Introduction:

Since the early 2010's, the numbers of cases of opioid drug (prescription and illicit) overdose seen by EMS have skyrocketed. Such overdoses have now become an everyday occurrence in our Region, and have taken (and continue to take) many lives. While the wide proliferation of the use of naloxone by all levels of EMS providers, by law enforcement and fire service responders, and by laypersons (often family members or associates of known opioid drug users) has had a positive impact on the survival of the victims of opioid overdose, it has simultaneously created a frequent dilemma for EMS providers and law enforcement officers, when overdose victims saved by the use of naloxone regain consciousness, and express a desire to refuse further medical care and/or transportation to a hospital emergency department.

Historically, these situations have been handled, in the vast majority of cases, by the application of §22.09 of the New York State Mental Hygiene Law (MHL), under which law enforcement personnel compel the overdose victim to accept transport to the hospital under the presumption that the individual's well-being is immediately imperiled by his/her having taken an overdose of (a) dangerous drug(s), and/or that the individual is incapable at that moment of making a rational, informed decision about his/her critical healthcare needs, due to the lingering effects of drug(s)/ overdose, and possible also their secondary effects (i.e. cerebral hypoxia).

Purpose:

There is an emerging consensus in the medical and legal communities that not every opioid overdose survivor meets the criteria to legitimately compel treatment and/or transport under MHL §22.09. Additionally, many survivors who are thus transported are not retained in the hospital emergency department after arriving there and expressing their continued desire to refuse care.

It is the purpose of this policy to provide a standardized process for EMS providers in the Region to evaluate survivors of apparent opioid overdose who are expressing or exhibiting their desire to refusal further treatment and/or transportation to a hospital emergency department, and, in consultation with medical control, to determine the appropriateness of each such patient for release under such circumstances. This policy also describes regional standards for documenting this evaluation and decision process, as well as the patient's refusal in those cases in which it is accepted.

Policy:

EMS providers at the EMT, AEMT, Critical Care, and Paramedic levels, practicing within the Susquehanna Region, when encountering an apparent victim of opioid drug overdose in whom the immediately life-threatening effects on breathing and consciousness have been reversed by the use of naloxone by any person (healthcare provider, public safety responder, or layperson), shall proceed as follows if the patient expresses his/her desire to refuse further evaluation, treatment, and or transportation to a hospital emergency department, and/or exhibits behavior (e.g.: attempting to walk away) demonstrating such a desire. Please note that, per NYS Basic Life Support Protocol, EMS providers at the CFR level "must not make an independent decision regarding a patient's refusal of medical care or transport", and "must assure that additional EMS resources (EMT or above) will evaluate the patient".

I. Follow the protocol for "**General Approach to Prehospital Patient Management**" and any other treatment protocol, which is required according to the patient's condition and your assessment of the patient.

II. When the patient or legal guardian refuses treatment or requests that you discontinue further treatment of the patient, do not initiate any new treatment modalities, unless and until the situation is resolved.

III. Discuss with the patient the need for treatment and/or transport. In particular, highlight for the patient the near-death nature of the overdose event (if that was the case), and the need for follow-up care to address any lingering effects, as well as the opportunity to receive information on treatment and recovery resources. If the patient still refuses treatment or transport, and you feel that the patient's condition requires treatment or transport, allow the patient's family members, friends, or anyone else who is familiar with the patient to try and convince the patient of the need for treatment or transport.

IV. If the patient still refuses treatment or transport, and the patient is 18 years of age or older, or is an emancipated minor, or is the parent of a child, or has married:
   A. Assess level of consciousness using AVPU and GCS.
   B. Attempt to obtain vital signs and repeat AVPU and GCS every 5 – 10 minutes.
   C. Evaluate the patient for any apparent medical or physical conditions which may limit the patient's ability to think rationally. For example:
      1. Psychiatric or behavioral disorders.
      2. Patient presents a danger to themselves or others (e.g.: patient found in unsecure/ unsafe environment, patient exhibits evidence or expresses thoughts/intention of self-harm/suicide).
      3. Current, unresolved effects of alcohol or drug use.
      4. History of disease effecting mental capacity (i.e. Alzheimer's).
      5. Evidence of abuse to the patient.
      6. Inability to ambulate.
   D. If patient is Alert with a GCS of 15, and no evidence of any apparent medical or physical conditions which may limit the patient's ability to think rationally:
      1. If patient still refuses treatment or transport offer to call Medical Control or the patient's own physician and have the patient speak with the physician.
      2. If patient still refuses treatment or transport continue to step VI.

