

SAN LUIS OBISPO COUNTY EMERGENCY MEDICAL SERVICES AGENCY  
PREHOSPITAL POLICY

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SUBJECT: PATIENT REFUSAL OF TREATMENT AND/OR TRANSPORT

PURPOSE

To establish operating policies for prehospital personnel at the scene of an emergency in San Luis Obispo County when patients, parents or legal representatives refuse medical treatment or ambulance transportation.

AUTHORITY

- A. California Health and Safety Code, Division 2.5, Section 1797.220, 1798 (a) (1).
- B. California Welfare and Institutions Code, Sections 305, 625, 5150 and 5170.
- C. Title 22, California Code of Regulations, Sections 100167 and 100169.

DEFINITIONS

- A. Adult: A person at least eighteen (18) years of age.
- B. Advanced Life Support (ALS) Personnel: Individuals licensed as Paramedics by the State of California.
- C. Against Medical Advice (AMA): When a competent individual who is determined by prehospital or Base Hospital personnel to have a medical problem that requires immediate treatment and/or ambulance transportation, and who, having been advised of his/her condition, including the known and unknown risks and/or possible complications of refusing medical care, still declines treatment and/or transport.
- D. Competent: The patient is alert and oriented and has the capacity to understand the circumstances surrounding his/her illness or impairment and the risks associated with refusing treatment or transport.
- E. Emergency: A condition or situation in which an individual has a need for immediate medical attention or where the potential for need is perceived by prehospital personnel, or the patient.
- F. Incident Commander: The highest-ranking representative (or designee) of the public safety agency on scene responsible for overall incident/scene management.

- G. Minor: A person less than eighteen (18) years of age.
- H. Minor Not Requiring Parental Consent: A person under the age of 18 who:
  - 1. Has an emergency medical condition and a parent is not available.
  - 2. Is married or previously married.
  - 3. Is on active duty in the military.
  - 4. Is fifteen (15) years of age or older living separate and apart from his/her parents and managing his/her own financial affairs.
  - 5. Is twelve (12) years of age or older and in need of care due to rape.
  - 6. Is twelve (12) years of age or older and in need of care due to a contagious reportable disease or condition.
  - 7. Is an emancipated minor as decreed by a court and who possesses a valid identification card issued by the California Department of Motor Vehicles.
- I. Partial Refusal of Treatment: A competent individual who has a medical condition requiring specific procedure(s) and/or medication(s), and refuses those specific procedure(s) and/or medication(s). The individual has otherwise consented to treatment and/or transportation as recommended by prehospital personnel and/or Base Hospital.
- J. Patient Care Report (PCR): Report completed by prehospital personnel to document patient assessment and care. This report may be written or electronic.
- K. Prehospital Personnel: First Responders, EMT-Is and Paramedics who respond to medical emergencies.
- L. Prehospital Provider: EMS provider, either public or private, that responds to emergency medical incidents.
- M. Refusal of Transport to the Closest Facility or designated Specialty Care Center: When a competent individual consents to transportation by ambulance but refuses to be transported to the closest facility or designated Specialty Care Center. This does not apply to patients who are stable and when transport beyond the closest facility is not contraindicated.
- N. Refusal of Treatment or Transport: When a competent individual is refusing treatment and/or transportation by ambulance to a hospital for one of the following reasons:
  - 1. Individual does not present with any complaint or injuries and advises prehospital personnel upon contact that he/she does not want further assessment or examination.
  - 2. Individual has a medical condition requiring medical attention; however, the individual is making personal arrangements to seek medical care at a hospital, urgent care, or private physician's office. This arrangement must be reasonable and acceptable to prehospital personnel. The individual has been advised of his/her potential condition, including the known and unknown risks and/or possible complications of refusing medical care, and the individual still declines treatment and/or transport.

3. A patient request transport to other than the Specialty Care Center as described in the triage guidelines.
- O. Refusal of Treatment and/or Transport Form: Form developed and implemented by the prehospital provider for use when an individual refuses treatment and/or transportation. This form should have provisions to document AMA, Refusal of Treatment or Transport, Partial Refusal of Treatment, and Refusal of Transport to the Closest Facility.
- P. Welfare and Institutions (W&I) 5150 Hold: Holding a patient against his/her will for evaluation under the authority of Welfare and Institutions Code, Section 5150, because the patient is a danger to him/herself, a danger to others, and/or is gravely disabled, e.g., unable to care for self. A law enforcement officer or County mental health worker may place a written order.

