

SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

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**DOCUMENTATION, EVALUATION
AND NON-TRANSPORTS**

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DOCUMENTATION, EVALUATION AND NON-TRANSPORTS

I. PURPOSE

- A. To define the requirements for evaluation, transport, and non-transport of persons at the scene of a prehospital emergency, or other requested patient contact.
- 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. (*Death in the Field* is addressed in EMS Agency Policy # 4050).

II. AUTHORITY

- A. California Health and Safety Code, Division 2.5, Sections 1797.204 and 1798 – 1798.6
- B. California Code of Regulations, Title 22, Sections 100147, 100172 – 100175
- C. California Medical Association, Endorsed Actions for Physicians on Scene with Paramedics

III. POLICY AND PROCEDURES

A. Offer of Transport

- 1. Unless otherwise provided in EMSA Policy # 4050, *Death in the Field* and Policy # 4051, *DNR Policy*, prehospital personnel shall not refuse to provide care or transport to a patient.
- 2. If patient has a valid Do Not Resuscitate status as defined in EMSA Policy #4051 *DNR Policy*, that patient is to be offered palliative care up to the point of providing ALS resuscitation.

B. Documentation

- 1. Prehospital personnel shall complete a PCR for each patient contact (refer to EMSA Policy #6010 *LEMSIS*).
- 2. Non-transport first responder paramedics handing off care to a transport provider must document assessment findings and interventions using a SF EMS Agency approved “Transfer of Care Report.” Prehospital personnel shall complete the transfer of care report, including a signature, clearly and legibly using dark blue or black ink. A copy of this report shall be turned into the receiving hospital along with the transport PCR. Provider Agencies shall retain

the original copy of the Transfer of Care documentation in compliance with medical record regulations.

3. All non-transports must be documented on a PCR (electronic or paper), which must 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 competency 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 orientation, 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;
 - m) If a patient refuses to sign the form after having been determined competent, the release shall be documented on the PCR and signed by both the attending EMT-P and a witness;
 - 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) Patient refusals (*not AMA*) require a paramedic signature and a crew member signature; and
 - p) Against Medical Advice refusals require two paramedic signatures and Base Physician contact.
4. A patient care report must be completed for all patients during MCI (refer to EMSA Policy #6010 *LEMSIS*).
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 at all times.

C. Patient Evaluation

1. Minimum evaluation and documentation standards for ALL patients (both transport and refusal) are described in EMS Agency Treatment Protocols *P-001* and *P-002*.
2. Specific evaluation and documentation requirements are identified under individual protocols, including “documentation for adherence to protocol.”
3. No patient shall be released before being assessed and advised by a Paramedic in accordance with the procedures detailed in this policy.

D. Patient Competence

1. All persons at the scene of a prehospital emergency, who meet the criteria 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) Competence is defined as alert, oriented, able to understand and verbalize an understanding of the nature and consequences of their medical care decision; and
 - b) Adult is defined as:
 - (1) Eighteen years of age or greater
 - (2) Legally emancipated minor
 - (3) Legally married minor
 - (4) On-duty with the armed forces
 - (5) Self-sufficient minor at least 15 years of age, living apart from parents, and managing own financial affairs.
2. Any person at the scene of a prehospital emergency who requested an EMS response, or for whom an EMS response was requested and who presents with one or more of the following conditions shall be considered incapable of making a competent decision regarding medical care and shall be transported to the closest appropriate medical facility for further evaluation:
 - 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) Acting in an irrational manner to the extent that a reasonable person would believe that the ability to make a competent decision is hindered;
 - d) Severe injury or illness to the extent that a reasonable and competent person would seek further medical care; and
 - e) Patient consent in these circumstances is implied, meaning that a reasonable and competent adult would allow the appropriate medical treatment under similar circumstances.

E. Procedure for Patient Release and Non-Transport

1. All non-transport patients shall receive an ALS level assessment, which shall include, at minimum:
 - a) Determination of competence, to include determination of mental status;
 - b) Determination if the patient is under the influence of any intoxicants;
 - c) Detailed assessment of patient's stated complaints;
 - d) Complete physical exam;
 - e) Complete vital signs. At least one blood pressure must be auscultated;
 - f) ECG;
 - g) Blood glucose determination if indicated; and
 - h) Provide documentation on the PCR that demonstrates adherence to applicable policy and protocol requirements.
2. Patient Refusals
 - a) Patients who meet self-determination criteria who have been evaluated by an EMT-P and determined to have a minor medical condition that requires prehospital care and/or transportation to an Emergency Department shall be allowed to refuse only after being advised of the following:
 - (1) That ambulance transportation to an Emergency Department and prehospital care are available and being offered;
 - (2) The nature of the condition and the risks associated with refusal of prehospital care and transportation to an Emergency Department;
 - (3) The benefits of prehospital care and transportation to an Emergency Department;
 - (4) The patient should seek medical attention from a private physician or clinic as indicated; and
 - (5) That EMS may be reactivated if they should change their mind.
 - b) The attending EMT-P will review the form with the patient and ensure that they understand its content.
3. Against Medical Advice
 - a) Competent adult patients who have been evaluated by an EMT-P and determined to have a significant or potentially life-threatening medical condition may request a release from further treatment and transport to an Emergency Department. For those patients, the EMT-P must contact the Base Hospital Physician prior to releasing the patient. Significant or potentially life-threatening medical conditions include the following:
 - (1) Chest pain
 - (2) SOB/Dyspnea
 - (3) Syncope
 - (4) Seizure (new onset)
 - (5) Severe headache
 - (6) Pregnancy related complaints
 - (7) Patients meeting Trauma Center Criteria (including mechanism, see EMSA Policy #5001 *Trauma Triage Criteria*)

