London Health Sciences Centre
Southwest Ontario Regional Base Hospital Program

Procedure:	PCP vs PCP Expanded Scope Crew Configuration – Division of Responsibilities	
Owner of Policy:	Manager, Education	
Department/Program:	Southwest Ontario Regional Base Hospital Program	
Endorsed By:	Director, Southwest Centre for Prehospital Medicine	**Endorsement Date:** May 2025
Original Effective Date:	May 2011	**Date Reviewed: May 2026**

PURPOSE

The purpose of this policy is to detail the procedures for establishing a division of responsibilities for Primary Care Paramedics (PCP) in a PCP vs PCP expanded scope (i.e., IV certified), combined crew configuration on scene.

PROCEDURE

1. **In a PCP vs PCP expanded scope combined crew configuration:**
   - 1.1. A PCP is accountable for patient care within their scope of practice as certified by the Regional Medical Director (RMD) of the Regional Base Hospital Program (RBHP).
   - 1.2. A PCP with expanded scope and certified in the Intravenous and Fluid Therapy auxiliary medical directive is accountable for patient care within their authorized scope of practice as certified by the RMD of the RBHP.

2. **In a combined crew configuration on scene**, **the PCP may attend to any patient:**
   - 2.1. who, at the point of transport, does not require the initiation of treatment beyond the PCP's scope of practice; or
   - 2.2. who, prior to transport, has not received treatment beyond the PCP scope of practice; or
   - 2.3. who is improving after receiving treatment included in the PCP scope of practice; or
   - 2.4. situations where treatment beyond the PCP's scope of practice is not anticipated.

3. The PCP with expanded scope and certified in the Intravenous and Fluid Therapy auxiliary medical directive **MUST** attend to any patient who has received, requires, or is anticipated to require an intervention or treatment requiring the expanded scope of the auxiliary medical directive.

4. **The PCP with expanded scope transferring care to a PCP:**
   - 4.1. The PCP with expanded scope and certified in the Intravenous and Fluid Therapy auxiliary directive will not perform treatment(s) within the auxiliary medical directives of expanded scope and then transfer patient care to a PCP crew for transportation to the hospital unless there are extenuating circumstances. These must be reported through one of the following mechanisms:
     - Online reporting
       - SWORBHP Communication Form
       - CARES app
     - Communication Hotline
       - 1-888-997-6718
   - 4.2. In cases where a PCP with expanded scope and is certified in the Intravenous and Fluid Therapy auxiliary medical directive is attending, transfer of care to a PCP crew can occur in hospital offload delay as long as treatment beyond the PCP's scope of practice has not occurred within the last hour and is not expected to be required again while under the care of the PCP in offload delay.

5. If there is doubt about whether the patient would benefit from an expanded scope medical directive and the paramedics on scene disagree about the level of care required to appropriately address patient care needs, then a Base Hospital Patch (BHP) to the RBHP Physician should be initiated. In these patch situations, both paramedics will report the incident through one of the reporting systems identified in 4. It is expected that paramedics will work as a team to offer the best care to our patients, and these patches will be the exception rather than the norm.

REFERENCES

Advanced Life Support Patient Care Standards Version 5.4

Emergency Health Services Branch, Ministry of Health