

This policy was updated in March 2021

Western Regional Emergency Medical Advisory Committee

Title: TRANSFER OF CARE	Policy #2017-2
-------------------------	----------------

Effective Date:	3/15/17								
Reviewed:									
Updated:									

Policy:	<ul style="list-style-type: none"> • EMTs may not transfer care to a CFR for transport. • Calls may be handed down from a higher level of care to an EMT or AEMT provided none of the following contraindications exist: <ul style="list-style-type: none"> <input type="checkbox"/> Hot (Lights and Sirens) transport to the hospital is anticipated <input type="checkbox"/> Cardiac arrest/respiratory arrest (currently or status post) <input type="checkbox"/> Unstable patients <input type="checkbox"/> Altered Mental Status <input type="checkbox"/> Chest Pain with potential to be cardiac related <input type="checkbox"/> Difficulty breathing, abnormal breathing, assisted ventilations or advanced airway in place <input type="checkbox"/> Hypotension <input type="checkbox"/> Tachycardia or bradycardia <input type="checkbox"/> Patient has received an IV medication (other than NS). <input type="checkbox"/> The need (or potential need) for higher level of care intervention and/or monitoring during transport • A paramedic may hand a call down to an EMT-CC, unless a treatment or skill is potentially required that is outside the EMT-CC scope of practice. (ie. differences in standing orders/protocols).
Key Points:	<ul style="list-style-type: none"> • The provider with the highest level of care must perform and document a patient assessment before handing care down to a lower level of care. • The patient must be transported by the provider with the highest level of certification if there exists any question(s) regarding the safety and/or effectiveness of the transfer. If there are any questions, the crew shall contact medical control. • For all transfers, the lower level of care must be comfortable and agree to accept care of the patient from the higher level of care. • This policy does not apply to multi-casualty incidents in which it is customary and necessary practice for EMS providers to field-triage patients to care and transportation by EMS providers of lower level of certification. • Agencies must have a system to review all calls transferred to lower levels of care. • The providers initiating the transfer of care should complete a PCR documenting the patient condition including the name & level of care of the person receiving the patient.
Reference:	<ul style="list-style-type: none"> • 2014 WREMAC ALS protocol