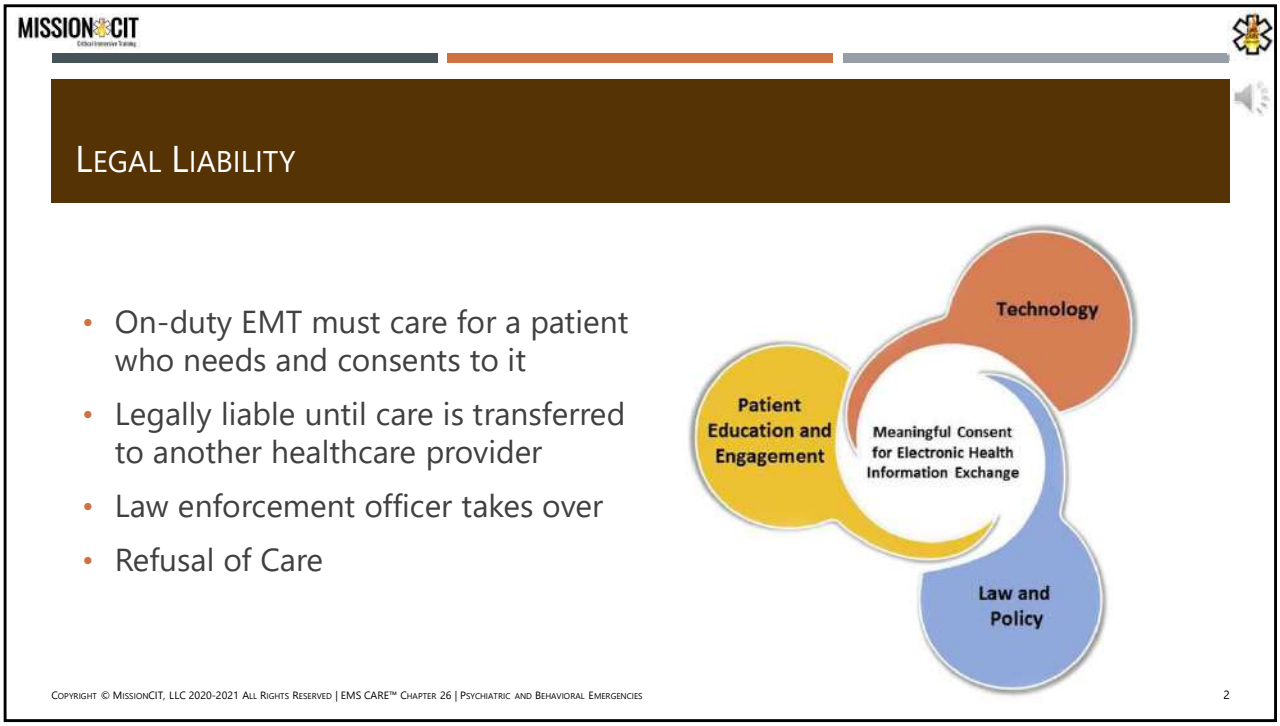




Legal and Ethical Considerations

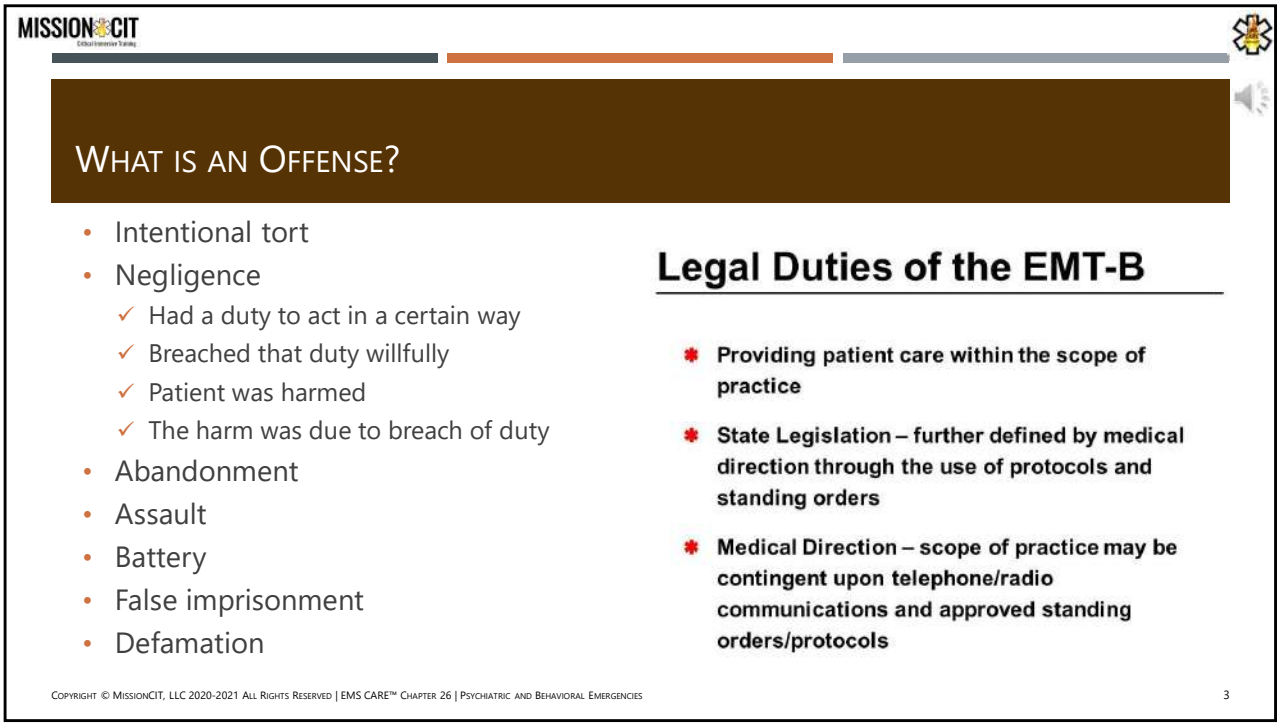
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Thank you, Justin! Welcome to this lesson on legal considerations for the EMT when dealing with Psychiatric and Behavioral Emergencies. Here we will talk about the laws, important responsibilities, possible offenses, and ethical responsibilities. We will also discuss important legal factors concerning the use of physical restraints. Following this lesson will be a video on the use of restraints.
Good studying.



The law requires every EMT who is on-duty to care for a patient who needs it and consents to it. In fact, the EMT is legally liable for that patient's health until care is transferred to another healthcare provider like a hospital or paramedic. In some cases, it ends when a law enforcement officer takes over the situation due to the violent nature of the person.

Your responsibility also ends when a patient understands his or her medical condition and still refuses care.



Moving on, let's see what constitutes an offense for an EMT.

Tort is a wrongful act that led to injury or damage. This tort can be accidental or intentional. As the name suggests, an intentional tort is an act that was done willfully, and includes assault, abandonment, defamation, inaccurate reporting, false accusations, and anything done with an intent to harm or malign a patient. This intentional tort is an offense.

An accidental tort, on the other hand, is an action done with good intentions, and is usually not considered an

offense.

Negligence is another major offense, and EMT is considered to be negligent when all these four conditions are met.

