

Solano County Health & Social Services Department

Mental Health Services
Public Health Services
Substance Abuse Services
Older & Disabled Adult Services



Eligibility Services
Employment Services
Children's Services
Administrative Services

Michael A. Frenn
EMS Agency Administrator

EMERGENCY MEDICAL SERVICES AGENCY

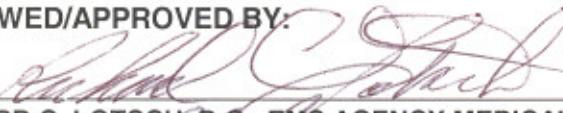
275 Beck Ave., MS 5-240
Fairfield, CA 94533
(707) 784-8155 FAX (707) 421-6682
www.solanocounty.com

Richard C. Lotsch, D. O.
EMS Agency Medical Director

POLICY MEMORANDUM 6125

DATE: July 25, 2006

REVIEWED/APPROVED BY:


RICHARD C. LOTSCH, D.O., EMS AGENCY MEDICAL DIRECTOR


MICHAEL A. FRENN, EMS AGENCY ADMINISTRATOR

SUBJECT: REFUSAL OF MEDICAL ASSISTANCE

AUTHORITY: CALIFORNIA HEALTH & SAFETY CODE, DIVISION 2.5, Chapter 5, § 1797.220 & 1798.

INTENT: It is the expectation and intent in Solano County EMS system that a paramedic or EMT completes an appropriate assessment in order to determine if an individual is a patient. That assessment will also establish the level of medical care which needs to be rendered and properly documented. The policy also outlines the quality assurance requirements.

PURPOSE/POLICY:

- I. Purpose:
 - A. To determine when a person is identified as a patient in the EMS system.
 - B. To establish a standard process for the termination of the EMS Provider/patient relationship.
 - C. To identify the minimally required assessment and the necessary documentation required on the patient care record (PCR) when a patient terminates the EMS Provider/patient relationship.
 - D. To identify what resources are available for the EMS Provider to utilize when a patient is encountered who, in the EMS Provider's judgment, should not terminate the relationship.
 - E. 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.

F. To establish quality assurance standards and reporting requirements for EMS Service Providers.

II. Definitions

A. Patient: A Patient means any person who meets any of the following:

1. Has a physical complaint: The individual has a complaint of recent or new onset such as pain, shortness of breath, or weakness;
2. Has obvious injury: The individual has signs of injury such as cuts or abrasions following a traumatic event;
3. If the individual specifically called for or requests medical evaluation and/or care;
4. Is possibly under the influence of drugs or alcohol or exhibits any impairment in sensorium that a reasonable medical provider would consider to be abnormal
 - a. EMS personnel must use extreme caution when persons have evidence of being under the influence of drugs or alcohol. These substances can mask serious injuries and illnesses.
5. Has been involved in an incident, or has experienced a mechanism, with potential for serious injury such as:
 - a. A motor vehicle crash with intrusion into passenger space, broken windshield, bent steering wheel, or damaged dashboard;
 - b. Ejection from a vehicle ;
 - c. Rollover incident involving unrestrained persons;
 - d. A motorcycle or other wheeled vehicle crash with damage to helmet, speed greater than 20 mph or separation of the rider from the vehicle ;
 - e. A pedestrian (or rider of a wheeled vehicle) struck by a vehicle traveling at any speed;
 - f. Has an altered mental status (recent or current);
 - g. A person who is unconscious or has a recent history of loss of consciousness;
 - h. A person who is not fully oriented to person, place or time;

B. A Non-Patient refers to:

1. Any person that paramedics or public safety personnel encounter who does not demonstrate any known or suspected illness or injury and/or who has not been subjected to a significant mechanism of injury as defined above.
2. If there is no patient as defined in section II.A, this policy does not apply and neither a Patient Care Record (PCR) nor Refusal of Medical Assistance (RMA) Form is required. Non-patient encounters must be documented on the Solano County Non-Patient Encounter Form (Atch 3).

