comfort ONE

ADMINISTRATIVE HANDBOOK

Division of Emergency Medical Services
R. I. Department of Health
June 1993
July 1995 Revised
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The Rhode Island prehospital EMS-DNR Program is entitled **COMFORT ONE**, based on a similar program developed in the State of Montana. The use of the **COMFORT ONE** name and logo is part of a national effort to identify **COMFORT ONE** as the universal title specific to prehospital EMS-DNR programs. The Rhode Island Division of Emergency Medical Services is grateful to the State of Montana Division of Emergency Medical Services and the Montana Hospital Association for their considerable guidance in the development of the **COMFORT ONE** Program in Rhode Island.

INTRODUCTION

The ability to honor a terminal patient's request for humane comfort measures while avoiding resuscitation in his last minutes has been a paradox for EMS providers. The challenge has been to devise a method for EMS providers to know at the scene, **immediately and unequivocally**, when they are to withhold life-sustaining treatment. Legislation passed in 1992 protects the EMS provider honoring such a request.

To develop **COMFORT ONE**, a committee was formed in 1991 which involved representatives from the Ambulance Service Advisory Board, Rhode Island Fire Chiefs Association, R.I. State Association of Firefighters, R.I. EMS Directors Association, R.I. Hospital Association, Medical Society of R.I., Division of EMS, prehospital care providers and Emergency Physicians. Working with legislators ensured that the final outcome was a law designed to help all touched by this specific circumstance: the ability to honor a terminal patient's wishes not to be resuscitated in the event of cardiac or respiratory arrest.

In 1992, the Rhode Island General Assembly approved amendments to Chapter 23-4.10 of the General Laws entitled "Health Care Power of Attorney" and Chapter 23-4.11 of the General Laws entitled "Rights of the Terminally Ill Act" ("Living Will"). These amendments extended legal immunity to emergency care providers complying with the wishes of a patient who has executed a Durable Power of Attorney and/or Living Will **and** has been diagnosed by a physician to have a terminal illness. These amendments also relieve prehospital care providers from liability when following a physician authorized Do-Not-Resuscitate (DNR) order. The Do-Not-Resuscitate Order must be recorded in the patient's medical record. These laws authorize the Director of Health to develop a standardized, statewide program for ensuring "reliable documentation" for prehospital EMS-DNR orders. Under its existing authority and consistent with these laws, the Department developed appropriate EMS protocols which have been approved by the Ambulance Service Advisory Board, for use in patients with such credentials. This program is entitled **COMFORT ONE**. The Rhode Island Department of Health, Division of Emergency Medical Services is responsible for the day to day operation of the **COMFORT ONE** program.

The **COMFORT ONE** program represents an innovative approach to the problem of honoring a patient's Living Will, Durable Power of Attorney or DNR order in the out-of-hospital setting. Responsibility for determining whether appropriate DNR, Living Will or Durable Power of Attorney documents are on file and whether appropriate procedures have been followed has been formally determined prior to the emergency care provider arriving at the scene. In "the field" all the emergency provider needs to know is whether or not the **COMFORT ONE** Bracelet is present, or whether a DNR order is recorded in the patient's medical record.

Definitions

The purpose of this document is to explain the **COMFORT ONE** program and how it will apply to the prehospital care provider. The following words and terms, when used herein shall have the following meaning. Additional definitions from other areas of health care are included only to help define the **COMFORT ONE** program more clearly.

(a) "**Attending Physician**" - means the physician who has primary responsibility for the treatment and care of the patient.

(b) "**Durable Power of Attorney**" - means a witnessed document executed in accordance with the requirements of Chapter 23-4.10 of the General Laws of Rhode Island entitled Health Care Power of Attorney.

(c) "**Declaration**" - means a document executed in accordance with 23-4.11-3 relating to the withholding of life sustaining procedures.

(d) "**Living Will**" - shall be synonymous with Declaration.

(e) "**Health-care provider**" - means a person who is licensed, certified, or otherwise authorized by the law of this state pursuant to Chapter 5-37 of the General Laws of Rhode Island to administer health care in the ordinary course of business or practice of a profession.

(f) "**Life-sustaining procedure**" - means any medical procedure or intervention that, when administered to a qualified patient, will serve only to prolong the dying process. Life-sustaining procedure shall not include any medical procedure or intervention considered necessary by the attending physician or emergency service personnel to provide comfort, care or alleviate pain.

(g) "**Palliative Care**" - means care that serves to ease or relieve symptoms without correcting the underlying cause or disease.

(h) "**Person**" - means an individual, corporation, business trust, estate trust, partnership, association, government, governmental sub-division or agency, or any other legal entity.

(i) "**Physician and/or Doctor**" - means an individual licensed to practice medicine in this state pursuant to Chapter 5-37 of the General Laws of Rhode Island.

