

# SIERRA-SACRAMENTO VALLEY EMS AGENCY

## ALS PROGRAM POLICY

REFERENCE NO. 844

**SUBJECT: ALS TRANSFER OF PATIENT CARE**

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**PURPOSE:**

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

**AUTHORITY:**

California Health and Safety Code, Division 2.5, Section 1791.220

California Code of Regulations, Title 22, Division 9, Section 100169

**POLICY:**

- A. Patient assessment and care shall be started by the first arriving ALS unit paramedic or flight nurse.
- B. The first ALS personnel that make patient contact at the scene of an emergency shall be the primary care provider for that patient until such responsibility is transferred to another paramedic, flight nurse or EMT-I partner.
- C. All ALS 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.
- D. The primary care provider shall provide other assisting ALS personnel who arrive on scene with all appropriate patient care information.
- E. If there are significant differences regarding the transfer of care or correct course of treatment between ALS providers, Base/Modified Base Hospital consultation shall be utilized to determine the appropriate treatment.

**PROCEDURE:**

**PARAMEDIC TO PARAMEDIC**

- A. Paramedics are authorized to transfer the role of primary paramedic to another paramedic when patient condition permits.

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**Effective Date: 09/01/07**

**Date last Reviewed / Revised: 04/07**

**Next Review Date: 04/10**

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**Approved:**

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- B. The Primary paramedic shall maintain the lead responsibility and accompany the patient during transport in the following circumstances:
  - 1. When the patient is determined to be critical.
  - 2. When the receiving paramedic refuses transfer of care due to the patient's condition or complexity of treatment.
  - 3. If there are significant differences regarding the transfer of care or correct course of treatment between ALS providers, Base/Modified Base Hospital consultation shall be utilized to determine the appropriate treatment.
  
- C. The Primary paramedic that decides to transfer care to another paramedic shall:
  - 1. Provide complete patient assessment and treatment information to the paramedic accepting responsibility for the patient.
  - 2. Ensure the completion of a patient care record (PCR) per Agency policy. The narrative portion of the PCR shall include; the time of transfer; name of paramedic personnel and ALS provider accepting transfer; and the time of the transport unit's departure from the scene.

**PARAMEDIC TO ALS FLIGHT CREW**

- A. Ground paramedics shall provide a verbal and written report when able (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 ALS flight crew shall provide a report and ETA to the receiving hospital staff while enroute.
- D. Ground paramedics shall ensure the completion of a patient care record (PCR) per Agency policy. The narrative portion of the PCR shall include; the time of transfer; name of ALS Flight personnel and EMS Air provider accepting transfer; and the time of the transport unit's departure from the scene.

**RN FLIGHT NURSE TO PARAMEDIC**

- A. Flight Nurses are authorized to transfer the role of primary care provider to a paramedic when the care does not exceed the paramedic's scope of practice, and patient condition permits.

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- B. The flight nurse shall maintain the lead responsibility and accompany the patient during transport in the following circumstances:
  - a. When the patient is determined to be critical.
  - b. When the receiving paramedic refuses transfer of care due to the patient's condition or complexity of treatment.
  
- C. The flight nurse that decides to transfer care to a paramedic shall:
  - a. Provide complete patient assessment and treatment information to the paramedic accepting responsibility for the patient.
  - b. Ensure the completion of a patient care record (PCR) per Agency policy. The narrative portion of the PCR shall include; the time of transfer; name of paramedic personnel and ALS provider accepting transfer; and the time of the transport unit's departure from the scene.

**PARAMEDIC TO EMT-I PARTNER**

The Paramedic is responsible for the initial patient history, assessment and reassessment. The Paramedic is ultimately responsible for all aspects of patient care rendered. Patient care may be delegated to an EMT-I partner, pursuant only to the requirements, as defined in this policy.

- A. Prior to delegation of patient care to an EMT-I partner:
  - 1. The Paramedic shall be responsible for a complete initial assessment and patient history.
  - 2. Delegation of patient care can occur **only if the patient does not meet any of the S-SV Base Hospital Contact criteria**. Base Hospital Contact is required on all patients meeting the following criteria:
    - a) For authorization to administer medications and/or perform field procedures that are delineated in the S-SV protocols as "Base Hospital Physician Order Only."
    - b) All patients refusing service, assessment or transportation Against Medical Advice.
    - c) Prior to releasing children under 3 years of age at scene.

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- d) All trauma patients as defined by policy # 860 “Trauma Triage Criteria”
  - e) All 5150 or 5170 patients.
  - f) Destination consultation when transport to a facility other than the most accessible is being considered when there is initiation of an ALS protocol.
  - g) Any patient who, in the opinion of the ALS provider, requires the additional input or judgment of the base hospital for appropriate management.
  - h) All patients in active labor or pregnant patients with greater than 20 weeks gestation, with an obstetric complaint.
- 3. The EMT-Paramedic is responsible to see that the documentation of his/her initial assessment and patient history is completed on the PCR.
  - 4. Signature(s) of EMT-Paramedic(s) personnel are required on the EMS Response form on every patient response.

**CROSS REFERENCES:**

Policy and Procedure Manual

Patient Care Report Form (PCR), Reference No. 605.

Base Hospital/Modified Base Hospital Contact, Reference No. 812.

Medical Control at The Scene of an Emergency, Reference No. 835.