S-412 POLICY UPDATES TO ALIGN WITH PROTOCOLS

S-412 Prehospital Treatment and Transportation of Adults – Refusal of Care or Suggestion Destination, Release

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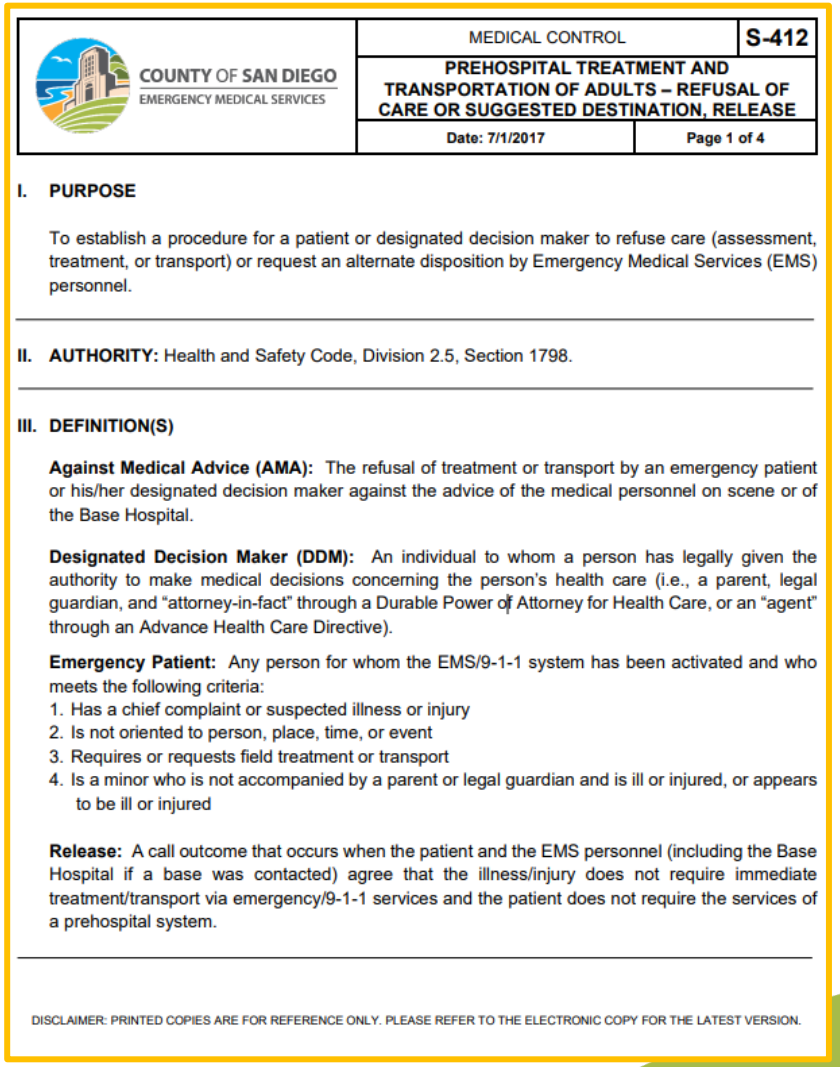
POLICY S-412 BACKGROUND

Establishes the procedures for a patient to refuse care or request an alternate disposition

- Against Medical Advice (AMA)
- Refusal of transport to a recommended facility
- Patient-centered care modification (PCCM)
- Release



COUNTY OF SAN DIEGO
EMERGENCY MEDICAL SERVICES

MEDICAL CONTROL | S-412

PREHOSPITAL TREATMENT AND TRANSPORTATION OF ADULTS – REFUSAL OF CARE OR SUGGESTED DESTINATION, RELEASE

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I. PURPOSE

To establish a procedure for a patient or designated decision maker to refuse care (assessment, treatment, or transport) or request an alternate disposition by Emergency Medical Services (EMS) personnel.

