reason must be transported to another hospital or facility for diagnostic tests that are not available at the initial hospital.
 - 4. The stretcher van shall not contain medical equipment (with the exception of portable oxygen, suction machine, and stretcher) or supplies.

5. The stretcher van shall not display any markings, symbols, or warning devices that imply that it offers medical or emergency care or ambulance transportation services.
 6. The stretcher van shall not respond or transport a person if the request for the service originated within a public dispatch system.
- B. The Nursing Supervisor II coordinates use of the non-emergency medical transport vehicle.
- i. The Head Nurse or Charge Nurse will advise the Nurse Supervisor of a patient's need for stretcher van services.
 - ii. The Nurse Supervisor shall contact the patient courier assigned as the stretcher van driver and patient courier assigned as the assistant via the Communications Center for scheduled patient transport services. If the patient is a Class A, the Nursing Supervisor II will request assistance from and coordinate transport of the patient with the Guam Fire Department.
 - iii. The driver and assistant will secure two communication devices from the Communication Center for the driver's use during the transport. One communication device will be used as a primary unit and the second one as a back-up unit.
 - iv. The driver will notify the Nursing Supervisor via the Communications Center of transport departures.
 - v. The driver will apprise the Nursing Supervisor of any problems encountered during transport and upon returning to the Hospital.
 - vi. The driver and/or assistant must complete a GMHA Inter-Facility Transfer Report upon return to GMHA and forward to the Nursing Supervisor for review and signature.
 - vii. The Nursing Supervisor will be responsible for signing the GMHA-Inter-Facility Transfer Report (Attachment A) for every service provided. A copy of the report will be forwarded to the Medical Director for review.
 - viii. The Nursing Supervisor records in the Nursing Twenty-Four Hour Report the following information:
 - a. Name of patient transferred.
 - b. Name of escort.

III. Specific Documentation Requirements

- A. Prior to leaving the facility, the nurse escort will assess and document the patient's present condition.
- B. For transports/ transfers exceeding 1 hour, documentation of the patient's condition and observations will be recorded on the Patient Transfer Record (Attachment D).
- C. The nurse escort will perform a post transfer assessment upon return to the facility which will be documented in the patient's chart.
- D. Examination of patient may not be delayed to get information on the patient's ability to pay. Document patient's permission to ask for information on ability to pay only after treatment is initiated.
- E. Documentation by Risk Manager of risk assessment in relation to EMTALA regulations and any relevant medico-legal issues.

IV. Patient Escort

- A. The attending Physician will indicate the type of escort needed to accompany the patient during transport as required.
- B. Reports to the nursing unit where the patient is currently cared for at least thirty (30) minutes

- prior to the scheduled time of departure from GMHA.
- C. Reviews patient's medical record.
 - D. Meets the patient, and if possible a family member or the legal representative.
 - E. Assures that all of the needed medication, equipment, and supplies are ordered by the attending physician, and that they have been arranged for.
 - F. Whenever possible, in order to facilitate continuity of care, a nurse who has cared for the patient *shall be selected* as the patient escort. In all cases, qualified personnel and appropriate equipment will accompany the patient. The Patient Escort(s) shall be currently certified in their area of specialty. When all efforts to arrange for a patient escort from the patient's Unit Staff have failed, coverage for the escort cannot be arranged, or the skill level required of the patient escort cannot be found from the available staff nurse pool, a Nursing Supervisor is chosen as the patient escort with the prior approval of the Assistant Administrator of Nursing Services. All patient escorts who are staff nurses must have prior approval of the Assistant Administrator of Nursing Services.
 - G. GMHA employees authorized to act as patient escorts are on a work status from the time the escort reports to GMHA to prepare for transfer up until the time the patient is accepted by the receiving facility.
 - H. During the transport the escort completes the "Patient Transfer Record". This record contains at minimum, the following information:
 - a. Documentation of pulse, respiration, blood pressure, and temperature prior to transfer, following arrival to facility and as indicated.
 - b. Documentation of any problems encountered en route, the interventions that were implemented and the patient's response.
 - c. Documentation of any medications and IV fluids administered.
 - d. Summary of patient intake and output.
 - e. Documentation of time the patient left the first facility and time of arrival at the receiving facility.
 - f. Summary of the condition of the patient en route and upon arrival to the receiving facility.
 - I. Upon arrival at the receiving facility, the escort:
 - a. Stays with the patient until care has been transferred to the receiving facility.
 - b. Provides hand-off to the receiving licensed personnel.
 - c. Transfers all documents, x-ray films, lab test results, or specimens to the receiving facility.
 - J. Upon return to GMHA, the Patient Escort completes the Post Transfer Checklist (Attachment B) as follows and submits to escort's respective Unit Supervisor after return to GMHA:
 - a. Returns all signed out equipment to appropriate departments.
 - b. Returns all unused medications and supplies to appropriate departments for proper crediting to the patient.
 - c. Ensures the original copy of the completed Patient Transfer Record (Attachment ___) will be placed in the patient's medical record.
 - d. Returns blood transfusion slips to Laboratory Department (if applicable).

