

SIERRA-SACRAMENTO VALLEY EMS AGENCY PROGRAM POLICY

REFERENCE NO. 850

SUBJECT: PATIENT INITIATED RELEASE AT SCENE (RAS) OR REFUSAL OF SERVICE AGAINST MEDICAL ADVICE (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. To provide direction and guidelines when a patient refuses 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

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

Effective Date: 12/01/2010

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Page 1 of 7

Approved:

SIGNATURE ON FILE
S-SV EMS Medical Director

SIGNATURE ON FILE
S-SV EMS Regional Executive Director

SUBJECT: PATIENT INITIATED RELEASE AT SCENE (RAS) OR REFUSAL OF SERVICE AGAINST MEDICAL ADVICE (AMA)

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)

POLICY:

Patient Refusal of Service: Released at Scene

- A. Patients who are released at scene by EMS personnel 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 if necessary 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 if necessary.
 3. After a complete assessment, the highest medical authority on scene 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.
 5. The highest medical authority on scene shall instruct the patient or legal guardian and witness(es) to call 9-1-1 and/or seek immediate medical attention if the condition continues or worsens or if new symptoms develop.
- B. Base/modified base contact shall be made by the highest medical authority 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.

SUBJECT: PATIENT INITIATED RELEASE AT SCENE (RAS) OR REFUSAL OF SERVICE AGAINST MEDICAL ADVICE (AMA)

Patients meeting the above criteria shall be assessed and offered treatment and transport by ALS / LALS personnel whenever possible. BLS personnel may only release at scene these classes of patients if ALS / LALS personnel are not available (i.e. extremely extended ETA of ALS, 9-1-1 BLS ambulance provider without ALS response).

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 (PCR) to whom the patient was released.
3. Prior to releasing a minor to a responsible adult on scene who is not a parent, legal representative or designated caregiver, EMS personnel must verify the identity of the adult to whom the patient is being released. This verification (driver's license number, other form of government ID, etc.) must be documented on the PCR. Involvement of law enforcement is required if a concern for child neglect or endangerment exists.
4. 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.
5. If the minor is being released to himself/herself or a responsible adult on scene, EMS personnel shall attempt to contact the patient's parent, legal representative, or designated caregiver prior to the release.

D. EMS personnel will NOT release at scene under this section of the policy the following classes of patients:

1. Patients who meet Trauma Triage Criteria.

SUBJECT: PATIENT INITIATED RELEASE AT SCENE (RAS) OR REFUSAL OF SERVICE AGAINST MEDICAL ADVICE (AMA)

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 / LALS treatment policy criteria.
6. Patients meeting criteria for ALTE.
7. Patients for whom EMS personnel does not feel comfortable with the termination of the EMS Personnel – Patient relationship

Patient Refusal of Service: Against Medical Advice

- A. To legally refuse medical assessment, treatment and/or transportation against the medical advice of EMS personnel on scene, the patient must be a competent adult or minor not requiring parental consent (Reference Policy 851).
- B. All AMA patients shall be assessed and offered treatment and transport by ALS / LALS personnel whenever possible. BLS personnel may only complete an AMA if ALS / LALS personnel are not available (i.e. extremely extended ETA of ALS, 9-1-1 BLS ambulance provider without ALS response).
- C. Parents / legal guardians for minors / dependents may sign AMA but must be present at scene.
- D. 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 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 suicidal/homicidal ideation.

SUBJECT: PATIENT INITIATED RELEASE AT SCENE (RAS) OR REFUSAL OF SERVICE AGAINST MEDICAL ADVICE (AMA)

- 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 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 section 5150. This determination must be done by law enforcement or a mental health care professional designated by the County.

If law enforcement refuses to assist in the facilitation of treatment and/or transport of a patient when indicated, EMS personnel should request that the officer on scene speak directly with the base / modified base MICN and/or physician regarding the necessity for patient treatment and/or transportation.

- 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 or 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 highest medical authority shall remain on scene until the patient is placed into or released from one of these special custody arrangements.
- 5. The highest medical authority on scene shall inform the patient or legal guardian and witness(es) of the adverse consequences of refusing indicated emergency medical assessment, treatment and/or transportation.
- 6. The highest medical authority on scene shall instruct the patient or legal guardian and witness(es) to call 9-1-1 and/or seek immediate medical attention if the condition continues or worsens or if new symptoms develop.

Communication Failure

In the event of communication failure, patients who require base / modified base hospital contact under this policy may be released after all other requirements are met. EMS personnel must document the method(s) of communication attempted and the reason for the communication failure.

SUBJECT: PATIENT INITIATED RELEASE AT SCENE (RAS) OR REFUSAL OF SERVICE AGAINST MEDICAL ADVICE (AMA)

Documentation

1. The highest medical authority on scene must document the following minimum information of a Patient Care Report for all RAS and AMA patients:
 - a. The date and estimated time of incident.
 - b. The time of receipt of the call.
 - c. The time of dispatch to the scene.
 - d. The time of arrival at scene.
 - e. The location of the incident.
 - f. The patient's name, age, gender, weight if necessary for treatment and address.
 - g. Chief complaint.
 - h. Vital signs.
 - i. Appropriate physical assessment.
 - j. Any emergency care rendered and patient's response to such treatment.
 - k. That emergency assessment and/or treatment has been offered and/or rendered, transportation offered and that the patient or legal guardian chooses an alternate plan or is refusing indicated emergency medical assessment, treatment and/or transportation.
 - l. In the event of communication failure for patients who require base / modified base contact under this policy, the method(s) of communication attempted and reason for the communication failure.
 - m. Information on whom a minor patient was released on scene to if applicable.
 - n. Patient disposition.
 - o. The name(s) and unique identifier number(s) of the EMS personnel.
 - p. Signature(s) (physical or electronic) of EMS personnel.

2. The patient or guardian shall sign the S-SV EMS Agency Refusal of Care Form (Reference No. 850-A), or an equivalent provider specific refusal of care form. If the patient or guardian refuses to sign, document the refusal and obtain a witness signature.

Continuous Quality Improvement

The provider will audit 100% of RAS and AMA patients released under this policy, based on available data, for medical appropriateness, compliance with department/company policy and compliance with S-SV EMS policies.

CROSS REFERENCES:

Policy and Procedure Manual

Cancellation or Reduction of ALS / LALS Response, Reference No. 848

Treatment / Transport of Minors, Reference No. 851

SUBJECT: PATIENT INITIATED RELEASE AT SCENE (RAS) OR REFUSAL OF SERVICE AGAINST MEDICAL ADVICE (AMA)

