



Transfer of Care in the Emergency Department for Patients Arriving by Ambulance Policy

1. Purpose

This policy applies to all employees (including contracted medical practitioners, contractors, consultants and volunteers). It describes principles of management for transfer of care and extended transfer of care of patients in the emergency department (ED) who arrive by ambulance. It provides policy on Fit-To-Sit for clinically stable patients and provisions for Rapid Offload to release ambulance resource when ambulance capacity is experiencing service shortfalls.

This policy integrates with the Statewide health system by aligning to [State Health Operation Centre \(SHOC\) policy](#).

2. Policy

Transfer of care refers to the time interval commencing at the time an ambulance arrives at hospital to the conclusion of a structured clinical handover and offloading of the patient from the ambulance stretcher and/or when the ambulance crew are no longer required.¹

In Western Australia, the Department of Health Emergency Services Agreement describes 'Extended Transfer of Care' (ETOC) as transfer of care greater than 30 minutes post arrival.²

In country WA, minimising ETOC is a key strategy to maintain patient safety, ensure access to emergency care and optimising use of emergency ambulances. We always aim to avoid ETOC.

Strategies to be considered include:

- patient transport provider to ensure early awareness and notification of inbound emergency patients who require rapid intervention and stabilisation upon arrival at the ED
- reviewing treat and return bookings to identify and reduce unnecessary ED presentations and admissions.
- implementing 'Fit-To-Sit' to support the transfer of clinically stable patients, who meet the criteria, to designated seated waiting areas following the arrival to the ED via ambulance.

On those occasions when ETOC occurs in a WACHS health service, our response will include active management ensuring high quality, timely care, while optimising patient flow.

2.1 Care of patients on arrival by ambulance to a WACHS facility

Patients should be taken out of the ambulance and brought into the facility for triage as soon as practically possible.

2.2 Care of patients awaiting transfer of care

WACHS Emergency Department team assume overall responsibility for patient care on arrival at a WACHS facility.

WACHS staff have the same responsibility to triage, care for and respond to patients waiting with ambulance crew for transfer of care as they do for patients in the waiting room of the ED.

Care requirements are described in the WACHS [Patient Assessment and Management in the Emergency Department Policy](#) and the WACHS [Triage Procedure](#).

2.3 Fit-To-Sit

This policy aligns with the consistent business rules and processes of the policies from the State Health Operations Centre (SHOC) including [Statewide Fit-To-Sit Policy](#).

'Fit-To-Sit' specifies the transfer of clinically stable and suitable patients into the waiting room seating area following arrival to the ED via ambulance. At a minimum, all patients arriving at site EDs via ambulance, triaged as Australasian Triage Scale (ATS) categories 3, 4, or 5 must undergo a Fit-to-Sit assessment, supported by a primary survey.

'Fit-To-Sit' is determined by the Triage Nurse in consultation with attending ambulance crew and must be documented in Triage documentation. All documentation is to comply with [Clinical Documentation Policy](#).

Patients may be excluded based on criteria in the table below, or at the discretion of the Triage nurse.

Category	Exclusion
Triage Score	Category 1 or 2
Clinical Concern	Examples include: <ul style="list-style-type: none"> • unstable vitals (Adult Deterioration Detection >3) • Paediatric Acute Response and Recognition Tool (PARROT) <2. • unresolved undifferentiated pain, seizures • abnormal ECG • oxygen requirement • cognitive impairment/delirium etc. • head injury/trauma with Glasgow Coma Scale (GCS) score <14
Behaviour	<ul style="list-style-type: none"> • aggression (verbal or physical) • confused without carer • at risk of leaving against medical advice • other inappropriate behaviour • Risk to self or others
Mobility / physicality	<ul style="list-style-type: none"> • unable to sit in chair • falls risk without carer • requires 2-person assist to mobilise/toilet
Suspected high risk airborne pathogens	<ul style="list-style-type: none"> • immunocompromised without appropriate controls

	<ul style="list-style-type: none"> • Infection prevention and control risk that cannot be safely contained in the waiting room (requires case-by-case assessment)
Neurological & Mental Health Patients	<ul style="list-style-type: none"> • Patients who pose a high and absconding risk • Altered mental state without companion • Confused and at risk of leaving without next of kin or carer present • Involuntary patient under the <i>Mental Health Act 2014</i> • Head injury/trauma with Glasgow Coma Scale (GCS) score <14
Age	Paediatric patients unless accompanied by an adult carer
Other	<ul style="list-style-type: none"> • <30 mins post IV/IN/IM analgesic • at the clinical discretion of the Triage nurse.

