ACCESSING A POTENTIAL PATIENT

PURPOSE

The purpose of this guideline is to establish a common approach when EMS Clinicians respond to a location for a medical emergency and are unable to gain access to a potential patient. EMS Agencies are expected to have a policy in place consistent with this guideline that incorporates any agency-specific jurisdictional or operational considerations.

BACKGROUND

Once a request for assistance is made, EMS Clinicians have an obligation to make a reasonable effort to locate the individual(s) for whom assistance was requested in order to determine if they are a patient. Unlike the Fire Service and Law Enforcement, there is no clear authorization of EMS Agencies or Clinicians to gain access when necessary to locate a potentially seriously ill or injured patient.

EVALUATING THE NEED FOR GAINING ACCESS

EMS Clinicians shall evaluate the circumstances of each incident and determine the need for entry based on available information, their observations, and the urgency of the situation. In situations where the EMS Clinician reasonably determines there is likely a patient with potentially life-threatening illness or injury, they are expected to access that potential patient. Specifically, there must be an objective and credible reason to believe there is someone inside the location who is seriously injured, facing a life-threatening medical event, not responsive, or otherwise incapacitated for whom immediate medical care is needed. Some factors that should be considered when deciding on the need to gain access to a potential patient include, but are not limited to:

- Credibility of the caller (identified caller vs anonymous or third/fourth party). Higher credibility may include:
  - First party callers that are unable to be reached by phone or other means
  - Second party callers that provide credible evidence for a person in distress and are unable to be reached by phone or other means
- Seriousness of the nature of the reported injury/illness
- Credible evidence a person is unconscious, unresponsive, or in distress
- Credible evidence a person is at the location (vehicle present, mail/packages stacking up, etc)

CONSIDERATIONS FOR GAINING ACCESS

Access should be accomplished using the least destructive means possible while considering the severity of the condition of the potential patient and the safety of responders. The following non-destructive methods of access should be considered and prioritized:

- Attempting call-backs through the respective dispatch center for access
- Utilizing residence-provided key code
- Utilizing Knox® Box
- Utilizing unlocked doors or windows

In general, any time an EMS Clinician must make non-destructive entry without the owner's authorization/pre-authorization, law enforcement should be requested to the scene.

In order to mitigate some safety concerns, EMS Clinicians should consider the following actions when obtaining access to a patient:

- Knock loudly on doors or windows
- Activate doorbells or functioning doorbell cameras
- Loudly announce your presence
- Maintain communication with the respective dispatch center
- Talk with available neighbors or those with knowledge of the location
- After accessing a previously secured portal or before proceeding into an unknown location, take a pause to make observations about any potential safety threats while again announcing your presence

If at any time the EMS Clinician(s) perceive that the scene is unsafe, they should retreat and request assistance.

When an EMS Clinician determines access to a patient or potential patient will require using force and/or destructive means of access, they will request the assistance of Law Enforcement and the Fire Service. When forcible entry would be required to access a patient, EMS Clinicians will collaborate with the Fire Service and Law Enforcement agency with jurisdiction and defer to their expertise and decision on the need for, and method of, gaining access.

In situations where EMS Clinicians obtain access consistent with this Policy, they will document the circumstances which led to their reasonable belief gaining access was necessary along with the means of entry used.

Approved by the Monroe-Livingston REMAC ***DRAFT***