

6.13 Identification Badges

- A. TDSHS requires that all personnel on an in-service vehicle or when on-scene be identified by their name, certification/license and provider name. **All members shall wear their identification badges as outlined in Rules and Regulations. All members shall also carry on their person their TDSHS certification card.**

6.14 Infection Control Precautions

- A. Use standard universal precautions during all patient interactions. Personal Protective Equipment (PPE) is supplied and available to all personnel.
- B. Wear gloves during all patient interactions. Contact with blood or body fluids may be unpredictable. Gloves reduce the likelihood of disease transmission during contact with blood or body fluids, non-intact skin or mucous membranes.
- C. In addition, wear masks, gowns and eyewear during patient interactions that are likely to produce spray, splash or any uncontrolled distribution of blood or body secretions. PPE's such as mask and eyewear shall be worn for procedures which may include, but are not limited to, ventilating, suctioning or intubating a patient. If large amounts of blood or body fluids are likely during procedures such as childbirth or trauma, gowns shall be worn to protect members.

6.15 Multiple Casualty Management

- A. Refer to Multiple Casualty Management and Triage Guidelines, Volume No. III Reference No. III-09.
- B. The Physician Director of EMS may authorize deviations to the Patient Care Guidelines and Standing Orders for BLS, and ALS Units when this guideline is in effect.

6.16 Non-Transports

Members of the Houston Fire Department are not to refuse transport.

A. General

The EMT or paramedic shall:

1. Decide if the patient is in need of care and/or transport only after a complete history and physical exam.
 2. Evaluate each patient and his/her circumstances and then make a determination, as would any other conscientious EMT or paramedic in a similar situation.
 3. If there is to be a patient refusal, the EMS apparatus shall complete the ePCR on the laptop in order to reduce the unnecessary response of an EMS transport unit and enable an EMS apparatus to return to service. The ePCR shall be completed by the EMT designated by the officer in charge.
 4. In multiple patient situations where HFD personnel are caring for and intending to transport seriously ill or injured patients, patient care is a higher priority than on-scene documentation. Other EMT's arriving on EMS apparatus on scene will document refusals and non-transports by agreement in order to **not delay the treatment/transport of seriously ill/injured patients.**
- B. Adult with Medical Decision Making Capacity : Refusing Care Against Medical Advice (AMA)
1. The patient must meet the definition of having the 'capacity to refuse medical care' as defined in the definitions (*Ref. 3.11 and 3.24*). Importantly, the patient must recite back the nature of his/her medical condition, the risks and benefits of the proposed care and the risks of refusing the proposed care.
 2. Discuss the benefits of medical care/transportation with each patient. Offer medical care/transportation to an appropriate hospital. If the patient refuses medical care and/or transportation, inform the patient of the possible medical consequences of refusing treatment/

transportation. Again, offer medical care/transportation to a qualified hospital. If the patient continues to refuse medical care and/or transportation, BLS units shall contact an EMS Supervisor through the Base Station.