NON-EMERGENCY MEDICAL TRANSPORT SERVICE:

- I. GMHA will utilize a designated stretcher van vehicle specifically to transport patients between the Hospital, SNU, airport, or other facilities as deemed necessary by the Hospital Administrator.

- II.** The designated stretcher van shall be utilized for designated patient transport functions only unless said vehicle is unavailable due to a conflicting assignment or out of service status as determined by the Facilities Maintenance Manager or the Medical Electronic Superintendent.
- a. In the event the stretcher van vehicle is unavailable or out of service, the Nursing Supervisor will request EMS dispatch for Guam Fire Department Ambulance to transport the patient.
 - b. For scheduled preventative maintenance of the vehicle, the Facilities/ Maintenance Manager will notify the Nursing Supervisor to make arrangements for patient transports through EMS dispatch for the duration of the maintenance.
- III.** The Facilities Maintenance Manager or designee shall regularly inspect and ensure that the vehicle is functioning properly at all times as per Facilities/ Maintenance Department policies and procedures. The Medical Electronics Superintendent shall regularly inspect and ensure that medical equipment in the medical transport vehicle is is functioning properly at all times
- IV.** STAFFING FOR CLASS “B” TRANSPORT SERVICE:
- a. For every stretcher van transport service, the stretcher van will be staffed by the following transport team:
 - i. One (1) Driver who is BLS (Basic Life Support) certified and EVOC (Emergency Vehicle Operator Certification) certified operator or has a current Chauffeur License.
 - ii. One (1) Assistant who is a Patient Courier.
 - iii. One (1) Registered Nurse with current ACLS certification. The RN will be the designated Medical Transport Team Leader. The need for a Licensed Staff Escort will be determined by the Attending Physician.

**The Hospital must ensure the RN escort matches the specific need of the patient e.g., an OBN/ NICU RN escorts newborn infant; a PEDs/PICU RN escorts a pediatric patient; an ICU/CCU RN escorts an ICU/CCU patient; Telemetry/PCU RN escorts a Tele/PCU patient; and a Medical/Surgical escorts a Med/Surg patient.*
 - iv. In addition to the Medical Transport Team, the attending physician may request other health care personnel as needed to accompany the patient and address the special needs of the patient.
- V.** Infection Control
- a. After each medical transport, the EVOC driver will notify the Housekeeper on duty via Communication Center for the immediate cleaning of the interior stretcher van. The cleaning method will be similar to cleaning of patient rooms.
 - b. Once cleaning is completed, the Housekeeper will sign and date the GMHA Inter-Facility Transfer Report and forward it to the driver.
- VI.** Universal Precautions
- a. Necessary universal precaution measures for infectious diseases will be adhered to per the Hospital's policy and procedures for infection control.
 - b. Universal precaution gear will be made available to the driver and attendants on the vehicle at all times.

MEDICAL TRANSPORT EQUIPMENT AND SUPPLIES

The stretcher vehicle shall be equipped with the following BLS and ACLS equipment and supplies:

- a) Depending on patient needs, the van will have the following:
- Battery operated portable suction machine.
 - Portable oxygen tanks equipped with regulators and fittings.
 - Protocol Cardiac monitor, equipped with non-invasive blood pressure and pulse oximeter.
 - Infusion pump (battery operated).
 - Infant Transport System Incubator (battery operated).
 - Stretcher

b) Medical Supplies

- At the time of the transport, the RN escort or Medical Transport Leader will carry necessary or needed pharmaceutical supplies.

