



## REFUSAL OF CARE AND/OR TRANSPORTATION

APPROVED:

  
EMS Medical Director

  
EMS Administrator

### 1 Purpose:

- 1.1 To determine when a person is identified as a patient in the EMS system.
- 1.2 To establish a standard process for the termination of the paramedic/patient relationship.
- 1.3 To identify the necessary documentation required on the patient care record (ePCR) when a patient terminates the paramedic/patient relationship.
- 1.4 To identify what resources are available for the paramedic to utilize when a patient is encountered who in the paramedic's judgment should not terminate the relationship.
- 1.5 To identify whom other than the patient can make the determination that a patient does not need to be treated and/or transported to the hospital.

### 2 Definitions:

- 2.1 Patient: Any person that calls for EMS services or that paramedics encounter who demonstrates any known or suspected illness, injury, or requests an assessment or transportation shall be considered a patient (source: Documentation 4 – Patient Contact).
- 2.2A patient means any person who meets any of the following:
  - 2.1.1 Has a physical complaint: The individual has a complaint of recent or new onset such as pain, shortness of breath, or weakness
  - 2.1.2 Has obvious injury: The individual has signs of injury such as cuts, abrasions following a traumatic event
  - 2.1.3 If the individual specifically called for or requests medical evaluation and/or care
  - 2.1.4 Has been involved in an incident, or has experienced a mechanism, with potential for serious injury such as:
    - 2.1.4.1 A motor vehicle crash with intrusion into passenger space, broken windshield, bent steering wheel, or damaged dashboard
    - 2.1.4.2 Ejection from a vehicle

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- 2.1.4.3 Rollover incident involving unrestrained persons
- 2.1.4.4 A motorcycle or other wheeled vehicle crash with damage to helmet, speed greater than 20 mph or separation of the rider from the vehicle
- 2.1.4.5 A pedestrian (or rider of a wheeled vehicle) struck by a vehicle traveling at any speed
  
- 2.1.5 A person who has an altered mental status (recent or current)
- 2.1.6 A person who is unconscious or has a history of fainting or seizure
- 2.1.7 A person who is not fully oriented to person, place or time
- 2.1.8 A person who is under the influence of drugs or alcohol. Use extreme caution when persons have evidence of being under the influence of drugs or alcohol. These substances can mask serious injuries and illnesses.
  
- 2.2 Non-Patient: Any person that paramedics encounter who does not demonstrate any known or suspected illness or injury, may be considered a non-patient, unless the person specifically called for or requests medical evaluation and/or care (*source: Documentation 4 – Patient Contact*).
  - 2.2.1 If there is no patient as defined in Section 2.1, an electronic Patient Care Record (ePCR) must be completed but no Refusal of Services Release form is required.
  
- 2.3 Competency: The ability to understand and to demonstrate an understanding of the nature and consequences of refusing medical care.
  
- 2.4 Incompetency: The inability to understand or demonstrate an understanding of the nature and consequences of refusing medical care. Examples may include, but are not limited to: illness, injury or impairment due to a substance.
  
- 2.5 Adult Patient:
  - 2.5.1 At least 18 years of age or older
  - 2.5.2 A minor (under age 18) that is lawfully married, divorced, or had an annulment
  - 2.5.3 A minor on active duty with the armed forces
  - 2.5.4 A minor who seeks prevention or treatment of pregnancy
  - 2.5.5 A minor 12 years of age or older, seeking treatment related to a contagious or communicable disease or sexually transmitted disease
  - 2.5.6 A minor who is the victim of a sexual assault (of any age or either sex).
  - 2.5.7 A self-sufficient minor at least 15 years of age, living apart from parents and managing own financial affairs regardless of source or

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lack of source of income and regardless of parental consent or lack of consent to the separation

2.5.8 A legally emancipated minor with documentation provided by a court of law

2.6 Designated Medical Decision Maker:

2.6.1 An individual other than the patient who has the legal responsibility for making the patient's medical decisions.

2.6.2 This responsibility does not automatically fall to the spouse or the relatives unless there is a legal designation.

2.6.3 The parent or legal guardian for an individual under the age of 18 who does not meet the definition above for an adult.

