

Jackson Hole Fire/EMS

Interfacility Transfer Crew Checklist

<150 miles one-way (e.g. Idaho Falls)	
<ul style="list-style-type: none"> ▪ Transfers of an acute nature may be requested at any time with short notice. ▪ For transfer requests after 21:00 hours, ensure all System Logistics below are addressed. ▪ Crews may charge a meal on the department credit card based on GSA travel reimbursement rates: <ul style="list-style-type: none"> ▪ Breakfast \$13, Lunch \$14, Dinner \$23, (Idaho Falls, ID) As of August 2021 (http://www.gsa.gov/portal/category/26429) ▪ Lodging will be covered in extenuating circumstances. 	
>150 miles one-way (e.g. SLC, Casper)	
<ul style="list-style-type: none"> ▪ Requests must be received no later than 11:00 am on the day of the transfer. ▪ Transportation must be initiated by 12:00 pm, except in rare cases requiring an emergent long distance transfer. ▪ Crews may charge meals and lodging on the department credit card based on GSA travel reimbursement rates: <ul style="list-style-type: none"> ▪ Breakfast \$13, Lunch \$15, Dinner \$23, Hotel \$128. (SLC, UT) As of August 2021 (http://www.gsa.gov/portal/category/26429) 	

Patient Acuity	Crew configuration
Stable with no anticipated risk for deterioration	EMT
Stable with low risk of deterioration	AEMT, EMT-Intermediate
Stable with medium to high risk of deterioration or Unstable	Paramedic
Requiring a level of service beyond the scope of the Paramedic	Paramedic + Specialty Care Transport (RN, RT, NP, PA, MD)

Crew logistics
<ul style="list-style-type: none"> <input type="checkbox"/> Medical Necessity Form (PCS) <input type="checkbox"/> Copy of the hospitals transport form <input type="checkbox"/> Attach forms to PCR <input type="checkbox"/> Confirm route(s) <input type="checkbox"/> Road and weather check <input type="checkbox"/> Extra cardiac monitor battery? <input type="checkbox"/> Power for specialty equipment? <input type="checkbox"/> Department credit card – detailed receipts, 18% gratuity allowed

Notes:

On return

- Restock / Clean unit
- Fuel
- Department credit card returned
- Itemized and detailed receipts to Administration:
Fuel_____ Breakfast_____ Lunch_____ Dinner_____ Hotel:_____
- PCR, NFIRS, & attachments completed