**SPOKANE COUNTY OPERATING PROCEDURE**

**CARE OF THE NON-COMPLIANT PATIENT**

Spokane County EMS guidelines and protocols are intended for use with a conscious and consenting patient, or an unconscious patient (implied consent) patient. Patients refusing EMS care or transport represent a significant medical legal risk for EMS agencies and certified EMS personnel.

**Medical Release Principles**

The founding principle for release against medical advice (AMA) is informed consent by the patient. Patients who refuse further treatment and transport must first:

1. Be fully informed of their condition;
2. Must have the capacity to understand the information about their condition explained to them by the EMS provider;
3. Must understand the information about their condition and potential consequences of refusing the treatment or care; and
4. A medical release form has been read to, understood, and signed by the patient or the patient’s legal representative (parent, Durable Power of Attorney, etc.)

**Applicability**

The procedures included in this document apply to:

1. Patients experiencing acute behavioral health emergencies (suicidal individuals, acute psychotic events, etc.);
2. Person down/welfare checks including people in vehicles;
3. Calls involving excessive substance use (alcohol, meth, etc.); and
4. Patients experiencing acute medical issues who are refusing treatment and, in the opinion of the EMS provider, lack capacity to understand and make informed consent decisions.

**Scope:**

* All licensed and trauma verified EMS agencies
* All Washington State certified EMS personnel
* All MPD-approved delegate physicians

**General Procedures**

1. EMS provider safety is the foremost concern in all instances.
2. Prior to contacting the individual, perform a risk assessment, based on known information and scene conditions. This includes:
	1. Is the individual harming or threatening to harm others?
	2. Is the individual threatening to harm themselves with a weapon?
	3. Are there bystanders that appear to present a threat to the patient or responders?
	4. Is there an identifiable risk factor that presents an unusual or extraordinary threat to the health and safety of responders?

***If any of the above four conditions are observed, do not engage with the individual, remain at a distance that permits responder safety and request law enforcement to respond.***