(j) "**Qualified patient and Declarant**" - means a patient who has executed a durable power of attorney and/or Living Will in accordance with Rhode Island law and who has been determined by the attending physician to be in a terminal condition.

(k) "**Terminal condition**" – means an incurable or irreversible condition that, without the administration of life sustaining procedures, will, in the opinion of the attending physician, result in death.

(l) "**Artificial feeding**" - means the provision of nutrition or hydration by parenteral, nasogastric, gastric or any means other than through per oral voluntary sustenance.

(m) "**Emergency medical services personnel**" - means paid or volunteer firefighters, law enforcement officers, first responders, emergency medical technicians or other emergency services personnel acting within the ordinary course of their profession.

(n) "**Advance directive protocol, hereinafter referred to as the COMFORT ONE Program**" - means a standardized, state-wide method developed for emergency service personnel by the Department of Health and approved by the Ambulance Service Advisory Board, of providing palliative care to and withholding life-sustaining procedures from a qualified patient.

(o) "**Director**" - means the Director of Health.

(p) "**Reliable documentation**" - means a standardized, state-wide form of identification which is a nontransferable bracelet of uniform design, which has been adopted by the Director of Health, after consultation from the local community emergency medical services agencies and licensed hospice and home health agencies, that signifies and certifies that a valid and current Living Will and/or Durable Power of Attorney is on file and that the individual is a qualified patient.

(q) "**COMFORT ONE Patient**" - a patient who has executed a Living Will and/or Durable Power of Attorney and has been diagnosed as having a terminal condition and has been issued a **COMFORT ONE** Bracelet. This designation also applies to patients having a physician authorized Do-Not-Resuscitate (DNR) Order recorded in the patient's medical record.

(r) "**Patient's Medical Record**" - refers to the written treatment and/or patient care orders authorized and recorded by a physician in accordance with the medical record standards of a licensed health care facility/agency.

(s) "**Physician authorized Do-Not-Resuscitate Order**" - refers to a written Do-Not-Resuscitate Order issued by a licensed physician and recorded in the patient's medical record.

(t) "**COMFORT ONE Order**" - means a written physician's order in a form approved by the Director of Health which authorizes qualified emergency medical services personnel to withhold cardiopulmonary resuscitation from a particular patient in the

event of cardiac or respiratory arrest. For purposes of this document, cardiopulmonary resuscitation shall include cardiac compression, endotracheal intubation and other advanced airway management, artificial ventilation, and defibrillation and related procedures. Emergency Medical Services Do-Not-Resuscitate (DNR) Orders shall not authorize the withholding of other medical interventions or therapies deemed necessary to provide comfort care or to alleviate pain.

(u) "**COMFORT ONE Certification Form**" - Unique document printed on distinctive three page carbonized paper and sequentially numbered, printed by the Department and available to physicians through the Department of Health. This form establishes that the patient is certified as a **COMFORT ONE** patient and has been issued a **COMFORT ONE** Bracelet. The form is a three page carbonized form. The patient shall retain page one (white copy). The attending physician shall retain page two (yellow copy). The Department of Health will retain page three (pink copy). See example on page 16.

(v) "**COMFORT ONE Bracelet**" - Durable yet easily removable, pre-numbered unique identification bracelet which must be worn by patient with Prehospital **COMFORT ONE** Order. Contains the following information: patient name, Address; Name, Address, license number, telephone number and signature of the physician certifying **COMFORT ONE** status and the number of the **COMFORT ONE** order. Once applied, it must be cut off to remove and it is not re-usable. See example on page 13.

(w) "**Hospice**" - is a concept of care that seeks to control symptoms and maximize functional status of persons living with a terminal condition. Hospice reflects a 'whole person' model and understands the patient and family as the unit of care. Hospice programs are licensed by the state. Care is provided under physicians' orders. Patients must have an identified terminal condition prior to being accepted into hospice care. Hospice neither hastens nor postpones death. Hospice programs exist to provide excellence in medical care to persons when cure has become unrealistic. Hospice programs support care in the home environment as long as possible, but continue to supplement the care of patients wherever they reside.

(x) "**Surrogate Decision Maker**" - specified by the patient when executing a durable power of attorney. This designation allows the surrogate decision maker to make health care decisions for the patient consistent with the patient's desires as stated in the durable power of attorney document or otherwise made known. The surrogate decision maker has the authority to consent, to refuse to consent, or to withdraw consent to any care, treatment, service or procedure to maintain, diagnose, or treat a physical or mental condition. Notwithstanding this assignment, the patient retains the right to make health care decisions for themselves as long as informed consent is given with respect to the particular decision.

