


Sierra – Sacramento Valley EMS Agency Program Policy			
Refusal Of EMS Care			
	Effective: 12/01/2023	Next Review: 09/2026	850
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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 an individual 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.
- D. PROB, § 810-813, 4609, 4711, 4712

DEFINITIONS:

- A. **Emergency Medical Condition (EMC)** – A medical condition that, if not immediately diagnosed and treated will lead to serious disability or death, or treatment is necessary to alleviate severe pain.
- B. **Capacity** – An individual’s ability to 1) understand the nature and consequences of a decision and 2) to make/communicate a decision and understand the significant benefits, risks, and alternatives of their decision. An individual who has a mental or physical disorder may still be capable of making medical decisions. An individual has the capacity to give informed consent for EMS care if they can do all the following:
 - 1. Respond knowingly and intelligently to queries about EMS care.
 - 2. Participate in EMS care decision by means of a rational thought process.
 - 3. Understand the following:
 - The nature and seriousness of the illness, disorder, or defect.
 - The nature of the EMS care that is being recommended.

- The probable degree and duration of benefits and risks of medical interventions or reasonable alternatives and the consequences of lack of treatment.
- C. **Legal Guardian** – An individual granted legal authority to care for another individual, including a court appointed conservator.
- D. **Parent** – The lawful mother or father of a non-emancipated minor.
- E. **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.
- F. **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.
- G. **Surrogate Health Care Decision Maker** – In the event that a patient lacks capacity, a health care provider caring for the patient may choose a surrogate to make health care decisions on the patient’s behalf as appropriate to the situation. Prior to implementing any decision made by a surrogate for a patient, the healthcare provider is required by law to inform the patient of the decision made and the person making it. Surrogate decision makers shall be, in descending order of preference, determined as follows:
1. The patient’s designated adult surrogate.
 2. The patient’s agent pursuant to an advance health care directive or a power of attorney for health care.
 3. The conservator or guardian of the patient having the authority to make health care decisions for the patient.
 4. If none of the above are available, then the healthcare provider can choose a surrogate decision maker. A surrogate decision maker must:
 - Be an adult 18 years or older.
 - Have demonstrated special care and concern for the patient.
 - Be familiar with the patient’s personal values and beliefs to the extent known.
 - Be reasonably available and willing to serve.
 5. The surrogate decision maker can be chosen from the following list:
 - The spouse or domestic partner of the patient.

- An adult child of the patient.
- A parent of the patient.
- An adult sibling of the patient.
- An adult grandchild of the patient.
- An adult relative or close personal friend.

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, or any other actual or potential discriminatory reason.
- C. Individuals determined by EMS personnel to meet the definition of a person, according to this policy, do not require EMS care.
- D. A patient, legal guardian, or surrogate health care decision maker may decline all or part of EMS care if EMS personnel, in consultation with the base/modified base hospital when appropriate, have determined that the patient, legal guardian, or surrogate health care decision maker has capacity.
- E. Refusal of EMS care procedures shall be performed by the highest-level medical provider on scene. If the non-transport and transport providers are certified/licensed at the same level, and both are on scene, the primary care provider shall be responsible for completing the required refusal of EMS care procedures.

PROCEDURE:

- A. Unless refused by the patient, legal guardian, or surrogate healthcare decision maker, EMS personnel shall perform a complete and appropriate patient assessment, including obtaining vital signs and if applicable, performing diagnostic procedures (EKG/12-Lead, finger stick blood glucose testing, etc.).
- B. If EMS personnel have determined that an EMC exists:
 - 1. If the patient does not have capacity and no legal guardian or surrogate health care decision maker with capacity is available, the patient should be transported to the closest appropriate facility. This should occur in collaboration with other public safety personnel on-scene and the base/modified base hospital.
 - 2. If the patient has capacity, or a legal guardian or surrogate health care decision maker with capacity is available, EMS personnel shall provide the patient, legal guardian, or surrogate health care decision maker with enough information to understand the nature and consequences of refusing EMS care. EMS providers

shall document the reason why the patient is refusing care and efforts taken to support the patient in receiving care. This may include base/modified base hospital contact.

C. Law enforcement assistance shall be requested for any of the following circumstances:

1. Any individual who has attempted suicide or verbalized suicidal/homicidal ideations and is refusing EMS care.
2. There is concern for patient neglect or endangerment.
3. EMS personnel have determined that the patient should be considered for a mental health hold and no EMC exists.
4. Any circumstance where EMS personnel believe law enforcement assistance would be beneficial.

D. Base/modified base hospital contact shall be made, while in close proximity to the patient, for any of the following circumstances:

1. Any situation in which EMS providers believe that a patient lacks capacity and is attempting to communicate a desire to not receive EMS care, unless an EMC exists and doing so would delay emergent care/transport.
2. Patients with a new altered level of consciousness who meet any of the following criteria:
 - Continuing altered level of consciousness.
 - Diabetic patients who meet any of the following criteria:
 - No known cause for hypoglycemic episode (i.e. missed meal, pump failure).
 - Suspected medication error/overdose of prescribed diabetes medications.
 - Experienced a seizure.
 - Required more than one dose of dextrose and/or glucagon by EMS.
 - Repeat blood glucose is ≤ 100 mg/dl.
 - A reliable adult will not be staying with the patient.
3. Seizure patients, with a known seizure disorder, who meet any of the following criteria:
 - Prolonged seizure (>5 min) or multiple seizures.
 - Seizures resulting from a traumatic injury.
 - No known cause for seizure (i.e. compliant with seizure medications).
 - New or different seizure symptoms.

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- Pregnant patients.
 - Patient has recently started a new medication.
 - A reliable adult will not be staying with the patient.
4. Patients experiencing a potentially life-threatening condition, including but not limited to patients meeting STEMI, stroke, or trauma triage criteria.
 5. A patient exhibiting unstable vital signs.
 6. Any situation where law enforcement request/assistance was unsuccessful in facilitating EMS care, and EMS personnel believe that further EMS care is in the patient's best interest.
 7. Any circumstance where EMS personnel believe base/modified base hospital assistance would be beneficial or are requesting direct MICN or base/modified base hospital physician communication with the patient.
 8. A patient who is an unemancipated minor (<18 years of age) or under the care of a legal guardian or surrogate healthcare decision maker, who is being discharged to themselves or another person present at the scene who is not their parent or legal guardian.
- E. Prior to releasing unemancipated minor patients, or patients under the care of a legal guardian, EMS personnel shall attempt to contact the patient's parent/legal guardian 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.
- F. In the event of communication failure for circumstances that require base/modified base hospital contact, a patient, legal guardian, or surrogate health care decision maker with legal capacity may be released by EMS personnel after all other requirements contained in this policy are met. EMS personnel must document the method of communication attempted and the reason for the communication failure in the patient care report.
- G. A patient, legal guardian, or surrogate health care decision maker refusing 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):
1. Immediate family member.
 2. Law enforcement officer.
 3. Other EMS personnel.

4. Involved third party.

If the patient, legal guardian, or surrogate health care decision maker 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.

- H. Provider agencies are responsible for routinely auditing refusal of EMS care calls. Random auditing of these types of calls shall occur on a minimum of a monthly basis.