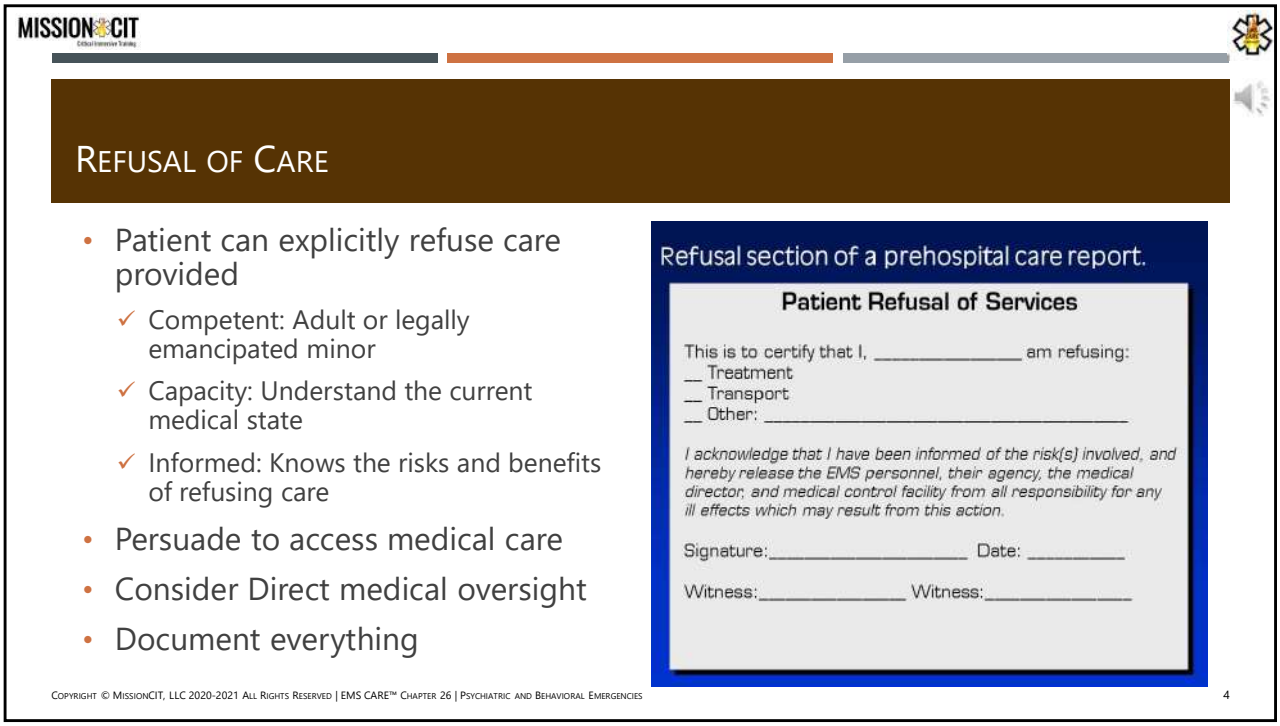
- The EMT had a duty to act in a certain way
- The EMT breached that duty willfully
- The patient was harmed or there were some damages due to the action of the EMT
- This harm or damage ensued as a result of a breach of duty

When all these four conditions are met, an EMT is considered to have committed the act of negligence.

Abandonment is another offense where an EMT abandoned a patient without transferring care to another person with appropriate experience and training.

An assault is when an EMT inflicts harm on a patient while battery is the act of touching a patient without getting the patient's consent. Both are offenses.

A few other kinds of offense include false imprisonment where a patient is detained or transported without consent, and defamation, where a person's health records are disclosed to unauthorized individuals or to the public.



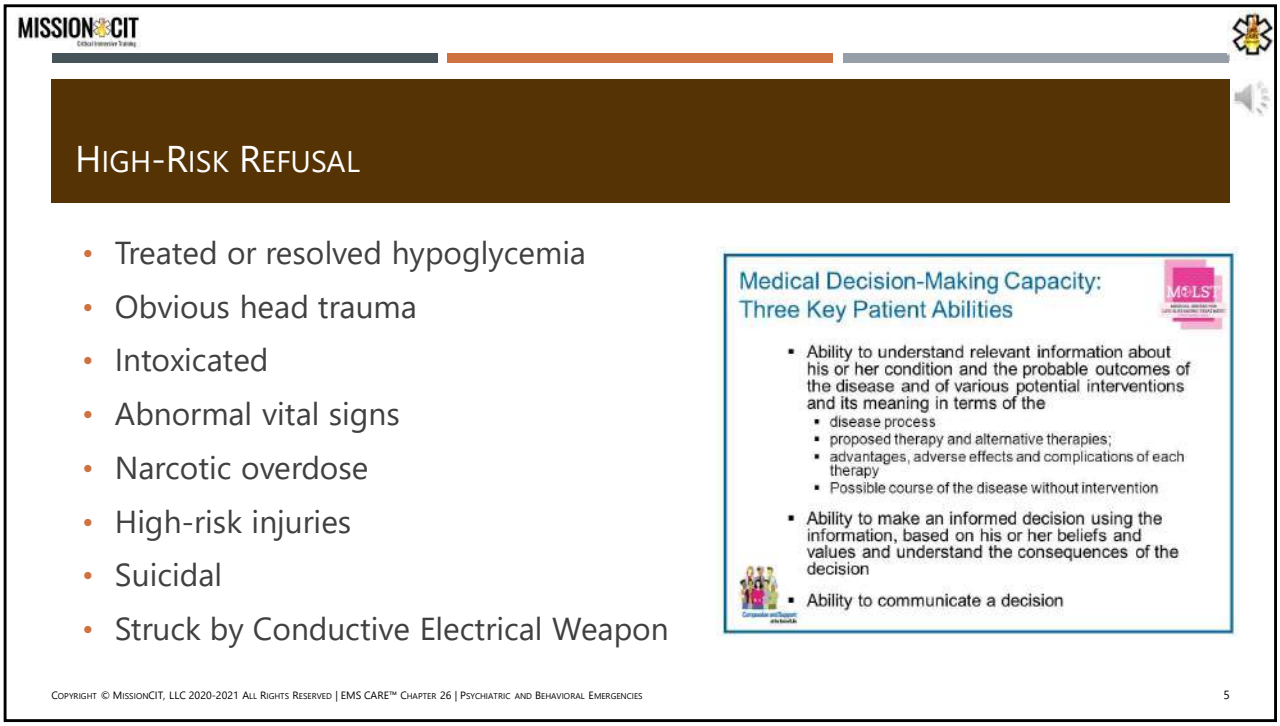
A patient can explicitly refuse care, but to be valid, it requires to have three components.

