

# SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

Policy Reference No.: 4060

Effective Date: 04/08/20

## Assess & Refer

### I. PURPOSE

This policy will only be implemented at the appropriate level in an EMS Surge Plan – as determined by the Medical Director – to identify patients whose conditions do not require transport by 911 ambulance. This will enhance availability of 911 ambulances for critical patients and may decrease surge at our emergency departments. This policy may also decrease contamination and exposure of EMS personnel, ambulances, and emergency departments from communicable disease patients who do not require acute medical treatment or testing.

### II. POLICY

- A. All 911 calls for EMS will receive an appropriate response, assessment, and patient care (which may include an Assess and Refer plan).
- B. The following principles will be used by the paramedic in their decision making:
  - 1. Consider the level of concern regarding the patient’s current medical condition.
  - 2. Consider the likelihood of the patient successfully navigating the referral.
  - 3. Consider the impact of housing status and/or chronic mental health conditions on the patient’s ability to navigate the referral.
- C. It’s important to educate low-risk patients that going to an Emergency Department during times of system-wide surge may limit their ability to receive certain tests and treatments in a timely manner. These patients may be better served through an alternative delivery of healthcare, such as those outlined in this policy.

### III. PATIENTS CONSIDERED LOW-RISK

- A. Patients > 12 months and < 65 years of age with a medical complaint and NONE of the following:
  - 1. Lack of decision-making capacity, as defined in Policy 4040.
  - 2. Shortness of breath or dyspnea on exertion.
  - 3. Chest pain
  - 4. Syncope
  - 5. Abnormal vital signs for age.
  - 6. History of significant comorbid disease including COPD, CHF, cardiac disease, renal failure, immunodeficiency, or *emergency medical condition* per paramedic judgment (see below definition).

*“Emergency Medical Condition”*: A condition or situation in which an individual has an immediate need for medical attention. The presence of abnormal vital signs (oxygen saturation, heart rate and rhythm, respiratory rate, blood pressure - except isolated asymptomatic hypertension) are also indications of an emergency medical condition. Patients who meet any clinical criteria for base contact or Adult/Pediatric Critical Medical destination criteria are also considered to have an emergency medical condition.

#### IV. PROCEDURE

- A. Low-risk patients should be advised that their current condition does not require transport to the emergency department. Following assessment, paramedics will have the following options available to them:
  - 1. Transport to a hospital or alternate destination, as approved by the EMS Agency.
  - 2. PDT or AMA
  - 3. Refer the patient to another method of transport other than a 911 ambulance.
  - 4. Referral to an alternate healthcare plan, as determined through consultation with the appropriate practitioner identified below. This could include:
    - a. Physical appointment with clinic or personal physician.
    - b. Utilization of telemedicine.
    - c. Directing the patient to an alternate destination site.
  
- B. When Options 3 or 4 from the above list are utilized, the following is required based on level of training:
  - 1. **Regular Paramedic Providers**: Contact either the Base Hospital Physician or the Advice Nurse in dispatch (if available) for approval of referral plan.
  - 2. **Community Paramedicine-Trained Providers**: Utilize the EMS Physician On-Call to discuss referral plans, per standard community paramedicine procedure, or options in #1 above.

#### V. DECLINATION OF TRANSPORT

- A. Following the successful establishment of an Assess & Refer plan, requests for transport may be declined by a paramedic and consulting practitioner. Consultation with a Base Hospital physician or Advice Nurse is required. If a Community Paramedicine-trained provider or Paramedic Supervisor is on scene, consultation with the EMS Physician On-Call will be sufficient. Providers should maintain a low threshold to transport if there are any concerns.
  
- B. If available, Community Paramedicine providers will co-respond with paramedics to aid with this process and assist in the triage of possible patients during escalation surge plan. If not initially dispatched, they can be requested by the responding crew.

## VI. DOCUMENTATION

- A. Documentation of Assess & Refer patients should include the following:
  - 1. Completion of an agency approved PCR.
  - 2. Patient assessment consistent with Protocols 1.01 and 1.02.
  - 3. Detailed referral plan in narrative.
  - 4. Completion of the San Francisco EMS Agency Assess and Refer Form.
  
- B. All Assess and Refer patients will be reviewed by the EMS Agency for appropriate application of this policy.

# SAN FRANCISCO EMS – ASSESS AND REFER FORM

## ASSESS AND REFER CRITERIA

The patient, parent or guardian meets all of the following:

1. Is an adult (18 or over), or if under 18 legally emancipated.
2. None of the clinical exclusion criteria specified in III, A.
3. Exhibits no evidence of:
  - Altered level of consciousness
  - Alcohol or drug ingestion that impairs decision-making capacity, as defined in EMS Policy 4040.
4. Exhibits evidence of decision-making capacity, consistent with EMS Policy 4040, to understand the nature of the medical condition, as well as the risks and consequences of not seeking additional medical care/transport.

PATIENT NAME \_\_\_\_\_ DATE \_\_\_\_\_ INCIDENT # \_\_\_\_\_

INCIDENT LOCATION \_\_\_\_\_ PHONE # \_\_\_\_\_

TRANSPORTATION MODE \_\_\_\_\_ REFERRAL DESTINATION \_\_\_\_\_

## ACKNOWLEDGMENT OF INFORMATION

I have been offered an evaluation, medical care and referral to a medical facility. I have been advised and understand the risks and consequences, including the fact that not complying with the medical care and referral recommendation(s) could be hazardous to my health, and under certain circumstances, include disability and/or death.

## RELEASE OF LIABILITY

By signing this form I acknowledge it is my responsibility to comply with the referral recommendation(s) provided to me, and I am releasing the City and County of San Francisco, and the responding Provider Agency(ies) of any liability or medical claims resulting from actions and/or decisions which deviate from the referral recommendation(s).

I have read and understand the "Acknowledgment of Information" and "Release of Liability".

**Signature:** \_\_\_\_\_ r Refused to sign

**Relationship** (if not the patient): Lawful:  parent  guardian  conservator (pertains to a **child or dependent only**)

r This form was read to the individual by: \_\_\_\_\_ (name)

### DISPOSITION

- r Released in care or custody of self  
r Released in custody of law enforcement

Agency: \_\_\_\_\_

Badge #: \_\_\_\_\_

Released in care or custody of:

r Parent      r Guardian

r Other: \_\_\_\_\_

### REFERRAL INSTRUCTIONS / RECOMMENDATIONS

1. **If you change your mind or your condition changes, call 9-1-1 (in an emergency), go to an emergency department in your area, or call your private doctor (if appropriate).**

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Witness Information

Signature: \_\_\_\_\_ Name \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ Driver's License #: \_\_\_\_\_

COMPLETED BY: Print \_\_\_\_\_ Sign \_\_\_\_\_

Copy 1: Provider Agency    Copy 2: Provider Agency Quality Assurance    Copy 3: Patient

04/02/2020