Western Regional Emergency Medical Advisory Committee

Title: TRANSFER OF CARE

Policy #2017-2

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

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