

SIERRA-SACRAMENTO VALLEY EMS AGENCY PROGRAM POLICY

REFERENCE NO. 850

**SUBJECT: PATIENT INITIATED RELEASE AT SCENE (RAS) OR PATIENT
INITIATED REFUSAL OF SERVICE (AMA)**

PURPOSE:

To provide directions and guidelines when a patient declines transport by ambulance to an acute care hospital, while respecting the rights of a competent person to make prudent healthcare decisions. Also, to provide direction and guidelines when a patient refuses indicated emergency medical assessment, treatment and / or transportation. Patients requesting ambulance transport shall not be denied transport under this policy.

AUTHORITY:

California Health & Safety Code, Division 2.5, Sections 1797.204, 1797.220, and 1798 et seq.
California Code of Regulations, Title 22, Division 9, Chapter 4, Sections 100147, 100167, 100168, 100169 and 100170.
Welfare and Institutions Code, Section 5008, 5150 and 5170

DEFINITIONS:

Person – Any competent individual encountered by EMS personnel who upon questioning, denies illness or injury and does not exhibit any evidence of illness or injury. The individual did not call 911 or direct 911 to be called for a medical complaint.

Patient – Any person encountered by EMS personnel who upon questioning, requests assessment, treatment or transport or appears to exhibit evidence of illness or injury.

Competent Person / Patient – An individual with a capacity to understand the nature of his / her medical condition and not impaired by alcohol, drugs / medications, mental illness, traumatic injury, grave disability or mental abilities diminished due to age.

Gravely Disabled – A condition in which a person, as a result of a mental disorder or impairment by intoxication, is unable to provide for his / her basic personal needs for food, clothing and shelter (Welfare and Institutions Code, Section 5008). Persons who are 21 years of age or older who have organic brain syndrome, dementia,

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Alzheimer type conditions or other organic brain disorders may qualify for involuntary hospitalization if they are a danger to self / others or gravely disabled.

5150 W & I – When any person, as a result of a mental disorder is a danger to others or to him / herself or is gravely disabled; a peace officer or a member of the attending staff (as defined by regulation) of an evaluation facility designated by the County or members of a mobile crisis team or other professional person designated by the County may, upon probable cause take, or cause to be taken, the person into custody and place him / her in a facility designated by the County and approved by the State Department of Mental Health as a facility for 72-hour treatment and evaluation. (Welfare and Institutions Code, Section 5150)

5170 W & I – When any person is a danger to him / herself, to others or gravely disabled as a result inebriation, a peace officer or a member of the attending staff (as defined by regulation) of an evaluation facility designated by the County or other person designated by the County may, upon reasonable cause take, or cause to be taken, the person into civil protective custody and place him / her in a facility designated by the County and approved by the State Department of Alcohol & Drug Abuse as a facility for 72-hour treatment & evaluation of inebriates. (Welfare and Institutions Code, Section 5170)

POLICY:

Patient Refusal of Service: Released at Scene

- A. Patients who are released at scene by a paramedic must be a competent adult, a minor not requiring parental consent (Reference Policy 851) or a minor in compliance with Section C: MINORS below and meet **ALL** of the following:
1. The patient or guardian must have a clearly articulated plan for medical assessment and/or follow-up that relies on previously established medical providers or the use of recognized acute care/urgent providers and facilities.
 2. This plan must have a reasonable and prudent transportation plan to reach follow-up medical care in a timely manner.
 3. After a complete assessment the paramedic must concur with the appropriateness of scene release and the medical appropriateness of the follow-up plan.
 4. The Incident Commander (IC) should be consulted and concur with the non-medical aspects of the follow-up plan.

