

IMMEDIATE TRANSFER OF CARE PROTOCOL

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Availability: 24 hours

Dispatch MUST be able to contact crews in the hospital:

- Portable radio/pager **MUST** be carried, on, and audible.
- One crew member **MUST** be carrying BCEHS crew phone.

Operational Pathway

Availability

Inclusion Criteria

Time-sensitive events holding in community **AND** no car immediately available in community to respond **AND** ambulance crew(s) at hospital in offload delay

BCEHS crew with multiple patients/cohorting, unable to hand over care rapidly.

Exclusion Criteria

NOTES:

- Crews to ensure all cohorting measures (up to 3/crew) have been considered, dependent on:
 - stretcher availability,
 - Patient acuity.
- PCC / CN / CNL **and** BCEHS Supervisors should maintain regular communications as needed for OLD management.

Referral & Process

FOLLOW-UP:

- Supervisor/OCUC to be notified after protocol activated.
- Supervisor to notify respective BCEHS Clinical Operations Manager.
- Dispatch to note activation of protocol.

ACTION:

- 1) Once notified by dispatch of protocol activation, one crew member to immediately seek out PCC/ CN/ CNL.
- 2) To PCC/ CN/ CNL: 'We have a high acuity event holding in the community and no other cars are available to respond. Therefore, our Immediate Transfer of Care Protocol has been activated and we must hand over this patient's care immediately.'
- 3) Care transferred and crew immediately notifies dispatch and clears
- 4) Crew immediately assigned to respond to holding high-priority call

PROCESS:

- VCH/PH EDs should attempt to keep a spare bed for emergent oddload transfers.
- Triage RNs can assess patients on bed for suitability to transfer to chair.
- BCEHS may utilize BCEHS equipment (i.e, #9 in ED for immediate swap).