E. If patient is not **A**lert, has a GCS of less than 15, or there is evidence of an apparent medical or physical condition which may limit the patient's ability to think rationally, **obtain assistance from Law Enforcement, and contact Medical Control for direction. Report all of the foregoing assessment findings, as well as all relevant past and present medical history and environmental factors to Medical Control.**

V. If the patient still refuses treatment or transport, and is under the age of 18, or is not an emancipated minor, or is not the parent of a child, or is not married:

A. These individuals cannot give effective legal/informed consent to treatment and therefore, conversely, cannot legally refuse treatment.

B. In an emergency situation when a parent or guardian is not available to give consent, emergency treatment and transport should be rendered based on implied consent.

C. In an emergency or non-emergency situation when a parent or guardian is present, the EMS provider must obtain consent from the parent or guardian prior to rendering treatment or transport.

D. If a parent or guardian is refusing to give consent for treatment or transport, and the EMS provider feels that treatment or transport is necessary, the EMS provider should obtain assistance from a Law Enforcement agency. Medical Control should be contacted and the parent or guardian should be allowed to speak with the physician.

E. If the parent or guardian is still refusing treatment or transport and Law Enforcement is not directing the removal of the patient to a hospital, proceed to VI.

VI. For any patient who refuses treatment or transport, the EMS provider must advise the patient, or if applicable the parent or guardian, of the possible consequences of their refusal. **This information should be explicit with respect to the life-threatening nature of opioid overdose, its high mortality, and the risk that the patient will self-medicate for withdrawal symptoms resulting from naloxone use with more opioid, thus placing the patient's life in grave and immediate danger from repeat overdose. Emphasize the limited duration of action of naloxone (30 – 60 minutes), after which time the patient will no longer receive protection from the original dose(s) of naloxone.**

VII. Report all of the assessment findings listed in section IV, above, as well as all relevant past and present medical history, environmental factors, and other relevant information to Medical Control before seeking permission to allow the patient to refuse transport to the hospital. If the physician concurs, read the Informed Consent to Refuse Emergency Medical Care, Treatment or Transportation statement from the electronic prehospital care report (ePCR) system, (or separate, paper equivalent), with specific reference to the opioid overdose-related risks listed in section VI, above. The patient must understand and acknowledge these risks before being permitted to refuse transport. Have the patient, or where applicable the parent or guardian, sign the refusal form. If the patient or applicable responsible party refuses to sign the refusal form, then have a family member, Law Enforcement official, or bystander sign as a witness and document the refusal to sign on the (e)PCR.

VIII. Provide/attempt to provide the patient, and/or family/friends/caregivers with information about care/treatment for opioid addiction in the community. EMS vehicles should carry "leave-behind" literature for this purpose, which may be obtained from local treatment organizations and councils.

IX. If medical control orders that the patient be transported to the hospital, advise law enforcement officers of this order, and obtain their assistance in compelling transport. If necessary, place the law enforcement officer in direct communication with the physician.

X. Complete a(n) (electronic) Prehospital Care Report (PCR) for the patient. At a minimum, the following patient information must be documented, or the EMS provider must document the reasons why this patient information cannot be documented:

A. Documentation Information:

1. Age and sex.
2. Patient's name, address, and date of birth.
3. Chief complaint, including the apparent overdose.
4. Subjective and objective patient assessment findings.
5. Pertinent history as needed to clarify the problem (previous illnesses, allergies, medications, known history of opioid and/or other drug use/abuse, previous overdoses, concurrent injuries, etc.)
6. Level of consciousness (initial and current).
7. One complete set of vital signs (minimum)
8. Treatment given and the patient's response.
9. Parent or guardian's name if applicable.
10. Identification information of any Law Enforcement personnel and Medical Control directly involved with the refusal of treatment or transport.
11. Document that risks and consequences were explained and understood, consistent with Section VI, above.
12. Alternative provisions/plans made for the patient's safety after release (e.g.: released in the care of competent family/friends, availability of naloxone to these caregivers, advice to call 9-1-1 immediately if patient appears to relapse/deteriorate, etc.).