

Policy Title: ABANDONMENT vs. PRUDENT USE OF EMS PERSONNEL**No. A - 1****Board approval: 3-12-15****Effective: 3/12/15****Supersedes: 1/1/14****Page: 1 of 3****I. POLICY**

- A. Every time EMS personnel respond to or are presented with a person with any sort of complaint, possible illness, or mechanism of trauma that could suggest injury, **that person is considered a "patient"**.
- B. A reasonable search of the scene must be completed to determine if a patient is present. All patients shall have a reasonable assessment to the extent allowed if there is a potential for illness or injury based on the circumstances. If after a reasonable search, no patient is identified, efforts to find the patient shall be documented in accordance with EMS agency policies.
- C. Once EMS personnel establish contact with a patient, assessment, treatment, written documentation, and patient disposition shall be completed in a manner that complies with system standards of care. They shall never be abandoned unless a special exception applies. Emergency "911" patients shall be transported to a hospital or other approved healthcare facility; transferred to another EMS crew; or a decisional patient may refuse transport (see Refusal of Service policy).
- D. **There are times when two agencies are dispatched concurrently to a scene.** While both may provide care to a particular patient, one will transport and one will not. All patients must be cared for and transported or be given disclosure of risk and have an appropriate Refusal of Service executed by EMS personnel with education, licensure, and equipment appropriate for patient care needs. If questions regarding the appropriate agency to transport, transfer of care decisions for NWC EMSS agencies shall be made under the direction of the nearest System hospital on-line medical control (OLMC) physician who shall determine the risk/benefit and appropriateness of the action.
1. **Transporting agency:** Appropriate OLMC contact for patient report and disposition shall be made by the transporting agency and a complete PCR is required listing all responding personnel and agencies.
 2. **Non-transporting agency:** System OLMC contact for patient report and disposition of patients transported by another agency is not necessary by the non-transporting agency if both are present on the scene concurrently and transport is imminent. However, a PCR documenting their assessment, care, and time of handover to another agency is required
 3. If a patient is not being transported at all, the agency taking responsibility for the patient shall obtain the Refusal of Service and shall follow their own System policies regarding OLMC and documentation.
- E. Documentation for all non-transported patients must show **"on its face and without interpretation by the writer"** that the standard of care was provided (Gandy, J.D., EMT-P). This means documenting an adequate history, exam, informed refusal and transfer to another EMS agency.

II. PROCEDURES to avoid abandonment

- A. **Patient is transported to a hospital – Continuation of monitoring/care:** If a patient has required any continuous electronic or device monitoring (e.g., ECG, SpO₂, EtCO₂) or any continuous interventions (e.g., CPR, O₂ delivery, assisted ventilations, pacing) enroute to the hospital based on the clinical presentation or paramedic impression, those assessments and/or interventions shall continue until patient responsibility is transferred to an ED physician or nurse unless authorized to stop by medical control. They shall not be discontinued in the ambulance for transfer into the hospital.

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- B. **Continuing medical need exists, decisional patient is refusing care and/or transportation to a hospital**
1. Establish contact with the nearest System hospital. Communicate the patient's condition and refusal of care and/or transportation **from the site of patient contact**. The patient shall be informed of the risks of not receiving recommended care and/or transportation and shall be asked to sign the refusal form per **System Policy R-6: Refusal of Service**.
 2. EMS personnel may leave the scene or allow the patient to leave their care after a refusal is appropriately executed.
- C. **Basic Life Support (BLS) care initiated for a stable patient, no continuing need for EMS interventions exist, and transport is the only remaining action**
1. EMS personnel on an ALS vehicle **may leave the scene** if called to treat a patient elsewhere who sustains an injury or illness of an apparently more serious nature, possibly necessitating Advanced Life Support (ALS) services, which may be life-saving for that patient.
This should be an exception to routine and customary practice, and should only occur if all other responding EMS vehicles for that Provider agency are in service on other calls and mutual aid will take longer than six minutes to respond.
 2. The original responders prior to leaving the scene must make definitive arrangements for the disposition and transport of the initial patient to other appropriate personnel. **These alternate arrangements shall in no way jeopardize the initial patient's well being.**
 3. EMS personnel shall contact the nearest System hospital by MERCI radio or cellular phone prior to leaving the scene to confirm the refusal and alternate transport arrangements. The patient should be asked to sign a refusal of transportation form and original responders must fill out a patient care report for the assessments and care rendered prior to their departure (See Subsection E below).
- D. **Patient consents to care but requests transport to other than the nearest hospital:**
Follow provisions of System Policy T-2: Patient Transport, Selection of Receiving Facility.
- E. **Transfer of care from one EMS crew to another**
1. First responding EMS personnel shall remain with a patient and continue to provide appropriate care to the extent of their scope of practice until patient responsibility is transferred to the transporting team unless unusual and compelling circumstances require that they leave **or** a physician, nurse, or EMT is present on the scene with appropriate licensure, scope of practice, and equipment to continue care and agrees in writing to stay with the patient until the transporting service arrives.
 2. Patient safety must never be jeopardized. Circumstances surrounding the transfer of patient care must be documented on the patient care report and be reported to the nearest System hospital **PRIOR** to leaving the scene.
 3. First responding EMS personnel shall complete a patient care report that notes patient assessment and treatment data current to the point of transfer as soon as the call is completed; and
 4. They shall provide a copy of their patient care report to the receiving hospital as soon as possible.

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