II. AUTHORITY: Health and Safety Code, Division 2.5, Section 1798.

III. DEFINITION(S)

Against Medical Advice (AMA): The refusal of treatment or transport by an emergency patient or his/her designated decision maker against the advice of the medical personnel on scene or of the Base Hospital.

Designated Decision Maker (DDM): An individual to whom a person has legally given the authority to make medical decisions concerning the person's health care (i.e., a parent, legal guardian, and "attorney-in-fact" through a Durable Power of Attorney for Health Care, or an "agent" through an Advance Health Care Directive).

Emergency Patient: Any person for whom the EMS/9-1-1 system has been activated and who meets the following criteria:
1. Has a chief complaint or suspected illness or injury
2. Is not oriented to person, place, time, or event
3. Requires or requests field treatment or transport
4. Is a minor who is not accompanied by a parent or legal guardian and is ill or injured, or appears to be ill or injured

Release: A call outcome that occurs when the patient and the EMS personnel (including the Base Hospital if a base was contacted) agree that the illness/injury does not require immediate treatment/transport via emergency/9-1-1 services and the patient does not require the services of a prehospital system.

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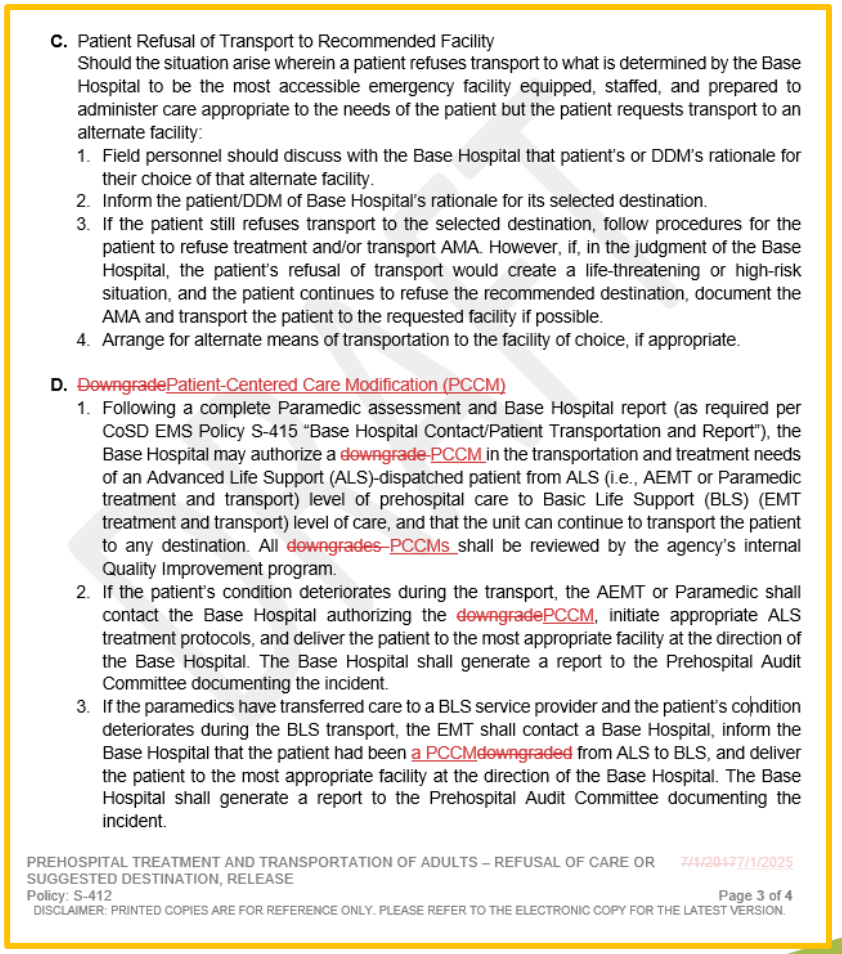
POLICY S-412 REVISIONS

