PURPOSE: To provide guidelines for EMS personnel to determine which patients who do not wish to be transported to the hospital have decision-making capacity to refuse EMS treatment and/or transport, and to identify those who may be safely released at scene.


DEFINITIONS:

**Adult:** A person at least eighteen years of age.

**Minor:** A person less than eighteen years of age.

**Minor Not Requiring Parental Consent is a person who:**
- Is 12 years or older and in need of care for a reportable medical condition or substance abuse
- Is pregnant and requires care related to the pregnancy
- Is in immediate danger of suspected physical or sexual abuse
- Is an emancipated minor

**Emancipated Minor:** A person under the age of 18 years is an emancipated minor if any of the following conditions are met:
- Married or previously married
- On active military duty
- The person has received a declaration of emancipation pursuant to Section 7122 of the California Family Code, which includes 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)

**Decision-Making Capacity:** The ability to understand the nature and consequences of proposed health care. This includes understanding the significant risks and benefits, and having the ability to make and communicate a decision regarding the proposed health care. A person has decision-making capacity if they are able to:
- Understand the need for treatment, the implications of receiving and of not receiving treatment, and alternative forms of treatment that are available, and
- Relate the above information to their personal values, and then make and convey a decision.

The lack of decision-making capacity may be:
- Temporarily lost (e.g., due to unconsciousness, influence of mind altering

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APPROVED: _______________________ _________________________________
Director, EMS Agency    Medical Director, EMS Agency
Emergency Medical Condition: A condition or situation in which an individual has an immediate need for medical attention. The presence of abnormal vital signs (heart rate and rhythm, respiratory rate, blood pressure – except isolated asymptomatic hypertension, oxygen saturation) are also indications of an emergency medical condition. Patients who meet any criteria for Base Contact or Receiving Hospital Notification are also considered to have an emergency medical condition.

Implied Consent: This is a type of consent involving the presumption that an unconscious or a 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.

Medical Home: A team-based health care delivery model, which is led by a health care provider (i.e., primary care physician) to provide continuous, coordinated, and comprehensive medical care.

Refusing Care Against Medical Advice (AMA): A patient or a legal representative of a patient who has decision-making capacity to refuse treatment and/or transport for an emergency medical condition.

"Release at Scene" (Patients not requiring transport): A patient who, after an assessment by EMS personnel, does not have an emergency medical condition and does not appear to require immediate treatment and/or transportation. These patients meet one or more of the following conditions:

- Deny a medical condition and decline need for treatment
- Called EMS personnel for assistance for non-medical related issues (i.e., public assists)
- Meet criteria for "Treat and Refer"

“Treat and Refer”: A patient who, after an assessment and treatment by EMS personnel, does not have an ongoing emergency medical condition, does not desire transport to the emergency department for evaluation, and is stable for referral to the patient’s regular healthcare provider or a doctor’s office or clinic.

Psychiatric Hold: A patient who is held against their will for evaluation under the authority of Welfare and Institutions Code (e.g., Section 5150) because the patient is a danger to themselves, a danger to others, and/or gravely disabled (i.e., unable to care for self). This is a written order by law enforcement officer, County mental health worker, or a health worker certified by the County to place an individual on a psychiatric hold.

PRINCIPLES:

1. An adult or emancipated minor who has decision-making capacity has the right to determine the course of their medical care including the refusal of care. These patients must be advised of the risks and consequences resulting from refusal of medical care.
2. A patient less than eighteen (18) years of age, with the exception of minors not requiring parental consent, must have a parent or legal representative to refuse evaluation, treatment, and/or transport for an emergency medical condition.

3. A patient determined by EMS personnel or the base hospital to lack decision-making capacity may not refuse care AMA or be released at scene. Mental illness, drugs, alcohol, or physical/mental impairment may impair a patient's decision-making capacity but are not sufficient to eliminate decision-making capacity. Patients who have attempted suicide, verbalized suicidal intent, or if other factors lead EMS personnel to suspect suicidal intent, should be regarded as lacking the decision-making capacity. Capacity determinations are specific only to the particular decision that needs to be made.

4. A patient on a psychiatric hold may not be released at scene and cannot sign-out AMA. The patient can refuse any medical treatment as long as it is not an imminent threat to life or limb.

5. At no time are EMS personnel to put themselves in danger by attempting to treat and/or transport a patient who refuses care.

6. A patient or a legal representative of a patient may contact EMS for minor complaints in order to have an assessment performed and determination made of the seriousness of the complaint and need for treatment. In such cases, the EMS personnel may perform an assessment and for those who meet the definition of "Treat and Refer" may be treated at the scene and referred to the patient’s medical home or primary care physician. If the patient or legal representative requests that the patient be transported despite assurance that transportation is not needed, EMS personnel should honor the request and transport the patient to the most appropriate receiving facility in accordance with applicable patient destination policies.

