



## PATIENT REFUSAL OF TREATMENT/TRANSPORT

### PURPOSE

To provide procedures for Emergency Medical Services (EMS) personnel to follow when patients, parents, or legal representative refuse indicated medical treatment or ambulance transportations.

### AUTHORITY

Health & Safety Code, Division 2.5, Chapter 4, Article 1, § 1797.220

Health & Safety Code, Division 2.5, Chapter 7, § 1798 (a) (1)

California Code of Regulations, Title 22, Division 9, Chapter 4, Article 7, § 100170 (a) (5)

Welfare and Institutions Code, Division 2, Chapter 2, Article 7, § 305

Welfare and Institutions Code, Division 2, Chapter 2, Article 15, § 625

Welfare and Institutions Code, Division 5, Chapter 1, § 5008

Welfare and Institutions Code, Division 5, Chapter 2, Article 1, § 5150

Welfare and Institutions Code, Division 5, Chapter 2, Article 1.5, § 5170

### DEFINITIONS

**Adult:** For the purposes of this policy, a person at least eighteen (18) years of age, or an emancipated minor.

**Competent:** The patient is alert and oriented, and has the capacity to understand the circumstances surrounding his/her illness or impairment, and the risks associated with refusing treatment or transport. Impairment may also result from intoxication, mental illness, traumatic injury and/or senility, though these conditions do not in and of themselves render an individual incompetent.

**Emancipated Minor:** A person less than (<) eighteen (18) years of age who:

- I. Is married or previously married
- II. Is on active duty in the military
- III. Is an emancipated minor (decree by court, Identification [ID] card by the Department of Motor Vehicles [DMV])

**Emergency:** Condition or situation in which an individual has a need for immediate medical attention or where the potential for need is perceived by EMS personnel or a public safety agency.

**Individual Not Requiring Transport or Released at Scene (RAS):** An individual who, after a complete assessment by EMS personnel, does not appear to have a medical problem that requires immediate treatment and/or transportation by the medical system.

**Minor:** A person < eighteen (18) years of age who is not emancipated.

**Refusing Care and/or Transportation Against Medical Advice (AMA):** A competent adult who is determined by EMS or Base Hospital personnel to have a medical problem which



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requires the immediate treatment and/or transport capabilities of the EMS system, and who has been advised of his/her condition and the known and unknown risks and/or possible complications of refusing medical care, and who still declines treatment or transport.

**Patient:** an individual, for whom EMS was activated and who has any medical complaint or who, in the judgment of the prehospital care provider, has any illness or injury

**Person:** an individual man, woman, or child, who did not activate EMS.

**Witness:** a person who signs as a witness on a document attesting that the document was signed in the presence of the witness.

**5150:** Refers to a patient who is held against his/her will for evaluation under the authority of Welfare and Institutions Code, Division 5, Chapter 2, Article 1, § 5150, because the patient is a danger to him/herself, a danger to others, and/or gravely disabled, e.g., unable to care for self. The written order may be placed by a law enforcement officer or other mental health professionals authorized by the county.

## PRINCIPLES

- I. A competent adult or a competent emancipated minor has the right to determine the course of his/her own medical care and shall be allowed to make decisions affecting his/her medical care, including the refusal of care.
- II. With exceptions of minors who have clear legal capacity to refuse emergency treatment or transport (emancipated minors) a patient < eighteen (18) years old must have a parent or legal representative present to refuse evaluation, treatment, or transport.
- III. Minors may be RAS to a competent adult only after consultation with Base Hospital Medical Control.
- IV. An adult or emancipated minor may refuse medical evaluation, treatment, and/or ambulance/medical transportation, provided that he/she is competent and has been advised of the risk and consequences, which may result in refusal of evaluation, treatment, and/or transportation.
- V. Refusal of evaluation, treatment and/or transportation should not be considered for patients who do not have the capacity to make competent decisions regarding their own care. A patient's competence may be significantly impaired by mental illness, drug or alcohol intoxication, physical or mental impairment. Patients, who have attempted suicide, verbalized suicidal intent or when other factors lead EMS personnel to suspect suicidal intent should not be regarded as competent.

## PROCEDURE

- I. AMA
  - A. When a competent adult or emancipated minor refuses indicated emergency treatment or transportation, EMS personnel shall:
    1. Advise the patient of the risks and consequences which may result from refusal of treatment or transport.



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2. If the patient's condition meets Advanced Life Support (ALS) treatment criteria, and a Basic Life Support (BLS) unit is alone on scene, an ALS unit shall be requested.
3. Have the patient or his/her legal representative, as appropriate, sign the release (AMA) section of the Released at Scene/Against Medical Advise Form. The signature shall be witnessed, preferably by a family member. The patient should be advised to arrange for medical care immediately, if appropriate, or if he/she develops adverse symptoms at a later time. If the patient requests additional medical advice, the **Base Hospital** should be involved.
4. If the patient refuses to sign the AMA form, this fact should be documented on the form.
5. If EMS personnel determine that a patient with an emergency condition is not competent to refuse evaluation, treatment or transport, the following alternatives exist:
  - a. Patient should be transported to an appropriate facility under implied consent. In this case, a 5150 hold is not necessary.
  - b. If EMS personnel determine it is necessary to transport the patient against his/her will and the patient resists or the EMS personnel believe the patient will resist, assistance from law enforcement should be requested in transporting the patient. The police may consider the placement of a 5150 hold on the patient, but this is not required for transport.
  - c. If EMS personnel believe a parent or other legal representative of the patient is acting unreasonably in refusing indicated immediate care or transport, law enforcement authorities should be involved.
  - d. NOTE: 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.

## II. RAS

- A. When EMS personnel have been called to an incident and have determined that a competent adult or emancipated minor does not require treatment and/or transport, the patient may be released at scene. The patient should be advised to arrange for medical care if he/she develops adverse symptoms at a later time.
- B. A patient released at scene should NOT sign an AMA form, as this implies that the patient is at significant risk by not utilizing the EMS system for treatment and/or transportation. ALS personnel shall document any advice given to the patient regarding follow-up treatment.
- C. A minor may be RAS/AMA only if all of the following conditions are met:
  1. Patient meets criteria for RAS § II A of this policy.
  2. Base Hospital contact has been made and RAS authorized
  3. Competent, responsible, and authorized adult is present.

## III. Base Hospital Contact:

- A. Must be made for any of the following classes of patients refusing assessment, treatment and/or transportation:
  1. Patients < eighteen (18) years old.
  2. 5150



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3. Signs and symptoms (Si/Sx) of
  - a. Acute Myocardial Infarction (AMI), or
  - b. Stroke, or
  - c. Major Trauma Criteria

### **DOCUMENTATION**

A Patient Care Report (PCR) and a Released at Scene Against Medical Advice Form must be completed for each incident of patient refusal of emergency medical evaluation, care and/or transportation. EMS personnel shall ensure that documentation includes a patient history and assessment, details of the exam/evaluation that was performed, a description of the patient that clearly indicates his/her decision-making capacity, why the patient is refusing care, a statement that the patient understands the risks and consequences of refusing medical attention, and any alternatives presented to the patient.