



# EMTALA Policy

**DEPARTMENT:** Nursing

**INDEX:** ED-001

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**PAGE 1 OF 5**

**ISSUE DATE:** 09/25

**REVISION DATE:** 09/25

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## PRINCIPLE / PURPOSE

The purpose of this policy is to ensure compliance with the Emergency Medical Treatment and Active Labor Act (EMTALA) and all related federal and state laws and requirements. Sedgwick County Health Center (SCHC) is committed to providing appropriate medical screening examinations, stabilizing treatment, and safe transfer practices for all individuals presenting to the hospital and its departments, regardless of their ability to pay.

## SCOPE

This policy applies to all departments and personnel of Sedgwick County Health Center who may encounter individuals seeking emergency medical services, including the hospital's dedicated emergency department, on-campus departments, and any designated off-campus departments. It governs the conduct of physicians, qualified medical personnel, nursing staff, ancillary services, and administrative staff involved in the provision of medical screening examinations, stabilizing treatment, transfer coordination, documentation, and patient communication. The policy ensures consistent compliance with EMTALA requirements across all areas of operation where patients present for emergency care, regardless of insurance status, financial ability, or method of arrival.

## DEFINITIONS

*Board:* The Board of Directors of Sedgwick County Health Center.

*Campus:* The physical area immediately adjacent to the hospital, including property owned within 250 yards of the hospital, such as parking lots, sidewalks, and driveways.

*Capabilities:* The level of care SCHC staff and facilities can provide within professional scope, including on-call physician availability, equipment, and ancillary services.

*Capacity:* The ability of SCHC to accommodate additional patients, including past practices of admitting patients beyond licensed occupancy limits.

*Emergency Log:* The hospital's log documenting all individuals presenting on campus for emergency medical services.

*Dedicated Emergency Department:* Any hospital department that (1) is state-licensed as an emergency department, (2) is held out to the public as a place for emergency treatment without appointment, or (3) provides at least one-third of outpatient visits for emergency care.

*Diversionsary Status:* A period when the hospital, in good faith judgment, lacks capacity to accept additional patients.

*Emergency Medical Condition (EMC):* A condition with acute symptoms of sufficient severity such that lack of immediate attention could place the individual's health (or, for pregnant women, the unborn child's health) in serious jeopardy, impair bodily functions, or cause organ dysfunction. Includes psychiatric emergencies and substance abuse crises.

*Hospital Property:* The entire main hospital campus, including parking lot, sidewalk, and driveway.

*Labor:* The childbirth process beginning with latent or early labor through delivery of the placenta.

*Medical Screening Exam (MSE):* An appropriate examination performed by a registered nurse, physician, or qualified medical personnel (QMP) to determine whether an EMC exists. Includes airway, breathing, circulation, neurological status, vital signs, history, focused assessments, and testing as appropriate.

*Off-Campus Department:* A facility determined by CMS to be a hospital department operating under SCHC's Medicare number.

*On-Call Physician List:* The list of physicians available to provide stabilizing treatment.

*Patient:* An individual presenting anywhere on hospital property or at an off-campus department for examination or treatment for an EMC.

*Psychiatric Emergency:* A condition in which a patient poses danger to self or others, or requires urgent detoxification.

*Qualified Medical Personnel (QMP):* Practitioner categories approved by the Board and Medical Staff to perform MSEs.

*Representative:* A patient's legally authorized representative.

*Specialized Capabilities or Facilities:* Specialized services such as burn units, NICUs, or rural referral centers.

*Stabilizing Treatment:* Treatment necessary to stabilize an EMC.

*Stable for Transfer:* Determination by a physician or QMP that transfer may occur without material deterioration.

*Stable for Discharge:* Determination by a physician or QMP that continued care can be performed as outpatient or inpatient.

*Transfer:* Movement of an individual outside the hospital to another facility at SCHC's direction.

## **POLICY**

### **1. Medical Screening Examination (MSE)**

1.1. SCHC will provide an appropriate MSE to any individual who presents on hospital property or to a dedicated emergency department requesting examination or treatment for a medical condition, or whose appearance/behavior indicates potential need for emergency care. MSEs must be nondiscriminatory, ongoing until the EMC is stabilized, and not delayed for financial or insurance information.

Additional detailed requirements include:

- Triage is not considered an MSE.
- MSEs will be provided regardless of ability to pay.
- Minors will receive an MSE without waiting for parental consent.
- Patients brought by EMS must be assessed even if hospital capacity is limited.
- Managed care authorization cannot delay MSE or stabilizing treatment.
- Patients will be assessed even during diversionary status.

### **2. Stabilizing Care**

2.1. Patients with EMCs will receive stabilizing treatment within SCHC's capabilities, including on-call physician support. Stabilization includes:

- Determining if the patient is stable for discharge, transfer, or delivery (for labor).
- Psychiatric stabilization includes preventing self-harm or harm to others.

### **3. Patient Registration and Financial Issues**

3.1. SCHC will not delay MSE or stabilizing care for insurance or payment inquiries.

Staff will:

- Inform patients of SCHC's obligation to provide emergency care.
- Defer financial discussions until after MSE and stabilizing care.
- Use refusal forms when patients decline examination or treatment.

### **4. On-Call and Attending Physicians**

4.1. SCHC maintains an on-call physician roster reflecting available services.

Physicians must:

- Respond within 20 minutes in-person and within 5 minutes by phone.
- Provide stabilizing treatment when requested.
- Use physician extenders appropriately, with ultimate responsibility remaining with the physician.
- Comply with backup plans when unavailable.

### **5. Lack of Capacity or On-Call Coverage**

5.1. SCHC will follow established procedures during diversionary status and will notify EMS and regional providers when capacity is exceeded.

### **6. Discharge Requirements**

6.1. Patients may be discharged if determined stable or without EMC. Discharge includes a plan of care and follow-up instructions.

### **7. Re-Screening**

7.1. Any returning patient will be re-screened regardless of prior visit timing.

### **8. Transfer Requirements**

8.1. Transfers will follow EMTALA standards, ensuring:

- Stability or patient request for transfer.
- Accepting facility confirmation.
- Appropriate personnel, transport, and records accompany the patient.
- Documentation via transfer forms.

## **9. Refusal of Examination/Treatment or Transfer**

9.1. If a patient refuses, SCHC staff will:

- Inform of rights and risks.
- Document refusal, including signed forms or attempts to obtain signatures.

## **10. Hospital Obligation to Accept Transfers**

10.1. Hospitals with specialized capabilities must accept transfers when capacity exists, regardless of financial considerations.

## **11. Reporting Obligations**

11.1. SCHC will notify CMS/state agencies within 72 hours if EMTALA violations are suspected.

## **12. Signage and Documentation**

12.1. SCHC will post EMTALA-required signage, maintain central logs, keep on-call lists, and retain all records/forms for five years. Documentation must include triage, MSE, treatment, refusal, and transfer details.

## **13. Practitioner and Employee Protection**

13.1. No adverse action will be taken against providers or staff who act in compliance with EMTALA or report violations.

## **14. Applicability**

14.1. This policy applies to all SCHC on-campus departments and dedicated emergency departments. It does not apply to inpatients or non-EMC outpatient services.

## **15. Staff Training**

15.1. All staff will receive EMTALA training during orientation and annually thereafter.