7. Patients who refuse treatment and/or transportation, and all those released at the scene are high risk patients and require additional quality review.

8. Certain patients are at increased risk of having a bad outcome if released on scene. These include patients with a medical complaint at extremes of age (≤ 12 months or ≥ 70 years old), patients with abnormal vital signs, and patients with high-risk chief complaints including chest pain, shortness of breath, abdominal pain, gastrointestinal or vaginal bleeding, and syncope. These patients are more challenging to fully evaluate in the field and should be transported to the emergency department.

POLICY:

I. Adult With Decision-Making Capacity or Minor (Not Requiring Parental Consent) Refusing Transport Against Medical Advice

A. EMS personnel shall advise the patient of the risks and consequences which may result from refusal of treatment and/or transport. The patient should be advised to seek immediate medical care.

B. If the patient has an emergency medical condition as defined above and a BLS unit is alone on scene, an ALS unit should be requested for evaluation prior to
C. When base hospital contact is made, contact should be made prior to the patient leaving the scene. Paramedics shall advise the base hospital of all the circumstances including care, transportation, reasons for refusal, and the patient’s plans for follow-up care.

D. EMS personnel shall have the patient or their legal representative, as appropriate, sign the release (AMA) section of the Patient Care Record (EMS Report Form/Electronic Patient Care Record/ePCR). The signature shall be witnessed, preferably by a family member.

E. A patient’s refusal to sign the AMA section should be documented on the Patient Care Record.

II. Individual Lacking Decision-Making Capacity or a Minor (Requiring Parental Consent)

A. The patient should be transported to an appropriate receiving facility under implied consent. A psychiatric hold is not required.

B. If EMS personnel or the base hospital determines it is necessary to transport the patient against their 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. Law enforcement may consider the placement of a psychiatric hold on the patient but this is not required for transport.

C. Law enforcement should be involved whenever EMS personnel believe a parent or other legal representative of the patient is acting unreasonably in refusing immediate care and/or transport.

III. Patients Released at Scene

A. EMS personnel shall ensure that the patient does not have an ongoing emergency medical condition and that they or their legal representative as appropriate have the capacity to decline transport.

B. Patients with a medical complaint, and with the following high-risk features, are not appropriate for Release at the Scene and should be transported or sign a refusal of transport against medical advice:

1. Extremes of age (≤ 12 months or ≥ 70 years old)
2. Abnormal vital signs – except isolated asymptomatic hypertension
3. High risk chief complaints including chest pain, shortness of breath, abdominal pain, gastrointestinal or vaginal bleeding, and syncope

C. EMS personnel shall advise the patient or their legal representative as appropriate to seek follow-up treatment or immediate medical care, including re-contacting 9-1-1 if they develop symptoms at a later time. The advice given should be documented on the Patient Care Record. The following statement is recommended: “It appears that you do not require immediate care in the
emergency department. You should seek care with your regular healthcare provider or a doctor’s office or clinic within 24 hours. If you have worsening symptoms recontact 9-1-1.”

D. EMS personnel should not require patients released at scene, including those treated and referred, to sign the release (AMA) section of the Patient Care Record, as this implies that the patient is at significant risk by not utilizing the EMS system for treatment and/or transportation.

E. If the patient or the patient’s legal representative requests that the patient be transported after assurance that transport in not needed; EMS personnel should honor the requests and transport to the Most Accessible Receiving Facility (MAR) for adults and to the closest Emergency Department Approved for Pediatrics (EDAP) for children.

IV. Documentation

A Patient Care Record must be completed for each patient encounter, including those refusing emergency medical evaluation, care and/or transportation against medical advice and those released at scene. EMS personnel shall ensure that documentation includes, at a minimum, the following:

A. Patient history and assessment, including absence of findings of an emergency medical condition or requirement to make Base Contact.

B. Description of the patient which clearly indicates their decision-making capacity.

C. For Refusal of Care Against Medical Advice (AMA):
   1. What the patient is refusing (i.e., medical care, transport)
   2. Why the patient is refusing care
   3. Risk and consequences of refusing care as explained to the patient or legal representative
   4. Statement that the patient understands the risks and consequences of refusing care
   5. Signature of patient or legal representative refusing care
   6. Patient’s plan for follow-up care
   7. If Treatment Protocol requires Base contact, Base contact should be made prior to leaving the patient on scene

D. For Release at Scene:
   1. For Treat and Refer:
      a. Assessment for all patients
b. Field treatments

c. Plan for follow-up care

2. For patients with no medical complaint who do not request treatment, document the situation and the assistance that was provided.

E. For Minors, document the relationship of the person(s) to whom the patient is being released.

V. Quality Improvement

Each Provider Agency shall have a quality improvement program to review patient care records for the patient who refuse medical care or transport, or who were treated and released without Base Contact.

CROSS REFERENCE:

Prehospital Care Manual:
Ref. No. 832, Treatment/Transport of Minors