**Section 400 – Emergency Operations**

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| Emergency Medical Response – 402.00  |
| S.O.P # 402.01 | **Transfer of Patient Care** | Page: 1 of 3 |
| EFFECTIVE: 10/14/2019 | Authorized: Board of Directors |
| REVISED: |  |

**402.01.01 Purpose**

To provide guidance for personnel on the policies and procedures governing the proper transfer of patient care to other providers including police officers, BLS providers, ALS providers and hospital personnel.

**402.01.02 General**

This policy does not cover the release of patients to lay persons to include family members, care givers, day care providers and non-hospital healthcare workers. The release of patients to lay persons should be done in accordance with the District’s Patient Care Protocols, specifically, the Patient Refusal Protocol.

**402.01.3 Policy**

1. A patient shall be defined as a person encountered while on-duty who has an actual or potential illness or injury.
2. A provider-patient relationship is established when a provider initiates an assessment. Assessment begins with the General Survey of a patient.
3. In accordance with the District’s Protocol, an ALS provider patient-relationship is initiated when an ALS provider initiates a patient assessment.
4. No transfers of patient care should occur once transport has begun unless providing an ALS upgrade rendezvous.
5. No transfers of patient care should significantly impede or delay transport.
6. All patients receiving an ALS dispatch must be assessed by ALS personnel arriving on scene even if other BLS units are already on scene with established patient care. This assessment must be documented within the patient care report.

**402.01.04 Procedure**

***Transferring Patient to BLS Care***

1. No ALS provider shall transfer care of a patient for which an ALS patient-provider relationship has been established to a BLS unit except under the guidance of on-line medical direction and in accordance with the District’s EMS Protocol.
2. ALS providers may transfer care of a patient to a BLS unit when:
	1. The patient-provider relationship is not ALS in nature and
	2. The BLS provider is comfortable with the transition. The BLS provider has the right to decline the transition of patient care and
	3. The transfer of patient care does not significantly impede or delay transport.
3. Patient care documentation must clearly demonstrate the appropriateness of transfer to BLS care.

***Accepting Patient from BLS Care***

1. Requests from BLS units for ALS upgrades should be a strong indication that BLS personnel believe the patient’s complaint to be ALS in nature or are uncomfortable with the continuation of BLS-only care. The ALS provider should accept patient care in these situations.
2. If a BLS unit is en route to a destination at the time of ALS rendezvous, the ALS provider shall staff the BLS unit. The patient is not to be transferred out of the transporting unit unless mechanical failure or provider emergency necessitates this transition.

***Transferring Patient to/from Other ALS Unit***

1. Patient care may be transferred to other ALS providers of equal or higher certification when both ALS providers are on-scene and transport has not yet been initiated.
2. Once transport has begun, transfer of patient care shall not take place unless mechanical failure or provider emergency necessitates this transition.
3. When providing mutual aid, transfer of patient care from an out-of-county ALS unit shall not be accepted once a provider-patient relationship has been established by that out-of-county ambulance.
4. Patient care may be transferred to other ALS providers of equal or higher certification at the receiving facility when:
	1. A complete report has been given to the hospital and a hospital signature has been received by a nurse, nurse practitioner, physician’s assistant or physician and
	2. Hospital personnel have performed an initial medical screening and
	3. All assessment findings and treatment provided to the patient has been relayed to the provider assuming responsibility.

***Transfer of Patient to Hospital***

1. Patient care has been transferred when
	1. The patient, in accordance with hospital direction, has been placed in a hospital gurney, wheelchair or chair and
	2. All assessment findings and treatment provided to the patient have been relayed to a nurse, nurse practitioner, physician’s assistant or physician and
	3. A signature has been obtained from the hospital provider assuming patient responsibility.
2. A patient care report – short form must be left with the receiving facility and a copy of the full patient care report must be faxed or delivered to the receiving facility within 24 hours, as soon as possible is preferred.
3. All patient items should be left with hospital personnel, the patient or their family. Providers should document this in their patient care report.
4. When patient transfer does not occur within twenty (20) minutes of arrival and will not occur for another ten (10) minutes,
	1. Discuss placement of patient with the Charge Nurse.
	2. If they are unable to place the patient within the next ten (10) minutes, contact the Duty Officer for further guidance.
	3. Remain with the patient at all times and continue patient care until patient is transferred to a hospital gurney, wheelchair or chair.
	4. Assist the hospital in clearing space for the patient if possible.
	5. Maintain professionalism at all times.
5. Once patient transfer has occurred, work to return your unit to service within twenty (20) minutes. If you anticipate that a return to service will take longer than this, contact the Duty Officer.