

Solano County Health & Social Services Department

Mental Health Services
Public Health Services
Substance Abuse Services
Older & Disabled Adult Services



Eligibility Services
Employment Services
Children's Services
Administrative Services

Patrick O. Duterte, Director

EMERGENCY MEDICAL SERVICES AGENCY

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POLICY MEMORANDUM 6140

DATE: March 31, 2011

REVIEWED/APPROVED BY:


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SUBJECT: RESPONSIBILITY FOR/TRANSFER OF PATIENT CARE

AUTHORITY: CALIFORNIA HEALTH & SAFETY CODE, §1797.204, §1797.220

I. PURPOSE/POLICY:

To establish guidelines for the transfer of patient care responsibility from a first responder EMT-P to a transporting EMT-P.

II. INTENT:

The general expectation and intent in the Solano County EMS system is that patient care will be transferred from the first responder EMT-P to a transporting EMT-P when it is medically prudent and safe for the patient. There are some instances in Solano County wherein a Transfer of Care (TOC) may not take place from an initial responding paramedic to a transport paramedic. Field care is a team effort; however, a team leader must be identified. It is the responsibility and obligation of each team member to participate in the patient's care and provide information, support, and suggestions to the team leader to enhance and provide safe patient care.

The aforementioned TOC represents the transfer of patient management authority. This policy assumes that a first responder EMT-P has arrived in advance of the transporting EMT-P, and has been able to perform an adequate assessment and obtain history in order to determine a probable course of action for the patient, and that the two EMT-Ps are from different provider agencies. If insufficient time has elapsed to permit an adequate history and assessment, transfer of patient care should be initiated as quickly as possible.

If the transport EMT-P arrives prior to or simultaneous with the first responder EMT-P, patient management authority shall rest with the transport EMT-P.

Nothing in this policy is intended to alter the current procedure of transfer of patients that occurs in the use of aeromedical resources.

III. TRANSFER OF CARE (TOC)

A pre-hospital provider (EMT-1 or EMT-P) who initiates treatment or establishes care or assessment of a patient in the field shall attend to the patient until such time as patient care is transferred, or the patient is delivered to an acute care facility; with the following exceptions:

- A. The patient refuses medical assistance in accordance with Policy #6125.
- B. The patient requires only Basic Life Support (BLS) level treatment and the patient is being transported by an EMT-1 staffed ambulance-(applies only when an EMT-P initiates the assessment or care of a patient in the field).

IV. PROCEDURE FOR TRANSFER OF CARE (TOC):

- A. TOC should not occur in the following instances:
 - 1. The patient has been intubated, defibrillated, and/or cardioverted; or
 - 2. The patient is determined to be in critical condition; or
 - 3. Either the transferring or receiving EMT-P is uncomfortable in transferring patient care.
- B. The first responder EMT-P and the transport EMT-P may pursue exceptions to the above with concurrence from the Base Hospital if, in their judgment, patient care will not be compromised.
- C. Transfer of patient care shall occur from one EMT-P to another and initiated at an appropriate point in the management of the patient as determined by the first responder EMT-P. The time of transfer of care shall be documented on all PCRs.

- D. A complete verbal report of the patient's history, assessment, and treatment rendered shall be given to the transporting EMT-P by the first responder EMT-P.
- E. The following documentation shall be required:
 - 1. A PCR from the non-transporting EMT-P on every patient shall be completed and copied to the EMS Agency and the receiving hospital within 1 hour of the incident. Every effort should be made to satisfy this requirement as soon after the incident as possible;
 - 2. A PCR from the transporting paramedic according to existing policy.

V. TERMINATION OF ADVANCED LIFE SUPPORT (ALS) CARE

At no time shall ALS procedures be terminated on a patient for the sole purposes of utilizing Basic Life Support (BLS) transfer and transport without the expressed concurrence by the Base Hospital Physician on duty. This shall only occur under extraordinarily unusual circumstances when such ALS care is unavailable. This shall be considered an Unusual Occurrence in the quality assurance system, followed by the appropriate Q. A. Documentation with submission of a Field Advisory Report (FAR) in accordance with Policy 2305.

VI. ALS TRANSFER IN EMT-1 STAFFED AMBULANCE

An EMT-1 staffed ambulance may transport a patient under the care of other health care professionals where those professionals are using ALS methods or procedures. The responsibility and documentation for the patient care shall remain with the health care professional delivering such advanced life support care. In this event a FAR should be submitted to the EMS Agency within 48 hours.

VII. EMT-P TRANSFER ASSISTED BY OTHER HEALTHCARE PROFESSIONALS

An EMT-P, during interfacility transfer of a patient in company with a physician or Registered Nurse may, at the direction of the physician or Registered Nurse, assist in the delivery of assessments, procedures, or administration of medication which are within the scope of practice of an EMT-P, including but not limited to: establishing IV access; intubation; sterile suction; ventilation using oxygen delivery systems; childbirth. Such intervention, assessments, etc., shall be documented on the prehospital Patient Care Report and be signed by the physician or Registered Nurse in addition to the EMT-P. The Base Hospital shall remain available for information and advice.

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