C. Competency: The ability to understand and to demonstrate an understanding of the nature and consequences of refusing medical care.

- D. An “adult patient” is:
 - 1. At least 18 years of age; or
 - 2. A minor (under age 18) that is lawfully married, divorced, or had an annulment; or
 - 3. A minor on active duty with the armed forces; or
 - 4. A legally emancipated minor with documentation provided by a court of law; or
 - 5. A self-sufficient minor at least 15 years of age, living apart from parents and managing own financial affairs regardless of source or lack of source of income and regardless of parental consent or lack of consent to the separation.
- E. Designated Medical Decision Maker:
 - 1. An individual other than the patient who has the legal responsibility for making the patient’s medical decisions.
 - 2. This responsibility does not automatically fall to the spouse or the relatives unless there is a legal designation.
 - 3. The parent or legal guardian for an individual under the age of 18 who does not meet the definition above for an adult.
 - 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.
 - 5. An individual who is designated as the attorney in fact for decisions regarding the health care for the patient
- F. Emergent Medical Care: Treatment to prevent loss of life, treatment of serious bodily injury, or treatment to alleviate severe pain.

III. Application

- A. This policy applies to any patient who refuses medical assistance or transportation. The paramedic shall document the patient’s refusal on the PCR and obtain a Refusal of Medical Assistance form that is signed by the patient or the person legally designated to make decisions regarding the health care for the patient.
- B. Only one Refusal of Medical Assistance Form is necessary for each patient.
- C. The patient should initiate any discussion regarding refusal of care and/or transport.
- D. 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 PCR.

IV. PATIENTS ALLOWED REFUSAL OF MEDICAL ASSISTANCE

- A. In order to be competent to refuse medical assistance, a patient must be able to understand and to demonstrate an understanding of the nature and consequences of refusing medical care.

- B. The following patients are allowed to refuse medical assistance:
1. A competent adult
 2. A minor patient who meets the definition of adult as defined in section II.D. above
 3. A competent parent or guardian on behalf of a minor.
 4. The patient's designated medical decision maker with written documentation of conservatorship of the person or the patient's durable power of attorney for health care.
 5. Some adult patients may make a decision to refuse care that EMS personnel feel is irrational, but the patient is felt to be otherwise competent. If the EMT-P is concerned that the patient is not making decisions as a reasonable person would in the same situation, the EMT-P should attempt to prevail upon the patient to consent to treatment. Other resources which may be useful in convincing the patient to agree to care include:
 - a. Enlist family members to assist in convincing the patient to consent to care
 - b. Contact a base hospital physician to speak with the patient directly
 - c. Law enforcement personnel may be able to convince the patient or place them on a 5150 hold when appropriate

V. PATIENTS NOT ALLOWED REFUSAL OF MEDICAL ASSISTANCE/TRANSPORT

- A. Minor patients except as defined in section II.D. above.
- B. In the following situations, when a patient is refusing care, intervention of law enforcement personnel is indicated to determine whether the provisions of the policy regarding a 5150 hold should apply.
 1. Any patient who presents with altered level of consciousness
 2. Any patient who has attempted suicide, or verbalizes suicidal intent
 3. Any patient whose judgment is impaired due to drugs/ETOH
- C. Patients who are on a 5150 hold are not allowed to/cannot refuse transportation or emergency medical care, but may refuse treatment for non-emergency conditions.
- D. Law enforcement personnel can also assist in making appropriate disposition of minors who are refusing transportation, but do not meet the requirements for a 5150 hold.