- In February 2023, a memo was issued authorizing patient-centered care modifications
- The memo clarified this is termed as downgrade in some existing policies
- The language of downgrade was revised to patient-centered care modification or PCCM
- Revisions were presented to EMCC on January 9, 2025



C. Patient Refusal of Transport to Recommended Facility

Should the situation arise wherein a patient refuses transport to what is determined by the Base Hospital to be the most accessible emergency facility equipped, staffed, and prepared to administer care appropriate to the needs of the patient but the patient requests transport to an alternate facility:

1. Field personnel should discuss with the Base Hospital that patient's or DDM's rationale for their choice of that alternate facility.
2. Inform the patient/DDM of Base Hospital's rationale for its selected destination.
3. If the patient still refuses transport to the selected destination, follow procedures for the patient to refuse treatment and/or transport AMA. However, if, in the judgment of the Base Hospital, the patient's refusal of transport would create a life-threatening or high-risk situation, and the patient continues to refuse the recommended destination, document the AMA and transport the patient to the requested facility if possible.
4. Arrange for alternate means of transportation to the facility of choice, if appropriate.

D. ~~Downgrade~~Patient-Centered Care Modification (PCCM)

1. Following a complete Paramedic assessment and Base Hospital report (as required per CoSD EMS Policy S-415 "Base Hospital Contact/Patient Transportation and Report"), the Base Hospital may authorize a ~~downgrade~~ PCCM in the transportation and treatment needs of an Advanced Life Support (ALS)-dispatched patient from ALS (i.e., AEMT or Paramedic treatment and transport) level of prehospital care to Basic Life Support (BLS) (EMT treatment and transport) level of care, and that the unit can continue to transport the patient to any destination. All ~~downgrades~~ PCCMs shall be reviewed by the agency's internal Quality Improvement program.
2. If the patient's condition deteriorates during the transport, the AEMT or Paramedic shall contact the Base Hospital authorizing the ~~downgrade~~PCCM, initiate appropriate ALS treatment protocols, and deliver the patient to the most appropriate facility at the direction of the Base Hospital. The Base Hospital shall generate a report to the Prehospital Audit Committee documenting the incident.
3. If the paramedics have transferred care to a BLS service provider and the patient's condition deteriorates during the BLS transport, the EMT shall contact a Base Hospital, inform the Base Hospital that the patient had been a PCCM~~downgraded~~ from ALS to BLS, and deliver the patient to the most appropriate facility at the direction of the Base Hospital. The Base Hospital shall generate a report to the Prehospital Audit Committee documenting the incident.

PREHOSPITAL TREATMENT AND TRANSPORTATION OF ADULTS – REFUSAL OF CARE OR SUGGESTED DESTINATION, RELEASE ~~7/1/2017~~7/1/2025
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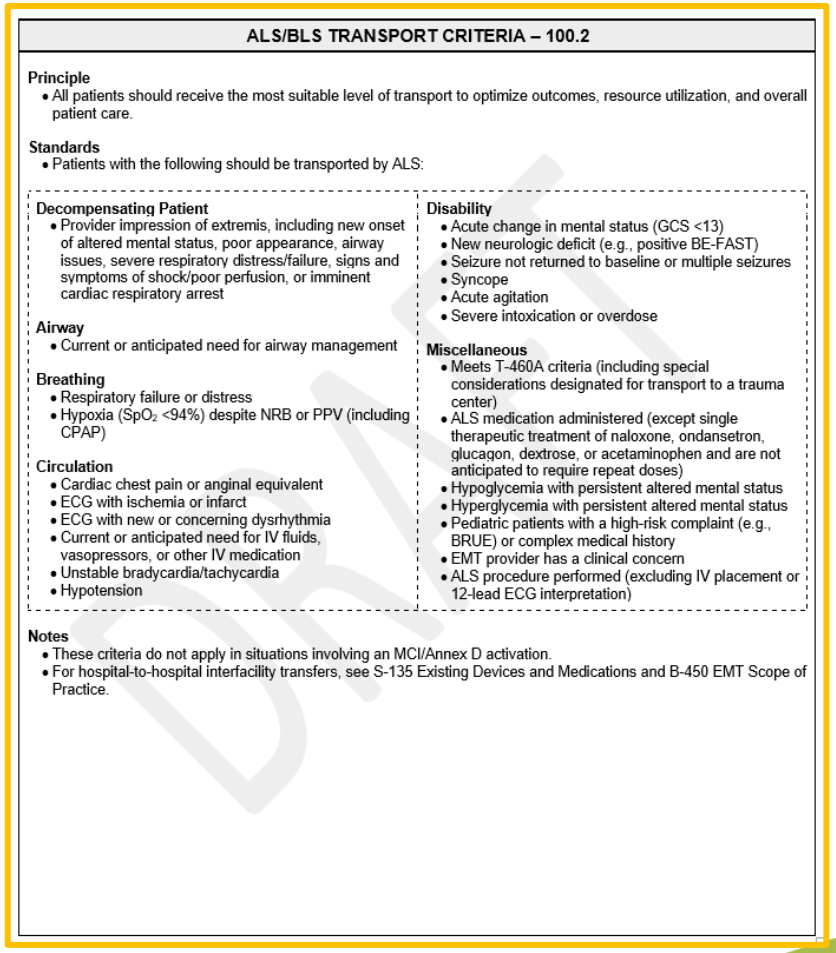
PROTOCOL S-100 REVISIONS

