

POLICY #542

TITLE: **PATIENT REFUSAL OF EMERGENCY MEDICAL SERVICE, REFUSAL AGAINST MEDICAL ADVICE (AMA) & QUALIFY FOR RELEASE AT SCENE (RAS)**

APPROVED: ON-FILE

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Authority: California Health and Safety Code Sections 1797.220 – 1797.226, California Welfare and Institutions Code, Sections 5150 and 5170 and California Family Code Sections 6500, 6922(a), 6926(a), 7002 and 7050(e), Chapter 1.5, Div. 9, Title 22, California Code of Regulations.

Purpose: To provide direction to all Merced County Emergency Medical Services (EMS) personnel regarding the procedures to be followed when a patient is refusing prehospital medical care and transportation, requests to be released at scene, partially refuses treatment, when the patient is a minor, or when the patient is acutely or chronically incompetent to make such medical decisions.

Policy: Competent adults are entitled to make decisions about their health care. They have the right to refuse medical care or may be released at the scene *when they have been properly informed of the benefits, risks and alternatives to the recommended care*. This policy defines the mechanism by which a patient who summoned emergency care, or for whom such emergency care was summoned, may refuse care and transportation, or be released at the scene. *This policy is applicable to all levels of EMS Personnel to include:*

- Public Safety Personnel as defined in Chapter 1.5, Div. 9, Title 22, CCR
- Emergency Medical Responder (EMR)
- Emergency Medical Technician (EMT)
- Paramedic (EMT-P)
- Registered Nurse (RN)
- Physician

1. Refusal of Evaluation or Care

- A. For purposes of definition, refusal of evaluation or care refers to a person who has the potential of needing further medical evaluation or care by a physician. This is due to obvious or suspected injury or malady or the mechanism of injury is such so as to suspect an injury. Anyone who refuses evaluation and/or transportation is refusing the evaluation and/or transportation against medical advice (AMA).
- B. 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.

- C. Parents or legal representatives (agents) have the right to refuse medical treatments for their minor children when doing so does not place the child at significant risk of substantial harm or suffering. Request law enforcement assistance in cases where, in the opinion of the EMS Personnel, a child is being placed at significant risk of substantial harm or suffering by way of the parent's or legal representative's refusal of care or transport.
- D. For the purpose of this policy, patients, legal representatives (agents) of patients (by legal custody or Durable Power of Attorney for Health Care) or parents of minor patients may refuse medical care or may qualify to be released at the scene if they are **competent**.

II. Patient Defined

For purposes of this policy, a *Patient* is any person encountered by Emergency Medical Services Personnel who meet ANY of the following conditions:

- Manifests any evidence of illness or injury.
- Exhibits signs of impaired capacity to understand the urgent nature of their medical condition.
- Any person who requests an assessment.

III. Competent Patient Defined

A *Competent Patient* is able to understand the nature and consequences of refusing medical care and/or transportation to a hospital or are being released at the scene and at least one of the following criteria exists:

- Adult – at least 18 years of age or older. Cal. Family Code Section 6500.
- An emancipated minor. Cal. Family Code Section 7002.
- A minor who is married or previously married. Cal. Family Code Section 7002.
- A minor who is in the military. Cal. Family Code Section 7002.

IV. Patients Considered NOT to be Competent

- A. Any patient who presents with an altered level of consciousness from any cause including influence of drugs and/or alcohol, head trauma or acute medical emergency.
- B. Any patient who appears to be suffering from cerebral hypoxia from any cause.
- C. Any patient with severely altered vital signs.
- D. Any patient who makes clearly irrational decisions in the presence of an obvious potentially life or limb threatening condition, including persons who are emotionally unstable.

- E. Any individual held on the authority of Section 5150 or 5170 of the California Welfare and Institutions Code.
- F. Any patient with a known mental deficiency.
- G. Any patient who has attempted suicide or verbalized a suicidal intent.

Patient consent in Section IV, A-G above is considered implied, in that another reasonable, competent adult would allow the appropriate medical care under similar circumstances. Law enforcement shall be summoned to the scene and EMS Personnel shall describe those medical concerns prompting the request that the patient be placed under 5150 or 5170 hold.

V. Minor (Under the Age of 18) Patients

In the presence of an emergency condition, EMS Personnel shall treat and transport a minor patient, except an emancipated minor, based on implied consent unless a **competent** parent or legal representative is at the scene and refuses evaluation, treatment, or transport or a **competent** parent or legal representative is contacted by phone for refusal or release at scene.

VI. Minor Not Requiring Parental Consent; A person under the age of 18 who:

- Has an emergency medical condition and a parent or legal representative (agent) is not available.
- Is married or previously married. Cal. Family Code Section 7002.
- Is on active duty in the military. Cal. Family Code Section 7002.
- Is fifteen (15) years of age or older living separate and apart from his/her parents and managing his/her own financial affairs. Cal. Family Code Section 6922(a).
- Is twelve (12) years of age or older and in need of care due to rape. Cal. Family Code Section 6927.
- Is twelve (12) years of age or older and in need of care due to a contagious reportable disease or condition. Cal. Family Code Section 6926(a).
- Is an emancipated minor as decreed by a Court. Cal. Family Code Section 7050(e)(1).

