

POLICY: 412.20
TITLE: EMS Transfer of Patient Care

EFFECTIVE: 11/01/2021
REVIEW: 11/2026
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

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EMS TRANSFER OF PATIENT CARE

I. AUTHORITY

Division 2.5, Health and Safety Code, Section 1797.220

II. DEFINITIONS

- A. **Primary Paramedic** means the first Paramedic that makes patient contact at the scene of an emergency and has the lead responsibility to provide patient assessment and patient care until such responsibility is transferred to another Paramedic or EMT or Flight Nurse.
- B. **Paramedic** means a currently licensed and accredited on-duty paramedic.
- C. **Flight Nurse** means a Registered Nurse functioning as a member of an air ambulance crew.
- D. **EMT** means a state certified Emergency Medical Technician
- E. **Air Ambulance** - Means any rotor or fixed wing aircraft specially constructed, modified or equipped, and used for the primary purposes of responding to emergency calls and transporting critically ill or injured patients whose medical flight crew has a minimum of two (2) attendants certified in advanced life support.
- F. **Rescue Aircraft** – means an aircraft whose usual function is not prehospital emergency patient transport, but which may be utilized in compliance with local EMS policy, for prehospital emergency patient transport when use of an air or ground ambulance is inappropriate or unavailable. Rescue aircraft includes ALS rescue aircraft, BLS rescue aircraft and Auxiliary rescue aircraft.
- G. **Basic Life Support Ambulance**: An emergency ambulance staffed with a minimum of two (2) Emergency Medical Technicians (EMTs)

III. PURPOSE

To ensure that a mechanism exists for appropriate transfer of patient care between Paramedics, EMTs, Flight Nurses, and Rescue Aircraft personnel.

IV. POLICY

- A. The Primary Paramedic shall provide other assisting Paramedics, Flight Nurses, EMT's or Rescue Aircraft personnel who arrive on scene with all appropriate patient care information.
- B. All Paramedics and Flight Nurses on scene have a duty to provide the Primary Paramedic with recommendations, based upon Mountain-Valley EMS Agency treatment policies, and patient care assistance to ensure the best possible patient care as logistics permit and circumstances require.
- C. Paramedics are authorized to transfer the role of Primary Paramedic to another Paramedic, EMT, Flight Nurse, or Rescue Aircraft personnel when patient condition permits.
- D. A Paramedic may transfer patient care to Rescue Aircraft personnel under the following conditions:
 1. An air ambulance is not readily available.
 2. It is determined that rapid transport is a prime therapeutic intervention for the patient.
 3. If Rescue Aircraft personnel are qualified at less than the Paramedic level, Base Hospital contact shall be made to determine whether or not the Rescue Aircraft will transport the patient.
 4. If Base Hospital contact cannot be made, the Incident Commander in concert with the highest medically qualified person on scene, will decide whether the Rescue Aircraft will transport the patient.
- E. In systems that are approved by the Agency to use a BLS tiered response, a Paramedic may transfer patient care to a Basic Life Support Ambulance staffed with two (2) EMTs when the following conditions are met:
 1. The Paramedic assessment reveals a stable patient that in the Paramedic judgment leaves no index of suspicion that would require ALS treatment.
 2. No ALS interventions have been started. Skills and medications within the EMT scope of practice DO NOT constitute ALS interventions.
 3. Patient does not meet the unstable definitions as outlined below and as defined in MVEMSA policy 954.20 Stanislaus County BLS Tiered Response System
 - Potentially unstable adult patient:
 - Cardiac Arrest
 - Heart Rate < 50 or > 120
 - Systolic Blood Pressure < 90mmHg
 - Respiratory Rate > 24
 - O2 sat < 94% (88% for COPD patients)- if patient is on home oxygen, as measured on usual oxygen flow rate
 - Any patient that meets trauma activation criteria per MVEMSA Policy 553.25 Trauma/Burn Triage and Patient Destination
 - Potentially unstable pediatric patient: Pediatric patients will be evaluated using the PAT - Pediatric Assessment Tool. This tool assesses the patient, under the age of 14, according to the following three components: appearance, work of breathing and circulation.

- Appearance: Using the mnemonic TICLS. Patient is unstable if there is any abnormality of the following.
 - Tone
 - Interactiveness
 - Consolability
 - Look/gaze
 - Speech/cry
- Work of Breathing: Presence of any of the following implies abnormal work of breath and therefore potential instability.
 - Stridor
 - Wheezing
 - Grunting
 - Tripod positioning
 - Retractions
 - Nasal flaring
 - Apnea/gasping
- Circulation of the Skin: Presence of any of the following indicates abnormal circulation or poor perfusion.
 - Pale
 - Mottled
 - Cyanotic
- Failing any one point within the three components of the PAT assessment will indicate a potentially unstable pediatric patient and therefore necessitate an ALS level of response

V. PROCEDURE

- A. A Primary Paramedic that decides to transfer care to another Paramedic, EMT or Flight Nurse shall:
 - 1. Only transfer primary patient care when merited by logistical or operational considerations.
 - 2. Provide complete patient assessment and treatment information to the Paramedic, EMT or Flight Nurse accepting responsibility for the patient.
 - 3. Ensure the completion of a patient care record per Agency policy.
- B. The Primary Paramedic shall maintain the lead responsibility and accompany the patient during transport when requested by the EMT or receiving Paramedic due to the patient's condition or complexity of treatment.
- C. Disagreements between Paramedics or between Paramedics, EMT's and Flight Nurses regarding the correct course of patient treatment shall be resolved:
 - 1. In consultation with the Base Hospital, if still on scene.
 - 2. Through their respective provider agency's QI program.
 - 3. If unresolved, by submitting an Unusual Occurrence Report Form to the EMS Agency.