

Section IV

Special Patient Situations

IV (A) TRANSPORTS TO DOCTOR'S OFFICES

1. When a BCEMS unit takes a patient to a doctor's office, the crew will ask for an estimate as to how long the patient will be in the office. If the patient can be seen within thirty minutes, the crew will wait. If it is estimated to take longer than thirty minutes, the patient will be left.
 - a. If call volume is excessive, the dispatcher may require the unit to leave the patient and return to service.
2. EMS personnel are expected to maintain good working relationships with physician office staffs.
3. If transport is requested to a doctor's office or clinic that may not have the resources to treat the patient's ailment, contact the office before transporting. In the event that emergency transport is indicated, report to Medical Control enroute and follow the instructions of medical control.
4. See the current issue of the EMS Treatment Protocols for information regarding the presence of a licensed physician on the scene.

IV (B) Patient in Custody of Law Enforcement

1. A law enforcement officer must continually supervise any patient who is under arrest. EMS personnel are not responsible for detaining a person under arrest.
 - a. EMS Personnel must adhere to the security measures of correctional facilities. If long delays are expected, the facility staff may be able to bring the patient to the unit faster than EMS can clear security.
 - b. Correctional facility staff may be able to assist EMS personnel in assessing the potential violence risk of inmates.

IV(C) TRANSPORTATION OF MENTAL PATIENTS

1. A law enforcement officer must accompany any patient being involuntarily committed to a medical facility. The officer must ride in the patient compartment with the crew attendant and patient.
2. A law enforcement officer is not required to accompany a voluntary commitment patient who is going to a medical facility.
3. EMS personnel shall maintain a therapeutic environment when treating and transporting mental patients.

IV (D) PATIENTS REFUSING SERVICE

1. When a patient in need of medical care refuses emergency medical service, an effort should be made to get the patient to accompany you to a medical facility. It is against North Carolina State Law to forcibly restrain a patient and force transportation against his or her wishes.
2. An accurate determination of the patient's condition is important.
 - a. When an injured person is unconscious or so severely ill or injured that his or her judgment is impaired, the law presumes that he or she consents to be transported. Further, it presumes that the patient consents to such treatment" - Emergency Medical Service Law, North Carolina Edition, John H. Snyder, 1977, p. 40.
3. **Refusal of EMS care for minors:** A minor is any person under the age of 18. Even if there is no immediate life threat, the minor's parent or guardian should be contacted. Document all attempts to contact the parent or guardian. If an attempt to contact the parent or guardian fails and the patient remains stable, obtain the minor's signature as a regular refusal and return to service.
 - a. **Emancipated minors:** An "emancipated minor" is a person under the age of 18 who is married or has an official court document declaring emancipation. An emancipated minor can make decisions regarding their medical care as an adult. Pregnant minors can consent to treatment related to the pregnancy.
4. In cases where an oriented, helpless, and alone adult refuses service and it appears that life threatening symptoms exist, the supervisor on duty is to be notified of the situation and Adult Protective Services contacted about the problem.
5. When a legal guardian refuses care for a minor whose symptoms appear to be life threatening, the supervisor on duty is to be notified of the situation and DSS contacted. North Carolina law requires that anyone with suspicion of child abuse or neglect to report findings to appropriate authorities.
6. Anyone who refuses treatment or transportation is to be asked to sign the refusal statement on the call report.

- a. If the person refuses to sign, EMS personnel or a witness should document that the person refused.
 - b. A bystander (preferably an employee of an allied agency) should sign the form in the “witness” space.
7. A refusal for treatment and/or transport should be obtained anytime that patient contact is made and the patient has a medical complaint, or the attending technician assesses that medical treatment is required.
8. If a unit on scene determines that 1) no persons appear to need medical care or 2) persons on scene state that they are unhurt and do not wish transportation, the unit will return to service “not needed” and complete a Visual Fire report documenting the situation found.
9. A Visual Fire report will be completed for any patient who refuses EMS’s service. All report requirements will be recorded (see Completion of Department Call Report). The attending technician will document that the patient was advised of his/her refusal rights by the Medical Miranda Card or informed of the information on the Refusal Form.
10. EOC is to be advised via radio or MCT that "Patient Refused Service" any time a patient refuses in accordance with above guidelines. "Services Not Needed" will be given only when a patient cannot be found or another unit transported. The two codes will not be given for the same call.
11. A patient who refuses to proceed to the medical facility after transport has begun shall be encouraged to continue to the facility. Should an oriented patient continue to refuse to proceed, the unit should be stopped at a safe location and the patient allowed to exit. At this time a refusal signature on the call report should be requested. If appropriate, law enforcement should be advised of the situation.

IV (E) Medical Advice, Other Transport Issues.