VII. Implied Consent and EMS Personnel Duty to Act

If a patient is determined not to be competent to make medical decisions, the patient is treated by implied consent. If this patient continues to refuse evaluation, treatment or transportation, all reasonable measures including police assistance and/or appropriate use of physical restraint should be used in order to evaluate, treat and transport the patient. **At no time should EMS Personnel place themselves in physical danger.**

1. No patient should be encouraged to refuse evaluation, treatment or transportation.
2. EMS Personnel will advise patients to use ambulance transport if the advice is requested.

3. No person will be denied evaluation, treatment or transportation on the basis of age, sex, race, creed, color, origin, economic status, language, sexual preference, disease or injury.

VIII. AMA Process (Competent Patients Only)

- A. When EMS personnel evaluate a **competent** patient as defined in Section III and find that treatment and transportation **are indicated**, all diligence and judgment will be used to convince the patient to agree to treatment and transportation. The AMA process shall include the following:
 1. Advisement of risks and alternatives.
 2. Assure that the patient understands the risks of refusing treatment and transport and still refuses. This shall be documented on the Patient Care Report.
 3. Assure that the patient is encouraged to seek medical care. This shall be documented on the Patient Care Report.
 4. Base hospital contact is **not** required in every AMA case. However, if EMS Personnel are experiencing difficulty in convincing a **competent** person to be transported, and dependent upon the patient's complaint, severity or clinical signs/symptoms, Base Hospital contact and consultation may be appropriate. Paramedics should be involved when considering this resource.
- B. The following must be documented on the Patient Care Report (PCR):
 1. Base Hospital contact, if indicated by the patient's complaint, severity or clinical signs/symptoms.
 2. The patient's signature on the AMA/RAS form and documentation of this on the PCR.
 3. A witness's signature on the AMA/RAS form and documentation of this on the PCR.
 4. Complete documentation of the patient's clinical condition, including complete vital signs and a narrative that accurately reflects the patient's accounting of events.
 5. A final offer of transport with documentation of this final offer on the PCR.
 6. Documented status of the patient upon EMS Personnel departure from the scene.
 7. Provide the patient a copy of the AMA/RAS form.
 8. Advise the patient that they should re-contact 9-1-1 if their situation changes.

IX. Release at Scene (RAS) Process (Competent Patients Only)

- A. EMS Personnel may release a **competent** patient at scene after completing a primary and secondary patient assessment and both the EMS Personnel AND the patient or agent agree that no medical need exists or that the patient's underlying medical condition does not appear to require immediate medical assistance. In this situation, EMS Personnel will complete a Patient Care Report to document the details of the encounter including why the patient was released at scene.
- B. The following must be documented on the PCR:
 - 1. Medical complaints are not of new onset (not first time symptoms).
 - 2. Patients with minor traumatic injuries that do not meet trauma triage criteria.
 - 3. The patient/agent has clearly articulated a plan for medical evaluation and/or follow-up that relies on previously established medical providers or the use of recognized acute care/urgent care providers and facilities.
 - 4. The patient/agent has signed the appropriate AMA/RAS form which states that an emergency patient evaluation has been rendered.
 - 5. Advise the patient to re-contact 9-1-1 or seek medical assistance if symptoms return or worsen.

X. Partial Refusal of Treatment

Partial refusal of treatment occurs when a **competent** individual having a medical condition requiring specific procedure(s) and/or medication(s) refuses certain procedure(s) and/or medication(s) while accepting others. Document on the Patient Care Report all occurrences of partial refusal of treatment and specifically what procedure(s) and/or medication(s) that were refused.

XI. Documentation – Patient Care Report (PCR) and Against Medical Advise / Release at Scene (AMA/RAS) Form

In accordance with Merced County EMS Policy #540.00 "Patient Documentation," a Patient Care Report shall be completed on all patient contacts. The PCR shall document all patient assessments and/or care rendered to the patient by any EMS prehospital care provider. The PCR must also specifically document any events where refusal of assessment, care and/or transport occurred. The Against Medical Advise/Release at Scene (AMA/RAS) Form shall be completed for each patient encountered and is refusing medical care or transportation.

Obtain the patient's signature on the Against Medical Advise / Release at Scene (AMA/RAS) Form. The prehospital EMS Personnel obtaining the signature shall sign as a witness to the patient's signature. If the patient refuses to sign the form, the refusal shall be so documented by the prehospital EMS Personnel and witnessed by law enforcement, a fire service representative, a family member or, if none of the foregoing are available, by the prehospital EMS Personnel's partner.