

Public Service Response Practices

Public service responses are often frequent in EMS systems and present an opportunity for medical negligence if they are not handled appropriately. These may result from a person calling 911 because of an inability to get up after a fall. Complicating matters more, a significant number of these responses tend to involve elderly or handicapped persons who may not be able to identify if they are truly injured. A study by Yale University School of Medicine indicates one third of these responses generate a second response to the same address within 30 days, which concludes these calls may be early indicators of medical problems requiring more aggressive evaluation.

It is important for responders to consider the consequences if the initial illness, injury or failure to thrive is now a much worse problem.

Why can this type of response be misleading?

- Persons requesting assistance do not generally refer to themselves as victims.
- Dispatching information conveyed to responders may include misleading information leading responders to an inaccurate pre-arrival expectation.
- Repetitive calls from the same location can lead to assumptive conditions by responders.
- The person may downplay the severity of the incident because they do not want the use of lights or sirens in their neighborhood.
- The caller may be worried whether they have adequate insurance or be concerned about a bill for service.

To assist EMS organizations, VFIS recommends considering the following best practices to help reduce the risk of medical liability during a public service response.

Be aware of specific state or regional protocols for handling public service or lift assistance responses. These protocols vary from state to state. It's important emergency service organizations adhere to the protocols under which they operate.

Field responders

- Just because an EMS crew was dispatched to the scene for a public service does not relieve them of a duty to act. Continue to be an advocate for the patient regardless of the type of call.
 - Offer to examine and transport the person for further evaluation.
 - Encourage the patient to seek further medical evaluation.
 - Suggest alternative treatments or transporting methods.
 - Involve family members in the discussion.

Document, Document and Document!

- Document the public service calls the same way as all other emergency responses. Non-transport responses are a lead cause of litigation against EMS services.
 - Complete a thorough Patient Care Report including:
 - Why did the person request EMS assistance?
 - Were there any medical symptoms or illness that may have contributed to the event?
 - Are there any resulting injuries or illness as a result of the event?
 - Use appropriate [Medical Miranda Rights](#) (A copy can be found at vfis.com/documents).
 - Secure the proper Refusal against Medical Advice (RMA) on public assist incidents in the absence of specifically designed regional or state protocols.

Administrative controls

- Provide written guidelines for handling a Public Service Response.
- Conduct regular training on refusal against medical advice protocols including case studies.
- Utilize continuous quality improvement programs:
 - Evaluate protocol compliance and documentation adequacy for each response.
 - Develop educational materials to be given to persons who are not transported.
 - Ensure decisions are medically directed and not financially motivated.

References:

1. EMS World: Best Practices: How to Handle the Public Assist Call, David Jaslow, MD MPH FAAEM
2. Prehospital Emergency Care: A Descriptive Study of the “Lift-Assist” Call, David C. Cone, John Ahern, Christopher H. Lee, Dorothy Baker, Terrence Murphy, Sandy Bougucki, January-March 2013, Vol 17, No 1: Pages 51-56
3. JEMS: A New Analysis of Lift-Assist Calls, David Page, MS NREMT-P, February 2013