

- Engagement with person
- DEC dispatch
 - Onview
 - Community Paramedicine Non-Emergency/Non-Medical Encounter
 - Fire service calls, such as:
 - Public assist
 - Lift assist
 - Welfare check
 - Ring removal request

Does the EMS Provider have a reasonable suspicion of any of the following?
a) A complaint suggestive of potential illness or injury or,
b) Obvious evidence of illness or injury or,
c) Experienced an acute event that could reasonably lead to illness or injury or,
d) Is in a circumstance or situation that could reasonably lead to illness or injury;

NO

Person is not a patient

YES

Person is a patient

Can the patient be accessed in a safe manner?

YES

Patient consents to treatment or implied consent?

YES

Treat with PDT/AMA or Transport patient to hospital

NO

Leave scene and mandatory exception report

NO

Does the patient meet the following criteria?

- Patient has capacity
- Patient does not meet criteria for involuntary psychiatric hold (suicidal, homicidal, gravely disabled) or conserved
- Patient is > 18 years old

OR, if <18 years old:

- Patient is emancipated
- Patient is pregnant and making decisions about pregnancy-related care or reproductive health
- Patient is legally married
- On duty member of armed forces
- A self-sufficient minor >15 years old, living independently and managing own finances

YES

Patient can decline transport and/or sign Against Medical Advice

NO

Transport patient to hospital

Prehospital Personnel Resources for Patient Management

Safety is paramount for our EMS crews and patients. To determine the best approach to ensure both the needs of the patient are met and the resources prehospital personnel may need to provide patient care safely, consider the following steps and actions when evaluating each call or scenario. This is not a comprehensive list of steps for all circumstances and is listed in no particular order. EMS clinicians shall use sound clinical judgment and scene management skills.

Ensure Provider Safety and Scene Security

Scene safety is paramount for EMS crews and patients. If the scene cannot be made safe or the scene becomes unsafe, then document, in detail, what was not safe about the scene and what steps were taken to try to mitigate scene safety. Document what happened to the patient prior to leaving a scene. Employ the following options to best mitigate safety concerns:

- Verbal De-escalation
- Utilize responder with the best rapport for communication with the patient
- If appropriate, utilize bystanders to communicate with the patient
- Request Law Enforcement
- Request Engine or Truck
- Request EMS Supervisor

[1.01 Patient Assessment](#)
[4041 Scene Management](#)
[4043 EMS Use of Physical Restraints](#)

4040 VII. B Prehospital Personnel Safety Threatened

Call Supervisor

Escalate difficult situations/unsecure scenes for review by an EMS Supervisor by calling the EMS Supervisor to the scene.

[2052 Paramedic Field Supervisor](#)
[4041 Scene Management](#)

Call Law Enforcement

Request law enforcement to the scene. If law enforcement does not respond, intervene, nor assist, make sure to document what happened when law enforcement arrived, their level of involvement, and the outcome.

[4041 Scene Management](#)
[4043 EMS Use of Physical Restraints](#)

Request Base Hospital Physician in the Field (if available)

Request a Base Hospital Physician, assigned to the field rotation, to respond to the scene. This physician can speak with the patient or provide medical advice while on scene. ~~This resource can better understand the needs of the patient and the provider through face-to-face interaction.~~ Document all interactions with a physician who arrives on scene.

[EMSA Memo-New EMS/Base Hospital Physician in the Field Program](#)

Call Community Paramedic Captain (e.g. EMS6, CP5, CP7)

Request the appropriate Community Paramedic Captain to the scene to assist. The Captain can consult and decide if it is an appropriate response for Street Crisis Response Team or Street Wellness Response Team and/or respond to the scene directly. A member of the unit may have specialized training to assist with a patient especially if there are medical, behavioral health, or social needs. The Community Paramedic team may be able to develop a back-up strategy such as re-engaging with the patient a few hours later or offering other social resources.

[4041 Scene Management](#)

Documentation

Write a full Patient Care Report (PCR), even if a first response form would be indicated. Include which of the steps in this Appendix 3 were taken, why the steps were taken, and the outcome of each step. If a step did not apply to the situation or was not taken, document the rationale. Document quotes from individuals on scene. Any phone calls/radio communications to dispatch, physicians, and supervisors should be on a recorded line if possible.

4040 Patient Consent For and Pt Refusal of Emergency Medical Care and Transportation
[6020 Incident Reporting](#)

Document the following as applicable:

PDT, Patient:

- Did not activate 911
- Does not consent to evaluation
- Does not consent to demographic information
- Has no obvious signs of trauma/drug or alcohol intoxication
- Is speaking in clear speech
- No obvious medical complaint or signs of distress
- Self-ambulates from scene with a steady gait (or at baseline mobility status)
- Is offered evaluation, treatment, and transport
- Advised to activate 911 if any change of decision

AMA

- Multiple attempts at de-escalation
- Law enforcement contacted for scene management per Policy 4041
- Community Paramedic Captain contacted
- Law enforcement denies request to assist physical restraint of patient
- Community Paramedic Captain or Field RC to assist crew filling out Sentinel Event
- Request Base Hospital Physician in the Field through DEC if available and the patient is still on scene