1. Field diagnosis of many conditions is either impossible or beyond the scope of EMS practice, employees will not refuse transport to any patient.
2. Personnel will not relay advice that might lead a patient to refuse transport or fail to seek medical care.
3. On-duty personnel should refer persons seeking medical advice to their personal physician or clinic.
4. Should a hospital advise that they refuse to accept a patient, the patient will be transported to the facility of his or her choice. Hospital personnel may then advise the patient of their intention.
5. If an ambulance of another department wishes to provide transport, a complete patient report must first be given to medical control by BCEMS personnel. Medical Control will determine the need for county transport, freeing BCEMS personnel of any potential abandonment charge.

IV (F) Treatment of Injured Buncombe County Employees

1. All Buncombe County employees have been instructed to seek first aid for on-the-job injuries and illnesses at the employee health clinic located on the 2nd floor of the Health Department.

IV (G) PROCEDURE AT SCENE OF DEATH

1. Upon arrival at the scene, Buncombe County EMS personnel may determine the presence of death according to current medical protocol. A licensed physician must make legal certification of death. EMS personnel do not have the legal authority to certify death.
2. The following types of death must be reported to the Buncombe County Medical Examiner.
 - a. V.A. Patients (V.A. physicians cannot sign death certificate)
 - b. Homicide
 - c. Suicide
 - d. Trauma
 - e. Accident
 - f. Disaster
 - g. Violence
 - h. Unknown, unnatural, or suspicious circumstances
 - i. Persons in police custody
 - j. Poisoning or suspicion of poisoning
 - k. Possible public health hazard (acute contagious disease or epidemic)
 - l. Death during surgical procedures
 - m. Unexpected death not reasonably related to known previous disease.
 - n. Death of a person without recent medical care or evaluation.
 - o. Any death of migrant farm worker. A migrant worker is one who moves in response to the demand for seasonal agricultural labor
 - p. The finding of any material suspected of being parts of a human body shall be reported to the medical examiner
 - q. When the patient's private physician has doubts or refuses to certify death. (Statutory Authority G.S. 130-198, G.S. 90-216.12)
3. The medical examiner is to be notified directly by EMS personnel. The examiner's number is 254-0721. If a phone is not available, EOC can contact the examiner and relay information to the crew via radio.
4. Law enforcement will be notified of all medical examiner's cases.
5. Personnel on the scene of an apparent natural death should carefully consider all information on the scene. If there is any question or doubt about the cause of death then the medical examiner and law enforcement should be contacted.

6. If natural death occurs and does not meet above medical examiner's criteria, contact the patient's private physician to see if he or she will sign the death certificate.
 - a. If the body is to be moved to a funeral service, call the service of the family's choice and see if they can remove the body. If call volume allows, remain on the scene until funeral home transport arrives.
 - b. If the family's preferred funeral service is unable to provide transport, the crew should remove the body to the funeral home and advise them to send the death certificate to the authorizing physician. The funeral home is to be billed for the transport.
 - c. Law enforcement need not be notified in such cases.
7. The body in any death situation is not to be moved or disturbed by anyone until the medical examiner or private physician is notified and so permits. The medical examiner or private physician need not come to the scene.
 - a. A law enforcement officer may, when a medical examiner is unavailable, authorize emergency removal of a body. This authorization is commonly given when the integrity of the body is at risk or the presence of the body constitutes a hazard to the safety of others. If advised by a law enforcement officer to transport, do so (GS 130A-383).
 - b. If the medical examiner does not come to the scene, transport the body to Mission Suite M, register body in Office of Decedent Affairs, fill out appropriate security paperwork, tag the body, and complete a Visual Fire report. A copy of the Visual Fire report will be left with the Office of Decedent Affairs for the medical examiner.
8. If the local medical examiner cannot be reached in thirty minutes, the EMS Supervisor on duty is to be notified. The supervisor will call the chief medical examiner in Chapel Hill for authorization to move the body. The supervisor is to report such cases to the Director of Emergency Services.
9. If a local medical examiner requests that a body be taken to OCME in Chapel Hill, personnel on scene will immediately notify the EMS supervisor. The supervisor will confirm arrangements with OCME, arrange for another agency to transport, and provide the on-scene crew with instructions.

10. In all death situations, the call report will be filled out completely. The report should include the name of the person who authorized movement of the body and circumstances in which the body was found.
11. The radio will not be used to notify Mission Hospitals that Suite M needs to be unlocked. Contact EOC and have them relay ETA to Mission Hospitals security.
12. If law enforcement officers are present, EMS units will not await the arrival of the Medical Examiner, or for a lengthy law enforcement investigation. Advise the officer in charge to notify EOC when investigation is complete and transport is desired.
13. All bodies should be transported and released to the morgue in an approved body bag and in the supine position.