

SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

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PROCEDURE and DOCUMENTATION for NON-TRANSPORTED PATIENTS

I. PURPOSE

- A. To define a patient and the requirements for evaluation and documentation of non-transported patients at the scene of a prehospital medical incident.
- B. To establish performance and documentation standards for non-transport incidents, including the assessment and release of patients who choose to decline transport or refuse services against medical advice.

II. DEFINITIONS

- A. A patient is defined as any individual identified by a prehospital provider:
 - 1. Who has requested medical assistance; or
 - 2. For whom medical assistance has been requested by another person; or
 - 3. That a prehospital provider observes to be experiencing an apparent medical emergency.
 - 4. If any uncertainty of the request for medical aid or emergency medical condition exists, the prehospital provider will consider the individual a patient.
 - 5. All persons at the scene of a prehospital emergency, who meet the criteria below for allowing self-determination, shall be allowed to make such decisions regarding their medical care, including the refusal of evaluation, treatment and/or transport. The criteria for allowing self-determination of medical care include:
 - a) Having capacity (as defined in Section II. B.); and
 - b) Being an adult (as defined in Section II. C.)
- B. Capacity: The ability to understand, and demonstrate an understanding of, the nature and consequences of refusing medical care.
 - 1. Oriented to Person, Place, Time, and Event.
 - 2. Able to rationally and logically discuss / repeat details of medical need and consequences of refusal.
 - 3. Is not a danger to self or others.
- C. Adult is defined as eighteen (18) years of age or greater, or
 - 1. Legally emancipated minor;
 - 2. Legally married minor;
 - 3. On-duty with the armed forces;
 - 4. Self-sufficient minor at least 15 years of age, living apart from parents, and managing own financial affairs
 - 5. If the legal status cannot be verified by the Prehospital Provider, SFPD should be notified.
- D. Designated Medical Decision Maker is an individual other than the patient who has the legal, documented, responsibility for making the patient's medical decisions.

III. POLICY

A. Offer of Transport

1. Unless otherwise provided in EMSA Policy # 4050, *Death in the Field* and Policy # 4051, *DNR Policy*, prehospital personnel must offer to provide care and transport to a patient.
2. The other exception to this policy is during declared states of emergency or disasters as defined in EMSA Policy # 8000, or where prehospital personnel safety is threatened.

B. Documentation

1. Non-transporting prehospital personnel, handing off care to transporting prehospital personnel, must document assessment findings and interventions using an EMS Agency approved form. Non-transporting prehospital personnel shall use dark blue or black ink on written forms to complete the transfer of care report, clearly and legibly, and sign it upon completion.
 - a) A copy of this report must be turned into the receiving hospital along with the transport PCR.
 - b) Provider Agencies shall retain the original copy of the Transfer of Care documentation in compliance with medical record regulations.
2. Transporting prehospital personnel shall complete a Prehospital Care Report (PCR) for each patient contact.
3. All non-transported patient encounters must be documented on a PCR (electronic or paper) to the best effort of the responder, to include the following:
 - a) Complete assessment findings;
 - b) The offer to the patient of medical care and transportation;
 - c) Any care given;
 - d) Explanation to the patient including potential consequences of the patient's actions;
 - e) The potential benefits of prehospital care and transportation;
 - f) The patient's own words verbalizing an understanding of the event, the refusal of care, and the potential consequences of the refusal of care;
 - g) The patient's capacity and criteria of self-determination to make the medical care decision (include name, age, and guardian as appropriate);
 - h) An assessment of the patient's mental status, including orientation and speech, gait and if able, other physiologic parameters including vital signs;
 - i) The name and relationship of a parent or guardian to the patient, if the patient is released to that person;
 - j) The name and badge number of the police officer if the patient is released to that person;
 - k) Patient signature acknowledging the availability of ambulance transport and their refusal of services;

- l) Witness signature if available (witness is third party who is not the patient or provider);
 - m) If a patient refuses to sign the form (or electronic equivalent) after having been determined to have decision making capacity, the release shall be documented within, or included with, the PCR after being signed by both members of the EMS crew and a witness (if available).
 - n) The documentation shall include a description of the circumstances surrounding the refusal to sign including direct quotes of statements made by the patient;
 - o) Patients declining transport (PDT) with MINOR medical conditions require, at minimum, the signatures of one paramedic + one crew member (EMT or above). Refer to Section IV. A.;
 - p) Patients refusing transport against medical advice (AMA) with potentially significant or life threatening medical conditions (as defined in Section IV. B. 1.) require, at minimum, one of the following:
 - (1) The signatures of two paramedics; or
 - (2) The signatures of one paramedic + one crew member (EMT or above) and Base Hospital physician consultation.
 - q) PDT and AMA at special events / mass gatherings approved under Policy # 7010 shall follow the guidelines defined in Policy # 7010;
- 4. During a declared MCI, documentation shall be in accordance with Policy # 8000.
 - 5. Prehospital personnel and Provider Agencies shall maintain confidentiality of the verbal and documented patient and medical information in compliance with applicable state and federal law on patient confidentiality.

