

**COUNTY OF SACRAMENTO
EMERGENCY MEDICAL SERVICES AGENCY**



Program Document: **Paramedic/AEMT to EMT Transfer of Care**
Policy Number: 5011.04

Initial Date: 05/07/24
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Next Review Date: XXXX

Signature on File
EMS Medical Director

Signature on File
EMS Administrator

Purpose:

- A. To establish a guideline for the transfer of care from an Advanced Life Support (ALS) services to a Basic Life Support (BLS) services
- B. To ensure seamless transition of patient care while maintaining the highest standard of safety, efficiency, and continuity of medical treatment.

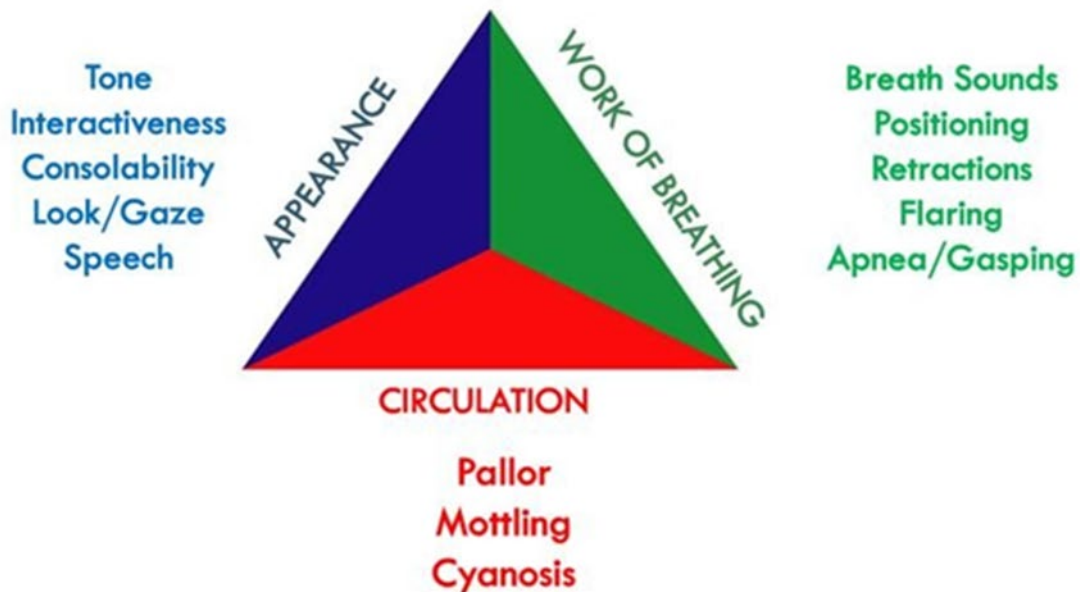
Authority:

- A. California Health and Safety Code, Division 2.5 Section 1797.220, Section 1798.

Policy:

- A. Paramedics can transfer care to an EMT for low-acuity patients meeting all of the following criteria:
 - 1. Patient GCS ≥ 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 ≥ 100 mmHg and ≤ 180 mmHg.
 - 4. Diastolic blood pressure: dBP < 110 mm Hg.
 - 5. Pulse: HR > 50 and < 110 .
 - 6. Respiratory rate: RR > 10 and < 20 .
 - 7. O2 saturation $\geq 94\%$. O2 saturation for COPD patients $\geq 88\%$ or patient stable on home oxygen level.
- B. Paramedics **CAN NOT** transfer care to an 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. All transfers of care between a Paramedic and 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.
- F. 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.

- G. Patient assessment and refusal of EMS care shall be performed by ALS personnel whenever possible. BLS personnel may only complete the refusal of EMS care procedures if ALS personnel are not on scene and do not meet criteria as listed in PD# 2101 – Patient Initiated Refusal of EMS Assessment, Treatment and/or Transport.
- H. Patient deterioration during transport:
 - 1. If deterioration occurs, the Paramedic shall assume responsibility for the ongoing care of the patient.
 - a. If a Paramedic is not immediately available, the BLS provider shall consider the following two options:
 - i) Facilitate prompt transport of the patient to the closest, most appropriate Emergency Department (ED).
 - ii) Request for an ALS unit where a Paramedic shall assume responsibility for the ongoing care of the patient.

Cross Reference:

PD# 5050 – Destination

PD# 5053 – Trauma Triage Criteria

PD# 8030 – Discomfort-Pain of Suspected Cardiac Origin

PD# 8060 – Stroke

NOTE:

Accessible version of flowchart(s) will be provided upon request submitted to scemsainfo@saccounty.gov.