Any difficulties in assessment should be escalated to the Senior Nurse or Senior Doctor including cases when the ED triage nurse and ambulance officer disagree on the suitability of the patient for Fit-to-Sit. For sites with Waiting Room Nurses on duty, patient handover must occur with a Waiting Room Nurse.

If an Aboriginal patient is triaged suitable for Fit-To-Sit, an Aboriginal Liaison Officer (ALO) should be informed if available.

2.4 Transfer of care

This policy aligns with the State Health Operations Centre (SHOC) [Statewide Ambulance Transfer of Care Policy](#) ensuring consistent standards with both transfer of care and rapid offload requests.

Best practice for transfer of care (TOC) completion is **within 30 minutes** of arrival to hospital and **not exceeding 60 minutes**.

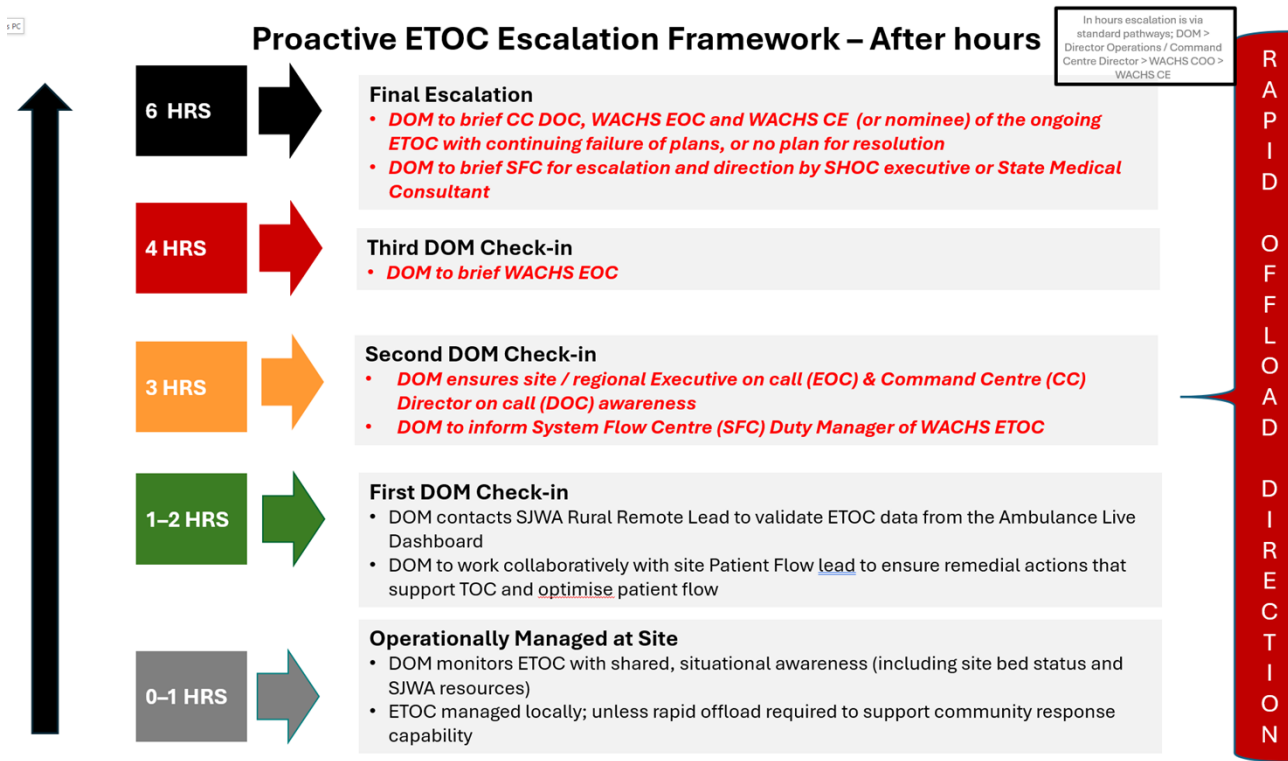
When ETOC occurs (i.e. if the care of the patient is unable to be handed over to WACHS ED staff within 30 minutes):

- Joint care and monitoring of the patient by ED staff and ambulance crew will continue until handover is completed.
- The ambulance crew must be specifically informed which ED staff member is involved with the joint care and how to contact them for escalation of patient concerns. The WACHS [Patient Assessment and Management in the Emergency Department Policy](#) and [Triage Procedure](#) should be used to guide management, including requirements for monitoring using WACHS documentation designed to support recognition and response to clinical deterioration.

