

BOISE FIRE DEPARTMENT

WHEN TO CALL 911

**BEST PRACTICES FOR
RESIDENTIAL ASSISTED LIVING FACILITIES (RALF)**



BOISE FIRE DEPT - EMERGENCY MEDICAL SERVICES DIVISION

333 N. Mark Stall Place Boise, Idaho 83704 | 208-570-6500

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PURPOSE OF THIS GUIDE

To promote effective resident care, optimize emergency response efficiency, and preserve the availability of critical emergency services for the broader Boise community, the Boise Fire Department has developed this guidance document for staff working in residential assisted living facilities. This resource is intended to support staff in evaluating incidents and determining the appropriate circumstances under which 911 should be called.

The Boise Fire Department recognizes the essential role of well-informed and capable facility staff in ensuring resident safety and maintaining responsible use of 911 services. Accordingly, this educational tool has been developed as part of our commitment to community risk reduction, to enhance clinical decision-making, improve interagency communication, and foster positive and effective interactions between facility personnel and emergency responders.



THIS DOCUMENT IS NOT INTENDED TO BE A SERIES OF INSTRUCTIONS OR DEMANDS FROM BOISE FIRE. We would like this to be a consensus document, intended as a resource for facility care staff to use during staff training and referenced when the situation is non-emergent.

THIS GUIDE IS DESIGNED TO HELP ADMINISTRATORS AND STAFF:

- Understand the difference between an emergency and non-emergency.
- Respond appropriately to resident concerns without over-relying on 911.
- Establish clear procedures for handling non-emergent situations within the facility.

UNDERSTANDING THE ISSUE

Boise Fire Department is a tax-based emergency response and public resource tasked with local, county, and regional response for emergent, life-threatening situations, incident stabilization, and disaster mitigation. Boise Fire Department is also a licensed Advanced Life Support Emergency Medical Non-Transport Service. Emergency Care as defined by IDAPA 16.01.02.010.21 is “a person suffering from a sudden onset of a medical or trauma incident that places the person’s life in serious jeopardy reasonably expected without immediate intervention.” Boise Fire responds to over 25,000 calls for service per year with a limited number of resources. There are 19 apparatuses staffed throughout the community, and many calls require multiple apparatuses. Our Dispatch System must triage calls so resources can be available for critical calls.

Utilizing 911 for non-emergent, non-life-threatening situations makes strategically stationed units unavailable for emergent calls causing delays as further stationed units must now respond. This jeopardizes lives by extending response times and delaying care.

In Residential Assisted Living Facilities (RALFs), staff play a crucial role in ensuring the safety and well-being of residents. However, there is often confusion about when it’s appropriate to call 911. Staff may face pressure to respond quickly to resident concerns, which can lead to unnecessary 911 calls for non-emergent situations. Misuse of 911 overwhelms emergency services, delays response for true emergencies, and creates unnecessary stress for residents and staff. Boise Fire values our partnership with RALFs. We have identified several areas where challenges are impacting the efficiency and effectiveness of emergency response. Addressing these issues through improved communication and collaboration can lead to better outcomes for both patients and responders:

- A high number of calls related to non-injury lift assists and lifting/movement assists.
- Requests for emergency medical response to non-emergent/ non-medical concerns.
- Instances where staff are unavailable to accompany EMS or provide necessary patient history.
- Limited access to critical information such as patient details and Do Not Resuscitate (DNR) or Idaho Physician Orders for Scope of Treatment (POST).
- Prolonged out-of-service times for crews while waiting for a hospice nurse.
- Differences between the resident’s actual condition and what is communicated to 911 dispatch.



PROPER USE OF 911 ENSURES THAT EMERGENCY RESPONDERS ARE AVAILABLE WHEN NEEDED, ENSURING SAFETY FOR RESIDENTS AND THE ENTIRE COMMUNITY.

REQUIREMENTS

A licensed nurse must be available to address changes in a resident's health or mental status, review and implement new orders, and notify the physician or authorized provider when a resident repeatedly refuses to follow physician orders (IDAPA 16.03.22.300.02).

The facility should not skip this step and rely on EMS to provide the initial assessment in non-emergency cases.

