

Policy Title: **INVALID ASSISTS**No. **I - 3**

Board Approval: 11-15-12

Effective: 12/1/12

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**I. Definition of a patient:**

- A. Any human being that:
1. Has a complaint suggestive of a potential illness or injury;
  2. Requests evaluation for potential illness or injury;
  3. Has obvious evidence of acute illness or injury or a change in their chronic underlying condition;
  4. Has experienced an acute event that could reasonably lead to illness or injury, or
  5. Is in a circumstance or situation that could reasonably lead to illness or injury.
- B. Any persons meeting any of the above criteria are considered "patients" under this policy. These criteria are intended to be considered in the widest sense. If there are any questions or doubts, the individual should be considered a patient (Summa Institute of EMS; [www.summa-ems.org/file.php/1/ADMIN/Transport%20Policies](http://www.summa-ems.org/file.php/1/ADMIN/Transport%20Policies)).

**I. POLICY**

- A. EMS personnel ~~are occasionally~~ may be called upon to move or assist physically incapacitated or disabled persons in situations that DO NOT involve a possible mechanism of illness or injury. These calls may be prearranged or received through a dispatch center. They are clearly not the primary function nor purpose of an EMS System and the public should be encouraged to use others resources for this type of assistance.
- B. **EXAMPLES of invalid assist situations:** A disabled ~~person~~ patient needs assistance getting from bed to wheelchair or getting from a car to the house. No EMS assessments or interventions are needed or performed. The assistance could have been provided by other personnel or agencies if they were available. The System does not consider these persons to be patients. In these cases, no System-patient relationship is established rendering a medical duty to provide usual and customary EMS care.
- C. Invalid assist calls DO NOT include patients that have slid, tripped, or fallen, and/or ended up in a precarious position with or without the help of another person (family member, home health care provider etc.). If a person needs assistance in getting back into a chair or bed after sliding or falling or when a mechanism of injury or suspected illness or change in their chronic underlying condition is present, they become a patient.
- D. Anyone that fits the definition of a patient must be properly evaluated and treated per protocol. Similarly, anyone that does not fit the definition of a patient, as defined in this policy, does not require the usual and customary assessment, care, and means of documenting services provided but does require an Invalid Assist Checklist to be completed and archived with Agency EMS-response records.

**II. PROCEDURE**

- A. Perform a scene size up and obtain a history as to why EMS was called from the person/caregiver. If NO mechanism of injury, history or evidence of acute illness or trauma, or change in their chronic underlying condition, EMS personnel have no duty to establish a system-patient relationship, obtain vital signs, perform a complete physical exam, or provide EMS interventions per SOP. Provide the assistance requested by the person/caregiver.
- B. No OLMC, electronic EMS patient care report (ePCR), or Refusal of Care and/or Transportation form is required on Invalid Assist calls. Document them on the NWC EMSS Invalid Assist Checklist and per employer policy.
- C. EMS must attest to three areas of concern on the Invalid Assist Checklist:
1. That EMS asked about the presence of any acute illness or injury and the person/ caregiver denied illness or injury.

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2. That EMS did not find any evidence of acute illness or injury.
  3. That EMS offered treatment/transport and the person/caregiver refused them.
- D. ~~If presented with evidence that~~ a person has sustained any mechanism of injury or possible illness, or change in their chronic underlying condition, this changes the nature of the call from an Invalid Assist to an ALS or BLS patient. EMS personnel shall perform an assessment, provide care, contact OLMC, and document the call per usual and customary System protocol. This characterizes the large majority of calls dispatched as an Invalid Assist.
- E. EMS should consider conducting a well-being call-back check on all persons given an Invalid Assist in 24 hours. Speak to the responsible adult person or caregiver.
- F. If called repeatedly by the same person for non-medical assistance, EMS agencies are encouraged to inform the person that they are not using EMS services for their intended purpose. Contact the NWC EMSS office to explore possible remedies.

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## NWC EMSS Invalid Assist Checklist

EMS Agency:				Date of call	
Incident #	Time of call	Enroute	On scene	In service	In quarters
Name of person called to assist:				DOB	
Address				State	
				Postal code	
Contact person				Contact number	
Reason for call					

Status determination	Yes	No
Is person complaining of any acute illness or injury or has there been a change in their chronic underlying condition? If yes, complete an ePCR and Refusal of Service form		
Did the person experience any new onset discomfort, dizziness, lightheadedness, syncope, or stroke-like symptoms? If yes, complete an e-PCR and Refusal of Service form.		
Is the person at baseline mental function? If no complete an ePCR and transport		
Is the person at baseline physical capacity? If no complete an ePCR and Refusal of Service form.		
Did the person experience a slip, trip, fall, or slide? If yes, complete an ePCR and Refusal of Service form.		
If the person is on blood thinners, do they feel different or have black stools? If yes, complete an ePCR and Refusal of Service form		
Has an EMS agency been called again for an unscheduled response to this person within the past 48 hours? If yes, complete an ePCR and Refusal of Service form		

*We attest that the person/caregiver denies acute illness or injury; that the undersigned do not find any evidence of acute illness or injury or a change in the person's chronic underlying condition; and that we have offered treatment/transport to the hospital and the person/caregiver has refused EMS care/transportation.*

EMS responder (Print name)	EMS responder signature

EMS Call-back by:	Date	Time