



Rancho Los Amigos National Rehabilitation Center

ADMINISTRATIVE POLICY AND PROCEDURE

SUBJECT: STAFF REQUESTS REGARDING NOT PARTICIPATING IN AN ASPECT OF PATIENT CARE

Policy No.: B810
Supersedes: June 16,2002
Revision Date: June 14,2016
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PURPOSE:

To identify a mechanism for addressing employee's request not to participate in an aspect of patient care.

POLICY:

It is the policy of Rancho Los Amigos National Rehabilitation Center (RLANRC) to render high quality patient care to all who seek treatment at our facility. However, RLANRC will address employee's request not to participate in a particular aspect of patient care, due to conflicting cultural values, ethics, or religious beliefs, as the needs of the service allow.

The Medical Center will ensure that a patient's care, including treatment, will not be negatively affected if the request is granted, and that there is an alternative method(s) of care delivery should such a situation arise.

PROCEDURES:

1. Employees must submit to the responsible supervisor a written request not to participate. Requests should be addressed on the REQUEST NOT TO PARTICIPATE IN AN ASPECT OF PATIENT CARE form (Attachment I).

The aspects of patient care or treatment in which an employee may elect not to participate may include but are not limited to:

- Do not Resuscitate (DNR)
- Withholding or withdrawing of life-sustaining treatment

2. The supervisor's response, either granting or refusing the request, will be documented on the form and signed by the supervisor and department head. A copy of the response will be provided to the employee. The information will be shared with members of the inter-disciplinary team on a need-to-know basis as determined by the department head.
3. Each supervisor must carefully determine the validity of any employee request and evaluate if accommodation can be made. The supervisor is responsible for verifying that patient care is not adversely impacted by the request. If the request is granted the supervisor will ensure an alternate method of patient care delivery. If the request cannot be granted, the employee will be asked to continue. Every request will be given full and careful consideration.

EFFECTIVE DATE: February 1997

COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES

APPROVED BY:
Signature(s) on File.

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4. The documented request will be maintained by the Department/Unit in the employee's area file.

REFERENCE: Joint Commission on Accreditation of Healthcare Organizations,
Standard HR.Ol.04.01 EP 6

AC:ac

RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER

REQUEST NOT TO PARTICIPATE IN AN ASPECT OF PATIENT CARE

It is the policy of Rancho Los Amigos National Rehabilitation Center (RLANRC) to render the highest quality patient care to all who *seek* treatment at our facility. However, RLANRC will address an *employee's* request to not participate in any aspect of patient care, on the grounds of conflicting cultural values, ethics, or religious beliefs.

Employee Name : _____ Employee#: _____

Job Title: _____ Dept./Area: _____

I hereby request not to participate in the following aspect of patient care: (Please be specific as to which aspect of patient care or treatment in which you do not want to participate).

The reason I do not want to participate in the above aspect of patient care is: (Please be specific as to how the aspect of care/treatment conflicts with a cultural value, ethics or religious belief).

DEPARTMENT RESPONSE:

Your request not to participate in the above aspect of patient care has been: **Approved** **Denied**

Reason:

If approved, the Department/Unit's plan to ensure patient treatment will not be negatively affected as follows:

Supervisor's Signature _____ **Date :** _____

Department Head Signature: _____ **Date:** _____