**TRANSPORT POLICIES**

**Definition of “Patient”**

It is important to remember that the definition of patient requires the input of both the individual and the healthcare provider, and an assessment of the circumstances that led to the 9-1-1 call. The definition of a patient is a separate question from whether or not the patient gets evaluated and/or treated. The definition of a patient is any human being that:

- Has a complaint suggestive of potential illness or injury;
- Requests evaluation for potential illness or injury;
- Has obvious evidence of illness or injury;
- Has experienced an acute event that could reasonably lead to illness or injury; OR
- Is in a circumstance or situation that could reasonably lead to illness or injury.

All individuals meeting any of the above criteria are considered “patients” under this protocol. These criteria are intended to be considered in the widest sense. If there are any questions or doubts, the individual should be considered a patient.

Anyone that fits the definition of a patient must be properly evaluated and/or appropriate treatment options taken (including informed refusal if the competent patient absolutely does not wish medical care or transport despite our suggestions that they do). Similarly, anyone that does not fit the definition of a patient as defined here does not require an evaluation or completion of a Patient Care Record. If there is any doubt, an individual should be deemed a patient and appropriate evaluation should take place.

**CONSENT**

A. **Expressed Consent** must be obtained from a conscious, oriented (to person, place, time, and circumstance) and competent adult (> 18 years old) patient, parent, legal guardian, or individual less than 18 years old who is either married and/or in the military for treatment and transport.
   1. This consent may be in the form of a nod, verbal consent, or gesture.

B. **Implied Consent** occurs when a patient is incapable of giving permission for treatment due to being unconscious and/or incompetent. It is assumed that their permission would be given for any life-saving treatments. This also applies to minors who require life-saving interventions and the parent or legal guardian is not present to provide consent.

**TRANSPORTS**

A. **Transport Destination**
   1. Stable patients should be transported to the facility of choice whenever possible. There may be EMS calls where the EMS unit is unable to transport the patient to their destination of choice. If the competent patient insists on transport to that specific facility, and is in stable condition, a private ambulance may be called to take the patient. The responding EMS unit must stand by until the private EMS providers arrive and assume care of the patient.
   2. Unstable patient should be transported to the closest, most appropriate facility, taking into consideration Ohio’s trauma triage rules and the facility’s capabilities. (i.e., Cardiac catheterization lab, stroke care, burn center, etc.)
B. **Mode of Transport**

1. Ground transport – BLS units should transport unstable patients immediately unless an ALS unit is en route with an ETA of < 5 minutes. Consider ALS intercept when necessary.

2. Aeromedical transport – a request for aeromedical transport should come from the highest trained EMS personnel on the scene. Aeromedical transport should be considered for:
   a. Suspected serious trauma patient who will require a prolonged extrication;
   b. Serious illness or injury in patient who is not easily accessible to land vehicles, but where adequate clearing for helicopter landing is nearby;
   c. Scenes of numerous seriously injured patients;
   d. Critical patient where aeromedical transport will be able to get the patient to definitive care quicker than ground transport
   e. EMS providers are to follow routine patient care protocols until care is transferred to the aeromedical unit.

C. **Communications**

1. A member of the prehospital care team must contact the receiving facility at the earliest time conducive to good patient care. Frequently, this means the call should be made from the scene.

2. When possible, the member of the team most knowledgeable about the patient should be the one to call report.

3. Although EMTs have been trained to give a full, complete report, this is often not necessary when a more detailed report can be given at the bedside when patient care is transferred to the hospital staff. Telephone reports should be complete but concise as possible to allow the receiving facility to understand the patient’s condition.

4. When calling in a report, it should begin by identification of the squad and level of care which is able to be provided to the patient (i.e., Basic EMT, Advanced EMT, or Paramedic). The report should include:
   a. Age and sex of patient
   b. Specific complaint
   c. Mechanism of injury
   d. Vital signs (to include pulse oximetry, EKG, capnography as indicated)
   e. Patient care provided
   f. ETA to facility

5. Once the above information is given, wait for further requests and/or orders from Medical Control

6. If the patient requires special care (i.e., security, interpreter, isolation, additional people for lifting, etc) this information should also be relayed.

7. If multiple victims are present on scene, it is advisable to contact Medical Control with a preliminary report.

D. **Selective Diversion** - a situation in which a particular hospital is forced to limit the number and/or type of patients they are capable of accepting. For example, there are no available critical care beds, CT scan is down, etc. This recognizes that often a hospital/ED may be capable of treating many types of emergencies, even when they are temporarily unable to accept others.