ED senior staff should notify the District Director, or delegate, and if no planned resolution to ETOC after 60 minutes.. The District Director, or delegate, is accountable for ensuring that every reasonable action is taken to support offloading and clinical handover of the patient affected by ETOC as quickly as possible and that patient safety is maintained while this is occurring.

The District Director, or delegate, will contact the WACHS Duty Operations Manager (DOM) to provide an update and request any other relevant support for actions in response to ETOC.

The WACHS DOM is to maintain clear communications with the ambulance provider to support situational awareness and response. The WACHS DOM will liaise closely with SHOC System Flow Centre (SFC) and escalate as required.



2.5 Rapid Offload requirements

St John Western Australia (SJWA) may request a Rapid Offload if one or more of the following triggers are met:

- There is one outstanding Priority 1 case for >10 minutes, and/or ≥5 Priority 2 cases in the community
- ≥50% of total ambulance resources at hospital sites with <10% standby capacity
- Sustained Resource Escalation Action Plan (REAP) Level 3 with <10% standby capacity over 3 hours.

If one or more of the above conditions are met, SJWA in consultation with WACHS DOM and SHOC SFC may initiate the Rapid Offload protocol.

To support unallocated community calls (triple zero), the Rapid Offload requests will be directed to sites based on geographical location and their point-in-time ability to safely enact a Rapid Offload protocol. Sites must take measures to create additional ED capacity to facilitate TOC and release an ambulance crew **within 15 minutes** to community when they receive a Rapid Offload request. TOC should include safe handover of the patient from the ambulance crew to the ED consistent with local TOC protocols.

In the event safe TOC cannot be facilitated or the request for a Rapid Offload is disputed, local site escalation procedures must be followed. If community risk persists, WACHS DOM, SHOC System Flow Centre (SFC) will work with SJWA, and site patient flow leads to initiate progressive escalation protocols including:

- working with District Director, or delegate, to create additional capacity within hospital sites

- working with the Acute Patient Transfer Coordination (APTC) team
- seeking advice and direction from the State Medical Consultant (SMC)
- standing up a Statewide Incident Management Team (if critical capacity issues remain).

3. Roles and Responsibilities

District Directors are responsible for operationalising the requirements of this policy, by delegating responsibilities to the appropriate place-based line management, with particular focus on ensuring:

- ED and hospital processes support the ability to maintain triage principles and process to all patients in the ED including those waiting with ambulance crew
- situational awareness and proactive management of patient flow is maintained at all times
- care is provided as appropriate and possible to all patients including those in the waiting room and in the care of ambulance crews
- active management and collaboration across site / region of patient flow is needed when ETOC or Rapid Offload request occurs, including consideration as relevant of the following:
 - considering urgent workforce requirements
 - expediting transfer of appropriate patients from ED to home or ward
 - expediting clinically appropriate inpatient discharges.

WACHS Duty Operations Manager is responsible for implementing reliable notification processes to WACHS Executive, SJWA and SHOC System Flow Centre to support Statewide coordination.

All staff are required to comply with the directions in WACHS policies and procedures as per their roles and responsibilities. Guidelines are the recommended course of action for WACHS, and staff are expected to use this information to guide practice. If staff are unsure which policies procedures and guidelines apply to their role or scope of practice, and/or are unsure of the application of directions they should consult their manager in the first instance.

All staff are expected to deliver a culturally safe and responsive service ensuring the rights, views, values, and expectations of Aboriginal people are recognised and respected and met where possible.

4. Monitoring and Evaluation

Monitoring of this policy is to be carried out by the Operations Hub and Command Centre in liaison with District Directors. This should include auditing a sample of cases to identify whether notification of ETOC occurred as agreed, and the quality of the local and organisational response following ETOC occurrences.

Safety of 'Fit-To-Sit' assessment and Rapid Offload directions assessment should be examined through review of clinical incident reports.

Evaluation of this policy is to be coordinated by the Operations Hub and Command Centre in liaison with District Directors.