VI. Process:

- A. Determine that the individual meets the definition of a patient and is competent to refuse care and sign the Refusal of Medical Assistance Form
- B. Clearly offer both treatment and transportation to the hospital.
- C. Attempt to perform a physical assessment that includes a complete set of vital signs
- D. Obtain and document a history of the event that led to the 911 call. When possible,

- include prior medical history including medications.
- E. Explain the benefits of medical treatment.
 - F. Explain the risks of refusal of medical treatment and/or transportation.
 - G. Determine that the patient has an understanding of the risks and benefits of treatment and transport.
 - H. Advise the patient or the patient's legally designated medical decision maker to seek medical attention for any and all medical complaints.
 - I. Advise the patient or the patient's legally designated medical decision maker to call 911 if the condition continues or worsens.
 - J. Determine whom if anyone will be present with the patient.
 - K. PCR Documentation:
 - 1. A Solano County PCR must be completed on all patients who refuse medical assistance.
 - 2. Documentation will include at a minimum, the items listed above in section VI. B. through VI. J.
 - L. Refusal of Medical Assistance (RMA) Form (Atch 2):
 - 1. Prepare and explain the RMA Form to the patient or the patient's designated medical decision maker.
 - 2. Have the patient or the patient's legal representative sign the RMA Form.
 - 3. The signature of the patient or the patient's legally designated medical decision maker should be witnessed if possible.
 - 4. The paramedic should attempt to have a preferred witness sign the RMA Form. Preferred witnesses include:
 - a. A member of the patient's family
 - b. An individual selected by the patient as a witness
 - c. A member from a public service agency who has not been directly responsible for the patient's assessment and treatment
 - d. An EMS provider that has not filled out the PCR
 - 5. Should the patient refuse to sign the RMA Form, two individuals who witnessed the interaction should sign the RMA Form and there should be documentation of the circumstances surrounding the refusal of service on the PCR.
 - 6. If the patient leaves the scene or refuses to listen to the explanations involved in obtaining the RMA Form, the circumstances will be carefully documented on the PCR and no RMA Form will be completed.
 - M. Non-Patient Encounter Form (Atch 3)
 - 1. Non-patient encounters must be documented on the Solano County Non-Patient Encounter Form.

