



STANDARD OPERATING PROCEDURE

Contra Costa County Operations

“Patient Focused, Customer Centered, Caregiver Inspired”

SOP # 206

Patient Care Person Responsibilities

Revised: January 1, 2025

Approved By:

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Regional Director

A. Policy

1. Each call will have a field employee assigned as the designated Patient Care Person. The following are specific duties that the Patient Care Person will be responsible for. This is not all-inclusive since the many different situations encountered and Contra Costa County Patient Care Policies may dictate additional responsibilities for the patient person.
2. The assigned Patient Care Person has many responsibilities in the course of an ambulance call. While the Emergency Vehicle Operator (EVO) is primarily responsible for the ambulance, the Patient Care Person is primarily responsible for the patient care aspect of the call.
3. This policy does not relieve either the Patient Care Person or the EVO of Joint Responsibility. Field employees are jointly responsible for almost all aspects of each response as well as all other activities of the unit and/or station the employee is assigned to. Teamwork and joint accountability is critical in the emergency medical response profession. Actions or failure to act appropriately as employees of American Medical Response and as EMS professionals bears team accountability and responsibility.

B. Procedure

1. Call Procedural Steps
 - a. The employee in the passenger seat will operate the communication equipment when both crewmembers are in the front of the ambulance.
 - b. The passenger seat employee's first responsibility is to get the information regarding the call.
 - i. The passenger seat employee shall route the ambulance to the call using the mapping software provided on the MDT and/or the crew phone so that they can help direct the EVO to the scene.
 - c. On arrival on scene, the crewmembers shall have the following equipment properly stocked and ready to take into all calls:

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- i. Gurney
 - ii. Drug Bag (ALS only)
 - iii. Oxygen Bottle
 - iv. Cardiac Monitor/Defibrillator (ALS only)
- d. The equipment listed in Section 1.c shall be taken into every call except on those calls where the first in unit contacts the AMR crew and conveys that specific pieces of equipment is not needed to run the call.
- e. On calls close to the unit, such as an MVA, street scene, or a potentially hazardous situation, equipment brought to the patient should be determined by common sense and prudent medical judgment.
- f. The most appropriate level of provider must attend every patient under the care of an AMR employee or being transported in an AMR unit.
- i. If an ALS unit responds to a call, the Paramedic will initially attend the patient.
 - ii. The Paramedic may transfer attending duties if permissible under AMR policies as well as Contra Costa EMS policy 1002 and only after a full assessment has been completed, including vital signs.
 - iii.
 - iv. Any transfer of care must be well documented.
- g. Transport destination decisions will be made in accordance with EMS Policy #4002 *Patient Destination Determination*.
- h. While in route to the hospital, the patient attendant will fill out the Patient Care Report as completely as possible.
- i. Obtaining information for the PCR shall never take precedence over patient care or service.
- i. On arrival at the hospital, the patient care person will relay pertinent information to the nurse or doctor accepting transfer of care for the patient.
- i. Only the facts should be provided.
- j. The Patient Care Person shall obtain a timestamped and locked signature from a receiving facility clinical staff member on every transport.
- i. The Transfer of Care time shall be the time that both of the following occur:
 - (i) Verbal report is given to the receiving facility
 - (ii) The patient has been physically transferred from the gurney to hospital property (i.e. hospital gurney, hospital chair, etc.).
 - ii. In the event that the receiving facility clinical staff member refuses to sign for the Transfer of Care time, the Patient Care Person will write "Refused" AND the receiving facility clinical staff member's name in the signature box.
- k. The Patient Care Person shall also document the Transfer of Care time in the "Destination Patient Transfer of Care Date/Time" Box in the Response Times

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section of the ePCR.

