

**COUNTY OF SACRAMENTO
EMERGENCY MEDICAL SERVICES AGENCY**



Program Document: **Patient Initiated Refusal of EMS Assessment, Treatment and/or Transport**
Policy Number: 2101.20

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Signature on File
EMS Medical Director

Signature on File
EMS Administrator

Intent:

- A. To establish directions 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 Technicians (EMT) at the scene of a medical emergency. EMS personnel have a duty to act in the best interest of all patients. Therefore, 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, Section 5008, 5150 and 5170

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. Any individuals determined by EMS personnel to have a complaint suggestive of an illness/injury or have 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 shall have a PCR completed.
- C. A Patient Care Report (PCR) shall be completed on all patient contacts. The PCR shall document all assessments 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 Advanced Life Support (ALS) personnel whenever possible. Basic Life Support (BLS) personnel may complete the patient-initiated refusal of care if ALS personnel are not on scene
- 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 risks 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 the patient has chosen an alternative evaluation plan.
- G. Patients with Physician Orders for Life Sustaining Treatment (POLST) form indicating no transport may decline transportation, as per policy PD# 2085 - Do not Resuscitate (DNR).

Procedure:

- A. Follow the flow chart found in this policy.
- B. B. Request/involve law enforcement for any of the following patient circumstances:
 - 1. Attempted suicide, verbalized suicidal/homicidal ideations, or on a 5150 hold.
 - 2. Clearly irrational decision-making in the presence of a potentially life-threatening condition or gravely disabled.
 - 3. Concern for patient neglect or endangerment.
- C. In addition to the guidance set forth in the flow diagram, base hospital consultation shall be done by an ALS provider, preferably while in close proximity to the patient, for any of the following patient circumstances:

1. Disagreement between law enforcement and EMS personnel about whether or not the patient requires EMS care.
 2. Any circumstance where the patient's decision-making capacity is unclear, or EMS personnel believe that the involvement of the base hospital would be beneficial.
 3. Pediatric Brief Resolved Unexplained Event (BRUE) patients will have base hospital consult if treatment/transport is refused by a parent or guardian.
 4. Base hospital consult is NOT for the base hospital to grant or deny a refusal of service.
- D. Base hospital contact for pediatric trauma patients will be to UC Davis Medical Center.
- E. 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:
1. Immediate family member
 2. Law enforcement officer
 3. Other EMS personnel

NOTE:

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 does not have the legal authority to sign a refusal of care.

Provider agencies are responsible for routinely auditing the refusal of EMS care calls. Random auditing of these types of calls shall occur on a minimum of a monthly basis.

PATIENT REFUSAL OF EMS ASSESSMENT, TREATMENT AND/OR TRANSPORT

Assess patient per complaint/condition or presentation.
 If patient consents, provider must obtain the following:
 Physical exam including vital signs
 Medical history
 History of present illness/injury

Patient is refusing assessment, care and/or transport

Is the patient at least 18 years old or an emancipated minor?

YES

Is the patient legally able to make their own healthcare decisions?

NO

Determine Mental/Medical Capacity

- Are any of the following present?
- Danger to self or others
 - New Onset ALOC
 - Alcohol/Drugs which may alter Decision Making Capacity
 - Psychiatric Illness associated with inability to understand health risks
 - Head Injury
 - Hypoxia
 - Hypoglycemia (BGL < 60)
 - Hyperglycemia (BGL > 350)
 - Dementia
 - Abnormal vital signs related to the complaint
 - Potential life-threatening condition (STEMI, Stroke ect.)
 - Patient not capable of understanding risks associated with Refusal of Care/Transport

YES

Implied consent if seriously ill or injured.
 Unable to release at scene without base contact

NO

Able to refuse and can sign for themselves with the presence of a life threatening condition

YES

Sign out AMA

NO

Contact Base

Is the DPAHC or Parent/Legal Guardian on Scene?

YES

Parent or Legal Patient Representative (Conservator, agent/attorney-in-fact) can sign refusal

NO

Able to contact parent or legal patient representative?

YES

Contact Base
 Preferably with parent/legal representative and Base Hospital on a 3 way call

NO

Unable to Release at Scene
 Base Contact and Transport to hospital under Implied Consent Contact Law Enforcement for an alternate option

DEFINITIONS	REFUSAL OF SERVICE DOCUMENTATION STANDARDS & PEARLS	
<p>Decision Making Capacity:</p> <ul style="list-style-type: none"> • The ability of a patient to understand the benefits and risks of, and the alternatives to, a proposed treatment or intervention, including no treatment. <p>Against Medical Advice (AMA):</p> <ul style="list-style-type: none"> • A patient or legal representative of a patient who has decision making capacity to refuse treatment and/or transport for an emergency medical condition. <p>Implied Consent:</p> <ul style="list-style-type: none"> • Consent involving the presumption that an unconscious or person lacking decision making capacity would consent to lifesaving care. This shall include minors with an emergency medical condition and a parent or legal representative is not available. <p>Emancipated Minor:</p> <ul style="list-style-type: none"> • Married or previously married • The person has received a declaration of emancipation pursuant to Section 7122 of the California Family Code, which included all of the following: at least fourteen (14) years of age, living separate and apart from their parents and managing their own financial affairs (May be verified by DMV Identification Card) • On active military duty 	<ul style="list-style-type: none"> • Document the patient or patient legal representative understood risks, benefits and advice given to him/her and has Decision Making Capacity • If patient unable to consent for themselves, document who was contacted and what the conversation content was, including relayed history of event and physical exam findings • Document Base Contact and content of the conversation 	<ul style="list-style-type: none"> • Establish legal ability to sign for patient • Obtain 3 signatures • If legal representative contacted by phone, use speaker phone so witness can hear conversation • If base contact is made, document physician name, conversation and order/advice • Patients in custody may refuse care, but not transport if custodial agency requires transport

Cross Reference:

PD# 9019 – Pediatric Brief Resolved Unexplained Event (BRUE)

PD# 2085 – Do Not Resuscitate (DNR)