

APPROVED:	<u>SIGNATURE ON FILE IN EMS OFFICE</u> Executive Director	EFFECTIVE DATE	<u>09/2003</u>
	<u>SIGNATURE ON FILE IN EMS OFFICE</u> Medical Director	SUPERSEDES:	<u> </u>
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REFUSAL OF EMS SERVICE

I. AUTHORITY:

In accordance with Section 100170, Title 22 of the California Code of Regulations, the medical director of the local EMS Agency shall establish and maintain medical control.

II. DEFINITIONS:

- A. "Patient Relationship" exists when, as the result of EMS being summoned, EMS personnel come in contact with a person who has one or more of the following:
1. A chief complaint.
 2. An altered level of consciousness.
 3. Evidence of alcohol or drug usage.
 4. A medical history that has a potential to worsen or complicate a current condition.
 5. Involvement in an event with the potential for physical injury.

III. PURPOSE:

To provide a policy and procedure for EMS personnel for responding to a patient's refusal of EMS service.

IV. POLICY

- A. Any competent adult patient, legal patient guardian or representative may refuse care thereby severing the patient relationship.
- B. When it is determined that a patient will not require transport to a hospital by ambulance, EMS personnel shall include but not be limited to initiation, completion, review, evaluation, and retention of a patient care record and other documentation as specified in this policy.

V. PROCEDURE

- A. Prior to the termination of the patient relationship, the EMS personnel with the highest medical authority on scene shall attempt the following:
1. Obtain a history of the event and prior medical history including medications.
 2. Perform a physical assessment to include a complete set of vital signs.
 3. Determine that the patient is an adult who can legally refuse medical care.
- B. If patient is a minor or incompetent adult, assure that the legal guardian is refusing treatment prior to allowing the refusal.

- C. If the patient is a danger to themselves or others, contact law enforcement officials.
 - 1. Explain the risks of refusal of medical care and transportation.
 - 2. Explain the benefits of medical treatment and transportation.
 - 3. Determine that the patient has a meaningful understanding of the risks and benefits of treatment and transport.
 - 4. Clearly offer treatment and transportation to the nearest appropriate receiving facility.
 - 5. Prepare and explain the release of care against medical advice form (the signature should be witnessed if possible. A signature should be obtained by the witness if possible.)
 - 6. ALS providers should consider Base contact for consultation. For ALS patients, Base contact must be made for consultation.
 - 7. Advise the patient to seek medical attention for complaint.
 - 8. Advise patient to call 9-1-1 if condition worsens.

- D. Each item described above shall be documented on the prehospital care report (PCR) and filed per individual EMS service provider policy.

SAMPLE FORM FOLLOWS

REFUSAL OF SERVICE	DATE:
PCR #:	
Name: Address:	
History of event and prior medical history including medications Physical assessment and complete set of Vital Signs	Base contact made for ALS chief complaint Not applicable
Patient refused vital signs and/or assessment. Transportation to appropriate hospital offered.	
Seek medical attention for complaint.	Call 9-1-1 if condition persists or worsens
Risks of refusal of treatment or transportation explained:	Benefits of treatment or transportation explained:
1.	1.
2.	2.
<p>Instructions to Patient or, Indicate why patient refused service or refused to sign this form:</p> <p>I acknowledge that _____ informed me of the risk(s) involved in refusing medical care and hereby release Mountain-Valley EMS Agency, its officers, agents, and employees and all other persons participating in my care from any responsibility whatsoever for unfavorable or untoward results which may occur as a result of my refusal to permit emergency medical treatment.</p> <p>As a patient of the Mountain-Valley EMS System, this is to certify that I am refusing care by, or against the advice of Mountain-Valley EMS personnel.</p>	
Patient Signature (or Legal Guardian or Representative)	Witness Signature