- I. The Patient Care Person will complete the PCR and leave a copy at the hospital.
 - i. The Patient Care Person will also collect the necessary forms for payment such as face sheets, copies of insurance cards, etc.
 - ii. The patient care person will obtain a patient or representative signature.
 - m. After turning over care, the EVO will immediately ready the ambulance for the next call.
 - i. After completing the paperwork requirements, the Patient Care Person assists the EVO in readying the ambulance for the next detail.
 - ii. If a delay clearing the destination is anticipated, upon turning over patient care, **both crewmembers will ready the ambulance for the next call.**
 - n. Upon return to the station or deployment location, the crew shall immediately restock the unit as necessary to the maximums indicated on the Vehicle Inventory List.
 - o. Both crewmembers are responsible for having the unit ready to respond as soon as possible.
2. Call Priorities
- a. At all times when transporting a patient, there shall be a patient care person in the patient compartment.
 - i. This rule applies even in the presence of a nurse or physician or other specialized personnel.
 - b. It is important that field employees assure each patient is allowed to maintain their dignity in the performance of providing patient care.
 - i. Patient contact must be professional at all times.
 - ii. Care must be given to protect patients from unnecessary exposure of the unclad body to the public.
 - c. In a heavy or awkward lifting situation, field personnel shall not hesitate to ask for help from others, such as police, fire, hospital personnel, etc.
 - i. Consider notifying Dispatch or a Field Supervisor for additional support and/or a team approach to minimize injury to both the patient and crewmembers.
 - d. Prompt notification of accidents and incidents regarding issues of patient handling (patient fall/drop, equipment failure, etc.) shall be made to the Field Supervisor immediately.

C. Standards of Care

- 1. Ring-down Communications to Hospitals

- a. Communication to the Base Station and/or Receiving Hospital shall meet AMR and Contra Costa County EMS standards:
 - i. Ring-down reports shall follow the CCCEMS formats outlined in Contra Costa EMS Policy 3004: *Base Hospital and Receiving Center Reports*.
 - ii. Whenever possible, the patient care attendant should preform the ring-down report the the receiving facility.
 - iii. Ring-down reports are organized and complete.
 - iv. Concise and clear terminology used is appropriate for the patient's condition.
 - v. General assessments and expected treatment protocols are suitable for the patient's condition and match patient follow-up.
 - vi. Updates to the base at appropriate intervals.
- 2. Pre-hospital Patient Care Reporting
 - a. Pre-hospital Patient Care Reports shall meet AMR and Contra Costa County EMS standards in the following areas:
 - i. Patient Care Reports are complete, as defined by CCCEMS Policy 6001 *Documentation of Electronic Health Record*, CA Title 22, and AMR Standard Operating Procedure 210: Paperwork Responsibilities.
 - ii. Patient Care Reports are factual and reflect the history, physical assessment and pre-hospital care provided to the patient.
 - iii. Use of proper and appropriate medical terminology and a limit on subjective statements.
 - iv. Updates and responses to patent care are charted and time sequenced to reflect the entire call.
 - v. Additional forms are filled out when applicable for the patient's condition, field situation, and/or policy requirement.
- 3. Medical Oversight and Medical Education
 - a. Medical Oversight and Medical Education shall meet AMR and Contra Costa County EMS standards in the following areas:
 - i. Employees must comply with requests for maintenance of medical quality review in a timely manner by written and/or verbal reply.
 - ii. Employees must attend educational courses required for new procedures and programs within a designated time frame.
 - iii. Employees must comply with and adhere to all conditions in an educational improvement plan.
 - iv. Employees must comply with directives for defined remedial education.
- 4. Inter-facility Transfers
 - a. Inter-facility Transfers shall meet AMR and Contra Costa County EMS standards in the following areas:
 - i. The patient being transported meets the CCCEMS Policy #5006 *Hospital Guidelines for Acute Care Interfacility Transfer* for inter-facility transfer including scope of practice.

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- ii. Physical exams are complete, accurate and documented.
- iii. Monitoring of the patient's condition occurs continually throughout transport.

- iv. Turning patient care over to the appropriate person with a thorough report.
- v. Disagreements about destinations and patient care that cannot be resolved should be turned over to the Field Supervisor or base station for resolution.

D. Enforcement of Policy

- 1. Violations of this policy are subject to corrective action up to and including termination of employment.

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Costa County Operations Standard
Operating Procedure #206