	COUNTY OF SACRAMENTO OFFICE OF EMERGENCY MEDICAL SERVICES	Document #	5010.09
	PROGRAM DOCUMENT: Transfer of Care: Non-Transporting EMT-P to Transporting EMT-P	Page:	1 of 2
		Draft Date:	
		Effective:	06/01/08
		Revised:	01/10/08
		Review:	01/01/10

EMS Medical Director


Chief, Emergency Medical Services

I. INTENT:

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

II. POLICY:

- A. A non-transporting EMT-P may transfer to a transporting EMT-P under the following conditions:
 - 1. The patient demonstrates no hemodynamic or respiratory instability where deterioration is anticipated.
 - 2. The patient meets mechanistic critical trauma triage criteria only.
 - 3. A non-transporting EMT-P may transfer care to an aeromedical transporting EMT-P for the purposes of air transport.
- B. A non-transporting EMT-P shall not transfer care to a ground-transporting EMT-P under the following conditions:
 - 1. Hemodynamic instability, defined as:
 - a. Systolic B/P less than 70 mmHg.
 - b. Heart rate less than 60 bpm or greater than 150 bpm.
 - c. GCS less than 8 due to an acute change in condition.
 - d. Ventricular tachycardia.
 - 2. Impending respiratory compromise or failure.

	COUNTY OF SACRAMENTO OFFICE OF EMERGENCY MEDICAL SERVICES	Document #	5010.09
	<u>PROGRAM DOCUMENT:</u> Transfer of Care: Non-Transporting EMT-P to Transporting EMT-P	Page:	2 of 2
		Draft Date:	
		Effective:	06/01/08
		Revised:	01/10/08
		Review:	01/01/10

3. Utilization of nasotracheal or orotracheal intubation / Combitube[®]. This includes airway instrumentation attempts and aborted attempts.
 4. The patient meets anatomic or physiologic critical trauma triage criteria.
 5. Any patient that the transporting EMT-P deems to be unstable.
 6. Any patient whose condition required two or more EMT-Ps to adequately deliver care prior to transport or anticipated during transport.
- C. Direct medical control is not required for the transfer of care. EMT-Ps are encouraged to utilize direct medical control to expedite the transfer of care whenever questions arise.
- D. If the transporting provider agency is different from the non-transporting provider agency, the non-transporting EMT-Ps that transfer care shall document the emergency response and care delivered on the Patient Care Report (PCR). The form shall be distributed to all specified agencies. The PCR shall be available for quality improvement and incident review purposes no greater than 24 hours after the emergency response. The PCR shall be given to the provider's Emergency Medical Services Liaison Officer (ELO). Only one PCR is necessary, as long as it specifies which EMT-Ps performed what care. The PCR must be left with the patient at the receiving hospital, except in the rare instance of extreme emergency as defined in PD # 2305.
- E. Non-transporting EMT-Ps that travel to the hospital shall document the emergency response and care delivered on the Sacramento County Emergency Medical Services' approved PCR. The PCR shall be completed prior to leaving the hospital except when dispatched for a new emergency response.
- F. For MCIs and expanded emergencies see program document # 7500.