Northwest Community EMS System

CE Credit Questions – January 2022 UNKEYED

Decisional capacity, Refusals and Human Trafficking

Name:	Date submitted:
EMS agency or hospital:	Credit awarded -date:
EMSC/Educator reviewer:	Returned for revisions:
	Revisions received:

This packet earns you the equivalent of the 2 hours of continuing education / CE class.
Sources: Jan 2022 PPT for Credit Questions; SOPs; NWC EMSS Decisional Capacity Checklist.

1. The NWC EMSS Decisional Capacity / Risk Checklist should be utilized by EMS on all calls involving what situations? (PPT slide 4)

2. The checklist combines assessments from which NWC EMS System sources/tools? (PPT Slide 4)

3. The checklist provides concise reminders of when a patient may not dissent to (refuse) care/transport. Those situation are as follows: (PPT slide 4; Decisional Capacity Checklist)

4. The checklist addresses three caveats with regards to the following EMS responsibilities, authority and safety issues. List them below. (PPT slide 4; Decisional Capacity Checklist)

5. The bottom section of the checklist provides EMS a template for what? (PPT slide 4)

6. According to the R-6 policy, what duty is owed by the paramedic, to the patient, when a mechanism of illness or injury exists or a request has been made on the individual's behalf? (PPT Slide 7)

7. What three things will change with regards to Refusals, as a result of this education and upcoming changes to NWC EMS SOP and Policy? (PPT slide 8)

8. Informed consent and disclosure of risk: EMS can limit liability by ensuring that the following information is provided to the patient and thoroughly documented in the PCR. (PPT Slide 11)

9. Decisional capacity is present when a patient is able to do what 3 things: (PPT slide 18)

10. Compare Guardianship to Healthcare Power of Attorney: (PPT slides 19, 20, 21)

Guardianship	HCPOA
Who grants their authority?	Who grants their authority?
When is authority in effect?	When is authority in effect?

11. What decision is the healthcare POA ***not*** allowed to make without the existence of formal documentation? (PPT slide 22)

12. The Emergency doctrine, upon which EMS' authority to treat based on "implied consent", affords EMS that authority based on what belief? (PPT slide 23)

13. Patients in law enforcement custody must be afforded the same standard of care as those not in custody, except for which one? (PPT Slide 25)

14. Notification of EMS by law enforcement that a person's blood alcohol level by breathalyzer exceeds the legal limit renders the person non-decisional. (PPT slide 26)

True **False**

15. Alertness and & orientation are assessed by what two findings/observations? (SOP; PPT slide 30)

16. List 3 descriptive terms that could describe a patient's affect/mood. (PPT Slides 31 & 32)

17. Besides content (*what* they are *saying*), what are 3 other things that you should note about a patient's speech? (PPT Slide 34; SOP; Decisional Capacity Checklist)

18. What observations should you include when documenting and describing a patient's behavior? Give 2 examples. (PPT Slide 33)

19. When assessing cognition, EMS assesses for the presence of abnormal thought processes. List four examples of possible findings of a patient's thoughts that would be considered abnormal. (Decisional Capacity Checklist)

20. A patient's immediate, recent, and remote memory are assessed by asking what 4 questions? (Slide 37)

21. A patient would demonstrate insight to EMS by communicating what? (PPT Slide 39 or Dec Cap Checklist)

22. What is the duty of OLMC in the event EMS believes a patient may come to harm if they are not transported, evaluated, and treated, and as such, do not feel that the dissent should be honored? (PPT slide 46)

23. In reference to the preceding question, what is EMS' responsibility if the ED physician agrees that the patient appears to be at risk of harm? (PPT Slide 47)

Read the following scenario. Then answer questions 24 and 25.

An adult is in the company of a friend who called 911. The caller states the pt has been depressed since their spouse left suddenly 3 weeks ago. Today, the friend found the pt in the garage tying a rope to the rafters. The patient is awake and oriented X4, is attentive to EMS personnel, and offers clear, appropriate, but brief answers to basic questions. The pt denies alcohol or substance use and denies any intent to harm themselves. She has answered "No" to the suicide screen questions. When questioned further about basic history etc, her responses are "Please just leave me alone." The pt does not hold eye contact, speech is slow and emotionless and is barely audible.