(y) "**Home Health Care**" - is care provided at the patient's place of residence by the staff of state-licensed home health agencies. Home Health Care is provided for patients who are home bound and require intermittent care. Home health care is provided under a physician's order and delivered by nurses and other health care personnel. Home health care patients may have advanced illness, but not necessarily a terminal condition.

(z) "**EMS System**" - The system of prehospital emergency care which involves Emergency Medical Technicians, ambulances and initial patient care and includes transportation and physician communication and direction where necessary.

SPECIFIC COMFORT ONE PROTOCOL INFORMATION

Legal considerations in dealing with the **COMFORT ONE** protocol are very important for all emergency personnel to know and understand.

The **COMFORT ONE** protocol applies only to prehospital emergency medical services personnel, paid or volunteer firefighters, law enforcement officers, first responders, emergency medical technicians, or other prehospital emergency services personnel acting within the ordinary course of their professions.

The **COMFORT ONE** protocol has been approved by the R.I. Ambulance Service Advisory Board and adopted by the Rhode Island Director of Health.

Activation of the **COMFORT ONE** protocol can take place in three situations:

* when a patient is wearing a **COMFORT ONE** Bracelet.
* when a physician authorized DNR Order is recorded in the patient's medical record.
* when a Do-Not-Resuscitate order is received directly from a physician in compliance with the Medical Control at an Emergency Scene protocol.

Proceed with usual patient assessment and care **INCLUDING** resuscitative measures **UNTIL COMFORT ONE** status is confirmed.

DO NOT delay patient care to confirm the possibility of **COMFORT ONE** status.

Once **COMFORT ONE** status is confirmed, initiate the **COMFORT ONE** protocol.

Discontinue any resuscitation measures begun before verification of **COMFORT ONE** status. This includes:

* CPR
* Ventilatory assistance
* Administration of Cardiac medications
* Do not initiate I.V. lines, EOA or Endotracheal Intubation

Note: Established I.V. lines, EOA or ET tube should remain in place.

The patient may revoke his/her **COMFORT ONE** status by:

1) physical cancellation or destruction of the **COMFORT ONE** Bracelet by:

   * the patient.

   * the patient's surrogate decision maker.

   * another in the patient's presence and at the patient's direction.

2) direct communication with the prehospital care provider or other licensed health care provider by:

   * the patient.

   * the patient's surrogate decision maker.

   * another in the patient's presence and at the patient's direction.

However, a revocation communicated by a family or by another who did not witness the revocation is not valid in the emergency or transport setting.

EMS personnel or other licensed health care provider, upon witnessing or verifying a **COMFORT ONE** revocation, must communicate that revocation in writing so as to include this information in the patient's medical record. For prehospital care providers, the revocation shall be documented on the standard RI EMS Ambulance Run Report.

Once a valid **COMFORT ONE** certification is received by the Department of Health, the department shall notify, in writing, the fire department/EMS service for the city or town in which the patient resides as indicated by the patient on the **COMFORT ONE** Certification Form.

Comfort One

INTRODUCTION

Advances in home health and hospice care have resulted in more chronically and terminally ill patients living in private residences or in nursing homes. Many of these patients do not wish to have CPR performed and have made formal **Living Will Declarations;** executed **Durable Power of Attorney** documents; or have a physician's **Do-Not-Resuscitate Order** recorded in their medical records.

LEGAL AUTHORITY

23.4.1 to 23-4.1-14 RIGL (*Emergency Medical Transportation Services*)

23-4.10 to 23-4.10-12 RIGL (*Health Care Power Of Attorney*)

23-4.11-2 to 23-4.11-14 RIGL (*Rights Of The Terminally Ill Act*)

PURPOSE

(1) To provide symptom control, patient care and comfort measures during the dying process for **COMFORT ONE** patients.

(2) To avoid resuscitation of patients who have **COMFORT ONE** status.

(3) To clarify the role and responsibilities of prehospital care providers at the scene and/or while providing transportation for **COMFORT ONE** patients.

DEFINITIONS

(1) The *COMFORT ONE* protocol is a set of standardized, state-wide patient care orders to be followed by emergency medical services personnel when encountering a **COMFORT ONE** patient. The protocol emphasizes that the patient will receive palliative, supportive care; but no resuscitative measures.

(2) A **COMFORT ONE** patient is a patient who:

2.1 has executed a **Living Will** and/or **Durable Power of Attorney,** and

2.2 has been diagnosed as having a terminal condition, and

2.3 has been issued a **COMFORT ONE** Bracelet.

2.4 This designation also applies to patients having a physician authorized **Do-Not-Resuscitate (DNR) Order** recorded in the patient's medical record or a DNR order received directly from a physician in compliance with the *Medical Control at the Emergency Scene* protocol.

APPLICATION

The *COMFORT ONE* protocol is applicable to emergency medical services personnel acting in the non-hospital setting.