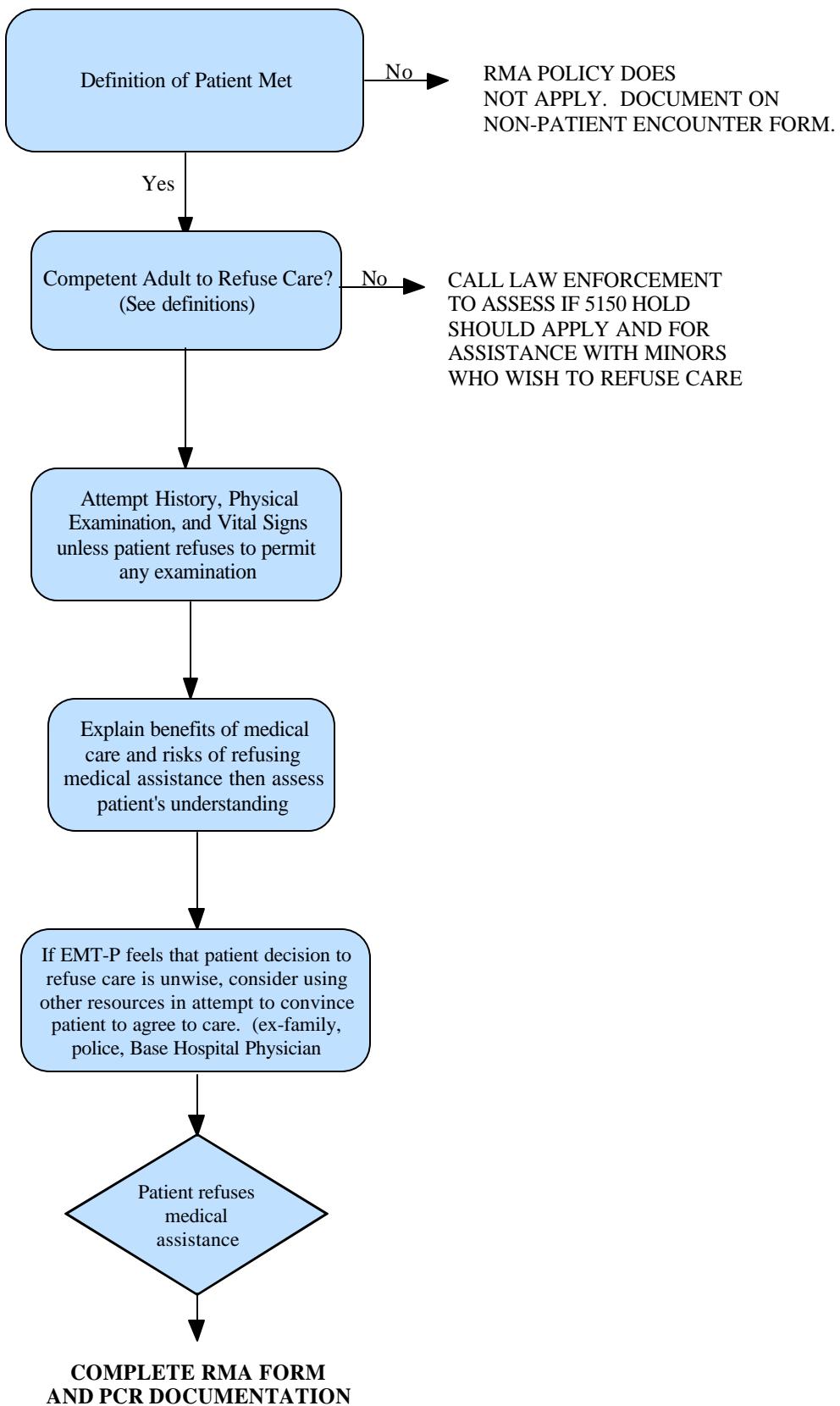
VII. Special Situations

- A. All special circumstances will be documented on the PCR.
- B. If a patient with an emergent medical condition is refusing care and appears competent, a base hospital physician consultation must be obtained with the hope that the physician will speak with the patient and be able to convince the patient to consent to care.
- C. In order for a non-English speaking patient to refuse care an explanation must be provided and instructions given in the patients own language by the paramedic or through an interpreter.
- D. If the patient or the patient's legally designated medical decision maker is unable to read the form, the Refusal of Medical Assistance Form should be read to the patient in the appropriate language.
- E. If a parent or the patients legally designated medical decision maker refuses care and has no immediate plan for care of a minor child, elder or dependent adult who is in distress, paramedics shall request law enforcement assistance.
- F. If the paramedic suspects child abuse, the abuse of an elder or dependent adult or domestic violence the paramedic shall request law enforcement assistance. In addition, the paramedic is required by law to file a report with the appropriate social service agency (see Solano EMS Policy 6190).

VIII. Quality Assurance Requirements for EMS Service Providers

- A. EMS Service Provider shall maintain a medical quality assurance (Q.A.) monitoring system that shall review all cases in which there was a pre-hospital refusal of medical assistance.
- B. EMS Service Provider shall audit the medical records of each case in which EMTs or paramedics encountered a pre-hospital refusal of medical assistance using audit criteria in Attachment A within 15 days of the incident date
- C. EMS Service Provider shall provide counseling to its employees if the audit determines medical records are inconsistent with expectations.
- D. EMS Service Provider shall submit the audit summary to their Provider Medical Director if it determines that any of the medical audit criteria were present and a Base Hospital consult did not occur.
- E. Reporting Requirements: At the end of each month, each EMS Service Provider shall submit actual audits and/or a computerized data file of the months' RMA audits in conjunction with the PCRs that are submitted to the Solano EMS Agency office.

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ATCH 1: REFUSAL OF MEDICAL ASSISTANCE PROCEDURE

**COMPLETE RMA FORM
AND PCR DOCUMENTATION**