1. **FOR INCIDENTS INVOLVING A BEHAVIORAL HEALTH EMERGENCY, IF LAW ENFORCEMENT DOES NOT RESPOND OR WILL NOT ENGAGE:**
	1. If not already in route, request a Behavioral Health Unit from Law Enforcement or Fire Department if available and appropriate for the jurisdiction.
	2. Request a Law Enforcement response if Law Enforcement is not already in route of on scene
	3. Contact a Battalion Chief or Supervisor to respond to the scene to confirm the risk assessment and guide additional steps.
	4. The Lead on-scene EMS provider or Fire Officer in charge will speak directly with Law Enforcement if they are on scene and confirm law enforcement’s intentions.
	5. If the individual is inside, request a telephone contact number and attempt to make verbal contact with the individual. If contact is made, ask the individual to step outside or meet EMS at a location that creates a greater margin of safety. This contact and the discussion will be clearly documented in the health care record.
	6. If the individual is not violent and willing to engage, establish rapport with them. If they are conversant, avoid escalation verbiage, confrontation, and other tactics that may heighten the individual’s agitation. Use clear, non-threatening communication techniques and active listening.
	7. EMS should make every attempt to gain the individual’s compliance with transport. If successful, patients should be placed on the stretcher in a manner that is consistent with the Spokane County Operating Procedure entitled “Restraint for an Aggressive or Violent Patient”. In no way should restraint involve positioning the individual in a manner that impedes or restricts respiratory status.
	8. If the Battalion Chief/Supervisor identifies that the fire agency may not safely enter (or remain on) scene or safely contact the patient, the Chief/Supervisor will contact the reporting party. The reporting party will be updated with the current situation and advised that due to continued responder safety concerns that EMS is leaving. This interaction must also be clearly documented in the final report.
2. **FOR PATIENTS WHO ARE REFUSING TREATMENT**
	1. Assure that the environment is safe for all responders on scene.
	2. Assess the patient for decision making capacity.
		1. A lack of decision making capacity additionally includes:
			1. Being severely impaired by alcohol or drugs (slurred speech, somnolence, staggered gait, ineffective respirations, etc.);
			2. Confirmed history of dementia;
			3. Confusion or Altered Level of Consciousness due to hypoglycemia, extremes of temperature (hyperthermia/heat related illness or hypothermia), sepsis and other medical conditions that affect cognition.
		2. If any of the above criteria are met, request Law Enforcement to respond to assist in convincing the patient to engage with treatment and transport.
			1. **IF LAW ENFORCEMENT IS UNWILLING TO RESPOND OR IS UNABLE TO ENGAGE**:
				1. In a non-threatening manner, attempt to establish a rapport with the patient and attempt to gain compliance with the need to be evaluated at the hospital;
				2. If, after, attempting to gain compliance, the individual is still not willing to receive further care and transport, offer alternative options including, but not limited to Frontier Behavioral Health, family, POV, or other alternatives to EMS.
				3. Consideration for the patient’s physical well-being is essential. If, in the opinion of the EMS provider there is potential for the patient to be injured or decompensate during movement to the gurney, efforts to move the patient should be terminated.
		3. For the patient with decision making capacity andyour efforts to transport the patient are unsuccessful and you have offered one final opportunity to engage with EMS, complete a patient refusal form and thoroughly document the actions you have taken. If there are witnesses present, explain that you are concerned that further engagement with the patient will be detrimental and explain that for the safety of the patient, transport will not be possible.
		4. Whenever possible obtain a refusal signature from a family member or legal representative of the patient. If there is no family member present, specify so in the final health record.
3. **FOR PATIENTS WHO ARE REFUSING TREATMENT AND LACK DECSION MAKING CAPACITY**
	1. Assure that the environment is safe for all responders on scene.
	2. Assess the patient for lack of capacity, which may include:
		1. Being severely impaired by alcohol or drugs (slurred speech, somnolence, staggered gait, ineffective respirations, etc.);
		2. Confirmed history of dementia;
		3. Confusion or Altered Level of Consciousness due to hypoglycemia, extremes of temperature (hyperthermia/heat related illness or hypothermia), sepsis and other medical conditions that affect cognition.
	3. Request Law Enforcement to respond to assist in convincing the patient to engage with treatment and transport. **IF LAW ENFORCEMENT IS UNWILLING TO RESPOND OR IS UNABLE TO ENGAGE**:
	4. In a non-threatening manner, attempt to establish a rapport with the patient and attempt to gain compliance with the need to be evaluated at the hospital
	5. If, after, attempting to gain compliance, the individual is still not willing to receive further care and transport:
		1. Request a paramedic response if a paramedic is not already present.
		2. A paramedic assessment will be obtained:
			1. The safety of the responders, patient and public is of the utmost importance. Decide if engagement is needed. If treatment/transport is needed, notify dispatch to request law enforcement.
			2. If family, POA or caregiver is present and agrees sedation/restraint and transport is not needed, then a refusal must be obtained from family, POA or caregiver.
				1. Offer alternative options including, but not limited to Frontier Behavioral Health, family, POV, or other alternatives to EMS.
			3. If family, POA or caregivers agree sedation/restraint and transport are needed:
				1. Explain the process and obtain consent

If consent is not given a refusal must be obtained from family, POA or caregiver.

Offer alternative options including, but not limited to Frontier Behavioral Health, family, POV, or other alternatives to EMS.

* + - * 1. If consent is given refer to County Operating Procedures: “Restraints for Aggressive or Violent Patients”.
			1. If family, POA or caregiver are **not** present and in the judgement of the paramedic, the patient lacks the capacity for sound judgment, the paramedic will take necessary steps to provide needed treatment for the patient.
				1. Refer to County Operating Procedures: “Restraints for Aggressive or Violent Patients”.
1. **DOCUMENTATION REQUIREMENTS.** In all cases of non-compliance with treatment and care, a complete and detailed health record will be written by the Lead EMS Provider. The minimum documentation requirements for such an encounter include:
	1. Disposition: Patient Refused Service
	2. Include the following elements in the narrative of the health care record:
		1. Descriptive overview of physical characteristics of the scene (e.g., “Responded to an unconscious person in a vehicle at intersection or street name”)
		2. A complete description of the danger or safety elements involved
		3. List and describe the measures used to attempt to engage the patient
		4. List and describe measure used to attempt to create safety.
		5. Describe the reasons why safety could not be established
		6. Describe specifics of the exposure to violence or threats of violence to EMS response personnel. Whenever possible include specific quotes from the individual.
		7. Specify that Law Enforcement was requested to respond. Document that Law Enforcement did not respond or responded and chose not to engage with the individual.
	3. When the EMS Provider identifies a lack of capacity, specific findings that contributed to that determination will be documented in the health care record (e.g., history of dementia confirmed by family, excessive exposure to heat conditions, slurred speech due to excessive alcohol, etc.