

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

Board Approval: 1-10-19

Effective: 2-1-19

Supersedes: 12-1-12

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I. Definition of a patient:

- A. Any person 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 is any question or doubt, the individual should be considered a patient (Summa Institute of EMS; www.summa-ems.org/file.php/1/ADMIN/Transport%20Policies).

II. POLICY

- A. EMS personnel may be called upon to move or assist persons with physical mobility challenges 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 intended function nor purpose of an EMS System and the public should be encouraged to use other resources for this type of assistance.
- B. **EXAMPLES of invalid assist situations:** A person without mechanism of injury needs assistance moving from one point to another (bed to wheelchair or vice versa; vehicle to inside of home). 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.
- C. Invalid assist calls **DO NOT include patients that have slid, slipped, 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, if a person does not fit the definition of a patient as defined in this policy, NO EMS-patient relationship is established rendering a medical duty to provide usual and customary EMS assessment, care or documentation using the electronic patient care report software. It DOES require Agency- approved documentation.

III. PROCEDURE

- A. Perform a scene size up and obtain a history as to why EMS was called from the person/caregiver/bystanders. 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 physical mobility assistance requested by the person/caregiver.
- B. No OLMC, electronic EMS patient care report (ePCR), or EMS Refusal of Care and/or Transportation form is required on Invalid Assist calls. Document them per employer policy.

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- C. **EMS must attest to three things in their documentation:**
1. That EMS personnel asked about the presence of any acute illness or mechanism of injury (MOI) and the person/ caregiver denied illness or MOI.
 2. That EMS personnel did not find any evidence of acute illness or injury.
 3. That EMS personnel offered treatment/transport and a reliable/decisional person/caregiver refused them.
- D. **If a MOI or possible illness, or change in their chronic underlying condition exists: Call nature changes 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. 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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