Clinical Practice Guidelines: Other/QAS Non-transport

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QAS Non-transport

There are four possible circumstances in which ambulance clinicians may respond to a patient and provide no ambulance transport to a hospital or health facility.

These circumstances include:

- The patient is **deceased**
- The patient **refuses** to provide consent for treatment and/or ambulance transport **against ambulance clinician advice**
- The patient **declines** the ambulance clinician's offer of ambulance transport to a hospital or health facility and the ambulance **clinician is supportive** of the patient's decision
- The ambulance clinician decides that the **patient's condition does not warrant** transport to a hospital or health facility.

Patient deceased

In very limited circumstances, it may be necessary and appropriate for ambulance clinicians to transfer a deceased person from the place at which the death occurred, to the closest mortuary. In the event that this situation arises, the ambulance clinician is referred to *CPG: Recording of Life Extinct (ROLE)/Management of a deceased patient*.

Patient decision – refusal of treatment and/or ambulance transport against clinician advice

A 'patient refusal' involves a situation whereby the attending ambulance clinician strongly recommends a course of action that involves treatment and/or ambulance transport to a hospital or health facility. What then follows is that the patient categorically refuses the recommended treatment and/or transport and does so contrary to the advice of the ambulance clinician.[1]

A patient may convey their decision to refuse treatment and/or transport in one of two ways. The decision can be conveyed contemporaneously, that is, a decision that is made and conveyed verbally at the time that management options are being considered. The decision can also be made in advance and conveyed in an Advance Health Directive. Decisions to refuse transport are more commonly made contemporaneously and will be addressed in this CPG. For decisions made in an Advance Health Directive, see *CPG: Guide to Patient Decision-making in Ambulance Services*.

Right to refuse

Every adult person has a right to make decisions regarding health care and ambulance services, including the decision to refuse that which is recommended by the person's health care provider/ attending ambulance clinician. This right to decide is not limited to decisions that others, including family members and ambulance clinicians, may regard as sensible or even rational.[2]

When attending a patient who expressly refuses treatment and/or transport to a hospital or other health facility, the ambulance clinician is required to conduct an assessment to determine the validity of the patient's decision to refuse. This means that the decision meets the required legal standard. If the patient's decision to refuse is **valid**, the ambulance clinician is required to respect the patient's express wish. If the patient's decision to refuse is **invalid** the ambulance clinician is required to explore options to ensure the patient is provided with necessary treatment and transport to hospital.

There are a number of requirements that must be met before a contemporaneous decision to refuse treatment and/or transport can be deemed to have addressed all necessary legal and clinical requirements. The first requirement is that the patient is competent or has the requisite **decision-making capacity** to make the decision.[3] The second requirement is that the decision has been made **voluntarily** and free from any undue influence, coercion or is made based on false and misleading information.[4]

In addition to the assessment of these two requirements, the ambulance clinician has a **duty to provide the patient with information** regarding the patient's condition, and the potential risks or consequences of the decision to refuse recommended treatment and/or transport, and to do so to the extent of their expertise.[5]

The process that the ambulance clinician is required to implement following a contemporaneous decision to refuse recommended treatment and/or transport is the **QAS VIRCA process**. The VIRCA process encompasses the two legal requirements of a valid decision to refuse and the ambulance clinician's assessment thereof (*voluntariness and decision-making capacity*); sets out the duty of the ambulance clinician to provide the patient with relevant information (*informed*); directs the ambulance clinician to determine the scope of the patient's decision to refuse (*relevant*); and if the decision is valid, directs the ambulance clinician to provide the patient with advice that will promote their comfort and safety (*advice*). The QAS VIRCA process is set out below.

QAS VIRCA Process	
Voluntary:	The decision to refuse ambulance treatment and/or transport must be a voluntary choice free of coercion, undue influence, manipulation or false information that is conveyed by another person.
Informed:	The patient must be informed of their condition or likely condition and the risks and possible consequences of the decision to refuse ambulance treatment and/or transport to a hospital or health facility.
Relevant:	The patient's decision, and the treatment and services that the patient is refusing, must be clearly specified.
Capacity:	The patient has the requisite decision-making capacity and is capable of understanding the nature and consequence of the decision to refuse.
Advice:	If the refusal is valid, ensure that the patient has been provided with advice and recommendations to promote the patient's comfort and safety if the patient is to remain at home or in the community.

