1. **What is the difference between “Treat & Refer” and “Release at Scene”?**

“Treat & Refer” shares some similarities with “Release at Scene.” Both allow for the identification of low acuity patients that do not require ED evaluation/treatment or 911 transport.

Currently, our “Release at Scene” policy applies to the subset of calls where the patient declined the offer for transport and the paramedic, recognizing the patient’s low acuity status, agreed that transport was unnecessary.

The intent of the “Treat and Refer” bulletin is to authorize paramedics to assess and educate those patients who feel that they need to be transported, yet in fact their condition is low acuity, and that in the paramedic’s opinion, a transport to the ED is not necessary. In order to establish that a low acuity condition exists, a complete narrative, assessment and vital signs, including pulse oximetry are required, and paramedics may also need to use various testing, including, but not limited to finger stick glucose, 12 lead EKG etc.

Although the goal of “Treat & Refer” is that the paramedic and patient ultimately come to an agreement about the unnecessity of transport, in rare situations, the paramedic may determine that in their opinion, medical transport is not necessary and they may refuse to transport the patient by ambulance.

2. **What is a referral? Do I need to give the patient anything?**

A Treat & Refer patient should receive guidance on alternative venues as to where they can receive care or alternate ways they can get to the ED appropriate to their situation.

This can be as simple as instructing them to follow up with their primary doctor if they have one, providing the number for the advice line associated with their insurance provider or home facility, or identifying a family member that can drive them to the ED.

If appropriate, EMS personnel may offer the patient a pamphlet that contains a list of county clinics and advice line numbers. **Please document all referral recommendations and the patient’s ability to navigate them in the narrative of the PCR.**
You should strongly consider transport to the ED if your patient is unable or unwilling to navigate your referral.

3. On the PCR, why am I selecting the Release at Scene (no AMA) disposition for my Treat & Release cases?

It is important that all EMS providers in the county document in a uniform fashion. The “Treat & Refer” disposition has not been added to the MEDS or ZOLL platforms yet.

Meanwhile, please continue to use the most closely related disposition familiar to all of you, ‘Treat no Transport’ and ‘Treated and Released, NO AMA’, which is the same disposition you use for a “Release at Scene.”

4. Do I need to have the patient sign any special forms like the Release at Scene Form?

If a patient agrees to their Treat & Refer designation, please continue to have these patients sign the Release at Scene form. If they do not agree to sign the Release at Scene, it is very important to note in the narrative as to the circumstances or reason why they did not sign.

5. After identifying a Treat & Refer candidate, when can I override the patient’s desire for transport? How do I document this?

While you are authorized by the CCEMSA to have the option to perform a treat and refer, the ultimate decision as to your ability to perform a treat and refer will be determined by your EMS provider agency.

For example, some EMS provider agencies might not allow the Treat and Refer under any circumstances.

Other EMS provider agencies might allow the Treat and Refer only when the system is overloaded, such as when there are one or fewer available ambulances available, or in situations where multiple minor patients call 911 within a short period of time, such as MCI’s.

If applicable, these thresholds should be established by each EMS provider agency.

Lastly, in those cases where an agreement with the patient cannot be reached and you must deny/refuse a patient’s request for transport outright, patients should not be asked to sign a Release at Scene.

In the case where you deny ambulance transport to a patient, it is very important that you document your inability to reach an agreement with the patient along with your referral recommendation in the narrative of the PCR.

6. Can I call Base to assist in determining if a patient is appropriate for Treat & Refer?

Yes! When doubt or ambiguity exists, err on the side of caution and consult the Base MICN or Physician or choose to transport the patient to the ED.