The first component is competence, where a person is an adult or a legally emancipated minor. A parent or a legal guardian who is on scene may also refuse care on behalf of a minor child. The second component is capacity. To refuse medical care, a person must understand his or her current medical condition, and the benefits and implications of refusing care. The third component is informed refusal where a patient is informed about the risks and benefits of refusing care.

An EMT has to take every reasonable effort to persuade reluctant patients to access medical care before accepting a Refusal of Care from a patient.

That said, consider Direct Medical Oversight if a patient poses a threat to self and others, has an altered mental status or a diminished mental capacity, or has a history or examination findings that is consistent with a high-risk refusal.

Regardless of the outcome, document everything including the competence and capacity of a patient, and his or her understanding of the risks, benefits, and implications.



Now, you might wonder what really constitutes a high-risk refusal. Here are a few examples.

- If a patient has treated or resolved hypoglycemia
- When a patient has an obvious head trauma and is taking anticoagulant medications
- Intoxicated
- Abnormal or irregular vital signs
- Narcotic overdose, provided it is treated or resolved
- High-risk injuries like spinal injuries
- Suicidal
- If a patient is struck by a Conductive Electrical

Weapon.

In such cases, you can do a Direct Medical oversight

Domestic Violence

- Willful intimidation, abuse, or assault
- Medical and psychosocial care
- Know the signs of domestic violence
- Inform law enforcement
- Document



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Domestic violence is the willful intimidation, abuse, or assault done by one intimate partner to another. If you suspect domestic violence, assess the patient further, and notify law enforcement.

Be prepared to provide both medical and psychosocial care if needed.

You can identify domestic violence when a patient

- Admits to domestic violence as a victim or witness
- Denies violence, but there are unexplained injuries and bruises.

- Has injury in sites such as face, head, chest, and genitals that suggest domestic violence.
- Is pregnant, as this greatly increases the possibility of violence
- Displays signs of sexual assault or forced sexual action
- Doesn’t answer questions, but the same are answered by the partner
- Is worried about the safety of self and children
- Complaints of chronic pain with no physical evidence
- Is suicidal or has made suicide attempts in the past
- Has had multiple therapeutic abortions
- Has a pattern of avoiding continuity in healthcare

Make a note of all these aspects, and report the same to a law enforcement officer. Document everything. Never hesitate to return to the vehicle if you suspect a dangerous situation, and immediately call for help.

Restraint

- Necessary when a patient is likely to harm self or others
- Assess the situation and keep your safety in mind. Call law enforcement if needed
- Try verbal de-escalation as restraint must be the last resort
- Keep the patient in a latent or supine position
- No devices on the patient
- Check the extremities of restrained patient once every 15 minutes



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When a patient exhibits an altered mental status, and is likely to harm self and others, a restraint may be necessary to protect the patient and others. However, restraint should be done in a humane manner and must be used only as a last resort.