ACTIVATION/IDENTIFICATION

1. The **COMFORT ONE** status of a patient is confirmed and this protocol is activated when prehospital personnel have been presented with:

1.1 A **COMFORT ONE** Bracelet on the patient (no further **COMFORT ONE** identification is necessary).

1.1.1 Determine that **COMFORT ONE** Bracelet is intact and not defaced or damaged. Location of bracelet: wrist or ankle; necklace if extremities not available (sealed and closed bracelet on necklace chain).

1.2 A written **Do-Not-Resuscitate Order** authorized by a physician and documented in the patient's medical record.

1.3 A **Do-Not-Resuscitate Order** received directly from a physician in compliance with the *Medical Control at an Emergency Scene* protocol may activate the *COMFORT ONE* protocol.

EMS PROVIDER ACTIONS

1. Proceed with usual patient assessment and care **including** resuscitative measures UNTIL **COMFORT ONE** status is confirmed.
2. Upon verification of **COMFORT ONE** status:
   - 2.1 **DO NOT:**
     - 2.1.1 initiate CPR
     - 2.1.2 administer chest compressions
     - 2.1.3 intubate (ET or EOA)
     - 2.1.4 initiate cardiac monitoring
     - 2.1.5 start an IV for resuscitation
     - 2.1.6 administer cardiac resuscitation drugs
     - 2.1.7 defibrillate
     - 2.1.8 provide ventilatory assistance
   - 2.2 **DO** (as indicated by the patient's condition):
     - 2.2.1 suction airway
     - 2.2.2 administer oxygen
     - 2.2.3 position for comfort
     - 2.2.4 splint
     - 2.2.5 control bleeding
     - 2.2.6 provide emotional support
     - 2.2.7 if possible, determine if **Hospice** or **Home Health Agency** patient and contact appropriate agency
     - 2.2.8 contact the patient's attending physician or Medical Control for further orders
3. If efforts are begun prior to confirmation of **COMFORT ONE** status, discontinue the resuscitative measures upon verification of **COMFORT ONE** status. EMS personnel will not continue:
   - 3.1 CPR
   - 3.2 ventilatory assistance
   - 3.3 administration of cardiac medications
   - 3.4 Do not initiate IV lines, EOA or Endotracheal Intubation.
     - 3.4.1 Note: established IV lines, EOA or ET tube should remain in place.

REVOCATION

1. BY THE **PATIENT**: Regardless of mental or physical condition, the patient may revoke his/her **COMFORT ONE** status by:
   - 1.1 Physical cancellation or destruction of the **COMFORT ONE** Bracelet by:
     - 1.1.1 the patient; or
     - 1.1.2 the patient's surrogate decision maker; or
     - 1.1.3 another in the patient's presence and at the patient's direction.
   - 1.2 Direct communication with the prehospital care provider or other licensed health care provider by:
     - 1.2.1 the patient; or
     - 1.2.2 the patient's surrogate decision maker; or
     - 1.2.3 another in the patient's presence and at the patient's direction.
   - 1.3 Direct communication with the prehospital care provider, physician or other licensed health care provider by any person who witnesses the revocation of **COMFORT ONE** status by a qualified patient.
     - 1.3.1 **A revocation communicated by family or by another who did not witness the revocation is not valid in the emergency or transport setting.**
2. BY A **PHYSICIAN**: A physician may revoke a **Do-Not-Resuscitate Order** by writing such a revocation in the patient's medical record, provided there is no **COMFORT ONE** Bracelet present.
3. BY **MEDICAL CONTROL**: A **Do-Not-Resuscitate Order** may be revoked directly by a physician in compliance with the *Medical Control at an Emergency Scene* protocol, provided there is no **COMFORT ONE** Bracelet present.
4. EMS personnel or other licensed health care providers, upon witnessing or verifying a **COMFORT ONE** revocation, must communicate that revocation in writing so as to include this information in the patient's medical record. For prehospital care providers, the revocation shall be documented on the standard *RI EMS Ambulance Run Report*.

DOCUMENTATION

1. The minimum **COMFORT ONE** ambulance/rescue report information shall include:
   - 1.1 use of a standard *RI EMS Ambulance Run Report*. Indicate the use of **COMFORT ONE** in the space allotted.
   - 1.2 patient's name, gender, estimated age
   - 1.3 attending physician
   - 1.4 **COMFORT ONE** identification seen. Document method of identification (**COMFORT ONE** Bracelet or **Do-Not-Resuscitate Order** per medical record) that was used to confirm **COMFORT ONE** status. Note that **COMFORT ONE** Bracelet was intact, not defaced, not canceled, or not officially revoked. Include the name of the patient's attending physician.
   - 1.5 time, date, location of event
   - 1.6 description of event
   - 1.7 assessment findings
   - 1.8 care provided
   - 1.9 any **COMFORT ONE** revocation directly witnessed by EMS personnel or communicated to EMS personnel by family, surrogate decision maker or another who witnessed the revocation

2. If transporting the patient, keep **COMFORT ONE** Bracelet (intact or removed) and/or *Interagency Referral Form* with the patient.
3. If **COMFORT ONE** order was issued per *Medical Control at the Emergency Scene* protocol, provide date and physician's name as well as other pertinent information per protocol.