ADVISEMENT

The Boise Fire Department is a tax-based, emergency response agency (IDAPA 16.01.02.010.29). Because Boise Fire is publicly funded, department personnel and resources should not be used to provide lift assistance, movement support, or resident transfer in non-emergency cases. Resident lifting, moving, and transfer is the responsibility of the licensed care facility providing supportive care for its residents. Use of Boise Fire personnel or resources for the non-emergent lifting, moving, or transfer of a resident is inappropriate, potentially illegal, and could be considered a government subsidy of a private-for-profit facility as a result of that facility's inadequate or otherwise insufficient staffing.

Under Idaho law, licensed Residential Assisted Living Facilities "must employ or arrange for sufficient trained staff to fully meet the needs of its residents." See Idaho Code § 39-3322 and IDAPA 16.03.22. Boise Fire should not be called to provide non-emergent resident lifting, moving or transfer assistance. Boise Fire responds to emergency situations where a person's life or health is endangered as defined by IDAPA 16.01.02.010.21. False reporting of injury or abuse of the 911 system can be a crime, a misdemeanor under Idaho Code § 18-6711A.

OTHER CONSIDERATIONS

When EMS is called unnecessarily, services that are not deemed medically necessary may not be covered by Medicare, potentially leaving the facility or the resident responsible for the associated costs.

- Medicare does not pay for EMS calls that are not medically necessary or for the convenience of the patient, family, facility or physician.
- Medicare does not pay for transportation and care that could be more economically done at the residence/facility.
- Medicare does not pay for ambulance transports that are not medically necessary.
- Medicare does not pay for transportation back to the residence/facility that is not medically necessary.

DETERMINE MEDICAL NEED

Each facility should have a licensed nurse who is responsible for the patient's welfare and personal care plan. While this does not prevent anyone from calling 911, it does provide an obligation for the nurse to provide on-going assessment and training for each resident's specific needs.



FOR ALL LIFE-THREATENING EMERGENCIES OF NON-TERMINAL PATIENTS, THE PROVIDER SHOULD CALL 911 IMMEDIATELY AND THEN NOTIFY THE FACILITY STAFF AS OUTLINED IN THEIR PROCEDURES. For emergencies related to a terminal condition, notify the facility nurse, administration, hospice, and other care providers, and follow their guidance.

FOR ALL NON-EMERGENT SITUATIONS, INCLUDING FALLS, THE FACILITY MAINTAINS RESPONSIBILITY AND SHOULD CONTACT THE NURSE FOR DIRECTION.

CONSENT

Every patient who has not been deemed incompetent by a Court has the right to refuse examination, treatment, or transport. Boise Fire Department CANNOT assess, provide medical care, or require transport of a patient against their will. Every patient has the right to make their own healthcare choices, including refusal of care (Idaho Code § 39-3316(12)(d)). A power of attorney (POA) is a legal document that gives someone the patient chooses the power to act in their place in case they ever become mentally incapacitated. A patient who has assigned a power of attorney does not lose their right to refuse care unless they have been deemed incompetent first.

QUESTIONS TO ASK:

- Does the patient desire EMS assessment or transport?
- Does the event require immediate intervention by Emergency Responders?
- Could the patient be monitored for the next several hours and then evaluated by the facility's nurse?



WHEN TO CALL 911

An emergency is any acute situation where immediate medical attention or emergency response is needed to prevent serious injury, loss of life, or long-term impairment to bodily function. (IDAPA 16.01.02.22)

EXAMPLES OF MEDICAL EMERGENCIES INCLUDE:

- Unconscious (unable to wake)
- Cardiac Arrest
- Other Death (unexpected, unattended, suspicious, or other deaths not under hospice care)
- Chest pain (if abnormal)
- Shortness of breath (unusual or life-threatening)
- Severe illness (after nurse consult)
- Sudden change in mental status (if abnormal)
- New onset pain after a traumatic event
- Fall/found on floor (after nurse consult)
 - Symptoms of head injury: headache, dizziness, nausea, vomiting, or loss of consciousness
- Slurring of speech (if abnormal)
 - Check for other signs of stroke: right or left-sided weakness or facial drooping
- Uncontrollable bleeding
- Severe allergic reactions
- Seizure (if abnormal)
 - Prolonged seizure (lasting more than 5 minutes) or repeated seizures without recovery

RESIDENT FOUND ON FLOOR FLOW CHART

DOES THE PATIENT HAVE A PULSE?

YES

Check for head injury

Is there limb pain, swelling, deformity, discoloration, vomiting, slurred speech (if normally understood), seizures, chest pain, shortness of breath, right or left sided weakness or facial drooping?