Voluntary

The decision to refuse treatment and/or transport to hospital must be one that is made voluntarily by the patient, free from any coercion, undue influence or misrepresentation.[6]

Every decision in health care is made with some degree of influence, such as that offered by family members and friends, and to some degree, by health professionals when providing advice. This influence is acceptable. However, if the extent of the influence is to persuade the patient to depart from his or her own wishes, then the influence could be regarded as undue influence and the patient's decision may be invalid.

The refusal would also be invalid if it was later found that the decision was made on the basis of misinformation of a significant kind. Information that is provided to the patient **must** be accurate.[7]

The decision to consent or reject treatment may also be invalid if it is provided under duress. When considering if there has been influence exerted while the patient is under duress, the ambulance clinician should have regard for the strength of will of the patient, and the relationship between the patient and the person exerting, or suspected of exerting influence.[8] When considering the patient's strength of will, the ambulance clinician should be mindful that circumstances such as pain, fatigue, depression or fear which can render a person in such a state where they could be easily overborne.[9]

There are no set guidelines as to what may amount to coercion or undue influence on the part of another. Whether or not a patient has been influenced or convinced to refuse under duress, are matters that should be determined having regard for the circumstances in each case.

Is the patient's decision to refuse treatment and/or transport a voluntary decision?

Informed

If a patient is to make a choice about whether to proceed with recommended treatment and/or transport, then it is only logical that the patient must be provided with information in order to make that choice. The ambulance clinician has a duty to provide the patient with the following:[10]

- Details regarding the **condition or suspected condition** from which the patient may be suffering;
- Information about the **treatment** option and ambulance **services** that are **recommended**;
- An explanation regarding the reason for, and the potential **benefits** of receiving the **recommended treatment** and ambulance service;
- Details regarding the potential **risk** associated with each treatment that is recommended; and
- Details regarding the **potential risk** associated with **refusing** the recommended treatment.

The information must be provided to the patient using language or other means that the patient is capable of understanding. The patient should then be afforded reasonable time in which to consider the information and ask questions.

Has the patient been provided with information regarding their condition, recommended treatment and potential risks if recommended treatment is not provided?

Has the information been presented to the patient in a way that is responsive to their communication needs? (e.g. English as a second language or where speech and hearing impairments exist)

Relevant

The patient's decision to refuse must be relevant in that it must relate specifically to the treatment and/or transport that have been recommended by the ambulance clinician. Essentially, the ambulance clinician must determine the scope of the patient's decision to refuse. It is possible that the patient may accept treatment or some aspects of the treatment that have been recommended, but refuse transport, or visa versa.

Is the patient specifically refusing the treatment that is recommended?
Is the patient willing to accept the risks as explained?

Capacity

The right to make a choice regarding health care presupposes the capacity to do so. Capacity is about understanding. It essentially means that the person is **capable of understanding** the nature and purpose of the treatment that is proposed, and the consequences or risks associated with the decision to refuse.[11]

According to the law, an adult person is *presumed* to have the capacity to make decisions about health care, unless it can be demonstrated that they don't. This is referred to as the 'presumption of capacity' principle.[12]

There are a number of medical conditions and clinical circumstances that can potentially impact on a person's decision-making capacity on either a temporary or a permanent basis. Examples of conditions and circumstances that can potentially impair decision-making capacity include:

- Head injury
- Dementia
- Intellectual disability
- Mental illness
- Hypoxia
- Drug and/or alcohol intoxication
- Severe pain, fear or profound fatigue.

However, it cannot be assumed that a person lacks the capacity to make a decision merely because of the presence of one or more of these factors. It must be demonstrated, by assessment, that the person does not have the capacity to make the decision at hand.[13]

The ambulance clinician must be satisfied that the patient is **capable of understanding** the information that has been provided and is able to arrive at a clear choice. Guidelines for the assessment of decision-making capacity are listed below.[14]

Fluctuations in capacity

Capacity to make decisions is not a fixed state, that is, either present or not. It is a fluid concept that can shift in response to a number of variables.[15] Ambulance clinicians would appreciate the practical nature of this statement as it is not uncommon that they will observe fluctuations in a patient's conscious state, degree of orientation, and level of comprehension in the relatively short period of time that the patient is in the ambulance clinician's care. These fluctuations are mostly attributable to the patient's clinical condition or the effects of substances such as alcohol, illicit substances and prescribed pharmacological preparations.