- Protocol S-100 was revised to include a new section titled ALS/BLS Transport Criteria – 100.2
- Establishes the procedure for determining the most suitable level of transport for an emergency patient and initiating a PCCM on standing order
- Revisions were presented to the EMS Medical Director's Advisory Committee on February 18 and March 25, 2025



ALS/BLS TRANSPORT CRITERIA – 100.2

Principle
- All patients should receive the most suitable level of transport to optimize outcomes, resource utilization, and overall patient care.

Standards
- Patients with the following should be transported by ALS:

Decompensating Patient
- Provider impression of extremis, including new onset of altered mental status, poor appearance, airway issues, severe respiratory distress/failure, signs and symptoms of shock/poor perfusion, or imminent cardiac respiratory arrest

Airway
- Current or anticipated need for airway management

Breathing
- Respiratory failure or distress
- Hypoxia (SpO_2 <94%) despite NRB or PPV (including CPAP)

Circulation
- Cardiac chest pain or anginal equivalent
- ECG with ischemia or infarct
- ECG with new or concerning dysrhythmia
- Current or anticipated need for IV fluids, vasopressors, or other IV medication
- Unstable bradycardia/tachycardia
- Hypotension

Disability
- Acute change in mental status (GCS <13)
- New neurologic deficit (e.g., positive BE-FAST)
- Seizure not returned to baseline or multiple seizures
- Syncope
- Acute agitation
- Severe intoxication or overdose

Miscellaneous
- Meets T-460A criteria (including special considerations designated for transport to a trauma center)
- ALS medication administered (except single therapeutic treatment of naloxone, ondansetron, glucagon, dextrose, or acetaminophen and are not anticipated to require repeat doses)
- Hypoglycemia with persistent altered mental status
- Hyperglycemia with persistent altered mental status
- Pediatric patients with a high-risk complaint (e.g., BRUE) or complex medical history
- EMT provider has a clinical concern
- ALS procedure performed (excluding IV placement or 12-lead ECG interpretation)

Notes
- These criteria do not apply in situations involving an MCI/Annex D activation.
- For hospital-to-hospital interfacility transfers, see S-135 Existing Devices and Medications and B-450 EMT Scope of Practice.

POLICY S-412 PLANNED REVISIONS

Language to Add

- Paramedics shall complete an assessment and radio report
- Paramedics should transport patients that meet criteria in S-100.2
- EMS clinicians shall review S-100.2 criteria and complete a PCR with documentation of criteria

Language to Remove

- Requirement for the Base Hospital to authorize the PCCM

QUESTIONS?