1. With Selective Diversion, a hospital is requesting that EMS transport a specific type of patient to another facility that may be able to provide the necessary treatments. EMS needs to consider what is best for the patient.
2. **Exceptions to Selective Diversion Status:** EMS personnel may disregard a hospital being on Selective Diversion under the following circumstances.
   a. The patient is unstable including, but not limited to:
      - having an unmanageable airway;
      - being given CPR;
      - having uncontrolled internal or external hemorrhaging;
      - major trauma.
   b. The patient is in active labor.
   c. The patient has major burns.
   d. It is unsafe or inappropriate due to excessive ground transport time or adverse weather.
   e. It would cause a shortage of local EMS resources.
   f. No other trauma centers are available to accept patient due to bed saturation or resource availability.
   g. The patient or guardian request transport to a specific hospital prior to the initiation of the transport itself even after EMS personnel have advised the patient or guardian the institution is on Selective Diversion.

E. **Interfacility Transfer**
   1. The transferring physician is ultimately responsible for the patient until accepted by the receiving facility.
   2. The EMS provider will be responsible for following the transferring physician’s orders. The EMT must check, be completely familiarized with, and understand the transfer orders. Any questions or concerns, for example DNR status or medications ordered, must be answered and clarified before the EMT accepts the patient for transport and assumes patient care.
   3. If unanticipated problems arise, follow written EMS protocols and contact the transferring physician.

NON-TRANSports

A. If an individual is not transported by EMS, one of the following MUST apply:
   1. Invalid Assist
   2. Patient Refusal
   3. Patient Alternative Transport

B. **Invalid Assist** – individual is requesting assistance (i.e., getting back into bed, help getting into house, etc.) and no emergency medical services are rendered. This individual **does not** meet the definition of a patient.
   1. The EMT completes appropriate documentation for their department.
   2. Medical Control does NOT need to be contacted.
   3. Consider using the sample Invalid Assist checklist to track these incidents.
   4. EMS departments may want to consider providing a welfare check call-back within 24 hours of incident.
C. **Patient Refusal** – the patient or responsible person (parent, legal guardian, durable power of attorney) has the responsibility and right to consent to or refuse any and all treatment, to include transport.

1. The individual must be 18 years of age or older or if less than 18 years of age must be married or in the military
2. The individual must be competent:
   a. Awake;
   b. Alert and oriented to person, place, time and circumstance;
   c. Non-intoxicated - (*See #5. Specific for Opiate Overdose*)
   d. Capable of understanding the nature and consequences of the proposed treatment and refusal of treatment; AND
   e. Has sufficient emotional control, judgment, and discretion to manage his own affairs
3. If a patient / responsible person wishes to refuse examination, treatment, or transport, the following steps will be taken:
   a. The patient must be advised of the benefits of treatment and transport as well as the specific risks of refusing treatment and/or transport;
   b. The patient must be able to relate to the EMT in his/her own words what these risks and benefits are;
   c. The EMT must document that the patient is competent as identified;
   d. The patient is asked to print and sign the EMS Non-Transport form, Patient Refusing EMS Transport section. A witness and the EMT will also print and sign their names;
   e. The patient will be provided with a copy of the refusal information sheet.
4. Medical Control does not need to be contacted unless the EMT is:
   a. Unsure of the patient’s competence, or
   b. Would like assistance convincing the patient to accept treatment / transport.
5. *A presumptive opiate overdose* (e.g. heroin) may chose to refuse EMS transport to the emergency department and be released by EMS after being treated with naloxone (Narcan). The naloxone reverses the influence of the opiate, so they are no longer under the influence when they are making their choice. Caution must be exercised if longer acting opiates are used/suspected:
   a. An opiate overdose refusal is permissible if the following additional conditions are met:
      1. Vital signs are stable x 2 - 15 minutes apart
      2. Pulse ox is > 93% x 2 readings 15 minutes apart
      3. Lungs sounds are clear
   4. **The patient consents to receive an additional 2 mg naloxone IM**
   b. The opiate overdose patient must be transported if
      1. They were apneic and/or pulseless on EMS/Police arrival and CPR had to be performed.
      2. They want to get help
      3. They have injuries or conditions that require assessment & treatment
      4. They have already received naloxone in the preceding 12 hours
      5. The EMS provider is uncomfortable with nontransport or individual department policy precludes this
   c. The patient should be encouraged:
      1. To get help
      2. To call if there is a problem
D. **Patient Alternative Transport** – the patient is requesting EMS transport, but the EMT has determined that the patient does not require medically supervised transport via ambulance at this time.