C. Patient Evaluation

- 1. Minimum evaluation for ALL patients is described in EMS Agency Treatment Protocols 1.01 Primary Survey and 1.02 Secondary Survey.

D. Patient Decision-Making Capacity and Self-Determination

- 1. Any person at the scene of a prehospital emergency who requested medical assistance, or for whom medical assistance was requested, and who presents with one or more of the following conditions, shall be considered incapable of making a decision regarding refusal of medical care, and when safe to do so, shall be transported to the appropriate hospital for further evaluation. (Patient consent in these circumstances is implied, meaning that a reasonable and competent adult would allow the appropriate medical treatment under similar circumstances):
 - a) Altered mental status, from any cause including altered vital signs, influence of drugs and/or alcohol, psychiatric illness, metabolic causes (e.g., CNS infection or hypoglycemia), dementia, or head trauma;
 - b) Attempted suicide, danger to self or others, or verbalizing a suicidal intent, or on a 5150 hold;
 - c) Minors (as defined above) with no parent or legal guardian available;

- d) Legally incompetent adult without legal guardian or DPOA available;
- e) Acting in an irrational manner to the extent that a reasonable person would believe that the ability to make a competent decision is hindered;
- f) Severe injury or illness to the extent that a reasonable and competent person would seek further medical care;
- g) If special circumstances or uncertainty exists as to the presence of one of the above conditions and patient decision-making capacity is thought to be intact, the base hospital may be contacted for consultation and recommendations.

IV. PATIENT RELEASE AND NON-TRANSPORT PROCESS

- A. Patient Refusals with Minor Medical Conditions – Patient Declines Transport (PDT)
 - 1. Patients who meet self-determination criteria and who have been evaluated by a paramedic and determined to have a minor medical condition that requires prehospital care and/or transportation to an Emergency Department may request a release from further treatment and transport to an Emergency Department only after being advised of the following:
 - a) That Advanced Life Support (ALS) assessment is available and being offered; and
 - b) That ambulance transportation to an Emergency Department and prehospital care are available and being offered; and
 - c) The nature of the condition and the risks associated with refusal of prehospital care and transportation to an Emergency Department; and
 - d) The benefits of prehospital care and transportation to an Emergency Department; and
 - e) The patient should seek medical attention from a private physician or clinic as indicated; and
 - f) That EMS may be reactivated if they should change their mind.
 - 2. The attending prehospital provider will review the form (or electronic equivalent) with the patient and ensure that they understand its content (with appropriate use of interpreter services if necessary).
- B. Patients Refusals with Potentially Significant or Life Threatening Medical Conditions - Against Medical Advice (AMA)
 - 1. Patients who meet self-determination criteria and who have been evaluated by a paramedic and determined to have a significant or potentially life-threatening medical condition that requires prehospital care and / or transportation to an Emergency Department, may request a release from further treatment and transport to an Emergency Department. Potentially significant or life-threatening medical conditions include the following:
 - a) Chest pain
 - a) Shortness of Breath/Dyspnea
 - b) Syncope
 - c) Seizure

- d) Severe headache
 - e) Pregnancy-related complaints
 - f) Patients meeting Trauma Center Criteria (including mechanism, see EMSA Policy # 5001 *Trauma Triage Criteria*)
 - g) Suspected Gastrointestinal bleed
 - h) Markedly abnormal vital signs
 - i) Signs and symptoms of Stroke/Transient Ischemic Attack
 - j) Dizziness
 - k) Any patient for whom an ALS intervention has been performed on-scene
2. Every effort should be made to convince the patient to accept treatment and/or transport. Be persuasive and use family members or friends if available.
 3. The attending prehospital provider will review the form (or electronic equivalent) with the patient and ensure that they understand its content (with appropriate use of interpreter services if necessary).

