



Charles County Department of Emergency Services
STANDARD OPERATING PROCEDURES

Section 403 - Emergency Medical Response

Emergency Medical Response - 403.00		
S.O.P. # 403.01	Transfer of Patient Care	PAGE: 1 OF 3
EFFECTIVE: 07/01/2001	Authorized: John Filer, Chief	
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403.01.01 Purpose

To provide guidance for personnel on the policies and procedures governing the proper transfer of patient care to other providers including police officers, BLS providers, ALS providers and hospital personnel.

403.01.02 General

This policy does not cover the release of patients to lay persons to include family members, care givers, day care providers and non-hospital healthcare workers. The release of patients to lay persons should be done in accordance with the Maryland EMS Protocols, specifically, the Patient Initiated Refusal Protocol.

403.01.03 Policy

1. A patient shall be defined as a person encountered while on-duty who has an actual or potential illness or injury.
2. A provider-patient relationship is established when a provider initiates an assessment. Assessment begins with the General Survey of a patient.
3. In accordance with Maryland EMS Protocol, an ALS provider patient-relationship is initiated when an ALS provider initiates a patient assessment and:
 - a. ALS medications are administered or
 - b. ALS procedures are performed or
 - c. Upon ALS provider assessment of the patient there is potential risk of deterioration
4. No transfers of patient care should occur once transport has begun unless providing an ALS upgrade rendezvous.
5. No transfers of patient care should significantly impede or delay transport.
6. All patients receiving an ALS dispatch must be assessed by ALS personnel arriving on scene even if other BLS units are already on scene with established patient care. This assessment must be documented within the eMEDS report.



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403.01.04 Procedure

Transferring Patient to BLS Care

1. No ALS provider shall transfer care of a patient for which an ALS patient-provider relationship has been established to a BLS unit except under the guidance of on-line medical direction and in accordance with Maryland EMS Protocol.
2. ALS providers may transfer care of a patient to a BLS unit when:
 - a. The patient-provider relationship is not ALS in nature and
 - b. The BLS provider is comfortable with the transition. The BLS provider has the right to decline the transition of patient care and
 - c. The transfer of patient care does not significantly impede or delay transport.
3. eMEDS documentation must clearly demonstrate the appropriateness of transfer to BLS care

Accepting Patient from BLS Care

1. Requests from BLS units for ALS upgrades should be a strong indication that BLS personnel believe the patient's complaint to be ALS in nature or are uncomfortable with the continuation of BLS-only care. The ALS provider should accept patient care in these situations.
2. If a BLS unit is en route to a destination at the time of ALS rendezvous, the ALS provider shall staff the BLS unit. The patient is not to be transferred out of the transporting unit unless mechanical failure or provider emergency necessitates this transition.

Transferring Patient to/from Other ALS Unit

1. Patient care may be transferred to other ALS providers of equal or higher certification when both ALS providers are on-scene and transport has not yet been initiated.
2. Once transport has begun, transfer of patient care shall not take place unless mechanical failure or provider emergency necessitates this transition.
3. When providing mutual aid, transfer of patient care from an out-of-county ALS unit shall not be accepted once a provider-patient relationship has been established by that out-of-county ambulance
4. Patient care may be transferred to other ALS providers of equal or higher certification at the receiving facility when



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- a. A complete report has been given to the hospital and a hospital signature has been received by a nurse, nurse practitioner, physician's assistant or physician and
- b. Hospital personnel have performed an initial medical screening and
- c. All assessment findings and treatment provided to the patient has been relayed to the provider assuming responsibility and
- d. A Medical Duty Officer has been informed and has approved of the patient transfer.

Transfer of Patient to Hospital

1. Patient care has been transferred when
 - a. The patient, in accordance with hospital direction, has been placed in a hospital gurney, wheelchair or chair and
 - b. All assessment findings and treatment provided to the patient have been relayed to a nurse, nurse practitioner, physician's assistant or physician and
 - c. A signature has been obtained from the hospital provider assuming patient responsibility.
2. A MIEMSS-approved short form or an eMEDS report (hard copy) must be left with the receiving facility.
3. All patient items should be left with hospital personnel, the patient or their family. Providers should document this with an eMEDS signature when possible.
4. When patient transfer does not occur within twenty (20) minutes of arrival and will not occur for another ten (10) minutes,
 - a. Discuss placement of patient with the Charge Nurse.
 - b. If they are unable to place the patient within the next ten (10) minutes, contact the Medical Duty Officer for further guidance.
 - c. Remain with the patient at all times and continue patient care until patient is transferred to a hospital gurney, wheelchair or chair.
 - d. Assist the hospital in clearing space for the patient if possible.
 - e. Maintain professionalism at all times.
 - f. Document extended waits of one hour or more on an *Incident Report Form* and forward to Quality Assurance for review.
5. Once patient transfer has occurred, work to return your unit to service within twenty (20) minutes. If you anticipate that a return to service will take longer than this, contact the Medical Duty Officer.

Transfer of Patient Care to Police

1. Patients should be transported to the appropriate medical facility whenever possible. This includes patients who are in the custody of law enforcement.



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2. If a police officer refuses transport for a patient, obtain a signed refusal from the patient or from the police officer. All refusals must be informed refusals. As such, you must explain all risks associated with the refusal to both the patient and law enforcement.