Level of understanding required – 'Gravity of Risk'

The gravity of the decision that the patient is making, and the potential for serious risk, is another factor that the ambulance clinician is required to consider when assessing a patient's capacity to understand. In circumstances where there is the potential for serious risk to the patient's life or health, the law requires that the patient demonstrate a greater level of capacity. This is referred to as the 'gravity of risk' principle.[16]

Is the patient suffering from any condition that may limit their capacity to understand treatment information?

Can the patient retain the information provided regarding treatment and risks?

Does the patient demonstrate that they are capable of understanding the information provided?

Understanding includes the following:

- ***Implications – benefits and risks of the treatment and implications of no treatment;***
- ***Alternatives and their implications;***
- ***Retention of information sufficient to make a decision.***

Can the patient weigh up the information as part of the process of making the decision (for example, asking questions).

Can the patient communicate the decision either verbally or by using sign language?

See: *DCPM/Introduction/Guide to patient decision-making in ambulance services* for additional guidelines regarding the assessment of decision-making capacity for both adults and children.

Valid decision

If the ambulance clinician forms the view that the patient has provided a valid refusal, the ambulance clinician must respect the patient's decision and provide advice.

The advice to be provided to the patient includes information that is aimed at promoting the patient's comfort and safety, and measures that the patient should take if circumstances change and treatment and/or transport to hospital is desired.

The ambulance clinician must comprehensively **document** the following details on the eARF:

- clinical **assessment findings**;
- outcome of the **QAS VIRCA process:**
  - *Voluntary* – record details regarding the voluntary nature of the patient's decision;
  - *Informed* – record all details of the information that was provided to the patient (be specific);
  - *Relevant* – record precisely the treatment and/or transport that the patient has refused;
  - *Capacity* – record details regarding how the ambulance clinician concluded that the patient had the requisite decision-making capacity at the time:
    - Information retention;
    - Patient's understanding of the information;
    - Reasons for refusing (only relevant insofar as it may confirm that the patient has weighed up the information and arrived at a clear choice); and
    - Details of other matters discussed with the patient that may demonstrate cognitive functioning and ability to understand.
  - *Advice* – details of the advice provided to the patient and/or others at the scene that is aimed at promoting the patient's safety and comfort.

Invalid decision

If the ambulance clinician reasonably believes that:

- The patient has impaired decision making capacity; and
- There is no other person present that is authorised to provide consent on behalf of the patient; and
- The patient is suffering from a condition that requires treatment and/or transport to hospital in order to meet an imminent risk to the patient's life or health; **or** the patient is suffering significant pain or distress;

the ambulance clinician is required to provide treatment in accordance with relevant CPGs, CPPs and DTPs and thereafter, explore options to ensure the patient is transported safely to a hospital or health facility that is relevant to the patient's immediate clinical needs.

The ambulance clinician must comprehensively **document** the following details:

- clinical **assessment findings**;
- details of the **assessment of the patient's decision-making** and why the ambulance clinician concluded that the patient lacked the capacity to make the decision to refuse recommended treatment and/or transport;
- attempts to contact a **substitute decision-maker** or why it was not reasonably practical to contact and obtain consent from a substitute decision-maker;
- if advice from the **QAS Clinical Consultation and Advice Line** was sought and obtained and details of the advice;
- the **treatment** that was provided; and
- details regarding ambulance **transport**.

Validity of decision cannot be determined

If the ambulance clinician:

- reasonably believes that the patient requires urgent treatment and immediate transport to a hospital in order to avert a serious risk to the patient's life or health; and
- is unable to determine with certainty if the patient has the requisite decision-making capacity to refuse the recommended treatment and/or transport; and
- is unable to identify or make contact with another person that is authorised to provide consent on behalf of the patient;

the ambulance clinician is required to consult with the *QAS Consultation and Clinical Advice Line* and provide urgent treatment in accordance the relevant CPGs, CPPs and DTPs and thereafter, immediate transport to a hospital.

The ambulance clinician must comprehensively **document** the following details:

- clinical **assessment findings** and why the ambulance clinician believes that the patient requires urgent treatment and immediate transport to a hospital;
- details regarding the advice provided from the **QAS Clinical Consultation and Advice Line**;
- details of the **assessment of the patient's decision-making** and why the ambulance clinician is unable to determine with certainty if the patient has the requisite decision-making capacity to refuse recommended treatment and/or transport;
- attempts to contact a **substitute decision-maker** or why it was not reasonably practical to contact and obtain consent from a substitute decision-maker;
- the **treatment** that was provided; and
- details regarding ambulance **transport**.

