

Solano County Health & Social Services Department

Mental Health Services
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Eligibility Services
Employment Services
Children's Services
Administrative Services

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POLICY MEMORANDUM 6140

REVISED DATE: March 31, 2022

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 Paramedic to a transporting Paramedic or EMT.

II. INTENT:

The general expectation and intent in the Solano County EMS system is that patient care will be transferred from the first responder Paramedic to a transporting Paramedic, or EMT, 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 or EMT. 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 Paramedic has arrived in advance of the transporting Paramedic 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 Paramedics 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 Paramedic arrives prior to or simultaneous with the first responder Paramedic, patient management authority shall rest with the transport Paramedic.

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 or Paramedic) 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 staffed ambulance (applies only when a Paramedic 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 Paramedic is uncomfortable in transferring patient care.
- B. The first responder Paramedic and the transport Paramedic 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 Paramedic to another and initiated at an appropriate point in the management of the patient as determined by the first responder Paramedic. 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 Paramedic by the first responder Paramedic.
- E. The following documentation shall be required:
 - 1. A PCR from the non-transporting Paramedic on every patient shall be completed and copied to the EMS Agency and the receiving hospital within one-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 STAFFED AMBULANCE

An EMT 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. PARAMEDIC TRANSFER ASSISTED BY OTHER HEALTHCARE PROFESSIONALS

A Paramedic, 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 a Paramedic, 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 Paramedic. The Base Hospital shall remain available for information and advice.

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