

CENTRAL CALIFORNIA
EMERGENCY MEDICAL SERVICES
A Division of the Fresno County Department of Public Health

Manual	Emergency Medical Services Administrative Policies and Procedures	Policy Number 543
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References		Effective 04/18/83

I. POLICY

Responsibility for patient care in the prehospital setting may be transferred between prehospital personnel according to established procedures. These procedures are applicable for turnover responsibility to or from EMS units within Fresno/Kings/Madera/Tulare Counties as well as other counties.

II. PROCEDURE

A. Transfer of Responsibility Between Agencies

1. This type of turnover may occur between a First Responder provider and transport provider or two transport provider agencies. If the patient does not require care from both providers while enroute, the transporting provider should accept responsibility for the patient and allow the First Responder or other transport provider agency to return to service.

NOTE: The purpose of the First Responders is to provide immediate care until an appropriately staffed ambulance arrives on scene and transfer of patient care responsibility occurs. This allows for the First Responders to rapidly become available for additional responses. It is expected that the turnover between first responder and ambulance personnel will be professional, orderly and that the continuity of care initiated by the first responders is continued.

2. The First Responder or non-transporting provider shall provide the transport personnel with a complete report on the patient's condition.

B. Mechanical Problems or Limitations - If the initial transport unit is unable to complete the transfer, the turnover of patient responsibility should be handled as quickly and professionally as possible. Care should be taken not to alarm the patient or the family.

1. A turnover may be done only after a full report has been given to the transporting person and he/she has accepted full responsibility for the patient. In this case, the initial Paramedic need not accompany the patient during transport unless the patient is STAT and/or would benefit from the additional personnel. The transfer must be properly documented on the Patient Care Report.

Approved By	Revision
EMS Director Daniel J. Lynch (Signature on File at EMS Agency)	06/01/2018
EMS Medical Director Jim Andrews, M.D. (Signature on File at EMS Agency)	

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2. These same procedures should be utilized for turnovers between specialized transport vehicles such as a helicopter or an ambulance with snow chains as long as the delay caused by the turnover is offset by an overall more rapid transport.
- C. Transfer to Higher Certified Personnel
- If the responsibility for a patient is being transferred from BLS personnel to ALS personnel, the transfer must be properly documented on the PCR and both units shall be noted on the PCR.
- D. Transfer to Lower Certified Personnel
- At the discretion of the paramedic, transfer of a patient to personnel of a lower certification level are appropriate if the patient has received an assessment by a paramedic and it is determined that the patient requires no ALS care. This includes the following types of situations:
1. At the scene of a multiple patient incident where a BLS ambulance has been requested for transport of non-stat BLS patient(s).
 2. ALS ambulance rendezvous with a BLS ambulance to turnover a patient not requiring ALS care in order for the ALS ambulance to return to its primary service area. These rendezvous' will occur within its own agency unless the ambulance provider has an agreement with an adjacent ambulance provider to provide that service.
 3. ALS First Responder turnover of a patient to a BLS ambulance.
 4. ALS ambulance transfer of patient to a BLS ambulance in a hospital emergency department for continued monitoring while waiting for ED bed.
- E. Transfer at Committed Stand-by Events
- In order to maintain continuity of personnel at stand-by events, EMS personnel may turnover non-stat patients to a appropriately staffed transport ambulance. If the patient presents in a stat condition, the stand-by unit must provide transport, unless another appropriately staff transport ambulance is immediately available.
- F. Special Circumstances
- A single ALS transport unit at the scene of a multiple patient incident may initiate stat transport of a critical patient without Base Hospital approval under all of the following conditions:
1. The patient is triaged as stat (triage as immediate priority);
 2. The remaining patient(s) are stable (triage as minor priority);
 3. First responder personnel are on scene;
 4. A second ALS unit is enroute to the scene;
 5. The ALS transport unit consults with the Incident Commander prior to departing.
- G. The transfer of patient responsibility must be documented on the PCR.