- a. Accurately and completely describe the patient's medical circumstances and reasons for refusing medical care/transportation to the supervisor.
 - b. The EMS Supervisor will review the description of the patient for decision making capacity and advise the members how to best handle the situation based on the information they are provided.
 - c. EMS physicians are also available through the Base Station to speak with patients to help convince them to allow care/transport.
3. After attempting the foregoing steps, obtain signatures for "Refusal of Transport" in all cases. On the HFD laptop, on the "Signatures" tab, select the "Patient Refusal of Transport" signature and have the patient sign for the refusal. Signatures must be obtained from the patient and also a third party witness (under the Witness Signature). If the patient refuses to sign, document this, and have a third party witness the refusal-to-sign. If no third party is present, a member must document that the patient refused medical care and/or transport and that there was no third party present.
 4. If a patient consents to transportation and/or a portion of the treatment and refuses another recommended therapy (e.g., does not want to be placed on a backboard, refuses an IV, etc.), he/she must provide their signature on the "Patient Refusing Treatment/Procedure" signature section. Document the specific items refused in the "Activities" panel, choose the "refused" option for the treatment/procedure. Signatures must be obtained from the patient and a third party witness. If the patient refuses to sign, document this, and have a third party witness the refusal-to-sign. If no third party is present, a member must document that the patient refused medical care and/or transport and that there was no third party present.
 5. Document the following thoroughly:
 - History
 - Physical exam including pertinent negatives and vital signs
 - Any treatment provided
 - Reason(s) patient insisted on non-transport
 - Potential consequences of non-transport as explained to patient
 - Efforts made to persuade patient to go to a hospital
 - Any treatments or care that the patient refused
 - Person whose care patient was left in, if appropriate
 - Advice/precautions given to patient; and
 - EMS Supervisor's payroll number if applicable.
- C. Adult Without Decision Making Capacity : Refusing Care (AMA)
- Procedures for an adult without decision making capacity in need of care/transportation or refusing care Against Medical Advice.
1. Attempt steps under 6.16 B. of the above, *Adult with Medical Decision Making Capacity : Refusing Care Against Medical Advice (AMA)*.
 2. If the patient continues to refuse service, the highest EMS trained member directly involved in the patient's care shall contact an EMS Supervisor through the Base Station. The EMS Supervisor will oversee the efforts of HFD members to ensure that every reasonable effort has been made in the best interest of the patient.
 3. If the patient continues to refuse care/transportation and has what reasonably appears to be a life-or-limb-threatening medical problem, the patient may need to be forcefully transported to the hospital against his/her will. Consult with the EMS Supervisor and a peace officer (*Ref. 6.10 Physical Restraints*).

4. If in the EMS Supervisor's opinion the patient does not have the capacity for medical decision making and is suffering from what reasonably appears to be a life-or-limb-threatening injury or illness, the supervisor may direct the members to transport the patient.
5. When the patient is considered a danger to himself/herself or others, contact the appropriate law enforcement agency. EMS personnel will inform the peace officer why the patient is a danger to himself/herself or to others. If the patient is placed in custody or is under an emergency detention order, then the means of transport will be determined by the law enforcement agency. Document the peace officer's name, badge number/unit number in the patient care record. If the patient is in custody, violent, and/or in need of ambulance transport, a peace officer(s) should accompany the EMS personnel to the hospital. If the EMS personnel are satisfied with the security of the patient, then the peace officer(s) may follow or meet the ambulance at the hospital. The facility choice should be in accordance with standard HFD guidelines.
6. In all cases, document events thoroughly (*Ref. 6.16 B.5. Adult with Medical Decision Making Capacity : Refusing Care Against Medical Advice (AMA)*).

D. EMS Initiated Non-Transport

Ambulance personnel shall not refuse transportation for patients to a hospital. It is therefore a violation of this policy:

1. For any EMT or Paramedic to refuse transportation for any sick or injured person from the place of an emergency or the place of a direct call to which he/she has responded. The circumstances that such person is or appears to be indigent and unable to pay the cost of such service shall not serve as an excuse from this requirement. Utilization of non-fire department vehicles is acceptable under applicable departmental policy.

E. Non-Transport Guidelines for Minors

All pediatric patients shall be considered for transport to an appropriate medical facility regardless of their appearance or situation unless the non-transport policy is followed. For pediatric patients who may be non-transported in cases as defined in *6.16 B. Adult with Medical Decision Making Capacity : Refusing Care Against Medical Advice (AMA)* and *6.16 C. Adult Without Decision Making Capacity : Refusing Care (AMA)*, an EMS Supervisor **shall** be contacted through the Base Station by the EMS Apparatus, BLS unit or ALS unit prior to the non-transport occurrence.