ACTIVATE E-911

- I. If a patient becomes unstable en route to or from the Hospital, SNU, or any other facility the Hospital deems necessary, the Assistant shall notify the Driver of the patient's condition immediately. The Driver will contact E-911 Dispatcher via the communication device for emergency assistance. The Driver shall utilize the radio call saying "Transport 1" when communicating with dispatcher. (*e.g. This is Transport 1. We have a medical emergency on board.*)
- II. The Driver will communicate with E-911 dispatcher utilizing the Guam Police Department Radio Codes (See Appendix C).
- III. The E-911 Dispatcher will assess the situation with at least the following information to be provided by the Driver:
 - (i) *Current Location (e.g. Route 1 southbound nearing Tamuning Payless).*
 - (ii) *Condition of patient (e.g. Conscious with difficulty breathing).*
 - (iii) *Onset and duration of symptoms (e.g. 1020 hours for the past 5 minutes).*
 - * Once the Dispatcher assesses the situation, he/she will provide instructions to the driver to either proceed to GMHA Emergency Room or await BCLS or ACLS intercept which is dependent upon the proximity to the Hospital as well as the patient's condition.
- IV. The E-911 Dispatcher will simultaneously notify GMHA Base Station physician of the medical emergency of Transport 1 and provide him/her with the necessary information in preparation of the patient's arrival.
- V. The E-911 Dispatcher will also notify Guam Police Department and/ or Guam Airport Police regarding possible escort of Transport 1 for medical intercept or escort GMHA Emergency Room.
- VI. The Driver will then notify the Nursing Supervisor via Communication Center regarding the incident.
- VII. Upon return to the Hospital, the Driver and Assistant shall complete a GMHA Inter-Facility Transfer Report documenting the incident. This report will then be forwarded to the Associate Administrator of Medical Services for review.
- VIII. Completion of GMHA Inter Facility Transfer Report
 - a. For every completed transport services, the driver/ attendant and relevant staff must complete a GMHA Inter-Facility Transfer Report (See Appendix A)
 - b. The GMHA Inter-Facility Transfer Report must be initiated by the Nursing Supervisor when a request for patient transport is made by a Head Nurse by completing the **Transport Team**

- portion of the form. The Nursing Supervisor shall imprint the patient's addressograph on the GMHA Inter-Facility Transfer Report and notify the Driver and Assistant per this policy.
- c. The Driver/Assistant shall complete the pertinent areas of the form prior, during, and at the termination of transport service.
 - d. The Nursing Supervisor shall review the form for completeness then sign and date on the pertinent areas and disseminate the copies of the form according to this policy.
 - e. Once the form is completed, the original shall be placed on the patient's medical record and a copy shall be forwarded to the Associate Administrator, Medical Services.

RELATED POLICIES:

- *Policy # 6313-I-19.00 Neonatal Transport Escort and Competency Checklist, Nursery/NICU Unit Policy and Procedure Manual*
- *Policy # 6301-IIC-39.00 Guidelines in Resuscitating a Neonate, Nursery/NICU Unit Policy and Procedure Manual*

RECISSIONS:

- *Policy # 6100-16 Patient Transfer Guidelines, GMHA Administrative Manual, effective 7/15/1992 (last reviewed 10/26/2004)*
- *Policy # 6301-II E-9 Medical Transport Services, Nursing Services Manual, effective 08/2009*
- *Policy # 6301-II E-12 Stretcher Van Non-Emergency Transport Service, Nursing Services Manual, effective 08/2009*