The state protocols establish a clear procedure for restraints.

As a first step, assess the situation, and head back to the vehicle if you think it is dangerous. Call for law enforcement right away. Consider verbal de-escalation first, and keep restraint as the last resort. If you have to

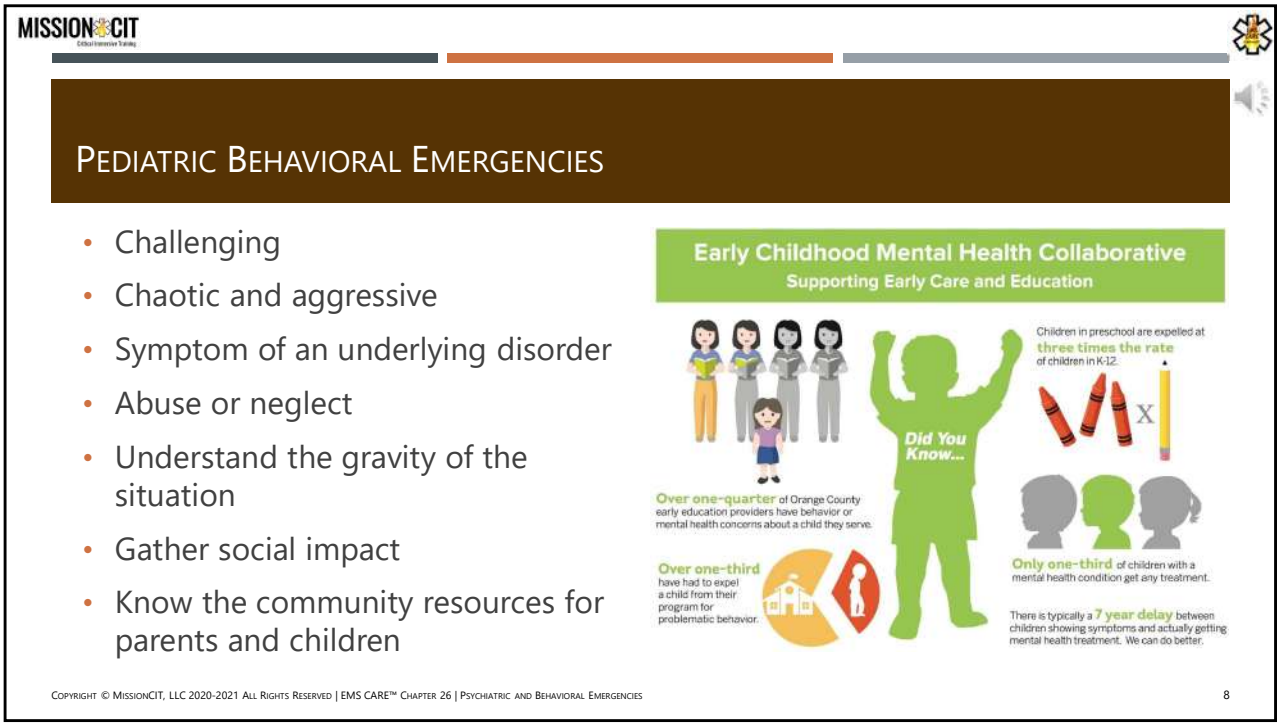
do a physical restraint, make sure there are enough personnel available to handle the patient.

Make sure the patient is restrained in a lateral or supine position, and absolutely, no devices must be placed on top of a patient. At no point should you place anything on a patient's chest. Next, make sure no one hog ties a patient, and you must supervise the patient at all times.

After restraining a patient, check the extremities that are restrained at least once every 15 minutes to ensure that there is enough blood circulation happening.

If a patient is handcuffed or restrained by a law enforcement officer, the officer must accompany the person to the hospital. If this is not feasible, the law officer should follow the ambulance.