Scene size up: EMS finds a heavy rope on the garage floor next to a ladder. EMS shares that they are concerned about her safety, considering today's events and the information shared by the friend. She does not respond.

The patient has been uncooperative in engaging in conversation that would allow EMS to assess decisional capacity. She is informed that EMS recommends transport to the hospital where she can talk with professionals who can better determine whether she is healthy and safe to take care of herself. The patient begins to cry and says "No, I'm not going to the hospital! I don't need to talk to anybody!"

24. According to the *Possible Risk Factors for Suicide* list that accompanies the Suicide Screen questions, does this patient have any risk factors for suicide? List them below. (PPT slide 49; SOP p 37)

25. Because this pt has not been cooperative w/ assessment for decisional capacity, does she meet criteria for involuntary transport? (NWC EMSS Decisional Capacity Checklist; SOP p 36)

Read the following scenario. Then answer questions 26 and 27.

EMS is dispatched at the request of a therapist who spoke with the patient earlier today. The therapist believes that the patient is at risk for harm to self and others, and should be transported for evaluation. Upon arrival, EMS finds the pt A&O X 4. He claims there are waves interfering with his brain, and if his feet lose contact with the floor, he would be unable to ground the waves out. The patient further voices the need to kill his mother, in order to be free of the waves. The patient refuses to engage in conversation regarding the concerns of his therapist and EMS' attempts to obtain history, assess decisional capacity, etc. He is adamant that he will not a go to the hospital. Throughout the duration of this event, the patient has remained sitting at the top of the stairs, refusing to move.

26. Which decisional capacity assessment finding renders this patient non-decisional? Be specific about the element itself (alertness; speech; affect etc) ***and*** describe the finding. (NWC EMSS Decisional Capacity Checklist; SOP p 36)

27. Check the box corresponding to that which you would check when completing the worksheet in ImageTrend. (NWC EMSS Decisional Capacity Checklist0)

☐ Treat/transport w/ express consent	☐ Treat/transport w/ implied consent	☐ Decisional pt refused care/transport	☐ No care d/t EMS safety concerns

Read the following scenario. Then answer question 28.

EMS is called for a 76 yr old patient having chest pain. The patient's daughter, who is enroute, called 911 after the patient reported chest pain for the past 45 minutes. Upon arrival, you find a pale, diaphoretic patient who appears uncomfortable, clutching their chest. Speech is clear and appropriate, and the patient is cooperative with history and assessment. They are A & O X 4, and verbalizes apprehension at this sudden worsening of their "usual" chest pain, which is today accompanied by nausea, which is not normally the case. When EMS attempts to administer ASA, the patient confirms having already taken 325 mg.

VS: BP 100/68; P 60; R 16; SpO2 92% on room air. 12L ECG shows STE in leads II, III, and AVF w/ ST depression in AVL; Acute inferior MI.

The patient's daughter arrives and provides ID and the POA document. EMS informs both parties that the patient is experiencing a heart attack and that medical care is needed right away. The patient grows upset, stating "My cardiologist told me this might happen, and that if it did, I would have to have bypass surgery. I'm not going to the hospital, and I'm NOT having open heart surgery!" The POA steps in and says, "I'm his power of attorney and I want him to go to the hospital. He's so stubborn! He needs to have this surgery!"

28. In addition to assessment of orientation / alertness, speech, affect, behavior, and cognition, and memory, what other requirement must EMS confirm that this patient meets, for the patient to be capable of making a rational, informed choice? (SOP p 36; NWC EMSS Decisional Capacity checklist)

Scenario continued: *The patient has satisfactorily communicated to EMS that his condition is very serious and carries risks for disability, severe illness and death, and that refusing medical care is not worth risking worsening health, as long as he is not forced to undergo unwanted surgery. The patient agrees to allow his daughter to drive him to the hospital, but he refuses to allow EMS to transport him. POA has given her word that no procedures will be done unless the patient agrees to them. There is no change in the patient's condition in terms of rhythm, VS, or resp status. Zofran was accepted and has relieved the patient's nausea.*

EMS is concerned that the patient is making a poor decision and risks possible deterioration prior to ED arrival. OLMC is contacted with a detailed account of events and discussion between EMS and the patient. The OLMC physician speaks with the patient briefly but is unable to convince the patient to allow transport.