INTERACTION WITH FAMILY/BYSTANDER

1. If family/bystanders request resuscitative efforts for a patient with **COMFORT ONE** status:
   - 1.1 Provide explanation, reassurance and support to family/bystanders.
   - 1.2 Do not initiate CPR.
   - 1.3 Provide palliative care and comfort to patient.
   - 1.4 If possible, determine if **Hospice** or **Home Health Agency** patient and contact appropriate agency.
   - 1.5 Contact Medical Control for guidance.

GENERAL CONSIDERATIONS

1. **COMFORT ONE** status means providing all possible comfort care. Treat both the patient and family with care and concern.
2. Consider **COMFORT ONE** status invalid if:
   - 2.1 No **COMFORT ONE** Bracelet is present.
   - 2.2 The **COMFORT ONE** Bracelet is not attached or has been tampered with.
   - 2.3 A written **Do-Not-Resuscitate Order** authorized by a physician and documented in the patient's medical record is not presented to prehospital care personnel.
3. If the patient has expired on arrival, comfort family and follow *Biological Death* protocol. Document all incident information by completing the *RI EMS Ambulance Run Report.*

COMFORT ONE PROGRAM

General Provisions

1. **Issuance of a COMFORT ONE Order.**

An EMS **COMFORT ONE** order may be issued by an attending physician for a patient who has executed a Living Will and/or Durable Power of Attorney and has been diagnosed as having a terminal condition. A physician may establish **COMFORT ONE** status by authorizing a written Do-Not-Resuscitate Order which must be recorded in the patient's medical record and presented to prehospital care personnel. For **COMFORT ONE** orders, the physician shall explain to the patient or, as appropriate, his surrogate decision maker or his family the **COMFORT ONE** program. If the option of a **COMFORT ONE** order is agreed upon, the attending physician shall have the following responsibilities:

A. Execute and date the Physician Order on the **COMFORT ONE** Certification Form.

B. Complete the original **COMFORT ONE** Certification Form and Bracelet and place or order the placement of a **COMFORT ONE** Bracelet on the patient. Instruct patient and family regarding the necessity of wearing the **COMFORT ONE** Bracelet per EMS **COMFORT ONE** Protocol.

C. Explain how and by whom the **COMFORT ONE** order may be revoked.

D. Give page one (white copy) of the original **COMFORT ONE** Certification Form to the patient for his/her records.

E. Retain page two (yellow copy) of the original **COMFORT ONE** Certification Form for his/her records.

F. Mail page three (pink copy) of the original **COMFORT ONE** Certification Form to the Division of EMS, Department of Health.

2. **The COMFORT ONE Certification Form.**

The **COMFORT ONE** Certification Form is a unique document printed on distinctive three page carbonized paper and sequentially numbered. This form establishes that the patient is certified as a **COMFORT ONE** patient and has been issued a **COMFORT ONE** Bracelet. The following requirements and provisions shall apply to the approved **COMFORT ONE** Certification Form.

A. Content of the Form - A valid **COMFORT ONE** Certification Form shall include:

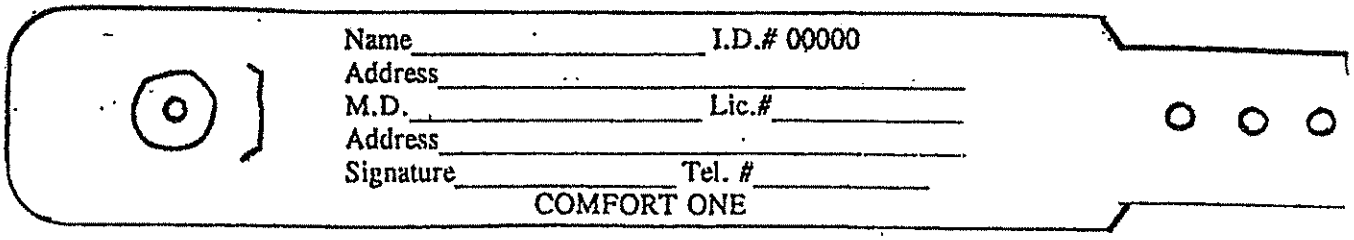
(i) the attending physician's signed statement indicating the person has a living will or durable power of attorney declaration on file in accordance with Rhode Island law and has been certified as having a terminal illness that is an incurable or irreversible condition that, without the administration of life-sustaining procedures, will, in the opinion of the attending physician, result in death.