Observe the following specific guidelines with pediatric patients:

1. Patients who are minors with an apparently minor injury or illness can be cared for at any full service emergency department. Pediatric patients with apparently serious illness should be transported to a hospital with pediatric intensive care facilities (*Ref. 9.05 Approved Hospitals and Hospitals with Specialized Facilities*). If the parents request a different facility, contact the Base Station to provide an accurate patient report to that facility and determine if that facility can adequately care for the child. Communicate with the pediatric patient's parents as each decision is made when possible.
2. Contact the EMS Supervisor through the Base Station prior to any non-transport of a pediatric patient.
3. If recommended EMS services are refused, make every effort to transport the patient. This includes contacting the EMS Supervisor or on-line medical control to help convince the family or guardians to allow EMS personnel to transport the patient. The Base Station paramedic will record the appropriate information relating to the nature of the situation.
4. Document the nature of the situation, including the number of requests/attempts made to transport the patient, the possible medical consequences that were explained to those refusing/declining services, in whose adult care the patient was left, and whether or not the parties involved acknowledged this "informed refusal." Obtain the name, phone number, and

address of at least one adult witness and record it in the patient record. Record the corresponding Base Station record number in the patient care record.

5. In cases where child abuse and/or neglect is suspected, request the Houston Police Department (HPD) to immediately investigate. If indicated, HPD may take the child into protective custody to enable HFD to provide the necessary care and transportation to a medical facility. Additionally, ensure CPS is contacted in all cases.
6. All units shall notify the Base Station for any non-transport of a pediatric patient. The Base Station will maintain a record of all pediatric non-transports.
7. Refusals can only be made by legally designated guardians, not by EMS personnel.

6.17 Out-of-Hospital DNR Orders

- A. Health and Safety Code Chapter 166 defines the Out-of-Hospital Do-Not-Resuscitate (DNR) law for the State of Texas. A DNR order may exist as a written order or as an identification device such as a bracelet or necklace. HFD EMS personnel shall honor an Out-of-Hospital DNR form provided:
 1. They can establish the identity of the patient as the person who executed the DNR order or for whom the DNR order was executed, and;
 2. It is a valid Out-of-Hospital DNR order; and
 3. It is an original or copy of the Texas Department of State Health Services form.
- B. An Out-of-Hospital DNR order is considered to be valid if it includes:
 1. Written responses in the places designated on the form for the names, signatures and other information required of persons executing or witnessing the execution of the order.
 2. A date in the place designated on the form for the date the order was executed.
 3. The signature of the declarant or persons executing the order and the attending physician's signature in the appropriate places.
 4. Once the original order has been properly executed and signed in the appropriate places, a photocopy or other complete facsimile of the completed form may be used for any purpose for which the original written order may be used. Reference *Example 6-1* for DNR example.
 5. The DNR Form was revised in 2010. The older TDH Standard OOH DNR form (revised May 17, 2000) is still a valid form and shall be honored.
- C. If these conditions (A,B) are not met, do not honor the Out-of-Hospital DNR order. Begin or continue resuscitation procedures.
- D. The DNR order (Written form or identification device), when available, must accompany the person during transport.
- E. Honor Out-of-Hospital DNR forms that appear to be valid unless the person or persons found at the scene:
 1. Identify themselves as the declarant or as the attending physician, legal guardian, parent, spouse or adult child of the person or agent of the person having a durable power of attorney for health care who executed the Out-of-Hospital DNR order on behalf of the person; **and**
 2. Request that CPR or certain life sustaining procedures be initiated or continued.
- F. An Out-of-Hospital DNR order is effective until it is revoked. There is no expiration.
- G. Honor DNR orders if:
 1. The patient presents with no pulse; or
 2. The patient presents with a pulse but no respirations; and
 3. There is a valid DNR order as described above.
- H. DNR orders will not be honored if:
 1. The order is not considered to be valid; or
 2. There is suspicion of homicide, suicide or other non-natural cause of death; or
 3. The patient is pregnant.