



Policy 608: Patient Refusal of Care, Against Medical Advice or Release at Scene

Revision 1/2/20
Effective X/X/X

- I. Decision making capability
 - A. Competent adults are entitled to make decisions about their health care. They have the right to refuse medical care or may be released at the scene *when they have been properly informed of the benefits, risks, and alternatives to the recommended care.*
 - B. This policy defines the mechanism by which a patient who summoned emergency care, or for whom such emergency care was summoned, may refuse care and transport, or be released at the scene. This policy is *applicable to all levels of EMS responder personnel.*
- II. Refusal of Care (AMA) or Release at Scene
 - A. Patients, legal representatives (agents) of patients (by legal custody or Durable Power of Attorney for Health Care) or parents of minor patients may refuse medical care or may be released at the scene if they are:
 1. competent: able to understand the nature and consequences of refusing medical care and/or transportation to the hospital or being released at the scene;
 2. and at least one of the following:
 - a) Adult - 18 years of age or older.
 - b) An emancipated minor.
 - c) A minor who is married.
 - d) A minor who is in the military.
 - e) A minor who is the primary care provider for her child can make decisions for the child. If the minor does not meet one of the above criteria, she cannot make medical decisions for herself.
 - B. Incapacitated patients
 1. In situations where a POLST, DNR or Durable Power of Attorney are not available to guide medical decision-making, EMS crews may elicit help from spouses or other relatives.
 2. Medics may honor these spouse/relative requests depending on the specific circumstances of the call. Full documentation of this decision-making process and patient disposition must occur after the call.
- III. The following patients are considered not to be competent to make medical decisions:
 - A. Any patient who presents with an altered level of consciousness.



- B. Any patient with severely altered vital signs which clearly are impairing his/her ability to think rationally.
- C. Any patient who makes clearly irrational decisions, in the presence of an obvious potentially life or limb threatening condition, including persons who are emotionally unstable.
- D. Any patient under a "5150" hold or exhibiting behavior that qualifies for such a hold.
- E. Any patient with a known mental deficiency.

IV. AMA Process (Competent Patients Only):

- A. When EMS personnel evaluate a competent patient, as identified in Section II, and find that treatment and transport are indicated, all diligence and judgment will be used to convince the patient to agree to this. The AMA process shall include the following:
 - 1. Advisement of risks and alternatives.
 - 2. Assurance that the patient understands the risks of refusing treatment and transport and still refuses. This shall be documented on the Patient Care Report.
 - 3. Assurance that the patient is encouraged to seek medical care and that this is documented on the Patient Care Report.
 - 4. The following must be documented on the PCR.
 - a) Base contact, if indicated by the patient's complaint, severity, or clinical signs/symptoms.
 - b) The patient's signature on the AMA/RAS form and documentation of this on the PCR.
 - c) A witness's signature on the AMA/RAS form and documentation of this on the PCR.

B. Patients in Custody

- 1. Law enforcement may request EMS to the scene to evaluate a patient
- 2. EMS personnel shall approach such cases as they would any other patient who was not in custody. In no cases can EMS "medically clear" a patient.
- 3. Patients who require EMS intervention and/or ambulance transport but otherwise refuse care will require an AMA process as outlined above. Nevertheless, law enforcement may compel the patient to go to a hospital. In such cases no medical care shall be imposed on the patient without their consent.

V. Release-at-Scene Process (Competent Patients Only):

- A. When EMS personnel evaluate a competent patient, as identified in Section II, and both the EMS personnel AND the patient or agent concur that further field treatment and ambulance



transport are not indicated, then the patient may be released at scene. In this situation, EMS personnel will complete a Patient Care Report in the usual manner to document the details of the encounter including why the patient was released. The following must be documented on the PCR:

1. Patients with minor traumatic injuries who do not meet any P.A.M. trauma criteria.
2. The patient/agent has clearly articulated a plan for medical evaluation and/or follow-up that relies on previously established medical providers or the use of recognized acute care/urgent care providers and facilities.
3. The patient/agent has signed the appropriate AMA/RAS form which states that emergency evaluation has been rendered.

B. Patients in Custody

1. Law enforcement may request EMS to the scene to evaluate a patient
2. EMS personnel shall approach such cases as they would any other patient who was not in custody. In no cases can EMS “medically clear” a patient.
3. Patients who may need evaluation by physician but otherwise, in the judgement of EMS, do not require ambulance transport may be released at scene following the procedure above.

C. Infectious Disease Outbreak or Area Wide Disaster.

1. Outbreaks and Area Wide disasters may require a modification of normal dispatch and transportation policies due to extreme demand on the EMS system.
2. When authorized by the Medical Director, release at scene procedures described above may be modified as follows:
 - a) Release at scene decision algorithms specific to the current situation will be published by the Medical Director and shall be used for each patient to determine appropriate disposition.
 - b) When EMS personnel determine that ambulance transportation is not indicated, EMS personnel may Release at Scene and do not necessarily require agreement with the patient.
 - (1) When such a conflict occurs, EMS personnel are expected to reasonably assist the patient to obtain an alternate source of care or transportation.

- VI. If a patient is determined NOT to be competent to make medical decisions, the patient is treated by implied consent. If this patient continues to refuse evaluation, treatment, or transportation, all reasonable measures including police assistance and/or appropriate use of physical restraint should be



used to evaluate, treat, and transport the patient. At no time should EMS personnel place themselves in physical danger.

VII. EMS personnel have a duty to act in the best interest of all patients.

- A. No patient should be encouraged to refuse evaluation, treatment, or transportation.
- B. No person will be denied evaluation, treatment, or transport based on age, sex, race, creed, color, origin, economic status, language, sexual preference, disease, or injury.
- C. If EMS personnel are having trouble in convincing a competent person to be transported, consideration should be given to contacting the paramedic Base Hospital for situational management support. Paramedics and EMTs should be involved when considering this resource.

VIII. Documentation.

- A. In accordance with Policy 501, *Santa Cruz County Patient Care Record and Transfer of Care Document*, a Patient Care Report shall be completed on all patient contacts. The PCR shall document all assessments and/or care rendered to the patient by any EMS prehospital care provider. The PCR must also specifically document any events where refusal of assessment, care, and/or transport occurred. In most cases the documentation will be recorded electronically in the approved PCR system. When paper forms are used, the original AMA/RAS form shall be kept on file for the prescribed period.