(ii) the name of the Fire Department, Ambulance, Rescue company or other EMS provider to be notified of this order.

B. Parts of the Form - The **COMFORT ONE** Certification form is a three page carbonized form. The patient shall retain page one (white copy). The attending physician shall retain page two (yellow copy). The attending physician will mail page three (pink copy) of the original form to the Division of Emergency Medical Services, Department of Health.

3. **The COMFORT ONE Bracelet**

A. Design and Quality - This is an orange water resistant plastic identification bracelet. The inscription **"COMFORT ONE"** appears on the bracelet. Made of strong yet easily cut plastic (similar to hospital identification bands). It will contain the following information: Patient's name and address; Name, address, license number, telephone number and signature of the physician certifying **COMFORT ONE** status and the number of the **COMFORT ONE** Order.



B. EMS Provider Actions - Determine that **COMFORT ONE** bracelet is intact and not tampered with. Location of bracelet: Wrist or ankle; necklace if extremities not available (sealed and closed bracelet on necklace chain).

Patient MUST be wearing an intact **COMFORT ONE** Bracelet for the **COMFORT ONE** order to be honored.

4. **Distribution of COMFORT ONE Certification Forms/Bracelets**

The **COMFORT ONE** Certification Form and **COMFORT ONE** Bracelets are available only at the Division of Emergency Medical Services, R.I. Department of Health, and will be available to private physicians upon request. This ensures controlled distribution of the **COMFORT ONE** Certification Forms and **COMFORT ONE** Bracelet.

5. **Notification of EMS Providers.**

Upon receipt of a valid **COMFORT ONE** Certification Form from an attending physician, the Division of Emergency Medical Services shall notify, in writing, the fire department/ ambulance, rescue company or other EMS provider for the city or town in which the patient resides. The Division of Emergency Medical Services will notify those EMS providers as specified by the patient on the **COMFORT ONE** Certification Form.

6. **Physician Authorized Do-Not-Resuscitate Orders**

For **COMFORT ONE** status, a written Do-Not-Resuscitate Order authorized by a physician and documented in the patient's medical record is necessary. If a written Do-Not-Resuscitate Order authorized by a physician and documented in the patient's medical record is not presented to prehospital care personnel, consider **COMFORT ONE** status invalid.

7. **Revocation of a COMFORT ONE Order - A COMFORT ONE order may be revoked at any time by the following actions:**

(i) Physical cancellation or destruction of the **COMFORT ONE** Bracelet by the patient, the patient's surrogate decision maker or another in the patient's presence and at the patient's direction.

(ii) Direct communication with the prehospital care provider or other licensed health care provider by the patient, the patient's surrogate decision maker or by another who witnessed the revocation.

(iii) A physician may revoke a Do-Not-Resuscitate Order by writing such a revocation in the patient's medical record, provided there is no **COMFORT ONE** Bracelet present.

(iv) A Do-Not-Resuscitate order may be revoked directly by a physician in compliance with the Medical Control at an Emergency Scene Protocol, provided there is no **COMFORT ONE** Bracelet present.

A revocation communicated by a family member or another who did not witness the revocation is not valid in the emergency or transport setting.

EMS personnel or other licensed health care providers, upon witnessing or verifying a **COMFORT ONE** revocation, must communicate that revocation in writing, so as to include this information in the patient's medical record. For prehospital care providers, the revocation shall be documented on the standard RI EMS Ambulance Run Report.

The COMFORT ONE Certification Form

The form below has been approved by the Department of Health and is the official **COMFORT ONE** Certification Form:

COMFORT ONE CERTIFICATION FORM

PATIENT INFORMATION

PATIENT NAME:_____ D.O.B.:_____

ADDRESS:_____ GENDER: M____F____

CERTIFICATION OF COMFORT ONE STATUS

This form constitutes reliable documentation that the above identified patient is certified as a COMFORT ONE patient by either:

Declaration (hereinafter referred to as LIVING WILL) and/or DURABLE POWER OF ATTORNEY with a QUALIFYING CONDITION. The person identified has a living will or durable power of attorney declaration on file in accordance with Rhode Island law and has been certified as having a terminal illness.

VOID

_____
Printed name of physician

_____ _____
Signature Date

Name of local Fire Department, Ambulance, Rescue company or other EMS providers to be notified of this order_____

The Department of Health will forward a copy of this COMFORT ONE Certification Form to the Fire Department, Rescue company or other EMS providers as specified by the patient on the COMFORT ONE Certification Form.

