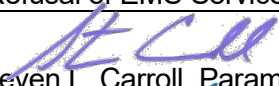



COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Refusal of EMS Services		Policy: 603	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: July 1, 2022	
APPROVED: Medical Director:	 Daniel Shepherd, M.D.	Date: July 1, 2022	
Origination Date: October 31, 1995			
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Last Review: February 10, 2022			
Review Date: February 28, 2024			

I. **PURPOSE:** To define the policy and operating procedures for the approach to patients, or potential patients, at the scene of an EMS response who decline services

II. **AUTHORITY:** California Health and Safety Code, Division 2.5, sections 1797.204, 1797.206, 1798, and 1798.2, California Code of Regulations Title 22, Division 9, sections 100170(5) and 100128(4), California Welfare and Institution Code, sections 305,625, 5150 and 5170

III. **DEFINITIONS:**

**Adult** – person 18 years of age or older

**ALS** – advanced level EMS services as defined in the policies and procedures of the Ventura County Emergency Medical Services Agency (VCEMS) and the California Health and Safety Code, section 1797.52

**AMA** – when a patient with evidence of an emergency or acute medical condition, or who has required an ALS intervention, refuses transport or other indicated interventions. Patient must be an adult or emancipated minor, and have capacity as defined below, to decline service against medical advice.

**BLS** – basic level EMS services as defined in the policies and procedures of VCEMS and the California Health and Safety Code, section 1797.60

**Capacity** – a person’s ability to make an informed decision after consideration of the risks and benefits of such a decision. Capacity differs from competence, which is a legal definition that extends beyond the act of making specific medical decisions.

**Declination of EMS Service** – a contact at the scene of an EMS response who does not demonstrate any evidence of an injury or acute medical condition and is declining any and all EMS services. Example: ambulatory individuals at a minor traffic accident, bystanders at a structure fire.

**Declination of transport and/or assessment** – when a patient requests BLS level services but declines transport and/or assessment. These patients meet defined criteria for declining such services and lack any complaints or exam findings indicative of an emergent medical condition.

**Dedicated decision maker** – an individual who has been selected by or legally appointed to make medical decisions on behalf of the patient, including individuals with a power of attorney.

**Emancipated minor** – a person under 18 years of age who has been legally separated from their parents and lives independently, minors on military duty, married minors, minors who are pregnant and minors who parents.

**Emergency Medical Condition** – a medical condition that is acute or subacute in nature and requires immediate assessment. Emergency medical conditions typically carry the risk of sudden deterioration and possibly death. These conditions may be readily apparent or suspected based on the reported signs and symptoms, mechanism of injury, or medical history.

**Incident:** Any response involving any Ventura County pre-hospital personnel to any event in which there is an actual victim, or the potential for a victim

**Minor** – person under 18 years of age.

**Patient Contact:** Any encounter involving Ventura County pre-hospital personnel with any person consenting, either implied or informed, to assessment and/or treatment.

**Power of attorney** – the authority to act for another person in specified legal, medical or financial matters.

**Criteria for Refusal** - Adults and emancipated minors may decline services if they meet the criteria for refusal. Persons who refuse care must demonstrate capacity and be free of impairment due to drugs and/or alcohol. Parents of minors and the dedicated decision makers for adults who lack capacity can decline services for others if they themselves meet the criteria for refusal.

1. Alert, oriented (x4) person, place, time, and purpose/situation.
2. Able to demonstrate capacity by participating in a discussion of the risks of refusal.
3. Must adequately acknowledge risks of declining the relevant services.
4. Free of impairment due to drugs or alcohol.
5. No evidence of suicidality, homicidality, grave disability, or other acute psychiatric condition that may require a 5150.

IV. POLICY:

- A. Adults and emancipated minors with decision-making capacity have the right to dictate the scope of their medical care. EMS has an obligation to offer service.
- B. For unaccompanied minors, refer to VCEMS Policy 618.
- C. All potential patients at the scene of an EMS response shall be offered evaluation, treatment, and transport.
- D. Providing care establishes a therapeutic relationship and the expectations therein.
- E. Not all EMS patients require ALS care and/or transport.
- F. Patients declining care and/or transport should be counseled thoroughly about the pertinent risks of declining such interventions and all discussions should be documented thoroughly.
- G. BLS providers with concern for an emergency medical condition shall request an ALS provider for an ALS level assessment.
- H. Only adults and emancipated minors may decline services if they meet the criteria for refusal. Persons who refuse care must demonstrate capacity and be free of impairment due to drugs and/or alcohol. Parents of minors and the dedicated decision makers for adults who lack capacity can decline services for others if they themselves meet the criteria for refusal.
- I. Provider agencies may require additional documentation over and above the minimum requirements outlined in this policy.

V. PROCEDURE:

A. Cancellation

- 1. No ePCR is required if:
  - a. Cancelled en route prior to arrival
  - b. Cancelled by another agency upon arrival at the scene of the incident
  - c. Cancelled after arrival and no patient contact as defined in Section III

B. Declination of EMS Services

- 1. Those individuals contacted at an EMS response who have no medical complaints or evidence of an emergency medical condition may decline service. An ePCR with a no treatment disposition shall be completed.

C. Declination of Transport and/or Assessment

- 1. Patients with minor injuries or illness, or those in need of strictly BLS interventions, shall be evaluated and treated per protocol.
  - 2. Adults and emancipated minors may decline any or all assessment, treatment, transport, and be released from EMS care when;
    - a. Refusal criteria has been met.
    - b. No present indication for ALS assessment, treatment, and/or base hospital contact as defined by VCEMS policy 704.
  - 3. Minors and those lacking capacity may be released from care if a parent or dedicated decision maker is present and meets criteria listed above.
  - 4. Documentation per VCEMS Policy 1000 – Documentation of Prehospital Care.
  - 5. Discuss the risks of declining and document the discussion in your narrative.
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D. AMA

1. Patient has evidence of an emergency medical condition, required an ALS intervention, or has a complaint and/or condition as described in VCEMS policy 704.
  2. Engage the patient in a discussion detailing the following;
    - a. Potential benefits of further treatment, EMS assessment, transport.
    - b. Potential benefits to additional assessment by ED physician, observation, and/or diagnostics not available in the EMS environment.
    - c. Relevant medical concerns and risks of refusal.
    - d. Patient resources and/or plans for obtaining follow up care after refusal of EMS services.
  3. Contact base hospital for further assistance and/or to document AMA.
  4. Direct communication between the MICN and/or base hospital physician and patient is encouraged.
  5. Adults and emancipated minors may be released by ALS providers when;
    - a. Base hospital contact has been made.
    - b. Refusal criteria has been met
  6. These are high-risk contacts for patients, providers, and EMS agencies. Therefore, they must be completed in a thorough and thoughtful manner. This includes detailed documentation of the history, exam, and all pertinent discussions.
  7. Have patient and witness complete relevant AMA documentation.
  8. If patient does not meet criteria outlined above, or AMA is discouraged by the base hospital, Law enforcement and/or Crisis Team may be requested to the scene and efforts to convince the patient to agree to transport should be continued.
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