NO

Evaluate patient for any bruises, skin tears, rug burns or red marks

Follow protocols for dressings

NO

No pulse, not breathing

Initiate CPR protocols

YES

CALL 911

Has the nurse been notified?

Obtain vital signs
CALL NURSE
Follow instructions

WHEN NOT TO CALL 911

Please note this list is not exhaustive.

- **A resident sliding from a chair or bed to the floor is not a fall and not an emergency.**
 - Confirm the absence of injuries, assist the patient back to their chair or bed, and document the incident appropriately.
- **Assisting a resident from the toilet to their wheelchair or bed is not an emergency.**
 - Plan ahead and have additional personnel to help with the move.
- **Moving a resident from their wheelchair to their bed is not an emergency.**
- **Finding someone on the floor is not an emergency until they have been evaluated and potential or actual injuries are found.**
 - Conduct a range of motion assessment and ask about the event. If no EMS is requested by the resident, assist them with medically appropriate care.
- **The resident is experiencing pain or discomfort related to their chronic condition that is managed and overseen by their physician.**
 - Unless this is an escalation that has life or limb threatening consequences, consult with the Nurse and call 911 only if the nurse feels it is emergent.

WHAT FACILITIES CAN DO

RALFs can take proactive steps to reduce unnecessary 911 calls and improve staff decision-making during emergencies:

- **Educate residents about their health by helping them understand how underlying medical conditions and medications may increase fall risk.**
- **Promote fall prevention awareness through activities and education on safe movement and proper use of mobility aids.**
- **Create a safe living environment by ensuring rooms are free of trip hazards, well-lit and equipped with grab bars where needed.**
- **Acquire and train on patient lifting equipment.**
 - Air lift assist devices (FloJac, Airpal, PPS Glide, HoverJack, Mangar Camel lifting chair).
 - Electric or pneumatic patient lifts (Hoyer-type sling lifts).
 - Lifting chair (Raizer II, iMove 2, GoRise).
 - Lifting sling (Doty Belt, Levigate Belt, Binder Lift 2.0).
- **Ensure staff readiness by having the Facility Licensed Nurse lead education and training.**
 - Conduct training on identifying emergencies.
 - Train staff on how to do a basic assessment of a patient.
 - Outline and train staff on an evaluation for a fall patient or patient found on the ground.
 - Train staff on methods and equipment needed to lift non-injured patients.
- **Develop clear emergency protocols.**
 - Make sure staff knows who to contact for non-emergency situations.
- **If 911 is deemed necessary, be prepared for emergency services arrival:**
 - Unlock the doors.
 - Have a staff member by the entrance to provide directions or escort.
 - Keep someone with the patient and continue to monitor .
 - Provide necessary interventions.
 - Have the patient's paperwork ready (see page 10).

REQUIRED	DOCUMENT
YES	Face sheet with Name & Birthday
YES	Idaho Physicians Order for Scope of Treatment (POST)/DNR
YES	Medication administration record
YES	Hospice status and for what reason and hospice contact number(s)
YES	Power of attorney paperwork
If possible	Recent medical history and physical
If possible	Current diagnoses
If possible	Vital signs
If possible	Pertinent paperwork for the hospital

REMINDERS

- A RALF shall be operated and staffed by individuals who have the knowledge and experience required to provide safe and appropriate services to all residents of the facility. (Idaho Code § 39-3301)
- Each facility must employ or arrange for sufficient trained staff to fully meet the needs of residents. The facility shall have sufficient staff (and equipment) to provide care during all hours. Additional staff may be required if the resident's disability indicates that staff assistance is necessary in emergencies. (Idaho Code § 39-3322)

FREQUENTLY ASKED QUESTIONS

DOES THE LAW REQUIRE A FALL PATIENT OR POTENTIALLY INJURED RESIDENT AT A RALF TO BE EVALUATED AT A HOSPITAL?

No. There is no statute or court case that requires that an individual who has fallen or been injured to be evaluated at a hospital. Such a requirement would illegally deprive a patient of the ability to consent to or refuse treatment. Patients retain the right to refuse treatment unless they are deemed incompetent.

IS IT A STATE STATUTE THAT A RESIDENT MUST BE SENT TO THE HOSPITAL EVERY TIME THEY FALL AND HIT THEIR HEAD?

No. There is no state statute that requires the facility to call 911 when a resident hits their head. The expectation is that the facility nurse trains staff on what constitutes an emergency, and in non-emergent cases, the facility nurse evaluates the resident.



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