2.6.4 An individual who has a signed consent from the parent for medical decisions of a minor such as a teacher, school counselor or nurse or a camp counselor.

2.6.5 An individual who is designated as the attorney in fact for decisions regarding the health care for the patient

2.7 Emergent Medical Care: Treatment to prevent loss of life, treatment of serious bodily injury, or treatment to alleviate severe pain.

3 Application

3.1 This policy applies to any patient who refuses care or transportation.

3.2 The paramedic shall document the patient's refusal on the ePCR and obtain a Refusal of Service form that is signed by the patient or the person legally designated to make decisions regarding the health care for the patient.

3.3 Only one Refusal of Service form is necessary for each patient

3.4 The patient should initiate any discussion regarding refusal of care and/or transport.

3.4.1 All questions asked by the patient or the patient's legal medical decision maker related to cost or appropriateness of care should be answered to the best of the paramedic's ability and documented on the ePCR.

4 Individuals who can refuse service and sign a Refusal Of Service form

4.1 A competent adult patient, as defined in Section 2.5

4.2 A minor patient who meets the definition of adult, as defined in Section 2.5

4.3 A competent parent or legal guardian acting on behalf of a minor.

4.4 The patient's designated medical decision maker who can provide written documentation of conservatorship of the person

4.5 The patient's durable power of attorney for health care.

5 Individuals who cannot refuse service or sign A Refusal Of Service form

5.1 Incompetent adults, defined in Section 2.4. This may be due to an illness,

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- injury or impairment due to a substance.
- 5.2 Persons on a 5150 hold cannot refuse transportation or emergent medical care
  - 5.3 Minor patients except as defined in Section 2.5
  - 5.4 Spouses, domestic partners or other individuals who do not have written legal documentation identifying them as the designated medical decision maker or legal representative for the patient.
  - 5.5 In cases where a patient cannot refuse and the paramedic judges that care is necessary, the patient shall be cared for and transported to the hospital.
- 6 Process:
- 6.1 Determine that the individual meets the definition of a patient and is competent to refuse care and sign the Refusal of Services Release form
  - 6.2 Clearly offer both treatment and transportation to the hospital and document on the ePCR.
  - 6.3 Attempt to perform a physical assessment that includes a complete set of vital signs and document on the ePCR.
  - 6.4 Obtain and document a history of the event. When possible, include prior medical history including medications and document on the ePCR.
  - 6.5 Explain the risks of refusal of medical treatment and/or transportation and document the explanation given on the ePCR
  - 6.6 Explain the benefits of medical treatment and transportation and document the conversation on the ePCR
  - 6.7 Determine and document that the patient has an understanding of the risks and benefits of treatment and transport.
  - 6.8 Prepare and explain the Refusal of Services Release form to the patient or the patient's designated medical decision maker.
  - 6.9 Have the patient or the patient's legal representative sign the Refusal of Services form.
    - 6.9.1 The signature of the patient or the patients legally designated medical decision maker should be witnessed if possible.
    - 6.9.2 The paramedic should attempt to have a preferred witness sign the Refusal of Services Release. Preferred witnesses include:
      - 6.9.2.1 A member of the patient's family
      - 6.9.2.2 An individual selected by the patient as a witness
      - 6.9.2.3 A member from a public service agency who has not been directly responsible for the patients' assessment and treatment
      - 6.9.2.4 An EMS provider that has not filled out the ePCR
    - 6.9.3 Should the patient refuse to sign the Refusal of Service Release two individuals who witnessed the interaction should sign the Refusal of Service Release form and there should be documentation of the circumstances surrounding the refusal of service on the ePCR.

