



| Policy Number:         | 507               |
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# EMERGENCY MEDICAL SERVICES POLICIES and PROCEDURES

# **REFUSAL OF PREHOSPITAL SERVICES**

- I. Purpose: To establish guidelines by which an individual may refuse care and transport, or be released at the scene of an emergency response. This policy applies to all levels of EMS responder personnel.
- **II.** Authority: Health and Safety Code Sections <u>1797.204</u>, <u>1797.206</u>, <u>1798</u>, and <u>1798.2</u>; California Code of Regulations (CCR), Title 22, sections <u>100148</u>, <u>100170(5)</u> and <u>100128(4)</u>; California Welfare and Institutions Code sections <u>305</u>, <u>625</u>, <u>5150</u> and <u>5170</u>.

#### III. Definitions:

- A. Adult: A person over 18 years of age.
- B. Advanced Life Support (ALS): Advanced level EMS services as defined by the policy and procedures of SBCEMS Agency and in accordance with Title 22, CCR, section 100276.
- C. Against Medical Advice (AMA): When a patient with evidence of an emergent or acute medical condition, or who has required an ALS intervention, refuses transport or other indicated intervention.
  - Patient must be an adult or emancipated minor, and have decision-making capacity, as defined in SBCEMSA Policy 505, to refuse further service Against Medical Advice.
- D. Basic Life Support (BLS): Basic level EMS services as defined by the policy and procedures of SBCEMSA and in accordance with Title 22, CCR, section 100277.
- E. Decision Making Capacity: Defined in SBCEMSA Policy 505.
- F. Duty to Act: Defined in SBCEMSA Policy 505.
- G. *Dedicated Decision Maker:* An individual who has been selected by or legally appointed for a patient to make their medical decisions on behalf of the patient, including individuals with a Power of Attorney.
- H. *Emancipated Minor:* A person under 18 years of age who has been legally separated from their parents and lives independently.
- I. *Emergency Medical Condition:* A medical condition that requires immediate assessment and/or treatment. Emergency medical conditions typically carry the risk of sudden deterioration and possibly death. These conditions may be readily apparent or suspected based on the reported signs and symptoms, mechanism of injury, or medical history.
- J. Legally Married Minor: A person under 18 years of age who is legally married in the State of California as approved by a superior court judge and parental consent.
- K. *Minor On-Duty with the Armed Forces:* A person under 18 years of age who is enlisted and on active duty with an armed service of the United States.
- L. Minor: A person under 18 years of age.
- M. Patient: Defined in SBCEMSA Policy 505.
- N. Patient Contact: Defined in SBCEMSA Policy 505.
- O. *Power of Attorney:* The authority to act for another person in specified legal, medical, or financial matters.

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SIGNATURE ON FILE
Nicholas Clay, EMS Agency Director

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P. Refusal of Care: When a patient has a BLS-level complaint(s) as determined through an evaluation/assessment declines further treatment and transport and lacks any complaints or exam findings indicative of an emergency medical condition (as defined above).

Q. Refusal of Service: When a person for whom the EMS system has been activated and who does not meet the definition of a Patient as defined in SBCEMSA Policy 505 declines further medical assessment.

## IV. Policy:

- A. Individuals with decision-making capacity are entitled to make decisions pertaining to the scope of health care and have the right to accept or refuse medical care or transportation. EMS personnel shall ensure that patients released at the scene or released after initiation of transport are released in a safe environment.
  - 1. For every pre-hospital EMS response:
    - a. Individuals will be offered a medical assessment
    - b. If required, all persons shall be offered transportation to an appropriate medical destination
    - c. All possible services available will be clearly explained
    - d. No patient should be encouraged to refuse evaluation, treatment, or transportation.
- B. The following patients with decision-making capacity or dedicated decision-makers may refuse medical care or transportation:
  - 1. Adult 18 years of age or older
  - 2. Legal representatives by legal custody or Durable Power of Attorney for Health Care
  - 3. Parents of minors
  - 4. An emancipated minor

#### V. Procedure:

- A. Refusal of Service:
  - 1. A refusal of service can be completed by both BLS and ALS providers.
  - 2. Base hospital contact is not required.
- B. Refusal of Care:
  - 1. As determined through a medical assessment, patients who present with illness or minor injuries, that are strictly within the capacity of Basic Life Support scope of practice, may refuse care, without ALS personnel on scene.
  - 2. BLS Personnel shall:
    - a. Complete a medical assessment, including all appropriate vital signs
    - b. Discuss and offer further medical and transport options
  - 3. A Refusal of Care can be completed for BLS-level complaints and conditions by either BLS or ALS providers.
  - 4. Base hospital contact is not required.
- C. Against Medical Advice (AMA):
  - 1. Only ALS providers may conduct an AMA.

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2. When a patient has evidence of an emergent medical condition or ALS-level treatment is indicated as outlined in SBCEMSA, an assessment must be completed by a Santa Barbara County Accredited Paramedic. The Paramedic will:

- a. Complete a medical assessment, including all vital signs appropriate and necessary for the patient's current condition
- b. Encourage and attempt to convince the patient to consent to care and transport; engage the patient in a discussion detailing the benefits of care, associated medical concerns, and risks of refusal.
- c. Base Hospital contact shall be initiated and completed from the scene of any AMA situation prior to patient departure.

#### D. Patients in Custody

- Law enforcement may request EMS to provide a medical patient assessment. EMS
  personnel shall approach such cases as they would any other person who is not in
  custody.
- Patients who require EMS intervention and/or ambulance transport but otherwise
  refuse care will require a refusal process as outlined above (in Section V.C). For
  either a refusal of care or AMA, the patient will sign and the law enforcement officer
  will sign as a witness.
- 3. Persons in custody of law enforcement may be transported at the request of the law enforcement officer.
- 4. To render clinical care provided against the will of anyone who has decision-making capacity, the EMS provider must be presented with an applicable signed legal document (e.g. warrant, court order).

## E. Patients Not Meeting Criteria for Refusal of Care or AMA:

- 1. If EMS personnel determine that a patient with an emergency condition does not meet the criteria to refuse evaluation, treatment, or transport, EMS personnel may consider the following:
  - a. Patient should be transported to an appropriate medical facility under implied consent, if applicable.
  - b. If EMS personnel determine it is necessary to transport the patient despite the patient's refusal, and the patient resists or they believe the patient will resist, assistance from other public service agencies, such as mental health services or law enforcement may be requested.
  - c. EMS personnel should seek the assistance of the Base Hospital if the patient or dedicated decision maker has an emergency medical condition that could pose harm and they are refusing indicated treatment or transport. If the base hospital physician determines that the patient is in imminent danger, EMS personnel shall contact law enforcement for assistance.
- 2. At no time are field personnel to put themselves in danger by attempting to transport or treat a patient who refuses. At all times, good judgment should be used and appropriate assistance obtained.

#### G. Documentation

- 1. All EMS responses shall be documented in accordance with SBCEMSA Policy 700.
- 2. All refusals and AMA documentation include at least the following:

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- a. All circumstances pertaining to consent issues during the patient encounter
- b. Patient's decision-making capacity
- c. Patient's capacity to comprehend and demonstrate understanding of their illness or injury.
- d. Whether risks and complications of the patient's decision were explained
- e. That the patient was informed they may reactivate 9-1-1 if necessary
- f. Condition and manner in which the patient was left on-scene

#### VI. References:

- A. Policy 505 Patient Contact
- B. Policy 700 Documentation of Pre-hospital Care

VII. Attachments: None