



REGIONAL PARAMEDIC PROGRAM
FOR EASTERN ONTARIO

SERVING TOGETHER

PROGRAM POLICY

NUMBER:	CLI 110
TITLE:	Interaction with and Transfer of Care from Health Care Providers on Scene
CATEGORY:	Clinical Practice
APPROVED:	August 2008
VERSION	1.0
AUTHORITY:	Medical Director
LAST REVIEWED:	July 2023
LAST REVISED:	August 2015

PURPOSE: To clarify the actions that must be taken by the paramedic when a health care provider is offering to assist on scene or on route to hospital. It will guide the interaction when paramedics and non-paramedic health care providers are working together, and guide the transfer of care from one to the other.

This policy is intended to address those situations that fall outside the Medical Directives of the ALS Standards, as they relate to the Comprehensive Care, and Responsibility of Care sections of the ALS Standards, or the BLS Standards as they relate to Interactions with Healthcare Providers.

REFERENCE: Basic Life Support Patient Care Standards, "Regulated Health Professional Standard"
Regional Paramedic Program for Eastern Ontario Performance Agreement - June 2008

POLICY: The following guidelines are to be applied when a paramedic crew encounters a health care provider (initial responder) who has begun patient care prior to the arrival of the paramedic crew. This may include, but is not limited to, physicians, nurses, midwives, respiratory therapists, physician assistants and third-party paramedics.

PROCEDURE:

1. Paramedics will attempt to determine the scope of practice of the healthcare provider and regulatory designation, if applicable.
2. The paramedics will request a verbal report including incident history, medical history and treatment provided prior to arrival of the ambulance.
3. The paramedics will assume patient care if the health care provider is delivering a level of medical care that is either below or comparable to that provided by the transporting ambulance paramedics.
4. The need to transfer care to the paramedic will be determined on a case-by-case basis, according to the level of medical care required. The level of medical care will be identified by the sophistication of the medical equipment/treatment that the health care provider is using on a call.
5. The initial level of care or higher must be provided during transport. If the health care provider is providing a higher level of care than the attending paramedic, the health care provider may continue.
6. The attending healthcare provider should accompany the patient on route to the hospital, using all available equipment and supplies to deliver care to the patient during transport. The paramedic will ride in the back of the ambulance during transport with the attending health care provider, and assist in care within the paramedic scope of practice. Paramedics may not take orders for patient care by the on-scene physician.
7. When a healthcare provider refuses to continue care to the hospital, paramedics will assume control and continue patient care according to their scope of practice. The paramedic may contact a BHP to consult on the potential risks on continuing

the care initiated while transporting. Advanced Life Support back up may be required, if available in the region.

- 8. If the paramedic must attend to the patient according to their scope of practice, they must document the incident on the Ambulance Call Report (ACR). Should the health care provider's care or management of the patient be in contradiction of approved BLS/ALS Patient Care Standards, the paramedic will contact the Base Hospital Physician for guidance prior to assuming full control of the situation.
- 9. If a health care provider arrives after the ambulance crew, and the patient requires care beyond the scope of the transporting ambulance paramedics, care of the patient may be assumed by the health care provider if the health care provider has the equipment and skills necessary to provide the required care. The ambulance crew should act in a supportive role during transport according to their scope of practice. Appropriate documentation must be included on the ACR.

Revision Record

Version number	Revision Date	Summary of Changes
1.0	August 2016	Preexisting 2015 version reviewed as baseline for new versioning system.