



INLAND COUNTIES EMERGENCY MEDICAL AGENCY POLICY AND PROTOCOL MANUAL

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ASSESS AND REFER RESPONSE PLAN (San Bernardino County Only)

I. PURPOSE

To establish standards for the identification of patients whose condition does not require transport by 9-1-1 emergency ambulance. All 9-1-1 calls for EMS will receive an appropriate response, timely assessment, and appropriate patient care. If it is determined that the patient is stable and does not require emergency department services, EMS field personnel will assess patient and provide an appropriate alternative recommendation.

II. POLICY

- If the patient's condition is stable and meets assess and refer criteria EMS field personnel will provide the patient the following recommendation:
 - "It appears that you do not require immediate care in the emergency department. You should seek care with your regular healthcare provider, urgent care or clinic. If symptoms worsen seek medical help or re-contact 9-1-1."

III. GENERAL CONSIDERATIONS

- Transport all patients requiring immediate medical attention to the closest, most appropriate hospital.
- EMS should not require patients that are being released from the scene to sign AMA on the Patient Care Record.
- Provide instructions that if symptoms worsen, patient should go to the emergency department, contact their healthcare provider, or re-contact 9-1-1.
- If the patient or guardian refuses the referral, the patient will be transported to the closest most appropriate hospital.

IV. PARAMEDIC ASSESS AND REFER DECISION MAKING PRINCIPLES

- Does the patient, parent, or guardian have Decision Making Capacity?
- Are EMS field personnel concerned with the patient's current medical condition?
- How likely is the patient to successfully navigate the provided referral?

V. ASSESS AND REFER CRITERIA

- The patient must meet all of the following criteria:
 - Parent or guardian is on scene if the patient is under 18 years of age (unless legally emancipated).
 - Has a Glasgow Coma Scale (GSC) of 15 or GCS is at patient's baseline.
 - Exhibits no clinical evidence of:
 - Altered level of consciousness

- Alcohol or drug ingestion that impairs decision making capacity
 - Abnormal or labored breathing or shortness of breath
 - Chest pain/discomfort of any kind
 - Hypoxia as indicated by low oxygen saturation
 - Significant tachycardia
 - Serious hemorrhage
- Exhibits evidence of Decision-Making Capacity sufficient to understand the nature of the medical condition as well as the risks and potential consequences of not seeking additional medical care from the provided recommendation.
- The patient would benefit from the provided recommendation.
- The patient is likely to successfully navigate the provided recommendation.
- If there is clinical evidence of a viral illness, the patient must meet all the following criteria:
 - Be stable.
 - Not under two (2) years of age, or over 65 years of age.
 - Does not have an underlying medical history.
- For the COVID positive patient or PUI, assess for a referral to stay home, self-isolate, and seek follow-up treatment with a physician.

VI. DOCUMENTATION REQUIREMENTS

- Physical exam.
- Treatment provided.
- Patient, parent, or guardian is alert, oriented, and acting appropriately for their age.
- Indications that there were no signs of significant impairment due to drugs, alcohol, organic causes, or mental illness.
- Any other observations that indicate that the patient, parent, or guardian has impaired Decision-Making Capacity.
- Recommendation/referrals shall be documented utilizing the following four (4) step process:
 - That a recommendation/referral was offered.
 - What the recommendation/referral was that EMS field personnel provided.
 - The patient's understanding of the recommendation/referral.
 - The patient's plan based on the recommendation/referral of the EMS field personnel.
- The person(s), if any, who remained to look after the patient (the patient's "support system").

- The name of the interpreter utilized, if applicable.
- EMS field personnel will leave a referral card containing relevant community referral information with the patient.