U.S. DOT Objectives are covered and/or supported by the PowerPoint™ Slide Program and Notes for Emergency Care, 11th Ed. Please see the Chapter 3 correlation below.

*KNOWLEDGE AND ATTITUDE*

- **1-3.1** Define the EMT scope of practice. Slides 4-6
- **1-3.2** Discuss the importance of do not resuscitate (DNR) orders (advance directives) and local or state provisions regarding EMS application. Slides 21-25
- **1-3.3** Define consent and discuss the methods of obtaining consent. Slides 7-8, 12
- **1-3.4** Differentiate between expressed and implied consent. Slides 9-11
- **1-3.5** Explain the role of consent of minors in providing care. Slides 9, 12-13
- **1-3.6** Discuss the implications for the EMT in patient refusal of transport. Slides 12, 14-18, 20
- **1-3.7** Discuss the issues of abandonment, negligence, and battery and their implications to the EMT. Slides 19, 28-36
- **1-3.8** State the conditions necessary for the EMT to have a duty to act. Slides 30-33

(cont.)
U.S. DOT Objectives Directory

*KNOWLEDGE AND ATTITUDE

- **1-3.9** Explain the importance, necessity, and legality of patient confidentiality. Slides 38-40
- **1-3.10** Discuss the considerations of the EMT in issues of organ retrieval. Slides 44-46
- **1-3.11** Differentiate the actions that an EMT should take to assist in the preservation of a crime scene. Slides 47-49
- **1-3.12** State the conditions that require an EMT to notify local law enforcement officials. Slides 50-51
- **1-3.13** Explain the role of EMS and the EMT regarding patients with DNR orders. Slides 23-25
- **1-3.14** Explain the rationale for the needs, benefits, and usage of advance directives. Slides 21-25
- **1-3.15** Explain the rationale for the concept of varying degrees of DNR. Slides 23-25
Scope of Practice
Scope of Practice of an EMT

A collective set of regulations, duties, and ethical considerations that define your role as an EMT
Who is the EMT accountable to?

- Patient
- Medical direction
- State legislation
Patient Consent and Refusal
Definition of Consent

Receiving permission from the patient prior to treatment or action by the EMT
Three Types of Consent

- Expressed/Informed/Actual
- Implied
- Consent to treat minors or mentally incompetent patients
The consent given by adults who are of legal age and who are mentally competent to make a rational decision in regard to their medical well-being.
Implied Consent

In the case of an unconscious patient, consent may be assumed.

The law states that rational patients would consent to treatment if they were conscious.
Children and Mentally Incompetent Adults

Children and mentally incompetent adults are not legally allowed to provide consent or refuse medical care and transportation.
Emancipated Minor

Person younger than age 18 who is:

- Married
- Pregnant
- A parent
- A member of the armed forced
- Financially independent and living away from home

Emancipated minors may give informed consent.
You will find that some patients who require treatment and transportation to the hospital will refuse care.
In order for a patient to refuse care or transport, several conditions must be fulfilled:

- Patient must be legally able to consent.
- Patient must be a mentally competent adult.
- Patient must be fully informed.
- Patient must sign a “release” form.
Patient Refusal

When in doubt, err in favor of providing care!
Options for Patient Refusal

Utilize others to help:

- Family members may help convince the patient.
- Medical direction may assist.
- Law enforcement may have legal options.
Documenting Patient Refusal

- Documentation is key to protection*
  - Note all physical findings.
  - Attempt to persuade patient to accept care.
  - Outline risks and consequences as explained.

*Poor documentation on patient refusals is the leading cause of lawsuits.
Assault/Battery

- Unlawfully touching a patient without consent can be considered battery.
- Providing care without consent
EMS PATIENT REFUSAL CHECKLIST

PATIENT’S NAME: ____________________________ AGE: ____________________________
LOCATION OF CALL: ____________________________ DATE: ____________________________
AGENCY INCIDENT #: ____________________________ AGENCY CODE: ____________________________
NAME OF PERSON FILLING OUT FORM: ____________________________

I. ASSESSMENT OF PATIENT (Check appropriate response for each item)
   1. Oriented to:  
      Person?  Yes  No
      Place?  Yes  No
      Time?  Yes  No
      Situation?  Yes  No
   2. Altered level of consciousness?  Yes  No
   3. Head injury?  Yes  No
   4. Alcohol or drug ingestion by exam or history?  Yes  No

II. PATIENT INFORMED (Check appropriate response for each item)
   Yes  No  Medical treatment/evaluation needed
   Yes  No  Ambulance transport needed
   Yes  No  Further harm could result without medical treatment/evaluation
   Yes  No  Transport by means other than ambulance could be hazardous in light of patient’s illness/injury
   Yes  No  Patient provided with Refusal Information Sheet
   Yes  No  Patient accepted Refusal Information Sheet

III. DISPOSITION
   Yes  No  Refused all EMS assistance
   Yes  No  Refused field treatment, but accepted transport
   Yes  No  Refused transport, but accepted field treatment
   Yes  No  Refused transport to recommended facility
   Yes  No  Patient transported by private vehicle to ____________________________
   Yes  No  Released in care or custody of self
   Yes  No  Released in care or custody of relative or friend
   Yes  No  Released in care or custody of relative or friend
   Name: ____________________________ Relationship: ____________________________
   Yes  No  Released in custody of law enforcement agency
   Agency: ____________________________ Officer: ____________________________
   Yes  No  Released in custody of other agency
   Agency: ____________________________ Officer: ____________________________