CPG: Clinician safety
CPG: Standard cares

QAS
Non-transport

Patient decision.
Refusal against clinician advice

Ambulance clinician decision.
Transport NOT required

Patient deceased

Joint decision.
Patient declines offer of transport

See relevant section in this CPG

See relevant CPG

See relevant section in this CPG

CLINICAL ASSESSMENT

Determine clinical condition and possible risks so that:

- Patients can be informed oF risks: and
- Level of capacity (understanding) can be assessed and is adequate for for the level of risk

INFORM THE PATIENT

- Clinical assessment findings
- Provisional diagnosis
- Recommend treatment and/or transport
- Possible risks associated with condition if treatment and/or transport is not received

Does the patient continue to refuse treatment and/or refuse transport?

N → Proceed with relevant treatment as per relevant CPPs and CPGs

Y

IMPLEMENT QAS VIRCA PROCESS

- Voluntary
- Informed
- Relevant
- Capacity

'V'
Is the patient's decision to refuse a voluntary decision?

Y → **'I'**
Has the patient been informed of:

- Condition
- Recommended treatment
- Possible risks

Y → **'R'**
Is the patient refusing the treatment and/or transport that has been recommended?

Y → **'C'**

- Can the patient retain information regarding treatment and risks?
- Is the patient capable of understanding the information provided?
- Has the patient weighed up the information and arrived at a clear choice?

N

Document in eARF

Document in eARF

N U Y

INVALID REFUSAL
Is a substitute decision maker available?

- Health attorney
- Appointed guardian
- Parent (in cases involving young persons)

UNCERTAINTY regarding validity of decision

'A'
VALID REFUSAL
Provide advice to the patient regarding:

- Alternative options such as consulting general medical practitioners
- Precautions aimed at promoting safety and comfort

Consult patient's attorney for advice

Consult line

Treat and/or tranport as per consultation with patient's attorney

Treat and/or transport patient according to consult

DOCUMENT

- Findings of clinical assessment
- Findings of QAS VIRCA process
- Information provided to patient regarding condition and risks
- Treatment provided OR
- Advice provided to patient regarding options, safety and comfort

Note: *Officers must only perform procedures for which they have received specific training and authorisation by the QAS.*

Joint decision – Patients declines ambulance transport – decision supported by ambulance clinician

A situation in which a patient 'declines transport' differs from a situation in which a patient 'refuses transport against advice'. While the terms 'refusal' and 'declines' are used interchangeably in general conversation, the law has treated a patient 'refusal of ambulance transport' differently to that of a patient 'declines the offer of ambulance transport'.[17]

As stated above, a patient refusal of transport involves a situation whereby the attending ambulance clinician identifies or suspects that the patient is exposed to clinical risk and strongly recommends a course of action that involves treatment and/or ambulance transport to a hospital or health facility. What then follows is that the patient categorically refuses the recommended treatment and/or transport and does so contrary to the advice of the ambulance clinician.

By contrast, a patient's decision to decline ambulance transport involves a situation whereby the attending ambulance clinician forms the view that the patient is suffering from a condition that is unlikely to escalate or deteriorate, and the clinician recommends possible management options that are relevant and specific to the patient's clinical circumstances. The patient is then afforded the opportunity to determine which of the recommended management options he/she will accept.[18]

Example

A patient with a lengthy history of type one diabetes suffers a hypogylcaemic episode. The patient's blood glucose level is restored to normal reference range and the clinical assessment findings do not raise any reasonable suspicion of a serious illness. The ambulance clinician recommends the following management options, each of which the clinician supports: the patient remain at home with supervision provided by a responsible adult; the patient attend General Practitioner (GP) and appointment is made; the patient attend hospital via ambulance. The patient elects to remain at home under supervision and will make an appointment to see a GP the following day. The patient declines ambulance transport to hospital.

