

EL DORADO COUNTY EMS AGENCY

FIELD POLICIES

Effective: July 1, 2017

Reviewed: NA

Revised: Dec 2018



EMS Agency Medical Director

PREHOSPITAL TRANSFER OF CARE

AUTHORITY:

California Health and Safety Code Div. 2.5, Section 1798.6, Penal Code Section 409.3.

PURPOSE:

To ensure a mechanism exists for the appropriate transfer of patient care from Advanced Life Support (ALS) personnel to other prehospital care providers.

SCOPE OF DIRECTION AND OVERSIGHT

A. Patient Care Authority:

1. Patient assessment and care shall be started by the first arriving Emergency Medical Responder (EMR), Emergency Medical Technician (EMT), Paramedic or Flight Nurse/Paramedic.
2. The first on duty ALS licensed and accredited or certified responder who makes patient contact at the scene of an emergency May be the primary care provider for that patient until such responsibility is turned over to another paramedic, EMT, or flight nurse/paramedic.
3. All ALS/BLS personnel on scene have a duty to provide the primary care provider with recommendations and assistance, to ensure the best possible patient care as logistics permit and circumstances require.
4. The primary care provider shall provide other assisting ALS/BLS personnel who arrive on scene with all appropriate patient care information.
5. If there are significant differences regarding the transfer of care or correct course of treatment between providers, base hospital consultation shall be utilized to determine the appropriate treatment.

CONTINUUM OF PATIENT CARE

A. Paramedic to Paramedic:

1. Paramedics are authorized to transfer the role of primary Paramedic to another Paramedic when patient condition permits.
2. The primary Paramedic may maintain the lead responsibility and accompany the patient during transport if the following circumstances are present:
 - i. When the patient is determined to have had extensive treatment and is critical It is recommended that the on scene primary paramedic retain care and transport with the patient to maintain continuity of care.

Exceptions

- a. Paramedics who are functioning in an EDCEMSA approved specialized role (Tactical Medic, Fireline Medic) May turnover care of a critical patient to another paramedic when necessary.

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- b. Paramedics may turn over patient care to an ALS Flight Crew, including Paramedic Flight personnel, when necessary.
3. Should the primary Paramedic turnover care to another Paramedic they shall:
 - i. Provide complete patient assessment and treatment information to the Paramedic accepting responsibility for the patient.
 - ii. Ensure the completion of an electronic patient care report (EPCR) per the Documentation Policy is posted within twelve (12 hours) or end of shift.

B. Ground Paramedic to ALS Flight Crew:

1. Ground Paramedic personnel shall provide a verbal and written report when able (some cases a triage tag) to arriving flight crew.
2. Patient care may not be turned over to ALS flight crews until they are ready to assume care of the patient. This shall permit the flight crew to prepare for lift-off and begin any additional interventions.
3. Ground paramedic personnel shall ensure the completion of an EPCR Documentation Policy is posted within twelve (12) hours or the end of shift.

C. Paramedic to EMT:

1. The paramedic assigned to the ambulance is ultimately responsible for the initial patient history, ALS assessment, and determining the level of patient care.
2. The EMT may accompany the patient in the patient compartment of the ambulance if the following guidelines are met:
 - i. In the paramedic's best judgement, the patient does not currently require ALS care and there is no reasonable possibility of the patient requiring ALS care throughout the transport.
 - ii. ALS assessment tools may be utilized (i.e. ECG and blood glucose level) in order to fully assess the patient and determine eligibility for turnover to an EMT.
 - iii. Patient must be stable with medical complaints that can be cared for at the Basic Life Support (BLS) level and that there are no anticipated changes in the patients' present condition.
 - iv. No patient will be turned over once ALS or advanced scope interventions have been initiated.
 - v. Patient airway, maintained without assistance or adjuncts.
 - vi. The patient must be hemodynamically stable. Vitals signs (VS) should be steady and commensurate with the patients' condition.
 - vii. The patient must be of their normal mental status and not impaired because of alcohol or substances, or on a 5150 not medically cleared.
 - viii. No mechanism of injury that would warrant a trauma alert or activation.

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- ix. No cardiac, respiratory, or neurological complaints that may warrant an ALS intervention(s).