



PROGRAM POLICY

POLICY NUMBER: CLI 170

TITLE: Care During Inter-facility Transfers

CATEGORY: Clinical

VERSION: 1.2

AUTHORITY: Program Director

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1.0 PURPOSE

To define the responsibilities of paramedics when transferring a patient from one public health care facility to another within the jurisdiction of the Regional Paramedic Program for Eastern Ontario (RPPEO).

2.0 SCOPE

This policy applies to all paramedics certified through the RPPEO providing care during inter-facility transfers.

3.0 REFERENCES

- Basic Life Support (BLS) Patient Care Standards, Section 1: “Patient Transport Standard”

4.0 POLICY STATEMENT

Paramedics shall only accept inter-facility transfer responsibility when the anticipated care required during transport is within their scope of practice. If care beyond the paramedic’s scope may be necessary, an escort from the sending facility should accompany the patient. When an escort is declined, the sending facility shares in determining the appropriateness of the care plan during transport.

5.0 PROCEDURE

1. Paramedics accompanying the transferred patient will assist in patient care in collaboration with the sending hospital staff, within their scope of practice.
2. Paramedics must not use or maintain equipment during transport if they have not been trained to operate it.



3. Paramedics may receive orders for controlled medical acts from a Base Hospital Physician via patch or from a licensed physician escort present during transport.
4. The Ambulance Call Report (ACR) must be submitted to the RPPEO in accordance with the paramedic service's local agreement.
5. If the patient becomes vital signs absent during transport and a termination of resuscitation order is obtained, the paramedics must update the Central Ambulance Communications Centre (CACC) to report the change in priority and intended destination, and proceed unless otherwise directed by CACC.
6. Paramedics must complete documentation in accordance with Ministry of Health (MOH) Documentation Standards.

Revision Record

Version number	Revision Date	Summary of Changes
1.0	August 2016	Pre-existing 2015 version reviewed as baseline for new versioning system.
1.1	July 2023	Changed reference to MOH from MOHLTC;
1.2	July 7, 2025	<ul style="list-style-type: none">• Standardized formatting across all sections• Added Scope and Policy Statement sections• Clarified procedural language without altering meaning• Removed internal classification no longer supported by TOH• No substantive changes to clinical responsibilities