

Sierra – Sacramento Valley EMS Agency Program Policy

Refusal Of EMS Care

	Effective: 06/01/2020	Next Review: 05/2023	850
	Approval: Troy M. Falck, MD – Medical Director		SIGNATURE ON FILE
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PURPOSE:

To establish criteria and procedures for the refusal of EMS assessment, treatment and/or transportation (collectively referred to in this policy as “EMS care”) by a patient, or a patient representative acting on behalf of a patient.

AUTHORITY:

A. HSC, Division 2.5, § 1797.204, 1797.220 and 1798.

B. CCR, Title 22, Division 9.

C. WIC, § 5008, 5150 and 5170.

DEFINITIONS:

A. **Agent/attorney-in-fact** – An individual designated in a Durable Power of Attorney for Health Care (DPAHC) to make health care decisions for a patient, regardless of whether the person is known as an agent/attorney-in-fact, or by some other term.

B. **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.

C. **Conservatorship** – A court case where a judge appoints a person/organization (“conservator”) to care for another adult who cannot care for himself or herself.

D. **Durable Power of Attorney for Health Care (DPAHC)** – Allows an individual to appoint an agent/attorney-in-fact to make health care decisions if they become incapacitated.

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. **Legal Guardian** – An individual granted legal authority to care for another individual.

- G. **Minor** – An individual under the age of 18 years.
- H. **Parent** – The lawful mother or father of a non-emancipated minor.
- 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). A law enforcement officer may also legally represent a patient who is in their custody, if the circumstances warrant.
- K. **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.

POLICY:

- A. No individual shall be encouraged to refuse EMS care.
- B. No individual shall be denied EMS care based on age, sex, race, creed, color, origin, economic status, language, sexual preference, disease, or injury.
- C. Individuals determined by EMS personnel to meet the definition of a person, according to this policy, do not require EMS care.
- D. Patient assessment and refusal of EMS care procedures shall be performed by ALS/LALS personnel whenever possible. BLS personnel may only complete 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.
- E. A patient, or patient representative acting on behalf of a patient, may decline all or part of EMS care if 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 understands the risks/options concerning their decision.
 3. EMS personnel have requested assistance from law enforcement and/or the base/modified base hospital in situations required by this policy.

PROCEDURE:

- A. The highest medical authority on scene shall complete the following procedures for any patient, or patient representative acting on behalf of a patient, refusing EMS care:
1. Perform an adequate patient assessment.
 2. Advise the patient/patient representative of their known/suspected condition, or the known/suspected condition of the patient they are representing, and any possible risks of refusing EMS care.
 3. Request law enforcement assistance with any of the following circumstances:
 - Any individual who has attempted suicide or verbalized suicidal/homicidal ideations.
 - There is concern for patient neglect or endangerment.
 - Any circumstance where EMS personnel believe law enforcement assistance would be beneficial.
 4. Contact the base/modified base hospital (while in close proximity to the patient) for assistance with any of the following patient circumstances:
 - New altered level of consciousness.
 - Note: Hypoglycemic patients, whose symptoms have resolved following EMS treatment, may be released without contacting the base/modified base hospital for assistance if all the following are true:
 - The patient did not have a seizure.
 - The patient has a known history of diabetes, and a clear cause of the hypoglycemia episode is identified (i.e., missed meal).
 - The patient takes insulin or metformin to control diabetes.
 - The patient returns to baseline mental status, with no new neurologic deficits.
 - Repeat blood glucose is ≥ 100 mg/dL.
 - No major co-morbid symptoms exist (e.g., chest pain, shortness of breath, traumatic injury, intoxication).
 - The patient has the capacity to make informed health care decision.
 - A reliable adult will be staying with patient.
 - The patient ate a meal (ideally complex carbohydrates and protein) in the presence of EMS.
 - Potentially life-threatening condition, including but not limited to, patients meeting STEMI, stroke, or trauma triage criteria.
 - Unstable vital signs.
 - Any situation where law enforcement assistance was unsuccessful in facilitating EMS care, and EMS personnel believe that further EMS care is in the patient's best interest.

- A patient who is not legally responsible for their own healthcare decision making being released to self or another individual on scene who is not their legally designated healthcare decision maker.
- Any circumstance where EMS personnel believe base/modified base hospital assistance would be beneficial.

In the event of communication failure for patient circumstances that require base/modified base hospital contact:

- Patients who are legally responsible for their own healthcare decision making, or who have a legally designated healthcare decision maker on scene with them, may be released after all other requirements are met. EMS personnel must document the method of communication attempted and the reason for the communication failure in the patient care report.
 - Patients who are not legally responsible for their own healthcare decision making, and who do not have a legally designated healthcare decision maker on scene with them, shall not be released without base/modified base hospital contact.
5. Prior to releasing patients who are not legally responsible for their own healthcare decision making, EMS personnel shall attempt to contact the patient's legally designated healthcare decision maker if they are not already on scene. Pertinent contact details, as well as information on who the patient was released to, shall be documented in the patient care report.
6. A patient, or patient representative acting on behalf of the patient, continuing to refuse EMS care, must sign a Refusal of EMS Care Form (850-A or similar), witnessed by one of the following individuals (listed in order of preference):
- Immediate family member.
 - Law enforcement officer.
 - Other EMS personnel.

If the patient/patient representative refuses to sign the Refusal of EMS Care Form, EMS personnel shall document this information in both the patient care report and the Refusal of EMS Care Form, and obtain a witness signature indicating that the patient refused to sign.

- B. 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.