PURPOSE

To insure that a patient is always receiving the appropriate level of care from appropriate licensed IDPH personnel.

SPECIAL INSTRUCTIONS/FORMS TO BE USED

N/A

MISSION / VALUES RATIONALE

This policy is aligned with the Mission and Values for Amita Health. Our mission calls us to provide compassionate, holistic care with a spirit of healing and hope for all persons in the communities we serve. Our ministry is an enduring sign of our Core Values of HOPE, to instill us with integrity, inspire us to interconnect with each other, encourage us to honor diversity and dignity of each individual and empower us to always strive for exceptional performance to our patients/residents and to best serve those in need.

PROCEDURE

I. EMS personnel must not leave a patient if there exists a need for continuing medical care. The only exception will be the presence and availability of individuals with comparable duty, training, and certification who may assume responsibility for the care of the patient. (i.e. an EMT-P may relieve another paramedic, but an EMT-B may not relieve another paramedic.)

II. The EMS personnel in charge is responsible for all patient care rendered in the field. If other prehospital care units are present at the scene, (i.e. BLS Rescue Squads) the personnel with the highest level of prehospital medical care (paramedic or intermediate) shall be responsible for patient care.

III. Under standard operating procedures triage is the responsibility of the charge EMS provider.

IV. In the event of a mass casualty accident, the Emergency Medical Technician may leave a patient after his initial contact with him. This will be due to the need for caring for multiple patients needed treatment or transport.

V. If the EMS personnel determines that a continuing medical need does exist, and the patient refuses care and/or transportation to the hospital, the EMT should establish radio telemetry
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communication, if possible, with his/her designated system hospital, document the patient’s condition and refusal of care and/or transportation. Inform the patient of the risks of not receiving emergency care and if he/she continues to refuse intervention have the patient sign a RELEASE OF SERVICES on the Ambulance Report Form. For more definitive instructions on Refusal of Care see “Patient Right of Refusal” policy.

VI. Request for transportation outside of Municipality’s Designated Boundaries

A. Stable Patients: Some ambulance providers are allowed only to transport to certain hospitals; therefore, if a patient requests transportation to a hospital outside of the provider’s designated area, and there exists NO NEED FOR CONTINUED advanced or intermediate life support treatment, the EMT must make arrangements for transfer of the patient’s care to a private ambulance service. He/she should establish radio communication with the Resource hospital to document the patient’s request for transport to other than the nearest hospital. Every effort must be made to have the patient sign the release on the EMS Ambulance Report form stating his/her refusal to be transported to the nearest comprehensive hospital. The EMT must remain with the patient until arrival of the private ambulance.

B. Unstable patients: Some ambulance providers are allowed only to transport to certain hospitals. If the patient requests transportation to a hospital outside of the provider’s designated area and the EMS personnel determine that a need for in continued advanced or intermediate life support DOES EXIST, the EMS personnel must make every effort to persuade the patient to consent to be transported to the closest comprehensive hospital for initial evaluation and stabilization. If the patient continues to refuse transportation to the closest comprehensive hospital, the EMS personnel must establish radio communication with the Resource Hospital to document the situation. Every effort must be made to have the patient sign the release on the EMS Ambulance Report Form stating his/her refusal to be transported to the nearest comprehensive hospital. The EMS personnel can transfer responsibility of the patient to an ambulance service staffed with individuals of equal or higher training and licensure. The EMS personnel must remain with the patient until the private ambulance arrives.

VII. Upon delivery of a patient to a hospital emergency department or floor or any health care facility, the EMT’s must release the patient to the care of a nurse or physician prior to their departure.
NOTE: Policies with original signatures are on file in Administration.