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- 6.9.4 If the patient leaves the scene or refuses to listen to the explanations involved in obtaining a Refusal of Service Release form the circumstances will be carefully documented on the ePCR. No Refusal of Service Release form will be created.
  - 6.10 Advise the patient or the patient's legally designated medical decision maker to seek medical attention for complaints and document on the ePCR
  - 6.11 Advise the patient or the patient's legally designated medical decision maker to call 911 if the condition continues or worsens and document on the ePCR.
  - 6.12 Determine whom if anyone will be present with the patient and document on the ePCR.
  - 6.13 Physician contact is not required but the base hospital physician should be consulted as needed for any difficult case.
- 7 Special Situations: All special circumstances will be documented on the ePCR, which include:
- 7.1 For any patient with an emergent medical condition who is refusing care and appears competent, a base hospital physician consultation must be obtained.
  - 7.2 Non-English speaking patients who want to refuse must be provided with an explanation and instructions given in the patients own language by the paramedic or through an interpreter.
  - 7.3 If the patient or the patient's legally designated medical decision maker is unable to read the form the Refusal of Services Release form should be read to the patient in the appropriate language.
    - 7.3.1 Resources for contacting an interpreter can be accessed through San Mateo County Communications.
  - 7.4 Paramedic shall request law enforcement assistance in the following situations:
    - 7.4.1 If a parent or the patients legally designated medical decision maker refuses care on behalf of the patient and have no immediate plan for care of a minor child, elder or dependent adult who is in distress.
    - 7.4.2 If the paramedic suspects child abuse, the abuse of an elder or dependent adult, or domestic violence.

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## REFUSAL OF SERVICES RELEASE

- ( ) I understand what has been explained to me about my (the patient's) current medical problem(s) and / or injuries.
- ( ) I realize that refusing treatment at this time or refusing transportation to the hospital for further evaluation and treatment could make my (the patient's) condition worsen and / or cause additional problems to develop including death or permanent disability.
- ( ) I release all of those currently involved in my care (including ambulance personnel and their employers, fire agency personnel and their employers, Base Hospitals and their physicians, San Mateo County Pre-Hospital Emergency Medical Services Group, American Medical Response West, San Mateo County and their officers, agents and employees) from any liability (legal action) regarding the eventual outcome of the medical problem or injury for which I (the patient) am refusing treatment and / or transportation to the hospital.

**Patient Name:** \_\_\_\_\_  
(PRINT)

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_  
(PATIENT OR RESPONSIBLE PARTY)

**Relation:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Witness #1:** \_\_\_\_\_

**Time:** \_\_\_\_\_

**Witness #2:** \_\_\_\_\_

**Time:** \_\_\_\_\_

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## DESCARGO DE RESPONSABILIDAD AL USAR LOS SERVICIOS

- ( ) Yo, el paciente entiendo que me han explicado acerca de mis problema(s) médicos actuales y / o lesiones.
- ( ) Yo, el paciente entiendo que el rechazo del tratamiento ahora o el rechazo del transporte al hospital para una evaluación adicional y tratamiento podría hacer que mi condición se empeore y / o el desarrollo de problemas adicionales incluyendo la muerte o incapacidad permanente.
- ( ) Yo descargo a todos los implicados actualmente en mi cuidado (incluyendo el personal de la ambulancia y sus patronos, el personal de la agencia de incendios y sus patronos, hospitales bases y sus médicos, San Mateo County Pre-Hospital Emergency Medical Services Group, American Medical Response West, el Condado de San Mateo y sus oficiales, agentes y empleados) de cualquier responsabilidad (demanda legal) con respecto al resultado eventual del problema médico o lesión para la cual yo estoy rechazando el tratamiento y / o transporte al hospital.

**Nombre del Paciente:** \_\_\_\_\_  
(LETRA DE IMPRENTA)

**Fecha:** \_\_\_\_\_

**Firma:** \_\_\_\_\_  
(PACIENTE O PERSONA RESPONSABLE)

**Pariente:** \_\_\_\_\_

**Fecha:** \_\_\_\_\_

**Testigo #1:** \_\_\_\_\_

**Tiempo:** \_\_\_\_\_

**Testigo #2:** \_\_\_\_\_

**Tiempo:** \_\_\_\_\_

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(PRINT)

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_  
(PATIENT OR RESPONSIBLE PARTY)

**Relation:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Witness #1:** \_\_\_\_\_

**Time:** \_\_\_\_\_

**Witness #2:** \_\_\_\_\_

**Time:** \_\_\_\_\_

### EMS PROVIDER USE

**Patients Full Name** \_\_\_\_\_

**Date of Service** \_\_\_\_\_

**EMS INCIDENT/CASE NUMBER** \_\_\_\_\_

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