



# HVREMSCO and HVREMAC Policy and Procedures Manual

Policy Name: <b>Transfer of Care Policy</b>	
Policy Number: PC-13	
Approved by: REMAC Effective Date: 9-9-2024	
Revision Date(s): 9-9-2024	Page 1 of 2

**Purpose:** The purpose of this policy is to ensure the safe and proper transfer of care from one level of provider to another.

### **ALS transferring care to BLS provider:**

- When the ALS Provider at the scene recognizes that there is no indication for ALS intervention. The ALS provider may release patients not having received or not requiring ALS care, to Basic Life Support personnel for care and transportation to an appropriate receiving facility provided the presumptive diagnosis does not anticipate the need for ALS care. This can only be accomplished when the lower-level provider accepts care.
- When ALS capacity is exceeded (ex. MCI) and patients are triaged to other ALS or BLS services.
- After providing ALS level care, in consultation with online medical control and with the acceptance of the BLS medical provider. All documentation must include the number of the medical control practitioner.
- When a coroner or other appropriate agency takes custody.
- In each situation, the ALS Provider will document the type of incident on the PCR or appropriate supplemental document.

### **From Paramedic to AEMT:**

A New York State certified EMS provider with a higher level of certification may transfer responsibility for the on-going care of a patient to a provider with a lower New York State certification if the following conditions are met:

- The Paramedic may transfer ALS-level care to an AEMT provided that the patient does not require an ALS-level intervention that the AEMT is not authorized to perform and will not likely decompensate to the point where specific paramedic-level ALS STANDING ORDER interventions may become necessary during transport to the hospital.
- The paramedic may transfer ALS level care to an AEMT provided that the patient is not deemed to be unstable, either by assessment or by protocol, and that the patient will not likely decompensate to the point of becoming unstable or critical during transport to the hospital. Documentation should include the medications and procedures initiated by the

EMT-P prior to transfer of care to the AEMT and that the conditions of transfer have been met.

- If either provider who is a party to the transfer has any questions concerning the appropriateness of the transfer, they must contact Medical Control for a physician consultation.

**Key Points/Considerations:**

- Providers are responsible for the patient while in their care. The transferring or receiving provider will not be responsible for their counterpart's actions.
- Patients may be transferred to a provider with the same or higher level of training and the same or higher level of on-line privileges within the region.
- Stable patients may be transferred to a provider with a lower level of training and a lower level of on-line privileges within the region.
- When transferring patients both the receiving and transferring providers should:
- Ensure that all patient information is transferred to the receiving provider including:  
Chief complaint, past medical history, current history, vital signs and care given prior to the arrival of the receiving provider;
- Assist the receiving provider until they are ready to assume total patient care; or be willing to accompany the receiving provider to the hospital if the patient's condition warrants or if the receiving provider requests it.
- The receiving provider must briefly document patient care given prior to receiving the patient.
- Both providers will complete a PCR, as appropriate, detailing the care given to the patient while in their care.
- ALS transferring provider PCR documentation must be delivered to the receiving hospital within two hours of the call
- BLS agencies transferring a patient to a higher level of care must comply with NYS DOH EMS Policy 02-05 and provide paperwork to the transporting agency prior to the patient leaving the scene.
- Any disparity between the providers needs to be resolved by contacting a Medical Control Physician.