


Sierra – Sacramento Valley EMS Agency Program Policy

Refusal Of EMS Care

	Effective: 06/01/2017	Next Review: 03/2020	850
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PURPOSE:

To establish criteria, guidelines and requirements for the refusal of EMS assessment, treatment and/or transportation (collectively referred to in this policy as “EMS care”). EMS personnel have a duty to act in the best interest of all patients. No individual shall be encouraged to refuse EMS care.

AUTHORITY:

- A. California Health and Safety Code, Division 2.5, § 1797.204, 1797.220 and 1798.
- B. California Code of Regulations, Title 22, Division 9.
- C. California Welfare and Institution Code, § 5008, 5150 and 5170.

DEFINITIONS:

- A. Agent/attorney-in-fact – An individual designated in a Durable Power of Attorney for Health Care to make health care decisions for the patient, regardless of whether the person is known as an agent/attorney-in-fact, or by some other term.
- B. Durable Power of Attorney for Health Care (DPAHC) – Allows an individual to appoint an agent or attorney-in-fact to make health care decisions if they become incapacitated. Decisions made by the agent/attorney-in-fact must be within the limits set by the DPAHC, if any.
- C. Conservatorship – A court case where a judge appoints a responsible person or organization (called the “conservator”) to care for another adult (called the “conservatee”) who cannot care for himself or herself.
- D. Minor – An individual under the age of 18 years.
- E. Emancipated – An individual under the age of 18 years old who is married, on active duty in the military, or emancipated by court declaration.
- F. Parent – The lawful mother or father of a non-emancipated minor.

- G. Legal Guardian – An individual who has been granted legal authority to care for another person. Legal guardianship is commonly used for incapacitated seniors, developmentally delayed adults and minors.
- H. Person – An individual who does not have a complaint suggestive of an illness/injury, does not request evaluation of an illness/injury and/or in the judgement of EMS personnel, does not demonstrate a known or suspected illness/injury that requires EMS care.
- I. Patient – An individual who has a complaint suggestive of an illness/injury, requests evaluation of an illness/injury, and/or in the judgment of EMS personnel, demonstrates a known or suspected illness/injury that requires EMS care.
- J. Patient Representative – An individual legally responsible for healthcare decisions involving a patient (parent, legal guardian, conservator, agent/attorney-in-fact). Note: a law enforcement officer may also legally represent a patient who is in their custody if the circumstances warrant.
- K. Competent Individual – An individual who has the capacity to understand the circumstances for which EMS care is indicated, and the risks associated with refusing all or part of such care. They are alert and their judgement is not impaired by alcohol, drugs/medications, illness, injury, or grave disability.

POLICY:

- A. No individual will be denied EMS care on the basis of age, sex, race, creed, color, origin, economic status, language, sexual preference, disease, or injury.
- B. Individuals determined by EMS personnel to meet the definition of a person according to this policy do not require EMS care.
- C. Patient assessment and refusal of EMS care procedures shall be performed by ALS/LALS personnel whenever possible. BLS personnel may only complete the refusal of EMS care procedures if ALS/LALS personnel are not on scene. BLS personnel shall not continue ALS/LALS personnel to scene for the sole purpose of completing the refusal of EMS care documentation.
- D. A patient, or patient representative acting on behalf of the patient, may decline all or part of EMS care if all of the following actions have taken place:
1. EMS personnel have provided the patient/patient representative enough information about the decision they are making so that there is informed consent.
 2. EMS personnel are satisfied that the patient/patient representative is competent and has understood the risk and options concerning their decision.

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3. EMS personnel have involved law enforcement and/or the base/modified base hospital in situations required by this policy.

PROCEDURE:

The highest medical authority on scene shall complete the following procedures for any patient, or patient representative on behalf of the patient, refusing EMS care:

- A. Perform an adequate patient assessment as indicated by the patient's complaint/condition/presentation.
- B. Advise the patient/patient representative of their known/suspected condition, or the known/suspected condition of the patient they are representing, and the known/unknown risks and/or possible complications of refusing EMS care.
- C. Request/involve law enforcement for any of the following patient circumstances:
 1. Attempted suicide, verbalized suicidal/homicidal ideations, or on a 5150 hold.
 2. Clearly irrational decision making in the presence of a potentially life threatening condition.
 3. Concern for patient neglect or endangerment.
- D. Contact the base/modified base hospital for consultation while in close proximity to the patient for any of the following patient circumstances:
 1. New altered level of consciousness.
 2. Potentially life threatening condition, including but not limited to, patients meeting STEMI, stroke, or trauma triage criteria.
 3. Unstable vital signs.
 4. Disagreement between law enforcement and EMS personnel about whether or not the patient requires EMS care.
 5. A patient who is not legally responsible for their own healthcare decision making (non-emancipated minor, conservatee, patient with a DPAHC, etc.) being released to self or another individual on scene who is not their legally designated healthcare decision maker (parent, legal guardian, conservator, agent/attorney-in-fact).
 6. Any circumstance where EMS personnel believe that the involvement of the base/modified base hospital would be beneficial.

In the Event of Communication Failure:

- Patients who are legally responsible for their own healthcare decision making, or who have a legally designated healthcare decision maker (parent, legal guardian, conservator, agent/attorney-in-fact) on scene with them, 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.
 - Patients who are not legally responsible for their own healthcare decision making (non-emancipated minor, conservatee, patient with a DPAHC, etc.), and who do not have a legally designated healthcare decision maker on scene with them, shall not be released without base/modified base hospital consultation.
- E. Prior to releasing patients who are not legally responsible for their own healthcare decision making (non-emancipated minor, conservatee, patient with a DPAHC, etc.), EMS personnel shall also attempt to contact the patient's legally designated healthcare decision maker (parent, legal guardian, conservator, agent/attorney-in-fact) if they are not already on scene. Contact details (method of contact, reason for inability to contact if applicable, etc.), as well as information on who the patient was actually released to shall be adequately documented in the patient care report.
- F. A patient, or patient representative on behalf of the patient, continuing to refuse EMS care, despite the foregoing measures, must sign a Refusal of EMS Care Form (850-A or similar), witnessed by one of the following, in order of preference:
1. Immediate family member.
 2. Law enforcement officer.
 3. Other EMS personnel.
- If the patient/patient representative refuses to sign the Refusal of EMS Care Form, EMS personnel shall adequately document this information on both the patient care report and the Refusal of EMS Care Form, and obtain a witness signature (in the same order of preference listed above) attesting to the fact that the patient refused to sign.
- G. Provider agencies are responsible for routinely auditing refusal of EMS care calls. Random auditing of these type of calls shall occur on a minimum of a monthly basis.

CROSS REFERENCES:

EMS Care of Minor Patients (851).