

**COUNTY OF SACRAMENTO  
EMERGENCY MEDICAL SERVICES AGENCY**



Program Document: **Transfer of Care: Non-Transporting  
Paramedic to Transporting EMT/Paramedic**

Policy Number: 5010.20

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Signature on File

EMS Medical Director

Signature on File

EMS Administrator

**Purpose:**

- A. To establish guidelines for the transfer of care from an Advanced Life Support (ALS) provider to a Basic Life Support (BLS) provider.
- B. To define the situations where it is permissible for a non-transporting Paramedic to transfer patient care to a transporting EMT or Paramedic.
- ~~C. To expedite the care to a transporting EMT or Paramedic.~~
- D. To ensure seamless transition of patient care while maintaining the highest standard of safety, efficiency, and continuity of medical treatment.

**Authority:**

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9

**Policy:**

- A. Paramedics can transfer care to an EMT or A-EMT for low-acuity patients meeting all of the following criteria:
  - 1. Patient GCS  $\geq$  14 or at baseline mentation if the baseline is less than 14.
  - 2. No new focal weakness, dizziness/vertigo or seizure activity.
  - 3. Systolic blood pressure: sBP  $\geq$  100 mmHg or  $\leq$  180 mmHg.
  - 4. Diastolic blood pressure: dBP  $<$  110 mm Hg.
  - 5. Pulse: HR  $>$  50 or  $<$  110.
  - 6. Respiratory rate: RR  $>$  10 or  $<$  20.
  - 7. O2 saturation  $\geq$  94%. O2 saturation for COPD patients  $\geq$  88% or patient stable on home oxygen level.

- B. Paramedics CANNOT transfer care to an EMT/A-EMT for any patient meeting the following criteria:
  1. Any patient meeting trauma criteria per PD # 5053 – Trauma Triage Criteria.
  2. Brief resolved unexplained event (BRUE).
  3. Any patient with chest pain of suspected cardiac origin.
  4. Positive stroke assessment per PD# 8060 - Stroke.
  5. Combative or currently under chemical and/or physical restraint.
  6. Suspicion for ingestion or overdose and unable to maintain airway.
  7. Airway support (BVM, NIV).
- C. BLS units may transport patients who have been medicated with Zofran, Toradol, Acetaminophen or Dextrose/oral glucose.
  1. Any other medication administration will require ALS transport.
  2. May transport patients with an IV which has been saline locked.
- D. Pediatric patients must meet stability criteria through assessment using the Pediatric Assessment Tool (PAT) per PD# 2003 -BLS Tiered Response System.



- E. A non-transporting Paramedic may transfer care to a transporting EMT/A-EMT or Paramedic if the transporting EMT/A-EMT or Paramedic agrees to assume responsibility for the patient.
- F. All assessments and care provided by the non-transporting Paramedic must be relayed to the transporting EMT/A-EMT or Paramedic, who will then communicate to the receiving hospital staff.
- G. It is the responsibility of both providers that patient care is not compromised because of transfer of care.

- H. A transporting provider may refuse to assume care for a patient they feel has not been adequately treated or stabilized for the given circumstances.
- I. Transfer of care shall only be to an EMT/A-EMT when the non-transporting Paramedic has determined that BLS care is adequate for the patient.
- J. All transfers of care between a Paramedic and EMT/A-EMT shall be documented with a clear statement in the narrative that transfer of care occurred, the name of the transferring paramedic, and that all parameters were met to transfer care to the EMT/A-EMT.
- K. If a Paramedic from the first response unit retains care for transport with a BLS medic unit, this should be documented with a clear statement in the narrative including the employee names and roles of all transporting crew members. The BLS unit may be added as a crew member in the EMS documentation system if necessary. The Paramedic retaining care of the patient will complete the PCR.
- L. Patients who have been deemed eligible for triage to alternative destination (TAD) by an accredited Paramedic may be transported to a TAD receiving facility by a BLS crew. The TAD-accredited Paramedic shall provide a detailed patient report to the receiving facility prior to transport. The transporting BLS (or EMT/A-EMT) crew shall document the Paramedic's TAD determination, the findings supporting TAD eligibility, and the patient's condition during transport.
- M. Direct medical control is not required for the transfer of care. Paramedics are encouraged to utilize direct medical control to expedite the transfer of care whenever questions arise.
- N. All transports where the transfer of care is to an EMT/A-EMT must be reviewed through the Quality Improvement Process at the ambulance provider level.
- O. EMS patient care documentation requirements of PD# 2305 – EMS Patient Care Report: Completion and Distribution must be followed.
- P. For Multi Casualty Incidents (MCI) and expanded emergencies see program document. PD# 7500 – Disaster Medical Services Plan.

**Cross Reference:**

PD# 2305 – EMS Patient Care Report: Completion and Distribution  
PD# 7500 – Disaster Medical Services Plan