Memo

To: EMS Providers & Agencies*

From: Dr. Walters, Medical Director – MD 1

Date: 2/9/2018

Re: Use of ALS & Transfer of Care

Use of Advanced Life Support (ALS) & Transfer of Care

Standing Down ALS

On scene BLS providers my cancel or "stand down" an ALS response after a full patient assessment including vital signs, **IF** the patient does not need ALS services. ALS response cannot be cancelled en route prior to a full patient assessment, nor cancelled by personnel that are not certified EMS providers.

Emergency medicine practice, including EMS, has continued to greatly evolve in recent years. The standard of care and expectations for ALS in the field are very different now than in the past. In recent quality assurance (QA) reviews we have seen a trend of cancelling ALS services en route and turning ALS away on scene when the patient's condition warranted them. These calls will continue to be reviewed and addressed with the providers.

Transfer of Care to a Lower Level

Once an ALS provider is on scene and has made contact with the patient, as the highest level of care they are ultimately responsible for the patient. Patient care may be transferred to a lower level of care only if the meet the criteria as outlined in **WREMAC Policy 2017-2**. BLS providers cannot cancel on scene ALS if it violates the conditions of this policy, even if they feel comfortable managing the patient alone or have a short transport time to the hospital.

Prior to transfer of care, ALS providers must completely perform an ALS assessment of the patient as dictated by their clinical condition, obtain a full set of vital signs (VS), and ensure they meet the criteria for transfer of care as outlined in WREMAC Policy 2017-2. ALS providers must completely document their assessment, VS, and rationale for transfer of care in their PCR.

Brian M. Walters DO

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Medical Director
Cattaraugus County Office of Emergency Services

** Information contained in this memo is intended for EMS Agencies that receive medical direction from Dr. Walters. These agencies/providers must follow the directives outlined above in addition to any agency, WREMAC or State guidelines/policies that are applicable.*

Agencies who utilize a different medical director should follow directives provided by their Medical Director in addition to any agency, WREMAC, and/or State guidelines/polices that are applicable.

Western Regional Emergency Medical Advisory Committee

Title: TRANSFER OF CARE	Policy #2017-2

Effective Date:									
Reviewed:									
Updated:									

Policy:	• EMTs may not transfer care to a CFR for transport. • Calls may be handed down from a higher level of care to an EMT or AEMT provided ***none*** of the following contraindications exist: □ Hot (Lights and Sirens) transport to the hospital is anticipated □ Cardiac arrest/respiratory arrest (currently or status post) □ Unstable patients □ Altered Mental Status □ Chest Pain with potential to be cardiac related □ Difficulty breathing, abnormal breathing, assisted ventilations or advanced airway in place □ Hypotension □ Tachycardia or bradycardia □ Patient has received an IV medication (other than NS). □ The need (or potential need) for higher level of care intervention and/or monitoring during transport • A paramedic may hand a call down to an EMT-CC, unless a treatment or skill is potentially required that is outside the EMT-CC scope of practice. (ie. differences in standing orders/protocols).
Key Points:	• The provider with the highest level of care must perform and document a patient assessment before handing care down to a lower level of care. • The patient must be transported by the provider with the highest level of certification if there exists any question(s) regarding the safety and/or effectiveness of the transfer. If there are any questions, the crew shall contact medical control. • For all transfers, the lower level of care must be comfortable and agree to accept care of the patient from the higher level of care. • This policy does not apply to multi-casualty incidents in which it is customary and necessary practice for EMS providers to field-triage patients to care and transportation by EMS providers of lower level of certification. • Agencies must have a system to review ***all*** calls transferred to lower levels of care. • The providers initiating the transfer of care should complete a PCR documenting the patient condition including the name & level of care of the person receiving the patient.
Reference:	• 2014 WREMAC ALS protocol