5. References

1. New South Wales Government Department of Health [internet] [Transfer of care](#) 2020 [Accessed 30 October 2023]
2. Yang P. [Standing Committee on Public Administration - Delivery of Ambulance Services in Western Australia: Critical Condition](#). Perth (AU): Legislative Council Western Australia (41st Parliament); May 2022. 192 p. Report No.:37 [Accessed 30 October 2023]
3. New South Wales Government Department of Health Policy Directive [Internet] [Triage of Patients in NSW Emergency Departments](#). Sydney; (AU); 2013 [Accessed 30 October 2023]
4. Australasian College for Emergency Medicine, [Position Statement on Ambulance Ramping \(S347\)](#). West Melbourne (AU); June 2019. [Accessed 30 October 2023]
5. Government of Western Australian Department of Health, WA Country Health Service (WACHS). [WACHS Assessment and Management in the Emergency Department Policy](#). Perth (AU) 2023 [Accessed 30 October 2023]
6. Australian Commission on Safety and Quality in Health Care [Internet] [Responding to Acute Deterioration Standard](#). Sydney (AU); 2021. [Accessed 30 October 2023]
7. Department of Health [Statewide Ambulance Transfer of Care Policy](#)
8. Department of Health [Statewide Fit-to-Sit Policy](#)

6. Definitions

Term	Definition
Aboriginal	Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community.
Ambulance crew	Ambulance crew is staff including paramedic, medic, patient transport officer, transport nurse, emergency medical technician and/or volunteer ambulance officer
Australasian Triage Scale (ATS)	A clinical tool used in ED to establish the recommended waiting time for medical assessment and treatment of a patient. The ATS is only used to describe clinical urgency.
Clinical Handover	Clinical handover is an explicit exchange of information about a patient between health care staff whenever accountability and responsibility for that patient's care transfers from one health care provider to the other. ⁶
Extended transfer of care	Extended transfer of care is a transfer of care taking greater than 30 minutes to occur ² .
Fit-To-Sit	Fit-To-Sit specifies the placement of suitable patients into the waiting room following assessment on arrival to the Emergency Department via ambulance.
Rapid off load request	Request to accept transfer of care from ambulance to hospital in the event of imminent community risk due to reduced ambulance 000 response capability.
State Health Operations Centre (SHOC)	A Directorate of the Department of Health in the Clinical Operations Division focused on improving the coordination and efficiency of patient flow and establishing functions to manage demand on ED and ease system pressures.
Transfer of care	Transfer of care is the time interval commencing at the time an ambulance arrives at hospital to the conclusion of a structured clinical handover and offloading of the patient from the ambulance stretcher and/or when the ambulance crew are no longer required ¹ .

7. Document Summary

Coverage	WACHS wide
Audience	All employees (including contracted medical practitioners, contractors, consultants and volunteers)
Records Management	Health Record Management Policy
Related Legislation	<ul style="list-style-type: none"> • Health Practitioner Regulation National Law (WA) Act 2010 (WA) • Health Services Act 2016 (WA)
Related Mandatory Policies / Frameworks	<ul style="list-style-type: none"> • MP 0095/18 Clinical Handover Policy • MP 0171/22 Recognising and Responding to Acute Deterioration Policy • Clinical Governance Safety and Quality Framework
Related WACHS Policy Documents	<ul style="list-style-type: none"> • Patient Assessment and Management in the Emergency Department Policy • Recognising and Responding to Acute Deterioration Policy • Triage Procedure
Other Related Documents	<ul style="list-style-type: none"> • Statewide Ambulance Transfer of Care Policy • Statewide Fit-To-Sit Policy
Related Forms	Nil
Related Training Packages	Nil
Aboriginal Health Impact Statement Declaration (ISD)	ISD Record ID: 2437
National Safety and Quality Health Service (NSQHS) Standards	1.01, 1.06, 6.03, 6.04b, 6.04c, 8.03, 8.04, 8.06 – 8.11, 8.13
Aged Care Quality Standards	3(a), 3(d), 3(e)
Chief Psychiatrist's Standards for Clinical Care	Nil
Other Standards	Nil

8. Document Control

Version	Published date	Current from	Summary of changes
1.00	20 November 2023	20 November 2023	New policy
2.00	31 December 2025	31 December 2025	Formal review <ul style="list-style-type: none"> inclusion of 'Fit-To-Sit' under Section 2 general review
3.00	18 June 2026	18 June 2026	Proactive review. Key changes include: <ul style="list-style-type: none"> alignment with Statewide Fit-To-Sit Policy alignment with Statewide Ambulance Transfer of Care Policy including Rapid Offload requirements

9. Approval

Policy Owner	Chief Operating Officer
Co-approver	Executive Director Clinical Excellence Executive Director Nursing and Midwifery
Contact	Director Operations
Business Unit	Operations Hub and Command Centre
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