## POLICY

- A. A competent adult or competent emancipated minor has the right to determine the course of his/her own medical care and shall be allowed to make decisions affecting his/her own medical care.
- B. With the exception of minors not requiring parental consent, a patient less than eighteen (18) years old may not refuse evaluation, treatment, or transport for an emergency condition unless a parent or legal guardian concurs with such refusal.
- C. A competent adult may refuse medical treatment or ambulance transportation provided that he/she has been advised of the risks and consequences that may result from refusal of treatment or transportation.
- D. Refusal of treatment or transportation should not be considered for patients who do not have the capacity to make competent decisions regarding his/her own care. A patient's competence may be significantly impaired by mental illness, drug or alcohol intoxication, or physical or mental impairment. Patients who have attempted suicide, verbalized suicidal intent, or for whom other factors lead prehospital personnel to suspect suicidal intent, should not be regarded as competent.
- E. Law enforcement or Base Hospital contact shall be initiated when item D above and/or an AMA condition exists.

## PROCEDURES

- A. When a competent adult, or minor not requiring parental consent, refuses indicated emergency treatment or transportation:
  1. Prehospital personnel shall advise the patient of the risks and consequences that may result from refusal of treatment or transportation.
  2. Prehospital personnel shall advise the patient that there is a risk of death and disability from any undiagnosed condition being untreated. Following this explanation, if the patient still refuses, prehospital personnel shall obtain the

patient's signature on the prehospital provider's refusal of treatment and/or transport form.

3. In all cases, the patient or his/her legal representative, as appropriate, shall sign the prehospital provider's refusal of treatment and/or transport form. The signature should be witnessed, preferably by a family member. If the patient, parent, or legal representative refuses to sign the prehospital provider's refusal of treatment and/or transport form, prehospital personnel should note and initial that the patient refused to sign. Prehospital personnel or other witnesses present should sign the form.
  4. ALS personnel shall contact the Base Hospital physician for consultation in cases where ALS interventions are performed, or when indicated by ALS personnel judgment.
  5. Base Hospital physician consultation is not required for isolated injury without potential for significant airway, hemodynamic, orthopedic, or neurological compromise.
  6. When Base Hospital physician consultation is indicated, ALS personnel shall advise the physician of all of the circumstances, including indicated care or transportation, reasons for refusal, and the patient's plan for follow-up care with his/her own private physician or provider.
  7. The patient and family should be advised to seek medical care immediately or call 911 if the patient develops adverse symptoms at any time.
- B. If prehospital or Base Hospital personnel determine that a patient with an emergency condition is not competent to refuse evaluation, treatment or transportation, the following alternatives exist:
1. Patients should be transported to a hospital under implied consent.
  2. If the Base Hospital physician determines that it is necessary to transport the patient against his/her will and the patient resists, or the prehospital personnel believe the patient will resist, assistance from law enforcement or County Mental Health shall be requested to assist in the transportation of the patient. Law enforcement or County Mental Health may consider the placement of a W&I 5150 hold on the patient, but this is not required for transport.
  3. If prehospital personnel believe a parent or other legal representative of the patient may not be acting in the best interest of the patient in refusing indicated immediate care or transportation, assistance from law enforcement personnel shall be requested.
  4. At no time are prehospital personnel to put themselves in danger by attempting to transport or treat a patient who refuses. Prehospital personnel should use good judgment and request appropriate assistance, as needed.
- C. When an unstable patient, as defined in Policy 602 Adult Hemodynamic Instability Definitions or Policy 621 Pediatric Hemodynamic Instability Definitions, is refusing transport to the closest facility, the patient, parent, or legal representative should

sign the prehospital provider's refusal of treatment and/or transport form. The requested Base Hospital/Receiving Hospital shall be notified that the patient is refusing transport to the closest facility. Prehospital personnel shall document patient requests and Base Hospital's determination on the PCR.

#### D. Documentation Guidelines

A PCR and a prehospital provider's refusal of treatment and/or transport form must be completed for each incident of refusal of emergency medical evaluation, care, or transportation.

Prehospital providers are responsible for developing and implementing refusal of treatment and/or transport forms and ensure that PCR documentation includes:

1. A patient history and assessment indicating the method used to establish competency.
2. A mental status examination of the patient that clearly indicates his/her decision making capacity.
3. The reason that the patient is refusing care, evaluation, treatment or transportation.
4. A statement that the patient, parent or legal representative understands the risks and consequences of refusing medical treatment and/or transportation that was offered.
5. All alternatives presented to the patient.
6. Base Hospital and/or Base physician contacted if applicable.
7. Signature of patient, parent or legal representative, and prehospital personnel on the refusal of treatment and/or transport form.