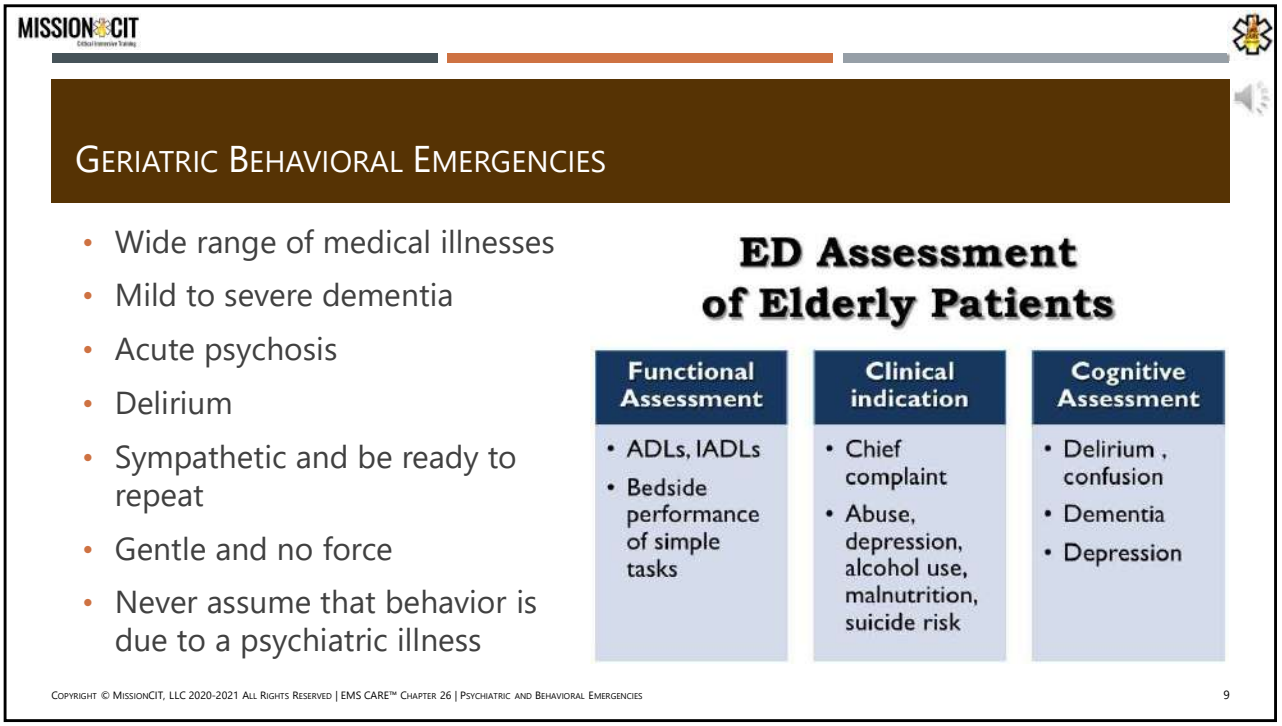
Document extensively, and mention the reason for restraint, the type of restraint used, and the circulation checks done.



Behavioral emergencies that deal with children are challenging for EMTs because these situations can be chaotic and the behavior of the child may seem aggressive. However, many times, a closer look would show that it is a symptom of an underlying mental disorder or disability that may require medical treatment. Sometimes, it could even be a case of abuse or neglect.

To address this complex behavioral emergency, understand the gravity of the situation. Gather the social impact of the situation as many parents may be

unwilling to give out a lot of details due to fear of stigmatization or misinterpretation. Learn about the community resources available for patients and their families.



Handling behavioral emergencies in geriatric patients is challenging because seniors may have a wide range of mental illness ranging from mild to severe dementia, acute psychosis, and delirium where cognition and attention are greatly diminished.

Be sympathetic while talking to them, and be ready to repeat what you said many times over. Be gentle and never apply physical force on them. Also, never assume that a behavior is due to an underlying psychiatric illness.



Finally, let us look at some ethical considerations that you are expected to follow, even if they are not mandated by law.

In general, treat all patients with dignity and respect, regardless of their age, color, or gender. Likewise, treat all co-workers and other first responders with respect and dignity. Be aware of the latest changes to laws and protocols, and equip yourself with all the necessary information needed to provide the most appropriate care. Exercise honesty and integrity through care and documentation, and finally, be a good Samaritan and

keep the patient’s best interest in mind always.

With this, we come to the end of this lesson, and next will be a short video on the use of restraints. After the video, Justin will take you through mental status examination.