ATTACHMENT-A

| GMHA INTER-FACILITY TRANSFER REPORT | | | |
|---|-------------------------|--|---------------------|
| Transport Team | | Time / Date Elements | |
| Operator: _____ | | Date of Transport: _____ | |
| Attendant: _____ | | Call Received: _____ | |
| Nursing Supervisor: _____ | | Time Enroute: _____ | mil. _____ |
| Head Nurse: _____ | | Arrived Location: _____ | mil. _____ |
| | | Depart Location: _____ | |
| | | Arrived Destination: _____ | mil. _____ |
| | | Returned to Base: _____ | mil. _____ |
| Patient Status for Transport | | Purpose of Transport | |
| Ambulatory () | () | () Diagnostic Tests | () Other (Specify) |
| Stretcher Bound () | () | () Hemodialysis | |
| Wheelchair () | () | () Admit to SNU from Acute | |
| Expired Patient () | () | () Admit to Acute from SNU | |
| Medication run | | () Return to GMHA | |
| | | () Return to SNU | |
| Transport Code: _____ | | Custodial Receiving Personnel | |
| 01 GMHA to SNU | 10 Clinic to GMHA | Name: (Print) _____ Signature: _____ Date: _____ Time: _____ | |
| 02 SNU to GMHA | 11 GMHA to Private Res. | | |
| 03 GMHA to GIAA | 12 GMHA to St. Dominics | | |
| 04 GIAA to GMHA | 13 SNU to MH | | |
| 05 GMHA to MH | 14 MS to SNU | | |
| 06 MH to GMHA | 15 SNU to St. Dominics | | |
| 07 GMHA to NHG | 16 SNU to Clinic | | |
| 08 NHG to GMHA | 17 SNU to GIAA | | |
| 09 GMHA to Clinic | | | |
| Ethnicity Code: _____ | | | |
| 01 Chamorro | 04 Philippine | | |
| 02 Caucasian | 05 Asian | | |
| 03 FSM | 06 Other | *FSM; Chuuk, Kosrae, Ponape, Yap | |
| PATIENT UNSTABLE DURING TRANSPORT | | | |
| () E-911 Contacted | | () Base Station Physician Contacted | |
| Time of Contact: _____ | | Time of Contact: _____ | |
| Location: _____ | | Time of Intercept: _____ | |
| Base Station Physician Instructions: | | Base Station's MD Signature _____ Date _____ | |
| () Cancel Cancel Intercept | | | |
| () Proceed to GMHA ER | | | |
| () Stand-By for Intercept | | | |
| Transport Summary: | | | |
| | | | |
| | | | |
| | | | |
| Operator/Attendant Signature _____ Date _____ | | (For completion washdown of transport vehicle) | |
| Reviewed by Nursing Supervisor _____ Date _____ | | Housekeeper's Signature: _____ Date: _____ | |
| Original - Medical Records | | Addressograph | |
| Yellow - EMS Coordinator | | | |
| Revised: _____ | | | |

ATTACHMENT-B

To the Escort: Please complete this checklist within 48 hours after return to GMH then submit it to your immediate supervisor within 72 hours after return to GMH.

| ITEM | RECEIVING DEPARTMENT | PERSON RECEIVING ITEM | | DATE/TIME RECEIVED |
|--|----------------------------|-----------------------|-----------|--------------------|
| | | PRINT NAME | SIGNATURE | |
| 1. Equipment | (Biomed, RT, CSR, etc.) | | | |
| a. | | | | |
| b. | | | | |
| c. | | | | |
| d. | | | | |
| e. | | | | |
| f. | | | | |
| 2. Supplies | Central Supply | | | |
| a. | | | | |
| b. | | | | |
| c. | | | | |
| d. | | | | |
| e. | | | | |
| f. | | | | |
| g. | | | | |
| h. | | | | |
| 3. Documents | | | | |
| a. Patient Transfer Record (Attachment F) | Medical Record | | | |
| b. Transfer Expense Report (Attachment G) | Accounting | | | |
| c. Airline Ticket | Accounting | | | |
| d. Boarding Pass | Accounting | | | |
| e. Medical Referral Mileage Bank Account Waiver Form | Accounting | | | |
| f. Request for Per Diem | Accounting | | | |
| g. Admin Leave Form | Unit Supervisor/Accounting | | | |
| h. Blood Transfusion Slip | Laboratory | | | |
| i. Patient Escort Clinical Competence Checklist | Nursing Office | | | |
| | | | | |

| SIGNATURES | PRINT NAME | TITLE | UNIT/AGENCY | DATE |
|------------------------|------------|-------|-------------|------|
| PATIENT ESCORT | | | | |
| UNIT SUPERVISOR/CHARGE | | | | |

POST-TRANSFER CHECKLIST
GUAM MEMORIAL HOSPITAL AUTHORITY
 Form Control #
 Approved Date:

ATTACHMENT-C

**GUAM POLICE DEPARTMENT
 RADIO CODES**

| | | |
|----------------------------------|---------------------------------------|--|
| 10-00 Radio Check | 10-24 Disregard | 10-48 Stopping A Vehicle (Describe make, model, color, number of occupants, license plate, location) |
| 10-01 Reception Good | 10-25 Direct Traffic (Location) | 10-49 At Halt At Scene To Investigate Or Assist |
| 10-02 Reception Poor | 10-26 Traffic Light Out of Order | 10-50 Request A Photographer At Scene |
| 10-03 Gas Vehicle | 10-27 Wrecker Needed | 10-51 Request Description (vehicle-person) |
| 10-04 Message Received | 10-28 Traffic Accident-Serious Injury | 10-52 Request Weather Information |
| 10-05 Repeat Transmission | 10-29 Traffic Accident-Slight Injury | 10-53 Stand By For Weather Information |
| 10-06 In Service | 10-30 Traffic Accident-No Injury | 10-54 Request For A Paddy Wagon |
| 10-07 Negative | 10-31 Hit & Run (Define) | 10-55 Escaped Prisoner (BOLO) |
| 10-08 Affirmative | 10-32 Drunk Driving | 10-56 Missing Person |
| 10-09 Stand By | 10-33 Drunk Person | 10-57 Wanted Vehicle |
| 10-10 Out of Service | 10-34 Shooting | 10-58 Wanted Person |
| 10-11 Return To Headquarters | 10-35 Robbery (211) | 10-59 Stray Animal (Define-Location) |
| 10-12 Call H.Q. By Phone | 10-36 Homicide | 10-60 Periodic Check (Location) |
| 10-13 Calling All Units | 10-37 Stabbing | 10-61 Routine Check - All Secured |
| 10-14 Take a Report | 10-38 Prowling | 10-62 Check On A Reported (Define) |
| 10-15 Arrived At Scene | 10-39 Rape | 10-63 Call (Define-home, wife, etc) |
| 10-16 Finished Last Assignment | 10-40 Injured Person | 10-64 Bulgary (459) |
| 10-17 Present Location | 10-41 Drowning Case | 10-65 Curfew Violator(s) |
| 10-18 Hourly Check In | 10-42 Stolen Vehicle | 10-66 Unpassable (Define-road, bridge, etc.) |
| 10-19 Escort or Convoy | 10-43 Dead Animal (Location) | |
| 10-20 Ambulance Needed | 10-44 Abandoned Vehicle (Location) | |
| 10-21 Meet An Officer (Location) | 10-45 Use Radio Voice Procedures | |
| 10-22 Answer Complaint | 10-46 OFFICER NEEDS ASSISTANCE | |
| 10-23 Disturbance (Define) | 10-47 Fire (Define - Location) | |

EMERGENCY CODE SIGNALS

- CODE 1** Proceed with lights and sirens activated, exercising due regard for the safety of others.
- CODE 2** Proceed without activating lights and siren, stay within traffic laws.
- CODE 3** Routine Call, proceed in a timely manner.
- CODE 4** Cease All Transmissions, Contact H.Q. By Phone
- CODE 5** Cease All Transmission on this channel, Switch To An Alternate Channel
- CODE 6** Cease All Transmission and Return To H.Q. Without Delay

: ATTACHMENT-D

| DATE | TIME | PROGRESS NOTES |
|-------------|-------------|-----------------------|
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PATIENT TRANSFER ACKNOWLEDGED BY:

NAME (PRINT)

Signature

Date/Time

**PATIENT TRANSFER RECORD
GUAM MEMORIAL HOSPITAL AUTHORITY**


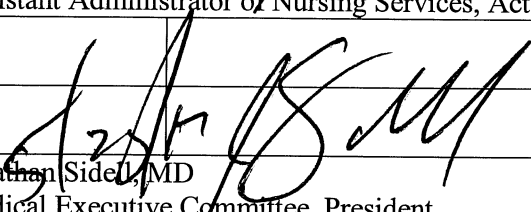
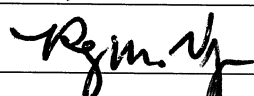
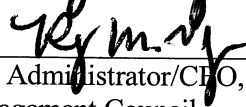
**Form Control # _____
Approved Date: _____**

**GUAM MEMORIAL HOSPITAL AUTHORITY
REVIEW AND ENDORSEMENT CERTIFICATION**

The signatories on this document acknowledge that they have reviewed and endorsed the following:

Bylaws
 Rules and Regulations
 Policies and Procedures

Submitted by
 Department/Committee: Nursing Services Department
 Title: On-Island Transfer and Transport Guidelines
 Policy Number (if applicable) See below listing A-PC300

| | Date | Signature |
|----------|--|---|
| Reviewed | 03/14/2012 | |
| Approved | 03/14/2012 |  |
| Title | Christine Tuquero, RN, BSN Assistant Administrator of Nursing Services, Acting | |
| Reviewed | | |
| Approved | |  |
| Title | Jonathan Sidel, MD Medical Executive Committee, President | |
| Reviewed | 05/29/2012 |  |
| Approved | 05/29/2012 |  |
| Title | REY M. VEGA, Hospital Administrator/CEO, Interim Chairman, Executive Management Council | |
| Reviewed | | |
| Approved | | |
| Title | | |
| Reviewed | | |
| Approved | | |
| Title | | |