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5. The patient or guardian should sign an appropriate release form developed by the provider stating that emergency assessment has been offered and/or rendered, transportation offered and that the patient chooses an alternate plan. If the patient / guardian refuse to sign, document the refusal and obtain a witness signature.
 6. Under this policy, the provider will audit 100% of scene releases for medical appropriateness based on available data, compliance with department / company policy and compliance with S-SV policies.
- B. Base contact / modified base contact shall be made by the paramedic on scene in close proximity to the patient prior to releasing the following classes of patients:
1. Patients, who the provider has knowledge of, who have been released at scene within the previous 24 hours.
 2. Children 3 years of age or under.
 3. Patients age 4 years to 17 years without a responsible adult signature.
- C. MINORS
1. A minor who is evaluated by EMS personnel and determined not to be injured, to have sustained only minor injuries or to have illnesses or injuries not requiring immediate treatment or transportation, may be released to:
 - a. Self, after base / modified base consult (consideration should be given to age, maturity, environment and other factors that may be pertinent to the situation)
 - b. Parent or legal representative
 - c. A responsible adult at the scene
 - d. A designated caregiver
 - e. Law enforcement
 2. EMS personnel **shall** document on the Patient Care Report to whom the patient was released.
 3. Base / Modified Base contact shall be required on:
 - a. Patients 3 years old and under
 - b. Patients 4 years to 17 years old without a responsible adult signature

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D. A paramedic will **NOT** release at scene under this section of the policy the following classes of patients:

1. Patients who meet Trauma Triage Criteria
2. Patients with **ANY** new onset medical complaints such as seizures, headache, hypoglycemia, respiratory distress or cardiac symptoms regardless of the duration of the complaint.
3. Patients who are difficult to assess, have altered mental status, **OR** whose baseline mental status is chronically altered due to a pre-existing condition such as Alzheimer's disease, dementia or previous CVA.
4. Patients with a significant medical concern
5. Patients meeting ALS treatment policy criteria
6. Patients meeting criteria for ALTE
7. Patients for whom the paramedic does not feel comfortable with the termination of the patient-paramedic relationship

Patient Refusal of Service: Against Medical Advice

A. To legally refuse medical assessment, treatment and/or transportation against the medical advice of paramedic personnel on scene, the patient must be a competent adult or minor not requiring parental consent (Reference Policy 851).

B. Parents / legal guardians for minors / dependents may sign AMA but must be present at scene.

C. All AMA patients require the following steps:

1. Consider having other EMS personnel on scene offer assessment, treatment and/or transportation
2. Involvement of law enforcement is required for the following patients:
 - a. Any patient who presents with an altered level of consciousness and refuses care. Inappropriate hostility or

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aggressiveness should alert the care provider to the possibility that the patient's thinking process may be impaired

- b. Any patient refusing care who has attempted suicide or verbalizes suicide
- c. A patient making a decision which is clearly irrational in the presence of a potentially life-threatening condition or has unstable vital signs and refuses care
- d. If the patient is less than 18 y/o and a concern for child neglect or endangerment exists
- e. A patient under a Welfare and Institutions Code 5150 or 5170 hold

Note: Patients may be detained against their will *only* when determined to be a danger to themselves or others or gravely disabled as defined by Welfare and Institutions Code sections 5008, 5150 or 5170. This determination must be done by law enforcement or a mental health care professional designated by the County.

- 3. Base/Modified Base Hospital contact is required for all AMAs. Communication with the Base/Modified Base Hospital should be in close proximity to the patient so that the MICN and/or physician can directly communicate with the patient / legal guardian to encourage him/her to consent to recommended assessment, treatment and/or transportation.
- 4. If the Base/Modified Base Hospital recommends additional involvement of law enforcement, adult or child protective services, the ALS transport unit shall remain on scene until the patient is placed into or released from one of these special custody arrangements.
- 5. The paramedic must document on an appropriate AMA release form developed by the provider that emergency assessment and/or treatment has been offered and/or rendered, transportation offered and that the patient / legal guardian is refusing indicated emergency medical assessment, treatment and/or transportation. After informing the patient / legal guardian and witness(es) regarding the adverse consequences of refusing indicated emergency medical assessment, treatment and/or transportation, the patient / legal guardian and one witness should sign the AMA release form. If the patient / legal guardian refuses to sign, document the refusal and obtain a witness signature.
- 6. The provider will audit 100% of AMAs released under this policy, based on available data, for medical appropriateness, compliance with department/company policy and compliance with S-SV EMS policies.

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CROSS REFERENCES:

Policy and Procedure Manual

Cancellation or Reduction of ALS Ground Response, Reference No. 848

Treatment / Transport of Minors, Reference No. 851