Memorial EMS
Decatur Memorial EMS
Springfield Memorial EMS

Medical Legal

Memorial EMS
Decatur Memorial EMS
Springfield Memorial EMS

Table of contents

Concealed Carry/ Open Carry Weapons

When EMS is called to respond to any call, they should always be alert for scene safety and potential changes as scenes should always be considered dynamic. A patient who has a Concealed Carry Weapon should, in most cases, be cared for with minimal interruptions in care. At any time that EMS encounters a situation where they do not feel their safety has been reasonably ensured, they may retreat, call for law enforcement support, and wait at a secure location until the situation is secured before returning to patient care. If EMS should encounter an uncooperative or altered mental status patient who possesses a weapon, law enforcement will be contacted to assist. If EMS is to ever handle a weapon, it should remain in its holster if at all possible.

Since many hospitals have declared themselves weapon-free facilities, every reasonable effort should be made to encourage the patient to secure the weapon at the patient's home, vehicle or with appropriate family member. If the patient is a law enforcement/security officer, they should be encouraged to secure the weapon in their vehicle or with a supervisor. This should be documented in the patient care report. Should EMS encounter a situation where this is not possible, the weapon should remain holstered at all times. If transporting with a weapon, EMS should identify early in the communications report specifically, **"I have a firearm onboard and will need assistance on arrival."** The receiving facility should have a designated process for assisting with this. Most likely this will involve a security officer meeting the patient in the ambulance garage area. Never should a weapon be left where it could be obtained by others.

EMS Providers may not carry a weapon (open carry or concealed carry) during the course of official EMS business or on EMS vehicles. EMS agencies who are also law enforcement agencies are the exception so long as they are sworn law enforcement officers. The professions of law enforcement and EMS often overlap. Only when those EMS agencies who are functioning as a Tactical EMS Unit, or when members of law enforcement are responding while on duty, should the EMS providers respond to a call with a weapon. EMS agencies are supported in their efforts to be weapons-free facilities and no-carry signage on transport vehicles is appropriate. Should an EMS provider, who is responding to a call, possess a weapon, it should be secured in their personal vehicle prior to approaching the scene.

Pearls

Law enforcement/ security officers (when they are the patient) that remain in possession of their weapon will not be given sedation or pain medications.

Do not ask the patient whether he/ she has the right to carry a weapon. If the person has no legal right, they may become alarmed and cause EMS personnel harm.

Unless specific procedures have been established, all EMS providers should assure a safe scene before treatment should begin. EMS should always be alert to the dynamic scene changes.

Memorial EMS
Decatur Memorial EMS
Springfield Memorial EMS

Patient Confidentiality and Release of Information

The Health Information Portability and Accountability Act (HIPAA) privacy rule protects the rights of individuals from the disclosure of protected health information. Inappropriate sharing of confidential information is not tolerated in the EMS System. EMS providers must understand that breach of confidentiality is a serious infraction with legal implications which may result in disciplinary action up to and including system suspension. Any concerns regarding the definitions of protected health information or the application of HIPAA should be referred to your agency policy regarding patient confidentiality and agency privacy officer.

Reasonable steps should be taken to limit uses and disclosures of protected health information to the minimum amount required to accomplish the intended purpose. Exceptions to the minimum necessary rule include disclosures to a healthcare provider for treatment purposes; disclosures to individuals of their own protected health information; uses or disclose under authorization; disclosures to the Department of Health and Human Services regarding compliance or enforcement; or uses and disclosures required by law.

All Memorial EMS System personnel are exposed to or engaged in the collection, handling, documentation or distribution of patient information. Therefore, all EMS personnel are responsible for the protection of this information. Patient specific information, even amongst providers directly involved in patient care, should not be discussed in locations where non-involved parties can hear the conversation.

Unnecessary sharing of confidential information will not be tolerated. EMS personnel must understand that breach of confidentiality is a serious issue that carries legal implications due to laws governing privacy (HIPAA). Corrective action **will** be taken including System suspension or termination.

Agencies and Providers should also pay particular attention to any reference to calls that involve patients when posting or commenting on any form of media, social media, even that which is not available without invite.

Confidential Information Guidelines

1. **Written and Electronic Documentation**

    a) Confidentiality is governed by the "*need to know*" concept.

    b) Any audiovisual documentation collected involving a patient or scene encounter shall be performed exclusively through the Twiage App or ePCR. No copying, posting, or sharing outside of these applications is allowed.

    c) Only Memorial EMS System personnel and hospital medical staff **directly involved** in a patient's care or personnel involved in the quality assurance process are allowed access to the patient's medical records and reports. Authorized medical records and billing personnel are allowed access to the patient's medical records and reports in accordance with hospital and EMS provider policies.

d) Requests for release of patient care related information (from third party payers, law enforcement personnel, the coroner, fire department or other agencies) should be directed to the EMS agency's medical records department.

2. **Verbal Reports**

a) Memorial EMS System personnel are **not** to discuss specific patients in public areas.

b) EMS providers should not discuss any confidential information regarding patient care with friends and relatives or friends and relatives of the patient. This includes hospitalization of a patient and/or the patient's condition.

c) Information gained from case reviews for the purpose of education, research, quality improvement, or quality assurance is considered confidential.

