



CENTRAL DUPAGE HOSPITAL
EMERGENCY MEDICAL SERVICES SYSTEM
POLICY & PROCEDURES

TITLE: CONTINUITY OF CARE / ABANDONMENT

SECTION: FIELD OPERATIONS

POLICY NUMBER: B-4

APPROVED BY: DR. STEVE GRAHAM EMS MEDICAL DIRECTOR

EFFECTIVE DATE: 01 JULY 2018

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P PURPOSE:

To ensure that EMS personnel properly manage the care of a patient until they complete the below detailed transfer of patient care / refusal process.

POLICY:

1. Any time EMS personnel respond to, or are presented with any person who has a complaint of possible illness, injury or the potential of such, they are to consider that person a "patient."
 - a. Once contact or care is initiated it must be in accordance with Central DuPage Hospital Emergency Medical Services System (CDHEMSS) policies, Illinois Region 8 EMS Policies and Standing Medical Orders (SMOs), and the Illinois EMS Act.
2. A reasonable search of a scene must be completed to determine if a patient exists. All patients shall have assessments and necessary treatment performed in compliance with the Region 8 SMOs, as allowed by the patient and/or based on their clinical presentations.
3. If the initial EMS personnel are not the transporting provider then, in a non- MCI situation:
 - a. A Patient Care Report (PCR) shall be completed if transferring patient care to another agency.
 - b. The PCR shall include all information required by IDPH, CDHEMSS and NEMSIS, including the name of the unit patient care was transfer to
 - c. Care must be transferred to an equal or higher level, unless approved by medical control to downgrade care.
 - d. If transferring to a helicopter, medial control shall have final approval before patient is transported from the scene
4. If the initial EMS personnel are the transporting unit, the patient shall not be left at the receiving facility until care has been directly transferred to staff of equal or higher licensure.
5. If the patient wishes to refuse, follow "Refusal of Care" policy on disposition of the patient.
6. 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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