29. In determining whether the patient should be transported involuntarily, respond to the following considerations: (scenario above)

Is the patient expressing / demonstrating intent to kill himself or someone else?

Is the patient unable to care for himself?

Is the patient mentally ill, according to information provided to EMS?

Is the patient non-decisional?

Has the patient failed to demonstrate insight?

30. What wrong could EMS be charged with if they transported the patient against his will, and honored his daughter's wishes? (PPT slide 24)

View the 1-minute video at *https://polarisproject.org/human-trafficking/* and view PPT Slides 53-71. Then answer the following questions.

31. Besides commercial sex, what is the other major type of trade that makes up the majority of trafficking situations? (Video and PPT slide 54)

32. List 2 concerns that may prevent or delay a person from attempting to gain their freedom from a trafficking situation. (PPT slide 58)

33. List 3 populations that are particularly vulnerable to trafficking. (PPT slide 59)

34. List 1 possible physical and one behavioral indicator of ***adult*** sex trafficking. (PPT Slide 63)

35. List 1 possible physical and one possible behavioral indicator of ***child*** sex trafficking. (PPT Slide 64)

36. Of the caveats listed on slide 67, with regards to EMS and identification of potential trafficking situations, what must EMS have a vigilant awareness for? (PPT slide 67)

37. EMS identifies multiple indicators of potential trafficking during an encounter with a 14 year old patient. The patient is seems frightened yet insists that everything is fine. What if any legal duty/duties are required of EMS? (PPT slide 65)

38. EMS identifies what they believe to be multiple, unmistakable indicators of trafficking during an encounter with a young adult patient. They encourage the patient to agree to transport for evaluation and care, but EMS' concerns are dismissed and the patient insists "everything is fine". What is one action EMS should take ***before*** leaving the patient, and one action they should take ***following*** the call? (PPT slide 65)

Read the following scenario, then answer question 39.

EMS is dispatched to a local restaurant for a server who fainted. Upon arrival you find a patient in their early 20s, lying on a sofa in the break room. The patient is tearful and seems frightened of EMS, and frequently glances over at her older adult companion. The patient seems hesitant to answer EMS' questions, most of which the older adult answers. When she does speak, her voice is soft and her speech is clear. Attempts to engage the older adult companion and separate them from the patient are unsuccessful. The companion states forcefully that he does not trust strangers around his girlfriend, that her English is "not good", and that anything that needs to be said can be said in his presence. The patient's expression is one of apprehension, and EMS notes the patient's hands trembling. The patient has a 1-2 inch laceration on the left cheekbone, with gaping edges and slow, continuous bleeding. EMS informs the patient and companion that the wound requires stitches and suggests that the patient be transported to the ED for same. The older adult quickly answers "she hit her head when she fainted". There are scattered bruises in various stages of healing on the patient's arms and a reddish-purple area of discoloration under one eye. As EMS looks at the patients arms, the older adult states "as you can see, she is very clumsy – she has bruises all over". The older adult refuses to allow further assessment, care or transport, and urges the patient to agree, to which the patient whispers "Si"

39. List one behavioral and one physical indicator in this scenario that may indicate a labor trafficking situation. (PPT slide 61)

40. An EMS provider is called as a witness in a lawsuit. The call occurred 4 years prior, and the patient's attorney has presented information that the EMS provider believes to be untrue. When the EMS provider is called to testify, which of the following will likely be given the most credibility? (PPT slide 69)

    A. The account offered by the patient's attorney
    B. The account offered by the EMS provider
    C. The EMS provider's run report