

**SECTION: G-6**

**PROTOCOL TITLE: Pre-hospital Transfer of Care Protocol**

**REVISED: 15 April 2006**

1. It is the responsibility of EMS responders to insure the proper and timely utilization of resources to meet the goals of scene safety, quality patient care, and rapid movement to medical facilities. The first responder role is to provide all necessary care (ALS and/or BLS) to the patient(s) until the transfer of care to the air or ground transport agency.

2. The goal of the EMS system is to provide effective and contiguous patient care on scene and expedite patient transport to definitive care. Patient care may require transfer to other EMS providers to accomplish this mission.

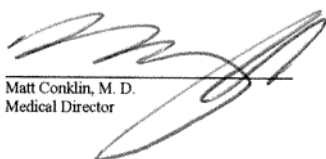
A. The EMT or EMT-P first “on scene” will assume responsibility for patient care until such care is transferred to an air or ground transport agency.

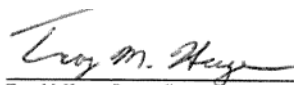
B. A pre-hospital provider certified at the First Responder level will transfer care to a Basic Life Support (BLS) provider or Advanced Life Support (ALS) provider.

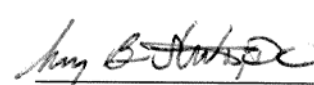
C. A pre-hospital provider certified at the BLS level will transfer care to a provider certified at the Advanced Life Support (ALS) level.

D. A pre-hospital provider certified at the Paramedic level working with a non-transport agency will begin transfer care to an ALS level provider (Paramedic or Flight Nurse) working with an air or ground transport agency upon that agency’s arrival to the scene.

E. Upon the arrival of the transporting agents, transfer of care should begin in an orderly and professional manner. Patients will be removed from hazardous situations as quickly as possible. Transfer of care in no way removes the obligation of initial responders to continue to act as integral members of the pre-hospital care.

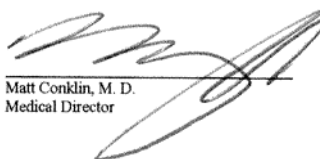
  
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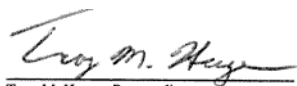
  
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## Pre-hospital Transfer of Care Protocol

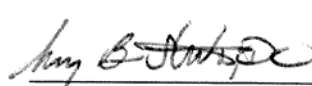
- F. If disagreement exists between pre-hospital care providers of any level regarding patient treatment or transport, the transporting Paramedic has final authority in determining the course of patient care. Medical issue discrepancies will be documented along with the chart(s) and forwarded to the respective administration and medical director for review. Unresolved medical issues will be forwarded to the appropriate Medical Directors for review. This will be documented on the appropriate form.
3. The pre-hospital provider will obtain verbal or implied consent from the patient prior to treatment. The patient's rights to privacy and dignity will be continuously respected.
  4. Accurate documentation of the patient encounter is considered integral to these protocols and will be provided to the transporting crew as time permits. Documentation must include a description of the chief complaint, history of the present illness and of pertinent past problems, vital signs, mental status, and pre-hospital assessment and care as time permits. All Advanced Life Support care will be documented prior to transfer of care. Failure to provide adequate documentation of the patient encounter will be considered to represent non-compliance with protocol. This information will be documented on the Ada County Pre-Hospital Patient Information sheet. This document will accompany the patient to the hospital and will be included in the Ada County Paramedics patient chart and the responding Fire Department's patient chart.
  5. Assistance with patient transport from initial providers will be provided, when medically appropriate, upon the request of the transporting Paramedic.
  6. Orders communicated directly from the on-line medical control physician from the patient's destination hospital may supersede established protocol.



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