- (8) Suspected GI bleed
 - (9) Markedly abnormal vital signs
 - (10) Signs and symptoms of CVA/TIA
 - (11) Any patient where an ALS intervention has been performed.
4. 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.

F. Base Physician Contact

1. All patients who are refusing transport and who meet any of the following criteria require base hospital physician contact:
 - a) The patient is an Against Medical Advice refusal;
 - b) The EMT-P disagrees with the patient's decision to refuse transport due to unstable vital signs or other clinical factors and is concerned that the patient is at risk of a poor outcome if not transported; and
 - c) The patient is in police custody and refusing care AMA.
2. If the treating EMT-P is fulfilling 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.
3. Base Hospital contact must be made prior to leaving the patient.
4. Base Hospital Physician report should use this format:
 - a) Paramedic ID and 8 digit incident number
 - b) Patient age and gender
 - c) Location found
 - d) Patient chief complaint
 - e) Pertinent past medical history
 - f) Vital signs
 - g) Patient assessment, pertinent physical exam
 - h) Competency assessment
 - i) Patient wishes
 - j) EMT-P opinion and disposition plan.
5. The Base Hospital Physician is responsible for completing the following activities for ALL prehospital patients seeking a release Against Medical Advice:
 - a) Taking the EMT-P report
 - b) Confirm the patient understands the risks of refusal
 - c) Understands transport and/or treatment is available
 - d) Is refusing all services
 - e) Encourage the patient to accept treatment and/or transport.
6. After speaking with the patient
 - a) Confirm with the paramedic the patient is refusing against medical advice
 - b) Confirm the paramedic has physicians name to document on the patient care record.

G. Police Custody

1. Patients who are in police custody (defined as “under arrest”), for whom prehospital personnel are called to the scene to evaluate, must be evaluated for potential medical care needs.
2. A patient in police 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.
3. ALL patients who are in custody and refusing treatment and/or transport must have a Base Physician contact prior to release to the San Francisco Police Department. The EMT-P and Base Physicians shall follow all procedures as outlined in Section III, A-F.

H. Situations Where Pre-Hospital Personnel Safety is Threatened

1. 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 depart the scene prior to evaluating a patient. In all cases where this provision is implemented:
 - a) The Paramedic supervisor shall be notified immediately and shall conduct an investigation to determine the appropriateness of the decision; and
 - b) The EMS Agency Duty Officer shall be notified within 60 minutes of the incident; and
 - c) A written report detailing the event and findings of the Paramedic supervisor shall be submitted to the EMS Agency within 24 hours; and
 - d) The EMS Agency shall treat all such incidents as a Sentinel Event.
 - e) The other exception to section C, paragraph 1 of this policy is during declared states of emergency or disasters as defined in EMS Agency Policy.
2. At no time are field personnel to put themselves in danger by attempting to transport or treat a patient who refuses or resists (see section E of this policy and EMSA Policy #4043 *EMS Use of Restraints*).

APPENDIX 1
APPROVED FORM FOR PATIENT DECLINING TRANSPORT

<p>Patient Declines Transport</p> <p>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.</p>		
Patient Name (Print):	Patient Signature:	Date:
Paramedic Name (Print):	Paramedic Signature:	Date:
Witness Name (Print):	Witness Signature:	Date:
Circumstances/Reasons for Declining Transport:		
Advice given/Alternatives discussed:		

APPENDIX 2
APPROVED FORM FOR REFUSALS AGAINST MEDICAL ADVICE

<p style="text-align: center;">Against Medical Advice (AMA)</p> <p>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.</p>		
Patient Name (Print):	Patient Signature:	Date:
Paramedic Name (Print):	Paramedic Signature:	Date:
Witness Name (Print):	Witness Signature:	Date:
Risks of Refusal Discussed with Patient:	Reasons stated by patient for refusing care:	
Benefits of Care/Transport Discussed with Patient:		