


Sierra – Sacramento Valley EMS Agency Program Policy			
Transfer Of Patient Care			
	Effective: 12/01/2023	Next Review: 07/2026	849
	Approval: Troy M. Falck, MD – Medical Director		SIGNATURE ON FILE
	Approval: John Poland – Executive Director		SIGNATURE ON FILE

PURPOSE

To establish requirements for transfer of patient care by EMS personnel.

AUTHORITY

- A. HSC, Division 2.5, § 1791.220.
- B. CCR, Title 22, Division 9, Chapters 1.5, 2, 3, and 4.

POLICY

- A. The first on duty EMS personnel at the scene of a medical emergency shall initiate EMS assessment/treatment unless cancelled prior to patient contact. This individual shall be the EMS primary care provider and shall maintain that role until patient care is transferred to other EMS or receiving hospital personnel.
- B. Transfer of patient care to higher level EMS personnel shall occur as soon as possible after their arrival at scene, unless cancelled prior to patient contact or it has already been determined by other EMS personnel that a higher level of EMS care is not required.
- C. Other EMS personnel shall provide pertinent incident/patient information and assistance to the EMS primary care provider.
- D. Base/modified base hospital consultation shall be utilized for any significant disagreement regarding EMS treatment or transfer of patient care.

PROCEDURE

- A. EMS personnel are authorized to transfer patient care to other EMS personnel when determined appropriate and mutually agreed to.
 - 1. Transfer of patient care to lower-level EMS personnel shall only occur if the patient condition permits, and the care required is within the scope of practice of the lower-level EMS personnel.

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2. Prior to transfer of patient care to an EMT, AEMT/paramedic personnel shall perform an adequate patient assessment and obtain a patient history to confirm that AEMT/paramedic care is not required. In the event of subsequent changes to patient condition requiring a higher level of EMS care, AEMT/paramedic personnel shall re-assume primary patient care as soon as possible.
 3. Transfer of care from AEMT/paramedic personnel to an EMT is not allowed for any of the following types of patients:
 - Any patient who requires ALS/LALS management according to any S-SV EMS policies/protocols.
 - Patients refusing EMS care (S-SV EMS Policy 850).
 - Patients meeting trauma triage criteria (S-SV EMS Protocol T-1/T-1 (LALS)).
 - Pregnant patients in active labor or greater than 20 week's gestation with an obstetric complaint.
 4. If EMS personnel refuse to accept transfer of patient care due to the patient's condition or complexity of treatment, the initial EMS primary care provider shall maintain patient care and accompany the patient to the hospital, if transported.
 5. Equivalent or higher level EMS personnel shall not refuse transfer of patient care in the following situations:
 - Transfer of patient care from EMS personnel functioning in a specialized role (tactical, fireline, ski patrol, bike team, special event, etc.).
 - During a declared Multi Casualty Incident (MCI).
 - Transfer of patient care from ground EMS to EMS aircraft personnel (unless safety reasons prevent such transfer). Patient care shall not be transferred to EMS aircraft personnel until they are safely ready to accept care of the patient.
 6. EMS personnel transferring patient care to other EMS personnel shall:
 - Provide pertinent patient assessment and treatment information to EMS personnel accepting responsibility for the patient.
 - AEMT/paramedic personnel who transfer patient care shall ensure the completion of a PCR as required by S-SV EMS Prehospital Documentation policy (Reference No. 605). The PCR shall include the time of patient care transfer and the name/provider agency of the EMS personnel accepting transfer.
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