IV. COMMENTS: ____________________________
   ____________________________
   ____________________________

Limmer et al., Emergency Care, 11th Edition
Advance Directives
Three Types of Advance Directives

- Do Not Resuscitate order (DNR)
- Living wills
- Healthcare proxies
Do Not Resuscitate Order (DNR)

- This is a legal document.
- Signed by the patient and his physician
- Patient has a terminal illness and does not wish to prolong life through resuscitative efforts.
Do Not Resuscitate Order (DNR)

- Become familiar with protocols prior to need.
- When in doubt, resuscitate.
Do Not Resuscitate (DNR) Order
Ethical, Medical, and Legal Issues
Ethical Responsibilities

- Make patient’s needs a priority.
- Maintain skills and knowledge.
- Critically review performance (Quality Improvement).
- Prepare honest reports.
Negligence

Deviation from accepted standards of care recognized by law for the protection of others against the unreasonable risk of harm

“Something that should have been done but was not, or was done incorrectly”
**Elements of Proving Negligence**

- Duty to act
- Breach of that duty
- Actual damages
- Proximate cause
Duty to Act

- An obligation to provide emergency care

- Formal duty: 
  *Contractual obligation between agency and municipality*

- Implied duty: 
  *Call to 911; beginning care for patient*
Duty to Act: Ethical/Moral

- Off duty
- Out of your EMS system but in an ambulance
- Off duty but in uniform
Breach of Duty

An action or inaction that violates the standard of care expected from an EMT
Breach of Duty

- **Malfeasance**
  - Performance of a wrongful or unlawful act by an EMT

- **Misfeasance**
  - Performance of a legal act in a harmful or injurious manner

- **Nonfeasance**
  - Failure to perform a required act or duty
Actual Damages

Refers to **compensable** physical, psychological, or financial harm
Proximate Cause

An action or inaction that immediately caused or worsened the damage
Abandonment

Termination of care of a patient without assuring continuation of care at the same level or higher
Good Samaritan Law

Provides immunity to individuals trying to help people in emergencies

Most state laws will grant immunity from liability if the rescuer acts in good faith to provide care to the level of his training and to the best of his ability.
Confidential Information

Any information you obtain about a patient’s history, condition, or treatment is considered confidential and must not be shared with anyone else.
Confidential Information

Exception to written release:

- Subpoena
- Other healthcare personnel treating patient
- Mandatory reporting (rape, abuse)
- Insurance
The **Health Insurance Portability and Accountability Act** mandates increased privacy of patient-specific medical information and its:

- Record keeping
- Storage
- Access
- Discussion
Medical Identification Devices

- Alert EMT to patient’s medical condition, such as:
  - Heart condition
  - Diabetes
  - Allergies
  - Epilepsy
  - Other information
Medical Identifications Devices (Front)
Medical Identification Devices (Back)
Organ Donation

An organ donor is a patient who has completed a legal document that allows for donation of organs in the event of his death.

A patient’s driver’s license may also indicate that the patient wishes to donate organs upon his death.
EMT Role in Organ Donation

- Organ donor patients are treated the same as other patients.
- Identify potential donors.
- Notify medical direction.
- Provide care to maintain vital organs.
Organ Donor Form

Valley General Hospital
Permission For
Organ Donation/Anatomical Gift
By An Individual Prior To Death

I, __________________________, currently residing at __________________________, being eighteen (18) years of age or older, do hereby make the following organ donation/anatomical gift to take effect upon my death:

1. I give, if medically acceptable:
   - [ ] My body
   - [ ] Any needed organs or parts
   - [ ] The following organs or parts: __________________________

2. I make this gift to Valley General Hospital or to physicians or institutions designated by them for the following purposes:
   - [ ] Any purpose authorized by law
   - [ ] Transplantation
   - [ ] Therapy
   - [ ] Medical Research and/or Education

3. I acknowledge that I have read this document in its entirety and that I fully understand it and that all blank spaces have either been completed or crossed off prior to my signing.

4. I understand that Valley General Hospital and its authorized designees will rely upon this consent.

SIGNATURE __________________________ DATE __________________________

WITNESS TO SIGNATURE __________________________ DATE __________________________

PRINT NAME __________________________

ADDRESS __________________________

TELEPHONE NUMBER __________________________
Crime Scenes

Defined as the location where a crime has been committed or any place that evidence relating to a crime may be found.
Crime Scenes

- Do not enter the crime scene until it is safe.
- Patient care is the priority.
- Remain alert for evidence and try not to disturb it.
Crime Scenes

- Be observant.
- Minimize your impact on the scene.
- Remember what you touch.
- Plan and communicate with the police.
Special Crimes and Reporting

- Abuse (child, spouse, elderly)
- Sexual assault
- Gunshot wound
- Infectious disease exposure
Special Reporting Situations

- Restraint
- MCI
- Other unusual situations
- Mandatory reporting laws vary from state to state.
1. Define scope of practice, negligence, duty to act, abandonment, and confidentiality.

2. List several steps that must be taken when a patient refuses care or transportation.

3. List several types of evidence and ways you may act to preserve it at a crime scene.
Was it appropriate not to include the information that the patient has AIDS during the radio report to the hospital?

What is the obligation of these EMTs concerning the confidentiality of patient information?

(cont.)
Would you have handled the transfer of information differently?

Would it be appropriate to tell all the hospital staff so they would know to take infection precautions?
Street Scenes

Should the information that this patient has AIDS be shared with other EMS providers in case they get a call for this patient?
Street Scenes

What are the principles for confidentiality that EMTs should always maintain?