

# Functional Needs

## Aliases

Developmental delay, disabled, handicapped, impaired, mental illness, mental retardation, special needs

## Patient Care Goals

To meet and maintain the additional support required for patients with functional needs during the delivery of prehospital care

## Patient Presentation

### Inclusion Criteria

- These are patients who are identified by the World Health Organization's International Classification of Functioning, Disability, and Health that have experienced a decrement in health resulting in some degree of disability. According to the U.S. Department of Health and Human Services, this includes, but is not limited to, individuals with physical, sensory, mental health, and cognitive and/or intellectual disabilities affecting their ability to function independently without assistance
- Functional needs may also include cultural impacts on health care such as language barriers and religious, cultural or ethnic customs that may influence how patients understand health concepts, how they take care of their health and how they make decisions related to their health.

### Exclusion Criteria

None

## Patient Management

### Assessment

1. Identify the functional need by means of information from the patient, the patient's family, bystanders, medic alert bracelets or documents, or the patient's adjunct assistance devices.
2. Avoid intentionally abbreviating the physical examination, although the manner in which the exam is performed may need to be modified to accommodate the specific needs of the patient.

## Treatment and Interventions

- Do not intentionally reduce or abbreviate medical care during the triage, treatment, and transport of patients with functional needs; however, the manner in which the care is provided may need to be modified to accommodate the specific needs of the patient.

## Patient Safety Considerations

- For patients with communication barriers (language or sensory), it may be desirable to obtain secondary confirmation of pertinent data (e.g. allergies) from the patient's family, interpreters, or written or electronic medical records. The family members can be an excellent source of information and the presence of a family member can have a calming influence on some of these patients.

## Notes and Educational Pearls Key Considerations

### Communication barriers

- Language barriers
  - Expressive and/or receptive aphasia
  - Nonverbal
  - Fluency in a different language than that of the EMS professional
- Note: Examples of tools** to overcome language barriers include:

- Transport of an individual who is fluent in the patient's language along with the patient to the hospital.
- Medical translation cards.
- Telephone-accessible services with live language interpreters.
- Methods through which the patient augments his/her communication skills (e.g. eye blinking, nodding) should be noted, utilized as able, and communicated to the receiving facility.
- Electronic applications for translation.

### **Sensory barriers:**

- Visual impairment
- Auditory impairment
- Examples of tools to overcome sensory barriers include:
  - Braille communication card
  - Sign language
  - Lip reading
  - Hearing aids
- Written communication

### **Physical barriers:**

- Ambulatory impairment (e.g. limb amputation, bariatric)
- Neuromuscular impairment

### **Cognitive barriers:**

- Mental illness
- Developmental challenge or delay

### **Pertinent Assessment Findings**

- Assistance Adjuncts.  
Examples of devices that facilitate the activities of daily living for the patient with functional needs include, but are not limited to:
  - Extremity prostheses
  - Hearing aids
  - Magnifiers
  - Tracheostomy speaking valves
  - White or sensory canes
  - Wheelchairs or motorized scooters
- Service Animals
  - As defined by the American Disabilities Act, "any guide dog, signal dog, or other animal individually trained to do work or perform tasks for the benefit of an individual with a disability, including, but not limited to guiding individuals with impaired vision, alerting individuals with impaired hearing to intruders or sounds, providing minimal protection or rescue work, pulling a wheelchair, or fetching dropped items."
  - Services animals are not classified as a pet and should, by law, always be permitted to accompany the patient with the following exceptions:
    - i. A public entity may ask an individual with a disability to remove a service animal from the premises if:
      1. The animal is out of control and the animal's handler does not take effective action to control it; or
      2. The animal is not housebroken
  - Service animals are not required to wear a vest or a leash. It is illegal to make a request for special identification or documentation from the service animal's partner. EMS providers may only ask the patient if the service animal is required because of a disability and the

form of assistance the animal has been trained to perform.

- EMS providers are not responsible for the care of the service animal. If the patient is incapacitated and cannot personally care for the service animal, a decision can be made whether or not to transport the animal in this situation.
- Animals that solely provide emotional support, comfort, or companionship do not qualify as service animals

## Quality Improvement

### Associated NEMSIS Protocol(s) (eProtocol.01)

- 9914165—Other (*no specific NEMSIS protocol matching this guideline*)
- 9914063—General-Individualized Patient Protocol

### Key Documentation Elements

- Document all barriers in the NEMSIS element "eHistory.01 – Barriers to Patient Care" (NEMSIS Required National Element).
- Document specific physical barriers in the appropriate exam elements (e.g. "blind" under Eye Assessment; or paralysis, weakness, or speech problems under Neurological Assessment).
- Document any of the following, as appropriate in the narrative:
  - Language barriers:
    - The patient's primary language of fluency
    - The identification of the person assisting with the communication
    - The methods through which the patient augments his/her communication skills
  - Sensory barriers:
    - The methods through which the patient augments his/her communication skills
    - All written communication between the patient and the EMS professional—it is part of the medical record, even if it is on a scrap sheet of paper, and it should be retained with the same collation, storage, and confidentiality policies and procedures that are applicable to the written or electronic patient care report
  - Assistance adjuncts (devices that facilitate the activities of life for the patient)

### Performance Measure

- Accuracy of key data elements (chief complaint, past medical history, medication, allergies)
- Utilization of the appropriate adjuncts to overcome communication barriers
- Documentation of the patient's functional need and avenue exercised to support the patient
- Documentation of complete and accurate transfer of information regarding the functional need to the receiving facility
- Barriers documented under "eHistory.01 - Barriers to Patient Care"

### References

1. International classification of functioning, disability and health. Presented at: 54<sup>th</sup> World Health Assembly, WHA 54.21, Agenda Item 13.9; May 21, 2001.
2. U.S. Department of Health and Human Services, Office of the Assistant Secretary of Preparedness and Response. *FEMA's Functional Needs Support Services Guidance*. <http://www.phe.gov/Preparedness/planning/abc/Documents/fema-fnss.pdf>. Accessed August 18, 2017.
3. US Department of Labor. Americans with Disabilities Act; 28 Code of Federal Regulations Part 35. July 23, 2010.
4. US Department of Labor. Americans with Disabilities Act; 42 U.S. Code, Chapter 126. 1990.
5. US Department of Labor. Americans with Disabilities Act; Amendments Act; 42 U.S. Code. 2008.