3. **Radio Communications**

a) No patient name will be mentioned in the process of prehospital radio transmissions utilizing MERCI radio.

b) Customarily, when calling in a "direct admit" the patient's initials can be included in report communications. This is necessary for identification and is acceptable to transmit.

c) Sensitive patient information regarding diagnosis or prognosis not necessary for direct care of the current patient condition should not be discussed during report communications.

d) MERCI capabilities are required on all IDPH licensed vehicles. Twiage is the preferred mechanism of communication, followed by the MICU phone line. Regardless of mechanism, transport units should use their uniquely identifiable MERCI moniker for communications. Local jurisdiction identifiers are not acceptable.

e) If utilizing cellular telemetry or encrypted data communications, patient specific identifiers may be requested for the advance notification of specialty teams. See complaint specific protocols for such items. Such requests should never delay patient care.

4. **Communication at the Scene**

a) Every effort should be made to maintain the patient's auditory and visual privacy during treatment at the scene and enroute.

Patient Confidentiality and Release of Information

b) EMS personnel should limit bystanders at the scene of an emergency. Law enforcement personnel may be called upon to assist in maintaining bystanders at a reasonable distance.

5. **Information Regarding Patient Outcomes**

a) For the purposes on quality improvement a certain degree of patient outcome information needs to be available for EMS providers. Every effort will be made to ensure what information allowed by law is available.

These requests should be forwarded to the Assistant EMS Coordinator for Quality Improvement or EMS Coordinator.

Crime Scenes

EMS providers may arrive at the scene of a violent crime before law enforcement. To avoid destroying evidence, EMS providers must understand how law enforcement agencies preserve, collect and use evidence at a crime scene. Anything at the scene may serve as evidence to law enforcement.

Immediately upon identifying a suspected crime scene, EMS providers should take the following steps:

1. Immediately notify law enforcement or call dispatch to do so.
2. If the victim is obviously dead, the body should remain undisturbed. In some circumstances, the victim's body may need to be moved to gain access for assessment, or to gain access to other living victims. This should be documented in detail.
3. Access to the scene should be restricted to only the personnel required to care for the patient.
4. Do not touch, move, or relocate any item at the scene unless it is absolutely necessary to provide treatment to an injured victim. Document the location of any item that is moved, so that law enforcement can determine its original position.
    a. **At no time should EMS responders move a weapon at a crime scene unless fear of the weapon being utilized by others on the scene.**
    b. **In situations of violent crime, EMS responders should only enter the scene after Law Enforcement Officers have advised to approach the scene.**
5. Observe and note anything unusual, especially if the evidence may not be around when law enforcement personnel arrive (i.e. smoke or odors).
6. Give immediate care to patients. The possibility of the patient being a crime victim should not delay prompt treatment. The EMS provider's role is to provide emergency care, not to enforce the law or perform detective work.
7. Keep detailed records of the incident, including observations of the victim and the crime scene. In many felony cases, EMS providers may be called to testify since they were the first on the scene. An incomplete or inaccurate record will hurt credibility. This information should be included (or as an addendum) to the patient care report.
8. Once the patient is pronounced dead, the body becomes the property of the coroner's office. It may not be touched or altered in any way without authorization from the coroner's office.
9. It is acceptable to share patient care information with appropriate on scene law enforcement.
10. Disposable items used during resuscitation efforts are to be left in place until Coroner arrival/ discretion. Sharps used during the resuscitation should be stored in an appropriate container with the container being left in the area.
11. Once law enforcement personnel arrive, EMS providers should leave the scene as soon as possible to avoid hindering the investigation. Give police any information that might be useful.
12. When documenting projectile wounds, DO NOT indicate whether the wound is an entrance or exit wound. Simply document the size, shape and location of the penetrating wound(s).
13. EMS providers will report required incidents to the appropriate law enforcement agencies in compliance with current state statutes. These incidents include but are not limited to:
    - Suspected gunshot and stab wounds
    - Injuries sustained in the commission of or as a result of a criminal event
    - Suspected foul play
    - Assault and sexual assault
    - Motor vehicle accidents
    - Potential suicide and suicide attempts
    - Child and elder abuse

Memorial EMS
Decatur Memorial EMS
Springfield Memorial EMS

Coroner Notification Policy

In accordance with Section 10.6, Chapter 31 of the Illinois Revised Statutes – Coroners:

1. Every law enforcement official, funeral director, **ambulance attendant**, hospital director or administration or person having custody of the body of a deceased person, where the death is one subjected to investigation under Section 10 of this Act, and any physician in attendance upon such a decedent at the time of his death, shall notify the coroner promptly. Any such person failing to notify the coroner promptly shall be guilty of a Class A misdemeanor unless such person has reasonable cause to believe that the coroner had already been notified.

