

BASE HOSPITAL ASSIGNMENT/REASSIGNMENT PROCEDURE

ADMINISTRATIVE 1.6

EMS personnel requesting base hospital assignment/reassignment must follow this procedure. Individuals may only be assigned to one administrative base hospital. Base hospital reassignment can occur following a change in agency, a reassignment within an agency, or a reassignment within an agency.

I. ASSIGNMENT PROCESS

- A. The EMS personnel will contact the prospective prehospital manager to coordinate the scheduling of base hospital orientation. Individuals do not have administrative medical direction under the new administrative base hospital until orientation is complete. The EMS agency will notify the prehospital manager of any personnel practicing with their agency, but not administratively based with the prehospital manager. Individuals may not practice without the knowledge of the prehospital manager and approval of any applicable medical direction authority.
- B. The prehospital manager will notify the EMS agency when the individual has completed orientation.

II. REASSIGNMENT PROCESS

- A. The individual will contact their current prehospital manager to initiate the Base Hospital Transfer Form.
- B. The current prehospital manager will forward the base hospital file and form to the new prehospital manager. The file should contain photocopies of current DHS certification documents.
- C. The EMT will arrange to meet with the new prehospital manager to complete the reassignment process.
 - 1. The transfer process must be completed within 30 days of initiation.
 - 2. The accepting prehospital manager's signature on the Base Hospital Transfer Form will finalize the reassignment process.

BASE HOSPITAL ASSIGNMENT/REASSIGNMENT FORM

Name _____

Mailing Address _____

_____ Phone Number _____

Certification Number _____ Certification Expiration Date _____

Requesting Assignment/Reassignment to _____

Current/Previous Base Hospital _____

Address _____

_____ Phone Number _____

Current/Previous Pre-Hospital Manager _____

_____ Date _____

EMS provider signature for release of information to the pre-hospital manager

PRE-HOSPITAL MANAGER'S VERIFICATION

The above named EMS provider has requested a change in base hospital. Please provide the following information:

Date of latest affiliation with your hospital _____

Is this provider eligible to be administratively based at your facility in the future? _____

Other comments _____

Pre-Hospital Manager relinquishing assignment _____

Date _____

Pre-Hospital Manager accepting assignment _____ Date _____

Base hospital change effective date _____

EFFECTIVE 1/95; REVISED 9/99; 10/07