

 <p><b>COUNTY OF SACRAMENTO</b> EMERGENCY MEDICAL SERVICES AGENCY</p>	<p>Document #</p> <p>5010.20</p>
<p><u>PROGRAM DOCUMENT:</u></p> <p><b>Transfer of Care: Non-Transporting Paramedic to Transporting EMT/Paramedic</b></p>	<p>Initial Date:</p> <p>12/08/15</p>
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Signature on File

EMS Medical Director

Signature on File

EMS Administrator

**Purpose:**

- A. To define the situations where it is permissible for a non-transporting Paramedic to transfer patient care to a transporting EMT or Paramedic.
- B. To expedite the care to a transporting EMT or Paramedic.

**Authority:**

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

**Protocol:**

- A. A non-transporting Paramedic may transfer care to a transporting EMT or Paramedic if the transporting EMT or Paramedic agrees to assume responsibility for the patient.
- B. All assessment and care provided by the non-transporting Paramedic must be relayed to the transporting EMT or Paramedic, who will then communicate to the receiving hospital staff.
- C. It is the responsibility of both providers that patient care not be compromised because of transfer of care.
- D. A transporting provider may refuse to assume care for a patient they feel has not been adequately treated or stabilized for the given circumstances.
- E. Transfer of care shall only be to an EMT when the non-transporting Paramedic has determined that BLS care is adequate for the patient.
- F. **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) crew shall document the Paramedic's TAD determination, the findings supporting TAD eligibility, and the patient's condition during transport.**
- G. 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.
- H. All transports where the transfer of care is to an EMT must be reviewed through the Quality Improvement Process at the ambulance provider level.
- I. EMS patient care documentation requirements of PD# 2305 – EMS Patient Care Report: Completion and Distribution must be followed.
- J. 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