V. BASE HOSPITAL PHYSICIAN CONTACT

- A. Prehospital providers may contact the Base Hospital physician for consultation for any patient.
 1. Base Hospital Physician name must be documented by Prehospital Provider in report.
- B. All patients who are refusing transport and who meet any of the following criteria require Base Hospital physician contact:
 1. The patient is an Against Medical Advice refusal and a second paramedic is not available;
 2. The patient is detained by or in custody of law enforcement, and refusing evaluation, treatment, or transport.
- C. If the treating paramedic is fulfilling Continuous Quality Improvement (CQI) requirements or is doing their first 5 non-transport EMS calls in the San Francisco EMS System, Base Hospital physician contact must be obtained for all patients who are not transported.
- D. Every effort should be made to contact the Base Hospital while the prehospital provider is still with the patient.
- E. Base Hospital physician report should use this format:

1. Ambulance Company name and unit ID number
2. Prehospital provider ID
3. Incident number
4. Purpose of the consultation
5. Patient age and gender
6. Location found
7. Patient chief complaint
8. Vital signs
9. Blood glucose and ECG findings if relevant
10. Patient assessment, pertinent physical exam
11. Pertinent past medical history
12. Capacity assessment findings
13. Patient's plan for care if any
14. Prehospital provider's opinion for disposition

VI. LAW ENFORCEMENT

- A. Patients who are in law enforcement custody (defined as "under arrest", "detained", or "incarcerated"), for whom prehospital personnel are called to the scene to evaluate, must be evaluated for potential medical care needs.
 1. A patient in law enforcement custody maintains the right of self-determination for medical care decisions, including refusals and AMA refusals, and must be treated in accordance with this policy and applicable EMS Agency treatment procedures.
 2. ALL patients who are in custody and refusing treatment and/or transport must have a Base Hospital physician contact before release to law enforcement. The paramedic and Base Hospital physicians shall follow all procedures as outlined in Section V of this policy.

VII. SITUATIONS WHERE PREHOSPITAL PERSONNEL SAFETY IS THREATENED

- A. Prehospital Providers shall make every attempt to not put themselves in harm's way to treat or transport a patient.
- B. In instances where the safety of the prehospital personnel is in jeopardy and all reasonable and prudent attempts to mitigate the threat, including law enforcement involvement, have failed, paramedics may withdraw from the immediate danger area and wait for the scene to be secure prior to evaluating the patient. In all cases where this provision is implemented:

1. The EMS Provider's Paramedic Supervisor shall be notified immediately and shall, within 24 hours, submit documentation to the EMS agency regarding the circumstances surrounding the decision; and
2. The Paramedic Supervisor shall notify the Department of Emergency Management Duty Officer within 60 minutes of the incident; and
3. The EMS Agency shall treat all such incidents as a Sentinel Event.

VIII. AUTHORITY

California Health and Safety Code, Division 2.5, Sections 1797.204, 1798, 1798.6, and 1799.106

California Code of Regulations, Title 22, Sections 100147, 100172 – 100175

APPENDIX 1: PATIENT DECLINING TRANSPORT FORM

Patient Declines Transport		
I acknowledge that I have a medical problem, which requires additional medical attention, and that an ambulance is available to transport me to the hospital. Instead, I elect to seek alternative medical care and refuse further treatment and/or transport.		
Patient Name (Print):	Patient Signature:	Date:
Witness Name (Print):	Witness Signature:	Date:
Paramedic or EMT Name (Print):	Paramedic or EMT Signature:	Date:
Paramedic or EMT Name (Print):	Paramedic or EMT Signature:	Date:
Ambulance Company Name:		
Circumstances/Reasons for Declining Transport:		
Advice given/Alternatives discussed:		

APPENDIX 2: REFUSALS AGAINST MEDICAL ADVICE FORM

Against Medical Advice (AMA)

I, the undersigned, have been advised that medical assistance on my behalf is necessary, and that refusal of said assistance and transport may result in my death, or imperil my health. Nevertheless, I refuse to accept treatment or transport and assume all risks and consequences of my decision and release the provider of the ambulance service from any liability arising from my refusal.

Patient Name (Print):	Patient Signature:	Date:
Witness Name (Print):	Witness Signature:	Date:
Paramedic or EMT Name (Print):	Paramedic or EMT Signature:	Date:
Paramedic or EMT Name (Print):	Paramedic or EMT Signature:	Date:
Ambulance Company Name:		
Risks of Refusal Discussed with Patient:	Reasons stated by patient for refusing care:	
Benefits of Care/Transport Discussed with Patient:		

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