



CENTRAL DUPAGE HOSPITAL  
EMERGENCY MEDICAL SERVICES SYSTEM  
POLICY & PROCEDURES

TITLE: TRANSFER OF CARE	
SECTION: FIELD OPERATIONS	POLICY NUMBER: B-16
APPROVED BY: DR. STEVE GRAHAM EMS MEDICAL DIRECTOR	
EFFECTIVE DATE: 01 JULY 2018	NUMBER OF PAGES: 1

**PURPOSE:**

To establish guidelines on the process to transfer of a patient to another EMS agency.

**POLICY:**

Once patient care is initiated, Central DuPage Hospital Emergency Medical Services System (CDHEMSS) EMS personnel must ensure continued care of the patient.

1. When the initial EMS agency will be the agency transferring the patient
  - a. All assessments, care and interventions performed prior to ambulance arrival will need to be documented on the transporting ambulance Patient Care Report (PCR)
  - b. Care must be transferred to equal or higher level
2. When the initial EMS agency will not be the transferring agency the following shall apply:
  - a. Patient assessment, care and treatment prior to ambulance, critical care ground, or helicopter arrival and transfer shall be documented on the initial agency's PCR.
3. When assessed, or treated by a CDHEMSS provider, at a care level higher than the unit to be transporting, Medical Control authorization shall occur before patient care be "downgraded" and transported from the scene.
  - a. When considering "downgrading" a patient from a higher level of care (critical care to ALS or ALS to BLS) clinical crew members involved in direct patient care should be in agreement with the decision to downgrade care.
4. When utilizing alternate means of transport (aero-medical, ground critical care) the on-scene crew shall initiate transport should they feel the patient is becoming unstable and/or there is a delay in the response of the inbound alternate means of transport. The on-scene crew shall not wait more than 20 minutes, unless they feel the patient's condition is stable and the benefit of remaining on scene would be beneficial to the long-term outcome of the patient.

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