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INFORMATION TO PATIENT

This form establishes that the patient is certified as a COMFORT ONE patient and has been issued a COMFORT ONE Bracelet. Wearing the COMFORT ONE Bracelet issued by your physician authorizes prehospital emergency response personnel to provide care directed at preventing avoidable suffering and providing supportive comfort measures. It is understood that as a COMFORT ONE patient you will be allowed to die in the natural course of your illness.

COMFORT ONE
Identification # 000000.

Type in information, cut out, and insert in COMFORT ONE Bracelet.

COMFORT ONE Bracelet Insert

Name_____ I.D.# 000000
Address_____
M.D._____ Lic.#_____
Address_____ Tel.#_____
Signature_____

VOID

DISTRIBUTION:

White - Patient Copy
Yellow - Physician Copy
Pink - Div. of EMS Copy

COMFORT ONE

The EMS DNR Decision
and
Associated Responsibilities

Attending Physician Responsibility - Diagnose terminal condition and explain to patient and/or family the **COMFORT ONE** program. Execute Physician Certification on the **COMFORT ONE** Certification Form as chosen by the patient (or the patient's surrogate decision maker if the patient is incapable of the decision).

- MD establishes **COMFORT ONE** status by completing a **COMFORT ONE** Certification Form. MD detaches bracelet insert from **COMFORT ONE** Certification Form and inserts in **COMFORT ONE** Bracelet and places or orders the placement of the **COMFORT ONE** Bracelet on the patient. Instructs patient and family regarding the necessity of wearing the **COMFORT ONE** Bracelet per EMS **COMFORT ONE** Protocol.
- MD explains how **COMFORT ONE** order is revoked (orally by patient; or physical destruction of **COMFORT ONE** Bracelet by patient; or by surrogate decision maker, or witness to revocation order).
- Gives page one (white copy) of the original **COMFORT ONE** Certification Form to the patient for his/her records.
- Retains page two (yellow copy) of the original **COMFORT ONE** Certification Form for his/her records.
- Mails page three (pink copy) of the original **COMFORT ONE** Certification to the Division of EMS, Department of Health.
- Notifies Division of Emergency Medical Services upon death of a qualified **COMFORT ONE** patient.

Patient Responsibility - Make an informed decision concerning resuscitation from cardiac or respiratory arrest in the face of a terminal condition. Ensure family members are aware of this decision. Reinforce that the patient must be wearing an intact **COMFORT ONE** Bracelet for the **COMFORT ONE** order to be honored. The patient or family is encouraged to notify their local EMS agency of the decision and meet with them for discussion of their response and care in this situation. They should understand that revocation is possible at any time by destroying and removing the **COMFORT ONE** Bracelet, or the patient may simply state (or otherwise indicate) they wish to be resuscitated.

Family Responsibility - Awareness of the **COMFORT ONE** decision as chosen by the patient or the patient's surrogate decision maker if the patient is incapable of the decision. Also, awareness of the expected prehospital response should they call 911 or an EMS provider. Realize their responsibility to abide by the patient's request. The family should also:

- Notify the Division of EMS should the patient move so proper EMS provider notification can be implemented.

- Notify local EMS provider when patient has expired.

EMS Provider's Responsibility - Proceed with usual patient assessment and care per protocol including resuscitation measures until **COMFORT ONE** status is confirmed. Determine existence of **COMFORT ONE** Order by looking for **COMFORT ONE** Bracelet. If valid, **COMFORT ONE** protocol should be followed. If presented with a written Do-Not-Resuscitate Order authorized by a physician and documented in the patient's medical record, the **COMFORT ONE** protocol should be followed. If a Do-Not-Resuscitate order is received directly from a physician in compliance with the Medical Control at an Emergency Scene protocol, the **COMFORT ONE** protocol should be followed. If the **COMFORT ONE** order is revoked, begin treatment of patient per protocol including resuscitation. Notify EMS Medical Control if **COMFORT ONE** order is revoked. If family/bystanders request resuscitative efforts for a patient with **COMFORT ONE** status, provide palliative care and comfort to the patient. Provide explanation, reassurance and support to family/ bystanders.

To avoid the likelihood of misunderstanding regarding the care rendered by EMS personnel, the EMS prehospital service agency should contact the patient and family in their area and discuss expectations. The greatest insurance against any misunderstanding among rescue workers, the patient, and their family is to have an informal meeting of these parties. The chief and/or designee should request a meeting with the patient and significant other family members. During this contact, the protocols should be discussed in a general fashion but specific enough so that all present should be aware of what is and is not likely to happen. This should help ease the anxiety of all participants and ensure the patient that their wishes will be respected.

State EMS Responsibility - Be resource concerning **COMFORT ONE** and EMS-DNR legislation. Responsible for daily operation of **COMFORT ONE** program. Assure distribution of **COMFORT ONE** information to all relevant parties. Sends notice of valid **COMFORT ONE** certification, in writing, to the fire department/EMS provider for the city or town in which the patient resides as indicated by the patient on the **COMFORT ONE** Certification Form.

