

	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	2101.16
	PROGRAM DOCUMENT: Patient Initiated Refusal of EMS Assessment, Treatment and/or Transport	Draft Date:	07/29/14
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 EMS Medical Director

 EMS Administrator

Intent:

- A. To provide direction and guidelines for Patient Initiated Refusal of EMS assessment, treatment and/or transport (collectively referred to in this policy as “EMS care”) for Sacramento County Emergency Medical Services Paramedics and Emergency Medical Technician (EMT) at the scene of a medical emergency. 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
- 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, who is alert cooperative and can demonstrate capacity who does not have a complaint suggestive of an illness/injury, does not request evaluation of an illness/injury, nor has suffered a mechanism that has a reasonable likelihood to cause 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, or has suffered a mechanism reasonably likely to cause 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, and 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. Next of Kin- A family member who is not the parent of a minor patient, and DOES NOT have legal standing to be a patient representative. This would include a spouse who does NOT have a DPACH.
- L. 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.
- M. Impaired Capacity – A patient lacking full capacity to understand the emergent nature of their medical condition due to, but not limited to, alcohol, drugs or medications, mental illness, traumatic 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. A Patient Care Report (PCR) shall be completed on all patient contacts. The PCR shall document all assessment and care rendered to the patient by all out of hospital providers and all refusals of assessment, care and/or transport.
- D. Patient assessment and refusal, of EMS care shall be performed by ALS personnel whenever possible. BLS personnel may only complete the refusal of EMS care procedures if ALS personnel are not on scene and do not meet criteria as listed under Procedure A (4). BLS personnel shall not continue ALS 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 the patient, may decline all or part of EMS care if all 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.
 - 3. EMS personnel have involved law enforcement and/or the base hospital in situations required by this policy.
- F. The patient/patient representative must sign an appropriate release developed by the provider stating that emergency evaluation has been rendered, transportation offered, and that the patient chooses an alternative evaluation plan.

Procedure:

- A. 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:
 - 1. Perform an adequate patient assessment as indicated by the patient's complaint/condition/presentation.
 - 2. Advise an adequate patient assessment as indicated by the patient's complaint/condition/presentation.
 - 3. Request/involve law enforcement for any of the following patient circumstances:
 - a. Attempted suicide, verbalized suicidal/homicidal ideations, or on a 5150 hold.
 - b. Clearly irrational decision making in the presence of a potentially life threatening condition.
 - c. Concern for patient neglect or endangerment.

4. Base hospital consultation shall be done by an ALS provider while in close proximity to the patient for any of the following patient circumstances:
 - a. Complaint of new onset of altered level of consciousness (LOC).
 - b. A patient, assessed by EMS personnel to have impaired capacity.
 - c. Potentially life threatening condition, including but not limited to, patients meeting STEMI, stroke, or trauma triage criteria.
 - d. Unstable vital signs.
 - e. Disagreement between law enforcement and EMS personnel about whether or not the patient requires EMS care.
 - f. 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, and agent/attorney-in-fact).
 - g. Any circumstance where the patient's capacity is unclear or EMS personnel believe that the involvement of the base hospital would be beneficial.
 - h. Patients in law enforcement custody or under 5150 hold do not require consent for transport. However, patients in law enforcement custody or under 5150 hold may decline treatment unless, in the prehospital provider's discretion, withholding treatment could potentially cause harm to either the patient or providers.
 - i. Patients who are not legally responsible for their own healthcare decision making (non-emancipated minor, conservatee, patient with a DPHC, etc.), and who do not have a legally designated healthcare decision maker on scene with them, shall not be released without base hospital consultation.
 - j. Base hospital contact for pediatric trauma patients shall be to UC Davis Medical Center.
5. 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 which the patient was actually released to shall be adequately documented in the patient care report.
6. A patient, or patient representative on behalf of the patient, continuing to refuse EMS care, despite the foregoing measures, must sign a Patient Initiated Refusal of EMS Assessment, Treatment and/or Transport form or similar, witnessed by one of the following, in order of preference:
 - a. Immediate family member
 - b. Law enforcement officer
 - c. Other EMS personnel

If the patient/patient representative refuses to sign the Patient Initiated Refusal of EMS Assessment, Treatment and/or Transport form, EMS personnel shall adequately document this information on both the patient care report and the Patient Initiated Refusal of EMS Assessment, Treatment and/or Transport form, and obtain a witness signature (in the same order of preference listed above) attesting to the fact that the patient refused to sign. Next of kin do not have legal authority to sign refusal of care.

7. 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.