

CENTRAL CALIFORNIA EMERGENCY MEDICAL SERVICES

A Division of the Fresno County Department of Public Health

Manual: Emergency Medical Services Administrative Policies and Procedures	Policy Number: 571 Page: 1 of 2
Subject: Assess and Refer	
References:	Effective: 12/21/20

I. POLICY

This policy is being implemented in response to the increasing volume of pre-hospital calls, over capacity of local emergency departments and the increase in ambulance patient off-load times (APOT). This policy is initiated at the discretion of the EMS Agency and is intended to decrease the impact of non-emergency EMS requests on the EMS system and hospital emergency departments. The EMS agency will activate and terminate this policy as conditions require.

II. PURPOSE

To establish standards for the identification of patients whose condition does not require transport by emergency ambulance services. If it is determined that the patient is stable, and does not require emergent transport, EMS personnel will assess the patient and provide an appropriate alternative recommendation.

III. GENERAL CONSIDERATIONS

EMS personnel shall take the following information under consideration when considering and assessing a patient for referral:

- Does the patient, guardian, or parent have decision making capacity?
- Are EMS personnel concerned with the patient's current medical condition?
- How likely is the patient to successfully navigate the provided referral?
- **If the paramedic/EMT has any doubt or concern, transport the patient**

IV. ASSESS AND REFER CRITERIA

- A. The patient, guardian, or parent must be an adult (18 years of age or over), or legally emancipated if under 18 years of age.
- B. The patient must meet the following criteria:
 - Age: > 5 years and < 70 years
 - Vital signs are within the following limits (two complete sets of vital signs required):
 - HR: 50 – 100 bpm
 - RR: 12 – 20 resp/min
 - SBP: 100 – 180 mm Hg
 - O₂ sat: 93 – 100 %
 - GCS: Has a Glasgow Coma Scale (GCS) of 15 or GCS is at patient's baseline.
 - Pediatric vital signs - Refer to EMS policy 530.32

Approved By: EMS Director	Daniel J. Lynch (Signature on File at EMS Agency)	Revision: 07/26/2022
EMS Medical Director	Jim Andrews, M.D. (Signature on File at EMS Agency)	

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- 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 potentially benefit from the provided recommendation.
 - The patient is likely to successfully navigate the provided recommendation.
- B. If the patient's condition is stable and meets assessment and referral criteria, EMS field personnel will provide the patient the following recommendation:

"It appears that you do not require immediate transport to the emergency department. The emergency departments are very busy and overwhelmed. You should seek care with your regular healthcare provider, urgent care, or clinic. If symptoms worsen seek medical help or re-contact 911"

Note: Most insurance carriers and physicians have an option for consultation by telephone or video consultation. EMS providers should encourage these methods and private transport to an urgent care.

Until such time that the EMS Agency mandates Assess and Refer, the patient should be transported if they insist on transport.

V. EXCEPTIONS TO POLICY

The Assess and Refer policy does not include patients in skilled nursing care facilities, physician offices, or clinics. In addition, requests for transport from State prison facilities and the Coalinga State Hospital will be exempt from this policy and ambulances will provide transport upon request.

VI. DOCUMENTATION REQUIREMENTS

A patient care report shall be completed for patients that are assessed and referred. Documentation shall include:

- 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.
- Recommendation/referrals shall be documented utilizing the following four (4) step process:
 - That a recommendation was offered.
 - The recommendation/referral provided by the EMS personnel.
 - 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