EMS “HAND-OFF” PROTOCOL

ABSTRACT:
The purpose of this protocol is to establish an effective method of transferring a patient from the care of the Advanced Clinical Triage Squad to more advanced care or Emergency Medical Services (EMS) that involves communicating a patient's current status, in addition to physical transfer procedures.

PROCESS:
1). At the arrival of EMS, the established team leader introduces him or herself to the provider i.e. *“My name is Lisa, this is Brian, we’re the event medical staff from the Advanced Clinical Triage Squad.”*
2). The team leader uses the following format to communicate the patient’s status ***in it’s respective order***:

- Full Name
- Age
- Chief Complaint, Life Threats & Mechanism of Injury
- Interventions Performed
- Abnormal findings during the Primary and Secondary Survey
- Current Vital Signs
- Allergies
- Medications
- Past Medical History
- Events leading up to incident

MEDICAL TRANSFER EX:
“*This is John Doe, 48 year old male complaining of chest pain that radiates to his left jaw. His wife had some aspirin in her purse, so we advised him to self-administer two baby tablets via chewing. He is disoriented, diaphoretic, tachypneic, tachycardic, cold, and clammy. His BP is 164/94 with O2 sats of 95%. Pulse is at 112, Respirations at 24. He’s allergic to penicillin, takes nitroglycerin for angina, and lisinopril for hypertension. He was running in the marathon when he stopped to approach us.”*

TRAUMA TRANSFER EX:
“This is Jane Doe, female child found unconscious and supine, supposedly was hit by a motor vehicle. Mechanism of injury appears to be a direct blow from the accident, with obvious facial deformities, chest flail segments, multiple penetrating wounds to the abdomen from glass shards, and arterial bleeding from the lower left leg. We’ve treated all the major bleeding, although we’re not equipped with the appropriate supplies to treat the other trauma. We’ve been bagging her 1 breath every 6 and applied an emergency blanket to treat for shock. She

responds to pain stimuli, is diaphoretic, cold and clammy, tachypneic, and tachycardic. Pulse is at 140, BP's at 89/60, O2 sats' 98%. She has a left blown pupil with bilateral leakage of CSF, tracheal deviation, and JVD. There has been no apparent legal guardian at this time."

NOTES:

It is acceptable for all disposables (gauze, trauma pads, bandages, blankets, etc.) to be left with the patient. All disposables with open or tampered packaging are no longer considered sterile, and must be disposed of.

It is at the rescuer's discretion whether or not to replace the following materials or choose to sterilize them:

- Personal Stethoscopes
- Sphygmomanometers
- Pulse Oximeters
- Watches
- Scrubs (if come in contact with a patient's bodily fluids) *Scrubs and White Coats must be washed with at least two cycles*

Bag Valve Masks (BVMs) **Masks must be replaced while the bag is sent to contamination control**. If the rescuer decides to replace the mask, he or she should speak with an ACTS Senior Fellow to discuss inexpensive alternatives. **Oral Adjuncts** (if certified to use them) MUST be disposed and replaced. BVMs or Oral Adjuncts do not need to be 100% medical-grade sterile.

If the patient is not breathing w/ no pulse, start CPR and proceed with the American Heart Association Pulseless Arrest Algorithm. Always consider ABCDE.

SOURCES

American Heart Association, Emergency Cardiovascular Care, & International Liaison Committee on Resuscitation 2015 guidelines *"BLS for Healthcare Providers (Student Manual)"*

Fred W. Wurster III, AAS, NREMT-P - JEMS *"The Hand Off: Smooth Transitions Between Healthcare Providers"*