FISHER COUNTY HOSPITAL DISTRICT

Administration: EMS/Trauma	Policy #22
Subject: **Patient Handoff**	Written: 9/2026
Written: 09/2026	Approved by Medical Staff: Date: 9/16/26
	Approved by Governing Board: Date: 9/28/26

PURPOSE:
To establish a standardized process for the safe, timely, and effective transfer of patient care from EMS personnel to Emergency Department (ED) personnel. This policy is intended to promote continuity of care, reduce communication errors, clearly establish transfer of responsibility, and minimize unnecessary delays in returning EMS units to service.

POLICY:
EMS personnel shall provide an organized verbal and written/electronic handoff of each transported patient to an appropriate receiving healthcare professional.

A verbal report shall be given to the Registered Nurse who will be providing care to the patient. A written report shall be transmitted to the hospital prior to arrival via Pulsara.

Patient care remains the responsibility of the EMS crew until care has been appropriately transferred to receiving facility personnel. Physical arrival at the Emergency Department, movement of the patient into an ED room, or placement of the patient on a hospital bed does not, by itself, constitute completion of the patient-care handoff.

EMS personnel shall not abandon a patient who continues to require EMS care or monitoring.

HANDOFF PROCEDURE:

Prior to arrival the crew will utilize Pulsara to transmit appropriate patient care information, treatments performed, the patients response to those treatments, as well as other pertinent information I.E. 12 lead EKG etc.

Upon arrival in the ED the crew shall identify the registered nurse that will be responsible for patient care:

1. Notify appropriate ED personnel of the patient's arrival and identify the patient when possible.
2. Continue appropriate assessment, treatment, monitoring, and patient safety measures until responsibility for the patient has been transferred.
3. Provide a concise verbal report to the nurse, physician, or other healthcare professionals accepting responsibility for the patient.
4. The verbal report should include, as applicable:
    - Patient age and sex.
    - Chief complaint or reason for transport.
    - Pertinent history and events leading to the EMS response.

- Initial patient presentation and significant assessment findings (including any isolation precautions implemented).
- Pertinent vital signs and trends.
- Relevant medical history, medications, and allergies when known.
- Treatments, medications, and procedures performed by EMS.
- Patient response to treatment.
- Significant changes in condition during transport.
- Pertinent safety concerns or special circumstances.

5. Transfer pertinent patient belongings and any available documentation necessary for continued care.

ACCEPTANCE OF PATIENT CARE:

Transfer of care is considered complete when an appropriate receiving healthcare professional has been provided sufficient information regarding the patient's condition and EMS care and has accepted responsibility for the patient's continued care.

When practicable, the EMS crew shall identify the individual accepting the patient and document the transfer of care in the PCR.

Once an appropriate handoff has been completed and responsibility has been accepted by receiving facility personnel, the EMS crew may remove EMS equipment, restore the unit to operational readiness, and return to service as appropriate.

CRITICALLY ILL OR INJURED PATIENTS:

For critically ill or injured patients, EMS personnel shall provide an immediate focused handoff emphasizing information necessary for continued resuscitation.

Life-saving treatment shall not be unnecessarily interrupted for the purpose of providing a formal report. EMS and ED personnel should coordinate the transfer of monitoring, ventilation, medication infusions, vascular access, and other ongoing interventions.

Responsibility for individual interventions should be clearly transferred whenever ambiguity could create a patient-safety risk.

TRANSFER OF MONITORING AND EQUIPMENT:

EMS personnel shall not discontinue clinically necessary monitoring, oxygen delivery, ventilation, medication administration, or other ongoing therapy solely because the ambulance has arrived at the hospital.

When EMS equipment is being used to provide ongoing patient care, EMS personnel should coordinate with ED staff to transition the patient to hospital equipment before removing EMS equipment.

EMS personnel shall verify that critical therapies have been appropriately transitioned before leaving the patient's bedside.

DELAYS IN TRANSFER OF CARE:

When the Emergency Department is unable to immediately accept responsibility for a patient, EMS personnel shall continue to provide care appropriate to the patient's condition.

EMS personnel shall not leave a patient unattended in a hallway, waiting room, treatment room, hospital bed, or other location without an appropriate transfer of responsibility.

During an extended handoff delay, the EMS crew shall continue reasonable monitoring and treatment within its scope of practice and shall promptly notify ED personnel of any significant deterioration or change in the patient's condition.

Extended transfer-of-care delays that materially affect EMS unit availability should be reported to the EMS supervisor or administrator in accordance with agency procedure.

DISAGREEMENTS OR HANDOFF CONCERNS:

Patient care shall remain the primary consideration during any disagreement regarding transfer of care.

If there is uncertainty regarding whether the receiving facility has accepted responsibility for the patient, EMS personnel shall seek clarification before leaving the patient.

If a disagreement cannot be resolved between the EMS crew and receiving staff, the EMS crew should request assistance from the ED charge nurse, receiving physician, EMS supervisor, or EMS Medical Director as appropriate.

EMS personnel shall not engage in arguments that interfere with patient care. Significant disputes, unusual delays, patient-safety concerns, or circumstances in which receiving personnel refuse or significantly delay acceptance of a patient should be objectively documented and reported through the agency's established chain of command.