Emergency Department Physician Responsibility (On-line Medical Control) - Understand **COMFORT ONE** program and EMS-DNR related laws. Intervene in prehospital management of patient when necessary and be a resource for the EMT should problems develop during a call. Interface with Attending Physician when necessary.

Other Health Care workers Responsibilities - Nursing Homes, Adult Homes, Hospitals, Home Health Care Nurses, and Hospice Units should educate their employees about the **COMFORT ONE** program. Preplan with local EMS agencies concerning their response if called.

For further information or clarification on the **COMFORT ONE** program, contact:

Division of Emergency Medical Services
Rhode Island Department of Health
3 Capitol Hill
Providence, R.I. 02908

Telephone: 401-222-2401
Fax: 401-222-3352

Biological Death

RECOGNITION OF BIOLOGICAL DEATH

1. An adult patient may be considered biologically dead if there is a lack of vital signs and at least one of the following:
   - 1.1 rigor mortis (rigid stiffness of the body)
   - 1.2 dependent lividity (purple/blue discoloration of those body areas closest to the ground)
   - 1.3 obvious injury incompatible with life (eg: decapitation)
   - 1.4 palpably cold body in the absence of any of the following:
     - 1.4.1 hypothermia from cold exposure
     - 1.4.2 cold water drowning
     - 1.4.3 drug overdose
   - 1.5 obvious changes of decomposition (ie: bloating, skin slippage, extensive green or black skin discoloration)

2. A pediatric patient may be considered biologically dead if there is a lack of vital signs and at least one of the following:
   - 2.1 obvious injury incompatible with life (eg: decapitation)
   - 2.2 obvious changes of decomposition (ie: bloating, skin slippage, extensive green or black skin discoloration)

3. By recognizing the evidence of lifelessness (as specified in RECOGNITION items 1 and 2 above) the EMS rescue personnel have made the ***determination*** of death. This ***determination*** by a licensed EMT does not constitute a ***pronouncement*** or certification of death, which are the responsibilities of a licensed physician.
4. The responsibility for a patient who is biologically dead lies with the state or local Police Department. Accordingly, the police should be contacted immediately. The Police Department is responsible for contacting the Medical Examiner's Office. The body should not be removed from the scene and the scene should be disturbed as little as possible.
5. Document all incident information by completing the *RI EMS Ambulance Run Report*.

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6. For patients who ***do not*** meet the criteria for biological death:
   - 6.1 Any adult patient who does not meet the criteria above for biological death should be considered alive and treated following the *Cardiac Arrest* protocol, and be transported to a *HOSPITAL EMERGENCY FACILITY*.

   - 6.2 Any pediatric patient without signs of life, including a newborn or potential SIDS fatality, who does not meet the criteria above for biological death should receive full resuscitative measures and be transported to a *HOSPITAL EMERGENCY FACILITY*.

6.3 For patients wearing a **COMFORT ONE** bracelet, follow the *Comfort One* protocol.

6.4 Transportation to a *HOSPITAL EMERGENCY FACILITY* is necessary only when resuscitation is undertaken. Follow the appropriate cardiac arrest protocol and contact Medical Control en route.

6.5. Document all incident information by completing the *RI EMS Ambulance Run Report.*

Medical Control at the Emergency Scene

1. Control of a medical emergency scene is the responsibility of the individual in attendance who is most appropriately trained and knowledgeable in providing prehospital emergency stabilization and transport.

2. <u>If the patient's private physician is present and assumes responsibility for the patient's care:</u>

   The EMT should defer to the orders of the private physician. Local medical control should be contacted. The EMT reverts to following prehospital protocols and on-line medical direction at any time when the patient's private physician is no longer in attendance.

3. <u>If a physician is present who is not the patient's physician and on-line medical direction by radio contact cannot be established:</u>

   An EMT on an emergency scene should relinquish responsibility for patient management when the physician has identified himself and has demonstrated his willingness to assume responsibility and document his intervention. When these conditions exist, the EMT should defer to the wishes of the physician on the scene. If the treatment at the emergency scene differs from that outlined in the prehospital protocols, the physician should agree in advance to accompany the patient to the hospital. However, in the event of a mass casualty incident or disaster, patient care needs may require the physician to remain at the scene.

4. <u>If a physician is present who is not the patient's physician and on-line medical direction by radio contact does exist:</u>

   The on-line physician is ultimately responsible. If there is any disagreement between the physician at the scene and the on-line physician, the EMT should take orders from the on-line physician and place the intervenor physician in radio contact with the on-line physician.

   The on-line physician has the option of managing the case entirely, working with the physician, or allowing him to assume responsibility.

5. Document all incident information by completing the *RI EMS Ambulance Run Report.*