In circumstances involving a joint decision, the ambulance clinician is required to undertake the following:

- Conduct a thorough and detailed clinical assessment that is relevant to the patient's presentation;
- Interpret the assessment findings – provisional diagnosis;
- Inform the patient of the clinical assessment findings, provisional diagnosis and possible risks associated with the diagnosis or suspected diagnosis;
- Recommend to the patient, suitable management options that are relevant to the patient's clinical circumstances;
- Conduct an assessment of the patient's decision-making using the QAS VIRCA process; and
- Document all of these findings on the eARF.

Clinical Assessment and Provisional Diagnosis

The clinical assessment in these circumstances is paramount. The assessment must be relevant to the patient's presentation and must confirm that the patient is suffering from a minor **condition** that is **unlikely to escalate or deteriorate**. Following the clinical assessment the ambulance clinician must reach a decision regarding a provisional diagnosis or likely differential diagnosis.

If, following the clinical assessment, the ambulance clinician is unable to conclude the above, or the assessment findings raise a reasonable suspicion that the patient could be suffering from a condition that would warrant a more detailed medical assessment and clinical monitoring, ambulance transport should be strongly recommended to the patient.

Provision of Information

The ambulance clinical must inform the patient of the clinical assessment findings and thereafter, the provisional diagnosis. The patient must then be informed of the possible risks associated with the patient's condition or suspected condition. This information must be provided to the patient using language or other means that the patient is capable of understanding.

Recommended Management Options

The ambulance clinician must recommend to the patient, a suitable course of management. Management options, may, for example, include:

- Remain at home with responsible adult supervision
- Attend GP surgery
- Transport to hospital for monitoring
- Other management options considered to be relevant to the patient's clinical circumstances

Assessment of the patient's decision making

The validity of the patient's decision to accept one or more of the recommended management options, and to decline ambulance transport, must be assessed in accordance with the QAS VIRCA.

QAS VIRCA Process	
Voluntary:	The patient's decision must be a voluntary choice free of coercion, undue influence, manipulation or false information that is conveyed by another person.
Informed:	The patient must be informed of their condition or likely condition and the risks and possible consequences of each management option recommended by the attending ambulance clinician.
Relevant:	The patient's decision must relate to the management options that are ultimately implemented.
Capacity:	The patient has the requisite decision-making capacity and is capable of understanding the nature and consequence of the decision that they are making.
Advice:	If the patient's decision is valid and they choose to remain at home, ensure that the patient has been provided with advice and recommendations to promote the patient's comfort and safety in that environment.

Note: See this *CPG Patient decision – refusal of treatment and/or ambulance transport against clinician advice* for additional information regarding the QAS VIRCA process.

Has a thorough clinical assessment been completed?

Do the assessment findings identity that the patient is suffering from a minor condition that is unlikely to escalate or deteriorate?

Does the VIRCA process confirm that the patient is capable of making decisions regarding management options?

Documentation

The ambulance clinician must comprehensively document the following details:

- clinical assessment findings;
- ambulance clinician provisional diagnosis;
- recommended management options as conveyed to the patient;
- patient's decision regarding management options;
- outcome of the QAS VIRCA process; and
- advice provided to the patient.

CPG: Clinician safety
CPG: Standard cares

QAS
Non-transport

Patient decision.
Refusal against clinician advice

See relevant section
in this CPG

Ambulance clinician decision.
Transport NOT required

See relevant section
in this CPG

Patient deceased

See relevant CPG

Joint decision.
Patient declines
transport

CLINICAL ASSESSMENT

- Clinical assessment must be thorough and relevant to the circumstances

PROVISIONAL DIAGNOSIS

A provisional diagnosis must be made

Is the patient suffering from a condition that is unlikely to deteriorate or escalate?

Y → Manage as per relevant CPGs

N

INFORM PATIENT

- Clinical assessment findings
- Provisional diagnosis
- Possible risks associated with condition

RECOMMEND MANAGEMENT

Management options determined having regard for assessment findings and provisional diagnosis

Remain at home with responsible adult supervision

Attend GP

Transport to hospital

Other
as determined

ASSESS DECISION MAKING

Implement QAS VIRCA process

- Voluntary decision
- Patient informed of condition and risks
- Patient specifically declines transport
- Patient has capacity to understand

DOCUMENT

- Clinical assessment findings
- Provisional diagnosis
- Information provided to patient
- Recommended management options
- Patient's decision regarding management
- Outcome of VIRCA process
- Management implement

Note: *Officers must only perform procedures for which they have received specific training and authorisation by the QAS.*

Ambulance clinician decision – ambulance transport not required

Following a thorough and detailed clinical assessment, the ambulance clinician may form the view that the patient's condition does not require ambulance transport to a hospital emergency department or other health facility.