2. Deaths that are subject to coroner investigation include:
    - Accidental deaths of any type or cause
    - Homicidal deaths
    - Suicidal deaths
    - Sudden deaths – when an apparent good health or in any suspicious or unusual manner including sudden death on the street, at home, in a public place, at a place of employment, or any deaths under unknown circumstances may ultimately be the subject of investigation.

3. The coroner should be contacted with the following information. Providers are responsible for knowing the process in their county/ municipality for how to contact the coroner.
    - Your name and EMS agency
    - Location of the body or death
    - Phone number and/or radio frequency you are available on
    - Brief explanation of the situation

4. Once this information has been provided, wait for the coroner (or his/her designee) to arrive for further instructions. EMS crews may clear the scene if law enforcement is on the scene and no other need exists on scene.

5. Law enforcement personnel are responsible for death scenes once the determination of death is established with Medical Control and the coroner has been notified. Law enforcement will determine if EMS can relinquish the scene and return to service or wait for coroner arrival. No items directly attached to the patient for intervention or confirmation of death are to be removed.

6. If a patient is determined to be dead during transport, note the time & location and record this information on the patient care report. Immediately contact the coroner to discuss death jurisdiction. **Do not cross county lines with a patient that has been determined to be dead.**

    - If EMS is requested to transport a patient to the hospital who is a confirmed DNR and is near end of life, EMS should continue transport regardless of perceived loss of vital signs unless they will be crossing county lines. Report should be called to receiving facility as per normal operating procedure.

Physician/Other Medical Professional on Scene

Only personnel licensed to perform care in the prehospital setting and certified in the Memorial EMS System are allowed to provide advanced patient care (*e.g.* intubation, IV access, medication administration, pacing, etc.) at the scene unless approved by Medical Control.

An on-scene physician (or other medical professional) does **not** automatically supersede the EMS provider's authority. Patient care shall not be relinquished to another person or provider unless approved by the EMS Medical Director or Medical Control.

1. If a professed, duly licensed medical professional (*e.g.* physician, nurse, or dentist) unexpectedly wishes to participate in and/or direct patient care on scene, the EMS provider should contact Medical Control and inform the Medical Control physician of the situation.
2. If the medical professional on scene (including the patient's primary care physician) has properly identified himself/herself and wishes to direct patient care, approval must be granted by the Medical Control Physician prior to EMS personnel carrying out the on-scene medical professional's requests or orders. If care is relinquished to the professional on scene, he/she **must** accompany the patient to the hospital. This procedure should be explained to the provider prior to contacting Medical Control.
3. If an on-scene physician orders procedures or treatments that the EMS provider believes to be unreasonable, medically inaccurate, and/or outside the EMS provider's standard of care, the EMT should refuse to follow such orders and re-establish contact with Medical Control. In all circumstances, the EMS provider shall avoid any order or procedure that would be harmful to the patient.
4. If an on-scene medical professional (or any person *claiming* to be a healthcare provider) is obstructing EMS efforts or is substantially compromising patient care, the EMS provider should redirect the interfering person, request law enforcement assistance and communicate the situation to Medical Control.
5. If EMS personnel or nursing staff from another system or jurisdiction (other than a requested intercept or mutual aid) are at the scene and request to provide or assist with patient care, excuse them from the scene if their assistance is not needed. If assistance is needed, these personnel may provide assistance with the supervision of the agency having jurisdiction of the scene. Memorial EMS System policies, procedures and protocols must be followed regardless of the assisting EMS personnel's authorized level of care.

Emergency Medicine Residents will do "ride time" with Memorial EMS agencies as part of their EMS Rotation. Their presence should never take the place of on-line medical control when required/ requested by the EMS Provider, nor cause deviation from the Memorial EMS protocols at any time.

Utilization of Other Agency Providers

When an EMS response agency first arrives to treat an EMS patient, the scope of the care they can provide is clearly dictated by that agency and vehicle's IDPH certification, regardless of their individual licensure. When higher licensed agencies arrive on scene, we then utilize the Illinois shared servant doctrine to allow the transport paramedic to engage the skills of other providers on scene. If so requested, these providers may then work up to their individual level of maximum state licensure, as a voluntary extension of the transport paramedic's own skills.

An AEMT/ EMT-I or Paramedic responding with a lower-level agency is never "required" to perform advanced interventions with the ambulance. But if they wish to voluntarily assist the paramedic in a critical or multi-patient scene, we welcome that help for our transport medics. As a practical matter, it is often in the best interest of the patient.

The ultimate responsibility for the call overall and for every procedure performed falls to the transport Paramedic. Therefore, they are responsible for everything done to their patient, including any intervention performed by others. For this reason, we grant complete discretion to the transport Paramedic on scene as to whether, and for what, they accept assistance from such other personnel on scene. Any time such individuals perform any skill beyond those contained in the scope of their own response agency; they must be listed on the ambulance transport run ticket as additional crew. The interventions they performed should be delineated in the ambulance transport narrative.

This same doctrine applies in the circumstance where an off-duty member of the transport service or of a local first response agency is present on scene. The transport paramedic on duty may use their discretion to enlist such assistance, when it is judged to be in the medical best interest of the patient.