## OLIVE VIEW-UCLA MEDICAL CENTER POLICY & PROCEDURE

## NUMBER: 11504 VERSION: 1

## SUBJECT/TITLE: CCT: CODE 3 RESPONSES AND TRANSPORT

- **POLICY:** Code 3 Responses and Transport
- **PURPOSE:** The decisions to transport Code 3 should be used with extreme caution in the transport of CCT patient. Transporting Code 3 significantly increases the potential risk of accidents and should only be utilized in the transport of unstable, high level of care transports or cases with the patient's condition deteriorates during transport.
- **DEPARTMENTS:** ALL

## **DEFINITIONS:**

**PROCEDURE:** A code 3 response to CTSs is only authorized in the presence of a medical emergency. If a physician orders a Code 3 response based on the needs of the patient the unit will be dispatched Code 3 and the CCT RN will be notified. If no medical necessity exist, the unit will be downgraded. Only the CCT RN may authorize Code 3 responses to CTSs in the absence of a physician's request.

The transport R.N. may obtain a (written) order for Code 3 transports when patient acuity warrants it. If the transport is initiated under Code 2 conditions and upgraded to Code 3, medical justification must be documented on the CCTR and an Incident Report filed. Any Code 3 transport must be immediately diverted to the nearest paramedic receiving facility unless it is clearly established that the higher level of care the patient requires does not exist at the nearest facility. In other words, there must be medical necessity to transport Code 3 and all Code 3 transports must be diverted to the closest facility capable of rendering the level of care required by the patient.

It is mandatory that the CCT Medical Director be contacted as soon as possible after completion of a Code 3 transports/diversions require SI Event Report documentation to be completed and forwarded to the CCT Medical Director by the end of the shift.

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References:		
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