Circumstances where this may occur must be limited to the following:

- where the patient is **not suffering** from any obvious **illness or injury** and the assessment findings do not raise any **reasonable suspicion** that an illness or injury exists; or
- where the patient is suffering from a **minor condition** which is transient and unlikely to escalate or deteriorate and, in the opinion of the attending ambulance clinician, urgent attendance at a hospital or health facility is not warranted.

In these circumstances, the ambulance clinician is required to select one of the following management options that is applicable to the circumstances:

- **no ambulance treatment** is required and **no subsequent medical** assessment or **treatment is warranted**; or
- **no ambulance treatment** is required however, subsequent support services and/or **non-urgent medical treatment is indicated**; or
- **ambulance**/first aid **treatment is required** and provided and **further medical** assessment and **treatment is not warranted**; or
- **ambulance**/first aid treatment is required and provided and **non-urgent medical assessment and/or treatment** and/or other support services are indicated.

Factors to be considered *by the ambulance clinician when determining if ambulance transport is NOT required.*

The following factors MUST be assessed by the ambulance clinician when determining the most appropriate management option for the patient:

- the clinical assessment findings;
- the patient's age;
- if the patient has recently undergone a medical or surgical procedure;
- the patient's social history and the support network that is available to the patient;
- If the patient is a member of a vulnerable group i.e. child, elderly, intellectually and/or physically disabled;
- If the patient requires a non-urgent medical referral;
- If the patient requires referral to a support service;
- If the patient has access to private transport for the purpose of medical follow up; and
- the patient's wishes with respect to transport.

Clinical assessment findings

Before any decision can be made regarding treatment and/or transport, it is essential that the ambulance clinician conduct a **comprehensive clinical assessment** that is relevant to the patient's presentation. The ambulance clinician must then be satisfied, on the basis of the clinical assessment findings, that the patient's condition and circumstances **does not warrant immediate transport** to a hospital or health facility, or, the assessment findings do not raise any reasonable suspicion that the patient could be suffering from a condition that would warrant transport to a hospital or health facility and subsequent medical assessment (see 'management options' above). An example of a situation that may give rise to a 'reasonable suspicion' would be a patient who presents with leg discomfort and minor swelling and a history of recent immobility or recent air travel.

The clinical assessment findings must be documented on the eARF.

Age of the Patient

If the patient is a **child or young person**, the ambulance clinician must ascertain if a responsible adult is present and able to provide adequate supervision of the child or young person. Consideration must also be given to the safety of the child and the means by which information can be conveyed to the parent/s of the child or young person regarding the ambulance attendance and outcome of that attendance.

If the patient is an **elderly person**, the ambulance clinician must ascertain if the patient is at risk of medical, mental health, social or environmental issues. If the patient's safety is potentially compromised, then this factor must be considered by the ambulance clinician when deciding if ambulance transport to a hospital or health facility should be provided.

Recent medical, surgical or dental intervention

Patients who have recently undergone a medical, surgical or a dental procedure (i.e. recent surgery or day case procedures) may present with delayed complications related to the intervention. In cases involving a recent medical or surgical intervention, it is appropriate to ensure that follow up occurs.

To ensure adequate follow up, it is recommended that the patient be transported to an appropriate health facility if they have had a medical, surgical or dental intervention during the preceding two weeks, unless:

- The ambulance clinician has communicated directly with the health team responsible for the medical, surgical or dental intervention and appropriate follow up has been organised, **OR**
- The ambulance clinician has discussed the case with the *QAS Clinical Consultation and Advice Line* and an appropriate management plan has been implemented.

Social history/support network

The ambulance clinician should elicit information regarding the patient's social history and the network of support that may be available to assist the patient. This information should then be considered in the context of the patient's immediate need for support, assistance and/or supervision. If the patient's safety could potentially be compromised, this factor must be considered by the ambulance clinician when deciding if ambulance transport to a hospital or health facility should be provided.

Patient is a member of a vulnerable group

If the patient is a member of a vulnerable group e.g. child, elderly person, intellectually and/or physically disabled person, homeless or a victim of abuse; the patient may have specific management and/or supervision requirements that exist irrespective of the reasons for which ambulance assistance was requested. The ambulance clinician must consider the patient's vulnerabilities when deciding if ambulance transport to a health facility should be provided.

