

STANDARD OPERATING PROCEDURE

Transfer of Patient Care



Department: Operations

SOP#116

Applicable to: All Staff

Effective Date: 1 July 2020

2 Pages

Authority: Chief Of Operations

Applicable CAAS Standard:

Revised Effective Date:

Purpose:

The purpose of this Standard Operating Guideline (SOG) is to outline the position of Brighton Volunteer Ambulance (BVA) regarding transferring the care of a patient.

Scope:

The scope of this document applies to all cleared medics.

Guideline:

1. MIST Report - to be used in transfer of care situations. Standardized MLREMS format:

EMS TIME OUT REPORT		
M	Mechanism or Medical Complaint	Name, Age, Sex Mechanism: Speed, Mass, Height, Restraints, Number and Type of Collisions, Helmet Use and Damage, Weapon Type Medical: Onset, Duration, History
I	Injuries or Illness Identified	Head to Toe Pain, Deformity, Injury Patterns STEMI—12-Lead / Stroke— Cincinnati
S	Signs and Symptoms	Symptoms and Vitals Initial, Current, Lowest Confirmed BP HR, BP, SPO ₂ , RR, ETCO ₂ , BG GCS: Eyes ___ Verbal ___ Motor ___
T	Treatments	Tubes, Lines (Location and Size), Fluids, Medications and Response, Dressings, Splints Defibrillation / Pacing

1.1.

- 1.2. Reminder - Patient care may only be transferred “Up”. EMT-B to EMT-P, EMT B or P to hospital staff.

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- 1.3. Releasing care to BLS is published by MLREMS. See Section 2.
2. **PURPOSE** On occasion, an ALS provider is dispatched to a call that does not require ALS. Although these instances may be infrequent, the patient should receive an assessment by the ALS provider and the release to BLS must be properly documented and mutually agreed upon by both the ALS and BLS provider. This policy applies to all patients where patient contact has been made and the ALS provider desires to release the patient to a BLS provider or the BLS provider feels ALS is not indicated. Patient contact is defined by the provider's visual contact with the patient.
3. **POLICY** An ALS unit (i.e. an ambulance or first response unit staffed by an EMT-CC or EMT-P technician and certified to operate at the ALS level) who makes patient contact may transfer care of a patient to a BLS unit according to the following procedure:
 - 3.1. 1. The ALS technician will complete a focused assessment on the patient. This will include:
 - 3.1.1. Focused subjective assessment including history of the problem.
 - 3.1.2. Complete medical history including current medications, allergies, and recent hospitalizations. c. Assessment of all pertinent systems.
 - 3.1.3. A complete set of vital signs including blood pressure, pulse, respirations, level of consciousness, and skin color/temperature.
 - 3.2. The ALS technician will assure that the patient's condition does not currently, and will likely not in the reasonably near future, warrant pre-hospital ALS-level care (to include pain control).
 - 3.3. The ALS technician will assure through a verbal conference with the BLS crew that they are comfortable assuming care of the patient.
 - 3.4. The ALS technician will complete a PCR which includes full documentation of the assessment performed, physical findings, pertinent negatives, and vital signs. In cases where both the BLS unit and the ALS provider are from the same agency, it is acceptable for the ALS assessment to be completed as an addendum on the transporting provider's PCR.
4. **Considerations**
 - 4.1. The ALS technician must accompany the patient to the hospital if the BLS crew expresses any discomfort with assuming care for the patient. This is regardless of whether or not the ALS technician believes any ALS procedures are warranted. However, it is the obligation of the BLS crew to state if they are not comfortable with managing the patient.
 - 4.2. The ALS provider may not use tests to rule out pathology. For example, a normal 3 or 12 lead EKG does not rule out the presence of myocardial infarction or other cardiac emergency. Acquisition of an EKG should not be used as a determining factor for

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whether a patient may be released to BLS care. Similarly, normal SpO2 or EtCO2 do not rule out respiratory disorders.

- 4.3. It is the responsibility of the ALS technician on scene to contact Medical Control if there is any debate as to the appropriateness of the release to BLS.

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