



PREHOSPITAL TRANSITION OF CARE

Effective: December 15, 2021
Replaces: February 12, 2015

I. Purpose

The purpose of this policy is to define the process of the transfer of care from one prehospital care provider to another and/or to hospital or other medical care facility personnel.

II. Authority for Scene Management

Authority for the management of the scene of an emergency shall be vested in the appropriate public safety agency having primary investigative authority. The scene of an emergency shall be managed in a manner designed to minimize the risk of death or health impairment to the patient and to other persons who may be exposed to the risks as a result of the emergency condition, and priority shall be placed upon the interests of those persons exposed to the more serious and immediate risks to life and health. Public safety officials shall consult emergency medical services personnel or other authoritative health care professionals at the scene in the determination of relevant risks.

III. Authority for Patient Health Care Management

Authority for patient health care management in an emergency shall be vested in that licensed or certified health care professional, which may include any paramedic or other prehospital emergency personnel, at the scene of the emergency who is most medically qualified specific to the provision of rendering emergency medical care. If no licensed or certified health care professional is available, the authority shall be vested in the most appropriate medically qualified representative of public safety agencies who may have responded to the scene of the emergency.

IV. Paramedic to Paramedic

- A. The first paramedic provider to arrive on the scene shall direct medical treatment and give a brief verbal report, at the appropriate time to any additional paramedics arriving on the scene. Each paramedic shall document the care and/or assistance they rendered at scene, during transport and/or at the hospital in accordance with the requirements of Prehospital Care Policy #500.
- B. All paramedics shall work cooperatively to provide care for the patient.
- C. There may be circumstances when, in the best interest of patient care or provider safety, a situation (i.e. load and go) may occur and there is insufficient time to allow the transfer of care from the first responder paramedic to the transporting paramedic. In those cases, the first responder paramedic shall retain medical control and transporting paramedic will work in cooperation with the other paramedic.



- D. After the transfer of patient care, treatment will be directed by the transporting paramedic in consultation with other providers.
- E. Any discussion of patient care between providers regarding the transfer of patient care shall take place in a private location and out of the way of patient and family members whenever possible.
- F. The first responder paramedic shall have the option to accompany the patient to the hospital at any time, regardless of the nature of the incident.
- G. If there are significant differences regarding the correct course of treatment between advanced life support (ALS) providers, those providers shall contact the Base Hospital for direction.

V. Paramedic to ALS Flight Crew

- A. Ground paramedics shall provide a verbal and written report (and in some cases a triage tag) to the arriving flight crew.
- B. Patient care may not be transferred to ALS flight crews until they are ready to accept care of the patient. This shall permit the flight crew to prepare for lift-off and begin any additional interventions.
- C. The ground paramedic shall provide a destination for the air ambulance and then provide a patient report to the receiving hospital.
- D. The ALS flight crew shall provide a report to the hospital staff upon arrival.

VI. Paramedic to EMT Personnel

- A. Care may be transferred to EMT personnel after a detailed assessment in accordance with Policy 700-S04 (Routine Medical Care Adult) or Policy 700-S05 (Routine Medical Care Pediatric) has been completed and the paramedic has determined the patient does not require paramedic/ALS interventions and/or continued care.
- B. Transfer of care during conventional and/or contingency operations may occur in the following situations:
 - 1. During Standard Dispatch Order (SDO) 10 activation a BLS ambulance was utilized for response and the patient does not require paramedic level of care.
 - 2. A paramedic ambulance transported a patient to an emergency department experiencing ambulance patient offload delays (APOD) and the patient had not received ALS care prior to or during transport and does not require paramedic care upon arrival at the emergency department. This includes patients that have a paramedic established saline lock with no prior (at scene or during transport) drug administration or fluid boluses.
- C. If paramedic level interventions are performed, care may not be transferred to a BLS unit, except under the following crisis situation:



1. ALS level patients may be transferred to EMT personnel during declared mass casualty incidents (MCIs) and disaster situations.
- D. Each responding and/or transporting provider agency will complete an electronic patient care record in accordance with Policy #500 "Electronic Patient Care Record (ePCR) Documentation" standards.

VII. Prehospital provider to hospital personnel

- A. The prehospital provider that rendered treatment shall transfer care to the receiving hospital personnel (RN or MD) upon arrival at the facility.
- B. If there is a delay to offload the patient in the ED, the prehospital provider shall immediately notify the ED MD of any critical changes in the patient's condition.
- C. The prehospital provider shall give a verbal report to the RN or MD at the receiving facility containing the following pertinent information:
 1. Demographic data
 2. Chief complaint
 3. Any treatment/medications rendered
 4. Additional information for major trauma victim patients:
 - a. Mechanism
 - b. Injuries
 - c. Vital Signs
 - d. Treatment
 5. Additional information for Stroke patients:
 - a. Last time seen normal
 - b. Results of the stroke scale assessment
 6. Additional information for STEMI patients:
 - a. Time of onset of symptoms
 - b. 12 lead ECG results