



Department
of Health

Requirements of Adult Care Facilities in Emergencies

**Bureau of EMS and Trauma Systems
Division of Adult Care Facility & Assisted
Living Surveillance**

Purpose

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- Help outline the expectations of both the Adult Care Facility and the EMS Provider in emergency situations.
- Level set.
- Encourage ongoing partnerships and communication.

Regulations

Adult Care Facilities

18 NYCRR § 487.7(d)(6)(i)

In the event that a resident requires emergency assistance because of illness or injury, the operator **shall**:

- (a) protect the resident's safety and comfort;
- (b) secure necessary emergency medical assistance; and
- (c) if necessary, arrange for transfer to an appropriate medical facility.

18 NYCRR § 488.7(b)(4)

In the event that a resident requires emergency assistance because of illness or injury, the operator **must**:

- (i) protect the resident's safety and comfort;
- (ii) secure necessary emergency medical assistance; and
- (iii) if necessary, arrange for the transfer of the resident to an appropriate medical facility.

Expectations of EMS

Refusal of Medical Attention (Adults)

Criteria is Not for use when a resident has a demonstrated or documented impairment.

Refusal procedure should be used:

- Use when a person with a potential injury or medical problem is encountered by EMS and wishes to refuse indicated care or transport.
- EMS provider must provide informed consent for the refusal.
- Minimum protocols may be augmented by requirements of the individual EMS or the regional EMS council. Required refusal forms etc.
- Medical decision-making capacity determination.
- Reference/follow NYS Refusal of Medical Attention protocol:
https://www.health.ny.gov/professionals/ems/docs/bls_protocols.pdf

Medical Decision-Making Capacity

- Patients at the scene of an emergency who demonstrate the ability to understand the nature and consequences of their medical care decisions shall be allowed to make decisions regarding their medical care.
- Upon evaluation, a patient who is found to have the following conditions shall be considered incapable of making medical decisions regarding care and/or transport and should be transported to the closest appropriate medical facility under implied consent:
 - Altered mental status irrespective of cause;
 - Attempted suicide, danger to self or others, or verbalizing suicidal intent;
 - Acting irrationally to the extent that a reasonable person would believe that the capacity to make medical decisions is impaired;
 - Unable to verbalize (or otherwise adequately demonstrate) an understanding of the illness and/or risks of refusing care;
 - Unable to verbalize (or otherwise adequately demonstrate) rational reasons for refusing care despite risks;
 - No legal guardian available (in-person or via telephone) to determine decision.

Advance Directives

- For conscious and alert patients with capacity, their wishes are to be followed in accordance with standard consent procedures.
- For patients unable to consent, including those who are unconscious, determine whether there is a signed MOLST or eMOLST or DNR at the scene.
- If no Advance Directive, begin standard treatment.
- If there is a valid Advance Directive, appropriate to the patient's clinical state, follow the orders as written.
- If the patient has a **living will** or health care proxy and there are concerns, contact medical control for direction.

EMS MOLST Regulations 800.15(c)

Required Conduct

(c) comply with the terms of a Medical Order of Life Sustaining Treatment (MOLST), as defined by Article 29-CC of the Public Health Law, form or a non-hospital Do Not Resuscitate (DNR) form, when the patient, family, or other caretaker or person on the scene provides such an order issued on a standard department-issued form, or, when the patient is wearing on his/her person a department-developed DNR bracelet or necklace identifying the patient as one for whom a non-hospital DNR order has been issued, with the **following exceptions:**

EMS MOLST Regulations 800.15(c)

Required Conduct (cont.)

- (1) emergency medical services personnel may disregard a non-hospital Do Not Resuscitate (DNR) order as defined by Article 29-B of the Public Health Law, when:
 - (i) possessed of a good faith belief that the order has been revoked or that the order has been canceled; or
 - (ii) family members or others on the scene, excluding emergency medical services personnel, object to the order and a physical confrontation appears likely; and

- (2) Hospital emergency service physicians may direct emergency medical services personnel to disregard a non-hospital Do Not Resuscitate (DNR) order if other significant and exceptional medical circumstances warrant disregarding the order; and

EMS MOLST Regulations 800.15(c)

Required Conduct (cont.)

(d) not be subjected to criminal prosecution or civil liability, or be deemed to have engaged in unprofessional conduct, for honoring reasonably and in good faith pursuant to subdivision (c) of this section, a non-hospital order not to resuscitate (non-hospital DNR), for disregarding such order pursuant to paragraph (1) or (2) of subdivision (c) of this section, or for other actions reasonably taken in good faith pursuant to subdivision (c) of this section.

Real-World Examples

Resident Has a MOLST/Dementia Diagnosis

- Resident A has a dementia diagnosis, but also has a signed MOLST.
- Resident A fell and bumped his head on the dining room table.
- Facility Staff called 911.
- EMS arrived onsite, identified there is a signed MOLST, and indicated they cannot transport.
- MOLST form was clear.

Additional considerations:

- Did the resident refuse transport?
- Did EMS contact Medical Control?
- What were the resident's vitals upon EMS arrival?
- Was the resident stable?
- A signed MOLST form could include a determination about transfer to the hospital.

FUTURE HOSPITALIZATION/TRANSFER

CHECK ONE:

- Send to the hospital, when medically necessary
- Send to the hospital only if pain and severe symptoms cannot be controlled
- Do not send to the hospital



Resident Declines Transport/Dementia Symptoms

- Resident B has been exhibiting symptoms of dementia but does not currently carry a diagnosis (primary care physician is following).
- Resident B fell and bumped her head. There is a bleeding abrasion above her left eye. Her lips are blue.
- Facility Staff called 911.
- EMS arrived onsite, resident refused transport, EMS obtained a signed refusal and contacted Medical control and advised the facility they would not transport.

Additional considerations:

- Did the resident refuse transport?
- Did EMS contact Medical Control?
- What were the resident's vitals upon EMS arrival?
- Was the resident stable?
- A valid MOLST form will include a determination about transfer to the hospital.



Resident Has a MOLST/Dementia Symptoms (undiagnosed)

- Resident B has been exhibiting symptoms of dementia for about 6 months (primary care physician is monitoring) and has a signed MOLST.
- Resident B fell. There is an abrasion above her left eye.
- Facility Staff called 911.
- EMS arrived onsite, identified there is a signed MOLST, and indicated they would not transport.
- Facility staff outreached primary care physician who ordered transport.

- EMS contacted their medical control and were advised not to transport based on the MOLST form and patient's wishes. Medical Control and Primary Care Physician together concluded patient would be seen via telemedicine or followed by the Primary Care Physician. No transport.

Revised MOLST (2022)

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- https://www.health.ny.gov/professionals/patients/patient_rights/molst/

Next Steps

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- EMS and ACF providers meet to discuss the resident population.
- Meet staff, particularly off-hours (overnight and weekend) staff.
- Is there a non-emergency number to call?
- Are there regional requirements that the ACF should be aware of?
- Fall 2022
 - Vital Signs Conference/Vital Signs Academy: MOLST training available and will be available on the Vital Signs Academy Learning Management System.
 - A forthcoming EMS Policy Statement regarding MOLST and Advance Directives, will be released to supersede Policy Statement 99-10.

Questions

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Adult Care Facility	EMS
Outreach the regional office	Contact your Regional Branch Chief or District Chief.
Write to acfinfo@health.ny.gov	Bureau of Emergency Medical Services Staff (ny.gov)