Initial Date: June 3, 2022
Revision Date: 4/7/2025 Section 8.7

ALS to BLS Transfer of Care

Purpose
Patient needs or desires transport to a hospital and does not meet criteria for ALS interventions, may be transferred to a BLS unit, or transported with a BLS crewmember attending.

1. Criteria for transfer of care from ALS to BLS must include:
    a. The BLS unit or EMT-B must be willing to accept the patient.
    b. Patent airway, maintained without assistance or adjuncts.
    c. Patient is hemodynamically stable with medical complaints or injuries that would be cared for at the BLS level.
    d. No imminent changes are anticipated in the patient's present condition.
    e. Patient presents at baseline mentation and GCS or if unknown, GCS ≥ 14.
    f. The EMT-B in attendance must be willing to accept the transfer of care in regards to the patient's condition.
    g. If the ALS unit provides ALS care as directed by protocol the patient will remain ALS.
    h. A patient that has received an ALS Assessment (i.e. 3 lead EKG or 12 lead EKG) and documented may be transferred to a BLS crew if the vital signs are within normal limits.
        i. Except patients experiencing acute coronary syndrome symptoms.

Transport by an ALS unit shall be considered if the transfer of care to the BLS staffed ambulance would incur a time delay greater than the projected transport time to the intended receiving facility.

Documentation
1. For refusal of care, the ALS crewmember must complete the refusal form and ePCR. See **7.19 Refusal of Care; Adult and Minor**
2. If care is transferred to a BLS unit the following should be completed:
    a. The ALS Provider will complete a Patient Care Record (PCR) and submit the data electronically.
    b. The ALS Provider will furnish the BLS transport unit with a record detailing the ALS assessment, a copy of which will be provided to the receiving hospital.
    c. ALS transferring unit is identified on the BLS PCR.

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