Non-urgent medical referral

The ambulance clinician may form the view that the patient should receive non-urgent medical treatment or should be medically reviewed by their general medical practitioner or another community based health provider. If these circumstances exist, the ambulance clinician must ascertain if the patient has a doctor that he or she attends, and if it is possible for the patient to attend in the timeframe recommended by the ambulance clinician. If it is not possible for the patient to attend a GP practitioner in the recommended timeframe, and alternative arrangements cannot be made, the ambulance clinician should consider transport to a health facility.

Private transport

If the ambulance clinician decides that the patient should receive non-urgent medical or other health services, the ambulance clinician should ascertain if the patient has access to appropriate transport for this purpose. If the patient does not have any means of accessing the recommended non-urgent medical or other health services, the ambulance clinician should consider ambulance transport to a hospital or health facility.

Referral to support services

If the patient is not transported to a hospital or health facility, the ambulance clinician should consider if the patient's circumstances warrant referral to one or more of a number of support services that are available and relevant to the patient's situation.

Reasons for referral may include:

- domestic violence
- drug and/or alcohol dependency
- elder abuse or neglect
- suicide prevention
- bereavement support
- support for young people (12–25 years)
- victim of sexual assault
- mental health issues
- disability support
- homeless support
- an older patient not coping at home.

Active and passive referral to a support service

- Active referral by a the ambulance clinician on behalf of the patient, requires the prior consent of the patient before the referral can be made (see *DCPM/Introduction/Guide to patient decision-making in ambulance services* for details for obtaining a valid patient consent).
- Passive referral does not require prior consent. Passive referral involves the provision of information with contact details of various support services, to the person, his or her carer, or substitute decision maker.

Person's wishes

The ambulance clinician must discuss with the patient, the various options available in the circumstances, other than ambulance transport to a hospital or health facility and thereafter, ascertain the patient's wishes in this regard. If the patient requests ambulance transport to hospital, or a parent or substitute decision-maker requests transport for their child or family member, transport should be provided.

CPG: Clinician safety
CPG: Standard cares

QAS
Non-transport

Patient decision.
Refusal against clinician advice

See relevant section
in this CPG

Ambulance clinician decision.
Transport NOT required

CLINICAL ASSESSMENT

- Clinical assessment must be relevant to circumstances
- Provisional ambulance diagnosis must be made

ASSESS OTHER FACTORS

- Patient's age and vulnerabilities
- Recent medical, surgical or dental intervention
- Social history
- Support network/appropriate supervision available to patient
- Need for referral to medical and/or support services
- Appropriate transport available to patient (to access medical/support services)

Ambulance clinician determines patient condition does NOT require ambulance transport to definitive care

CAUTION:
if any doubt exists regarding the patient's condition, the patient should be transported to definitive care

INFORM PATIENT

- Clinical assessment findings
- Possible/probable condition if relevant
- Recommended course of action (see below)

Patient deceased

See relevant CPG

Joint decision.
Patient declines offer of transport

See relevant section
in this CPG

SELECT COURSE OF ACTION

NO AMBULANCE TREATMENT REQUIRED: and
No subsequent medical assessment or treatment is indicated

NO AMBULANCE TREATMENT REQUIRED: and
Non-urgent medical treatment and/or support service is indicated

SELECT COURSE OF ACTION

MINOR AMBULANCE/FIRST AID TREATMENT REQUIRED: and
No subsequent medical assessment or treatment is indicated

MINOR AMBULANCE/FIRST AID TREATMENT REQUIRED: and
Non-urgent medical treatment and/or support service is indicated

Proceed with treatment as per relevant CPPs and CPGs

INFORM PATIENT:
Non-urgent medical treatment and/or support services that are indicated and the timeframe in which the patient should access these services

Refer patient to a support service if indicated

ACTIVE REFERRAL
Patient consent required (other than in cases where reporting is mandated or authorised by legislation, e.g. child abuse)

PASSIVE REFERRAL
Provide patient with relevant support service details

DOCUMENT:

- Findings of clinical and other assessments
- Information provided to patient
- Ambulance treatment provided
- Advice provided to patient regarding additional non-urgent medical treatment and/or support services required plus recommended timeframe for same
- Referral process if used

Note: *Officers must only perform procedures for which they have received specific training and authorisation by the QAS.*