

Georgia Poison Center Policy on Handling Out of Area Calls

This policy is intended to govern the handling of situations where a GPC staff member receives any incoming request from outside of the GPC service area.

1. A GPC staff member receiving a contact from any location (by any modality- phone, internet, email, etc), should initially triage and manage every contact received, no matter where the caller is geographically located.
2. **If an out-of-designated-area call is received from a non-HCF**, GPC should keep every call that can be managed on-site according to usual GPC guidelines, unless the management of the inquiry requires use of resources not practically obtainable by the GPC Staff member (such as local EMS, local Child Protective Services, etc.).
3. **If an out-of-designated-area call is received from a non-HCF** and the patient is deemed to require a health care facility referral, GPC should record the patient information and health care facility that the patient will visit, provide stabilizing care and inform the caller that it will be transferring the remainder of care to the geographically appropriate poison center.
4. **If an out-of-designated-area call is received from a HCF**, GPC should record patient information, provide stabilizing care and inform the health care facility that it will be transferring the remainder follow-up care to the geographically appropriate poison center, unless the caller intentionally is specifically seeking GPC input.
5. If the incoming call originates from outside of GPC's region but the caller intentionally is seeking to contact GPC, the medical toxicologist on call should be contacted for assistance in determining the advice to be provided and to assist in the decision whether the call should fully handled by GPC, or whether the GPC should provide input and then handle the call as per #4 above.
6. After determining that a call should be transferred, the GPC staff member should transfer information to the geographically appropriate center and in the GPC EMR record the new poison center the case was transferred to as the Primary Center; GPC should be coded in the EMR as the secondary center.
7. If it is determined that the geographic area does not have a PCC, the case should generally be handled by GPC to completion. If in doubt, contact the medical director or managing director on call to assist in the decision.
8. Transfers to another PCC should involve the specialist communicating appropriate and relevant information for the exposure to the receiving center (i.e. warm transfer), utilizing that center's back-door number.
9. All out-of-designated-area calls, regardless of origination, shall be documented in the GPC electronic medical record to the fullest extent possible. Cases transferred to another PC should be closed after transfer.

Regarding calls received in transfer from another poison center regarding situations in our usual service area:

10. Call information should be obtained in sufficient detail from the transferring poison center, to the extent possible, to complete the EMR record. Record us as the primary center.

11. If the triage and/or management recommended by the initial poison center differs from what we would have done if we had initially received the call, inquire from the original poison center about any extenuating circumstances that may have influenced their management. After doing so, contact medical backup to determine whether GPC wishes to continue the initially recommended triage/ management, or whether we wish to recommend alternative action(s). If GPC decides to recommend an alternative, contact the involved party/ parties with our recommendations and the rationale behind the new recommendations. Chart the contact, and the result of the contact, in the EMR.

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