1. The EMT **MUST** contact the Medical Control physician;
2. Inform the physician that the patient does not require medically supervised transport via ambulance;
3. Request that the physician approve Alternative Patient Transport;
4. Have the patient sign the EMS Non-Transport form, Alternative Patient Transport section;
5. Give the patient a copy of this form;
6. Complete the patient care report.

References:


**EMS Non-Transport Form**

(Check which one applies)

□ **Release for Patient Alternative Transport**

An EMS Provider has evaluated you in communication with a physician by phone. It has been determined that your condition is stable and you **do not require medically supervised transport by ambulance** at this time, and thus are being released for private vehicle transport to a medical facility. **THIS DOES NOT MEAN THAT YOU DO NOT NEED TO SEE A PHYSICIAN!** You have received only a basic screening assessment and are advised to see a physician for complete evaluation and care. If you choose NOT to get further medical evaluation and treatment at this time, your condition may worsen leading to more serious ongoing health problems, complications, delayed or prolonged healing, permanent disabilities or impairments. If your condition changes/worsens, please call back EMS (911) at any time.

EMS Personnel: describe the minor/focal nature of the patient’s injury/illness, and confirm that no evidence (through history, mechanism, exam) was found to suggest risk of a more serious/acute condition that would prevent safe, private transport.

___________________________________________________________________________________________________

___________________________________________________________________________________________________

Med Control Physician consulted: _____________________________   Time: ______________

□ **Patient Refusing EMS Transport**

EMS Personnel: confirm that the patient/guardian is competent to decline EMS care/transport (check all that apply):

□ Awake, A&O to person, place, time, circumstance   □ Expresses understanding of the risks   □ Non-intoxicated

**Patient Advised and Understands the Following** (Check all that apply):

□ An EMS provider has evaluated you. This is a basic screening assessment to determine the severity of your condition and initiate stabilizing preliminary care. **THIS IS NOT A SUBSTITUTE FOR EVALUATION AND TREATMENT BY A PHYSICIAN!**

□ Your condition/complaint may be **POTENTIALLY UNSTABLE, SERIOUS, OR POSSIBLY EVEN LIFE-THREATENING.** Even if you feel fine now, you could have a serious underlying health problem or hidden injury that cannot be detected on screening exam alone and that could rapidly worsen or recur leading to delayed/prolonged healing, serious disability or even death without proper medical evaluation and treatment.

□ Transport by means other than ambulance could be hazardous in light of your current condition or complaint, or if your condition were to suddenly recur or worsen.

□ If you change your mind or if your condition worsens, please feel free to call back EMS (911) at any time.

□ You have been offered/advised to have ambulance transport to the hospital for immediate further medical evaluation and treatment by a physician as your condition/complaint may be potentially unstable and you are choosing to reject this advise and decline this service.

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<tr>
<th>Patient/Guardian Printed Name</th>
<th>Signature</th>
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<tbody>
<tr>
<td>EMT Printed Name</td>
<td>Signature</td>
<td>Date</td>
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<tr>
<td>Witness Printed Name for Refusal ONLY</td>
<td>Signature</td>
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Invalid Assist Checklist

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<tr>
<th>Incident #</th>
<th>Time of call</th>
<th>En route</th>
<th>On scene</th>
<th>In service</th>
<th>In quarters</th>
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Name: ____________________________________________ DOB: ______________________

Address: ______________________________________________________________________________

City: __________________________  State: ______________________ Zip: __________________

Phone number: ______________________________

Contact person: ____________________________ Relation to patient: ______________________

Reason for call: _________________________________________________________________________

Is person complaining of any injuries or illnesses?  □ YES □ NO

If answered "yes", complete Patient Care Report (PCR)

Were there any stroke-like symptoms or dizziness?  □ YES □ NO

If answered "yes", complete PCR

Is person at base-line mental function?  □ YES □ NO

If answered "no", complete PCR

If the call was for a fall, is person on a blood thinner?  □ YES □ NO  □ N/A

If answered "yes", complete PCR

Has your EMS agency been called for this person in the last 48 hours?  □ YES □ NO

If answered "yes", complete PCR

NOTE: If at anytime the EMS agency is completing a Patient Care Report (PCR), the "Invalid Assist" category is no longer applicable to this person. (i.e., the person has met the definition of a patient). One of the following now applies to this patient:

- Treat and transport per protocol
- Patient Refusal
- Patient Alternative Transport

EMT Signature: ____________________________ Date: ______________________

Station call-back by ____________________________ @ __________ on __________

Effective 10/15/15
Replaces 7/1/11