REFUSAL OF CARE

Effective: May 4, 2015
Replaces: February 12, 2015
Review: November 12, 2018

Resources:
None

I. Purpose

The purpose of this policy is to define the circumstances in which a patient can refuse care/transport. Competent adults and certain competent minors are entitled to make decisions about their health care. They have the right to refuse medical care when they have been properly informed of the benefits, risks, and alternatives to the recommended care.

Secondly, this policy explains procedures for prehospital providers to follow when a patient refuses care/transport that has been recommended by the provider.

Finally, this policy explains the procedures for prehospital providers to follow when both the provider and the patient agree that treatment and/or transport are not needed.

II. Definitions

A. Adult: 18 years of age or older.

B. Competent: A person that has the capacity to understand the nature and consequences of refusing medical care and/or transport.

C. Informed decision: A decision made based on sufficient information to make a reasonable choice regarding care/transport. This information must include the risks and benefits associated with recommended care/transport and alternatives.

D. Minor legally able to make medical decisions: A person under 18 years of age that meets any of the following conditions:

1. Was or is legally married
2. Is on active duty in the military
3. Has a court declared emancipation (with a valid copy of the declaration or Department of Motor Vehicles Identification card declaring emancipation

4. Is 15 years of age or older, living separate and apart from parent or guardian, and managing his/her own financial affairs

5. Is 12 years of age or older, for the treatment of drug or alcohol abuse, or for infectious, contagious, or communicable diseases or sexually transmitted diseases

6. For medical care related to the diagnosis or treatment of rape of sexual assault. [The prehospital provider shall attempt to contact the minor’s parent or guardian and shall note in the minor’s Patient Care Report the date and time of the attempted contact and whether it was successful or unsuccessful. Parent or guardian contact is not required if the prehospital provider reasonably believes that the parent or guardian committed the sexual assault, or if the patient is over 12 and the alleged act is rape.]

7. Is pregnant, for care related to prevention or treatment of pregnancy

E. **Patient:** A person, for whom EMS was activated and who has any medical complaint or who, in the judgment of the prehospital care provider, has any illness or injury.

F. **Legal Representative:** An adult with whom a minor lives, who is a spouse, parent, stepparent, brother, sister, stepbrother, stepsister, half-brother, or half-sister of a minor.

### III. Persons Legally Able to Refuse Care

A. Competent adults

B. A competent minor legally able to make medical decisions

C. Competent legal representative of patient

**Note:** At no time may a spouse or relative who is not the legal representative of the patient make a decision to refuse evaluation, treatment, or transportation for the patient.

### IV. Persons Not Legally Able to Refuse Care

A. An adult who is not competent.

B. A Legal Representative who is not competent.

C. A minor who is not legally able to make medical decisions.
D. A minor who is legally competent to make medical decisions but is not competent.

E. A person who is suicidal. Attempted or threatened suicide and must be recent and related to the call.

F. A person that is on a California Welfare and Institutions Code Section 5150 psychiatric hold.

V. Procedure

A. The prehospital provider shall give the patient or legal representative sufficient information to provide a basis for the patient or legal representative to make an informed decision regarding whether to agree to treatment and transport from the prehospital care provider.

B. Prehospital providers must document that the patient acknowledges understanding the information provided to elicit an informed decision on the Santa Clara County EMS Refusal of Service form (electronic or hardcopy) and in the Patient Care Record.

C. If in the judgment of the prehospital care personnel a life or limb threatening condition exists that requires immediate transport and treatment at the closest emergency department, and the patient continues to refuse treatment, the prehospital provider shall contact the Base Hospital.

1. The prehospital provider shall report the patient’s condition and encourage the patient to speak with Base Hospital personnel by radio or telephone to assist in explaining the risks of refusing treatment/transport to the patient.

2. If the patient continues to decline treatment/transport, the patient shall sign the Santa Clara County EMS Refusal of Service form.

3. The prehospital provider shall document when contact with the Base Hospital was made and any communications that occurred prior to and after the Base Hospital contact ended in the Patient Care Record.

D. In the event that a patient refuses to sign the Santa Clara County EMS Refusal of Service form, the prehospital provider shall document said refusal and have at least one objective witness sign the Santa Clara County EMS Refusal of Service form in addition to the prehospital care provider.

E. If a patient refusal is being executed, all additional responding medical personnel shall be cancelled.

F. A release at scene without a signed Santa Clara County EMS Refusal of Service form may be appropriate in non-life and limb-threatening situations when the prehospital personnel as well as the person contacted agree that prehospital services are not needed. See Example 1 below. Documentation
in the Patient Care Record describing the event shall include the same components as listed above.

Example 1:
A patient has sustained a 1 inch laceration, bleeding is controlled, and the patient is a competent adult and does not wish to go to the hospital. A Refusal of Service is not indicated; no life threatening condition exists.

Example 2:
A known diabetic patient was disoriented but now is alert, oriented, and responds appropriately to questions after the administration of D50 and does not wish to go to the hospital. A Refusal of Service is indicated; a life threatening condition existed prior to administration.

Example 3:
A patient has chest pain, is alert, oriented and responds appropriately to questions, and wishes to drive himself to their private physician’s office. A Refusal of Service is indicated, as is contact with the Base Hospital so the patient may speak with the MICN or physician. A potentially life threatening condition exists as a result of delayed evaluation in an Emergency Department.

G. The prehospital provider must ascertain and document all of the following information in the Patient Care Record for any patient contact that results in a Refusal of Service:

1. The patient is alert and oriented to time, place, person and event
2. The patient does not have an altered mental status
3. There are no barriers to communicating with the patient (e.g., the patient speaks English, or a translator is present to explain the prehospital providers information to the patient)
4. The patient or legal representative understands the nature of the medical condition and the risks and the consequences of refusing care.
5. The patient has been advised that he or she may call 9-1-1 if they wish to receive subsequent treatment/transport
6. The risks and complications of refusal have been explained to the patient
7. The patient is 18 years of age or older or is a minor legally able to make medical decisions.
H. In situations where all of the conditions identified in Section G cannot be met or where a patient is not competent to refuse care, the prehospital provider shall contact the Base Hospital for direction. Basic Life Support prehospital providers shall request the response of paramedic level providers in such cases.