

Special Operational Policies and Treatment Protocols

9107

PATIENT HANDOFF

The "hand-off" or transfer of patients, between EMS providers, (Emergency Medical Responders, EMT-Basic, and Paramedic) represents one of the most important elements of successful pre-hospital patient care.

Transferring patient care involves the transfer of patient rights and duty to provide care, from one person, or one team, to another. This transfer of care may be from a higher level provider to a lower level provider, from a lower level provider to a higher level, or between the same levels of provider. The term Provider, refers to the level of Certification. The importance of transferring patient information including history and plan of treatment cannot be overemphasized. The providers must communicate events, treatments, and ongoing plan of care during the "transfer of care" process. This provides a smooth transition for continued continuity of treatment.

This protocol addresses transfer of care involving any level of EMS provider.

- A. Care involving Emergency Medical Responders (EMR):
 - 1. Any provider with a higher level of certification may not transfer care (handoff) to an EMR.
 - 2. An EMR shall provide a verbal transfer of care report when handing off a patient to a higher level provider.
 - 3. An EMR may continue to assist in the care of the patient during transport to a medical facility, but may not function as the primary care provider in the patient compartment of an ambulance.
 - 4. This protocol addresses, but is not limited to:
 - a. CCT Squad to CCT Aeromedical Unit.
 - b. ALS Squad to ALS or CCT Aeromedical Unit.
 - c. ALS Squad transferring care to a different ALS Squad.
 - d. Situations when ALS and BLS squads are on scene and it is determined the BLS Squad is appropriate to transport.
 - e. ALS Squad intercepts a BLS squad and determines the patient is appropriate for BLS transport.
 - f. An ALS crew consisting of an ALS level provider and EMT determine the patient is appropriate for BLS transport and the EMT



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serves as the primary attendant in the patient compartment.

- B. When a higher level provider (certification), transfers care to a lower level provider (certification), the following criteria must be met:
 - 1. The lower level provider must agree to the transfer of care.
 - 2. In the event the higher level provider chooses to drive, there must be another EVOC certified crew member present on the vehicle to drive in case the higher level provider needs to resume patient care.
 - 3. The higher certified provider must evaluate and, if needed, provide initial treatment prior to handoff.
 - 4. Anticipated additional treatment may not exceed the scope of practice of the level of certification assuming the patient care, or the level of licensure of the EMS vehicle and EMS Agency.
 - 5. Prior to the transfer of care, a history and physical examination (H&P) must be performed by the higher level provider. This H&P must be documented and the higher level provider must affix their signature to the report. This H&P may be documented on the patient care record of the transporting unit, or on a separate PCR. If documented on a separate PCR, the H&P must be forwarded to the receiving medical facility.
 - With any transfer of care, the provider transferring care must interface directly with the receiving provider and ensure all pertinent information is conveyed.
 - 7. Any transfer of care between EMS providers must be documented in the patient care record.
 - 8. Any level of provider accepting transfer of patient care must be continuously alert for changes in patient condition and be prepared to provide immediate medical intervention and potentially call for a higher level intercept.
- C. Transfer of care decision should be a joint decision reached by all involved providers. If transfer to lower provider (certification) the higher level provider will determine who remains in the patient compartment, drives, or allow a lower certified crew to transport the patient.



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D. If the Lower Certified provider is not comfortable accepting responsibility for primary care, and the providers cannot agree, contact Medical Command for further direction and resolution.

