



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Aging and Long-Term Support Administration
PO Box 45600, Olympia, Washington 98504-5600

October 31, 2024

ALTSA: AFH #2024-040
ALTSA: ALF #2024-035
ALTSA: ESF #2024-032
ALTSA: NH #2024-053
ALTSA: ICF/IID #2024-022

USE OF EMERGENCY MEDICAL SERVICES
BY LICENSED AND CERTIFIED LONG-TERM CARE PROVIDERS

Dear Administrator, Provider, or Superintendent:

This letter rescinds:

ALTSA: AFH #2022-022
ALTSA: ALF #2022-019
ALTSA: ESF #2022-018
ALTSA: ICF/IID #2022-011
ALTSA: NH #2022-033

The purpose of this letter is to remind providers and facilities when it is appropriate for facilities to call emergency medical services (EMS) or "9-1-1."

As you may know, emergency departments have reached record high wait times and EMS crews are becoming increasingly overburdened. The unintended consequences of these statistics can result in negative resident outcomes. We encourage each facility to be proactive in planning each resident/client's care and explore resources that can help support the residents/clients and community. This can include reviewing and implementing:

- Resident/client goals for treatment, advanced directives, and specifics listed on the Physician Orders for Life-Sustaining Treatment (POLST) form;
- Use of mobile x-ray, onsite urgent care, physician consult/visits, etc.;
- EMS usage in policies, procedures, and long standing practices;
- Best practices for before, during, and after a resident/client-focused 911 call; and
- Expectations to best serve residents/clients, staff, EMS, hospitals, and community resources.

Please review relevant state laws and rules pertaining to your responsibilities related to residents/clients, their medical issues, and the use of the local fire department and emergency medical services (EMS) or "9-1-1." Please remember that you are required to have sufficient and trained staff, equipment, and supplies at all times to respond to resident/client needs, including medical emergencies.

The staff must be capable of:

- Evaluating the resident/client's condition ongoing;
 - Assisting the resident/client back to the pre-fall position if there are no signs of injuries;
- and

ALTSA Provider Letter: **USE OF EMERGENCY MEDICAL SERVICES BY LICENSED AND CERTIFIED LONG-TERM PROVIDERS**

October 31, 2024

Page 2

- Providing the EMS team with sufficient information on the resident/client’s condition and observed acute changes when making the 9-1-1 call and upon arrival of the EMS.

Long-term care facilities are encouraged to:

- Utilize alternatives to an ER visit such as mobile x-ray, onsite urgent care, or MD consult/visit, etc.
- Use the guidance and educate staff and residents/clients for when EMS is called, included in the Dear Provider Letter.
- Be proactive when identifying, meeting, and addressing resident/client medical and mental health needs.

Please note that the EMS team can independently determine if the transfer to the hospital is appropriate or medically necessary depending on their own resident/client evaluation and/or medical information presented to them by facility staff. Facility staff are not required to have EMS sign a document stating they are denying the transfer. Instead, a written statement in the resident record is sufficient.

EXAMPLES WHEN TO CALL 9-1-1:

- Has an acute/serious, life-threatening medical condition or complaint. *A medical emergency can be defined as something that will result in loss of life or limb if not treated immediately.*
- Is medically unstable; or
- Has an immediate health risk.
- Examples can include:
 - Head injury with change of mental status;
 - Large burn or cut that will not stop bleeding;
 - Trouble breathing- unable to speak in full sentences; or
 - First time or longer than normal seizure.

EXAMPLES WHEN NOT TO CALL 9-1-1:

- The resident/client is medically stable;
- Health status is non-acute or not serious.
- Fall that did not result in obvious injury or mental status change;
- Need of medication or supplies that the facility is required to have/complete on site.

This letter does **not** mean that you should never call 9-1-1. When your evaluation or assessment of the resident shows that the resident may have a medical emergency, you should call 9-1-1. Please refer to the guidance below when calling 9-1-1.

**GUIDANCE* FOR
EMERGENCY MEDICAL RESPONSE AND TRANSPORT REQUESTS**

| | |
|----------------------------|--------------------------|
| When Calling 9-1-1: | When EMS Arrives: |
|----------------------------|--------------------------|

ALTSA Provider Letter: **USE OF EMERGENCY MEDICAL SERVICES BY LICENSED AND CERTIFIED LONG-TERM PROVIDERS**

October 31, 2024

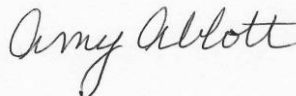
Page 3

| | |
|---|---|
| <p>Be ready to relay the following information:</p> <ul style="list-style-type: none">• Your Name/Name of home• Address where help is needed• Call-back number• Resident information:<ul style="list-style-type: none">✓ Age✓ Gender✓ Special medical complaint or problem: “Chest pain”, “Shortness of breath”, “change in level of consciousness”, etc.✓ Medical history relevant to or potentially impacted by the current medical event✓ Any medical treatment provided and status change. <p>Remember to call 9-1-1 again if conditions worsen.</p> | <p>Please be prepared to provide as much information as you can including:</p> <ul style="list-style-type: none">• Resident age and gender• Details of medical complaint/problem• Level of consciousness• Vital signs• Medical history• Medications• Care provided: oxygen, ECG (Electrocardiogram), IV (Intravenous), medications, etc.• Plan and transport destination• Medical orders/directives |
|---|---|

** This guidance includes information from King County Emergency Medical Services.*

Thank you for your continued commitment to resident health and safety. If you have any questions, please contact your local RCS Field Manager. For additional guidance regarding medical emergency response in your facility, you may contact your local fire department or EMS provider.

Sincerely,



Amy Abbott, Director
Residential Care Services

DSHS: “Partnering with People”

Related Regulatory References:

- **AFH:** Applicable sections in [Chapter 388-76 WAC](#) include -10020, -10135, -10195, -10355, -10390, -10400, and -10405.
- **ALF:** Applicable sections in [Chapter 388-78A WAC](#) include -2050, -2090, -2140, -2450, and -2600.
- **ESF:** Applicable sections in [Chapter 388-107](#) include -0240, -0410, -0760, -1580, -1590, and -1600.
- **ICF/IID:** Applicable sections in [W-Tag](#) include W186; 42 CFR 483.430 (d)(1).
- **NH:** Applicable sections in [Chapter 388-97 WAC](#) include -1000, -1080, -1260, and -1660.
[F-Tags:](#) F656 (42 CFR 483.21); F689 (42 CFR 483.25); F725, and F726 (42 CR 483.35).

For Behavioral Health/Mental Health Support:

RCS Behavioral Health Support Team:

- Inquiries: RCSBHST@dshs.wa.gov
- Training Requests: ALTSABHSTTRAINING@dshs.wa.gov