PATIENT REFUSAL GUIDELINES

This guideline applies to all EMS providers at all levels. All departments shall have an established Patient Refusal process that incorporates the contents of this document. The purpose of this guideline is to establish provider reference for the management and documentation of situations where refusal of assessment, treatment, and/or transportation is requested by a patient.

A. Perform Initial Treatment/Universal Patient Care Protocol and follow the proper protocol for medical management based on clinical presentation.

B. Communication and documentation will comply with agency and/or medical direction authority specific policy when a patient is refusing EMS intervention. Such refusals may include, but are not limited to:

1. Refusal of treatment or assessment

2. Refusal of procedures

3. Refusal of transport for either themselves or a person for whom they are the legal decision maker.

C. Who may refuse assessment, treatment, or transport

1. The patient with decisional capacity has the right to refuse assessment, treatment, and/or transport. This is true regardless of the severity of the patient's expected outcome. The patient must clearly communicate their understanding of the risk of refusing the above measures.

2. Parent

a. A custodial parent (i.e. a parent with a legal right to custody of a minor child) may refuse care on behalf of a minor child. If the parent is not on scene, the parent may designate another adult to assume care of the minor or the minor may be left in the care of law enforcement.

b. A minor (i.e. under 18 years of age) may refuse care for his or her child.

c. Emancipated minors must show legal proof of emancipation to refuse.

3. Guardian

a. A legal guardian is one who is appointed by a court to act as

"guardian of the person" of an individual who has been found by a court to be incapacitated or is otherwise not of legal standing to make their own medical decisions.

b. Legal guardian may also be appointed by the court in lieu of parents for a minor.

4. Medical Power of Attorney

a. A person appointed by the patient to make healthcare decisions.

b. This document only comes into effect if the patient loses decisional capacity regarding healthcare.

D. Patients under the age of eighteen (18) years of age cannot refuse medical attention. The patient's parent or guardian must assume responsibility for the patient. Caretakers/school officials are not considered guardians for refusal of care.

E. Decision making capacity to refuse treatment or transportation must be determined and documented in the Patient Care Report. Individuals who do not demonstrate decisional capacity cannot refuse assessment, treatment, or transport.

F. EMS personnel shall provide an explanation of possible risks and dangers associated with not accepting medical intervention to the patient or other authorized responsible party.

G. If EMS personnel need assistance in determining a patients' decisional capacity, the EMS personnel shall contact a Medical Command Physician (MCP) – typically via online medical command through a recorded line of communication.

H. EMS documentation should include but is not limited to:

1. Determination of decision-making capacity based on the provided CRAM criteria.

2. The patient acknowledges an understanding of the risks of refusing transport or treatment including the possibility of worsening illness, discomfort, morbidity, permanent disability, and/or death.

3. Administrative medical director or agency specific guidelines for patient refusals.

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I. Special Circumstances:

1. If patient does not have the mental capacity to refuse care, and no other individual is authorized to refuse care for the patient, all reasonable steps to secure treatment and transportation without placing EMS providers in jeopardy should be taken.

2. If the patient is combative or otherwise represents a danger to the providers attempting to render care to the patient then local law enforcement, fire department personnel, or other EMS providers should be called upon to assist.

   a. If the patient lacking capacity cannot be reasonably assessed, treated, restrained, and/or transported without additional assistance and the aforementioned providers are unable or otherwise unwilling to assist then the EMS providers should not place themselves at extraordinary personal risk of harm to secure the patient until appropriate personnel and/or necessary legal documentation can be secured.

3. If law enforcement personnel insist on asserting medical responsibility for patient, EMS personnel should contact MCP. EMS personnel should document the law enforcement officer's name and badge number on the patient care report.

4. Under no circumstance should a patient be transported while in handcuffs placed with arms/wrists behind the patient's back. If a patient has handcuffs on, they must be in front of the person's body and a law enforcement officer must accompany the patient/EMS crew in the ambulance during care, treatment, and transport – if possible.

J. Determine capacity utilizing CRAM:

- **C**: *Communicate* a clear choice with consistency in thought and logic.
- **R**: *Relevant* information regarding their illness, symptoms, proposed intervention, and transport are all understood.
- **A**: *Appreciation* of the serious nature of the situation - especially in the absence of assessment by a physician or other licensed independent medical provider at time of EMS refusal.
- **M**: *Manipulation* of information in a rational manner – as it relates to risks/benefits as well as refusing proposed intervention and/or transport.

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K. Special Considerations

1. Being alert and oriented x 4 does NOT automatically mean a patient has capacity.

2. Being disoriented does NOT mean a patient lacks capacity to refuse treatment.

3. Capacity can wax and wane. It may be present one day and gone the next then return on subsequent calls. Every encounter is a new start and capacity must be reassessed when considering a refusal.

4. Consistency is key. If a patient is not consistently describing their choice/desire, then they do not have capacity to refuse.

L. When a refusal is the outcome of a patient encounter you **MUST** have an appropriately signed refusal form.

M. Best practice is to have the witness signature come from a party who witnessed the conversation and is NOT a member of the EMS team. The best options include:

1. Family or other member on the side of the patient's dynamics

2. Fire or another first responder from outside agency

3. Law enforcement officer

4. All other neutral parties available

5. The second crew member of EMS team may sign as witness if and only if there is nobody else available. This is a scenario where I would encourage you to contact online medical command.