

<b>KITTITAS COUNTY EMERGENCY MEDICAL SERVICES</b>				
<b>OPERATIONAL POLICY</b>	EFFECTIVE DATE: October 4, 2007	NUMBER: 3	SUPERSEDES DATE: August 2, 2007	PAGE: 1
SUBJECT: <b>AMBULANCE AND AID SERVICE CANCELLATION CRITERIA</b>				

**I. PURPOSE**

To identify acceptable criteria for licensed aid and ambulance services to be cancelled en route to the scene of an ill or injured patient.

**II. CANCELLATION CRITERIA**

A. Aid Services

1. Aid Service is cancelled by ambulance that is on the scene or en route.
2. Aid Service communicates with law enforcement that no patient is found.

B. Ambulance Services

1. Ambulance service communicates with **any lower level service (affiliate, aid, BLS vs. ALS ambulance)** at scene and one of the following conditions is confirmed **and a complete patient report is obtained from an EMS Provider:**
  - a. **No patient was found.**
  - b. **Patient has left the scene.**
  - c. **Obvious signs of death in addition to absence of respiration and cardiac activity.**
    - **Decapitation**
    - **Evisceration of heart or brain**
    - **Incineration**
    - **Rigor Mortis**
    - **Decomposition**
  - d. **Patient refusal** – To qualify for canceling the ambulance en route, patients with the following conditions must meet the identified criteria in addition to being alert & oriented x 3, and have a second adult present who agrees with the patient’s **refusal of treatment:**
    - Diabetic -
      - Observe eating a sandwich
      - Diabetic for more than one year
      - **Glucose Test of >100**

Most recent amendments are in **bold**.

Approved 12/2/99

12/4/03

Amended

Amended 8/2/07

Amended 10/4/07

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- Head Injury –
    - Normal gait
    - Finger to nose
    - Not intoxicated
    - No loss of consciousness or amnesia
    - Normal speech
  - Seizure –
    - History of seizures
    - Has current medication available
    - Postictal state has resolved
  - Alcohol –
    - Normal gait
    - Competent adult present (no ETOH)
    - Cough & sticks out tongue
    - **Finger to nose**
    - Able to stand without assistance
    - Last drink over one hour ago
- e. ***POLST Orders are present (Do Not Resuscitate Orders) - Copies of the original order are acceptable according to DOH, per the POLST Committee through the WSMA (2006). Recommendation is not reflected in the POLST Protocols ( rev. 3/2003).***
2. ***Ambulance service communicates directly with any EMS agency not licensed in Kittitas County and receives a complete patient status report, before accepting a recommendation to cancel an EMS response to patients in Kittitas County.***
3. Ambulance service communicates with local physician or registered nurse on scene.
4. Ambulance service communicates with law enforcement on scene, and one of the following conditions are confirmed in addition to absence of respiration and cardiac activity (except for a.).
- a. No patient found
  - b. Decapitation
  - c. Incineration
  - d. Rigor Mortis
  - e. Decomposition

Most recent amendments are in ***bold***.

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**Notes:**

1. Cancellations are not accepted from the general public once the EMS System has been activated.
2. Cancellation criteria do not apply to Interfacility Transfers.

**III. DOCUMENTATION**

- A. The following should be documented on every cancelled call.
  1. Date of call
  2. Times associated with call and cancellation
  3. Name of party (including agency) canceling EMS service
  4. Criteria met for cancellation
  5. All patient refusals must be accompanied by a signed “Medical Release” form and completed by the highest level provider *on scene*. ***An EMT/ILS level provider may complete the medical incident report when partnered by an ALS provider, only if, the MIR is reviewed and co-signed by the highest level provider on the call.***

<p><b>APPROVED BY KITTITAS COUNTY MPD:</b></p> <p>Signature: _____</p> <p>Name: <b>Jackson S. Horsley, MD</b></p>
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<p><b>RECOMMENDED BY KC EMS/TC COUNCIL:</b></p> <p>Signature: _____</p> <p>Name: <b>Steven N. Reinke, Chairman</b> <b>Craig McKee, Vice Chairman</b></p>
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