



PATIENT REFUSAL OF TREATMENT/TRANSPORT

PURPOSE

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

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 18 years of age or an emancipated minor.

Capacity: An individual's ability to 1) understand the nature and consequences of a decision and 2) to make/communicate a decision and understand the significant benefits, risks, and alternatives of their decision. An individual who has a mental or physical disorder or is under the influence of drugs or alcohol may still be capable of making medical decisions. An individual has the capacity to give informed consent for EMS care if they can do all the following:

- I. Respond knowingly and intelligently to queries about EMS care.
- II. Participate in EMS care decisions by means of a rational thought process.
- III. Understand the following:
 - A. The nature and seriousness of the illness/injury, disorder, or defect.
 - B. The nature of the EMS care that is being recommended.
 - C. The probable degree and duration of benefits and risks of medical interventions
 - D. or reasonable alternatives and the consequences of lack of treatment.

Emancipated Minor: A person less than (<) 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: A condition or situation in which an individual needs immediate medical attention or where the potential for need is perceived by EMS personnel or a public safety agency.

Legal Guardian: An individual granted legal authority to care for another individual, including a court-appointed conservator.

Minor: A person < 18 years of age who is not emancipated.



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Surrogate Health Care Decision Maker – In the event that an individual lacks capacity, a healthcare provider caring for the patient may choose a surrogate to make healthcare decisions on the patient's behalf as appropriate to the situation. Prior to implementing any decision made by a surrogate for a patient, the healthcare provider is required by law to inform the patient of the decision made and the person making it. Surrogate decision makers shall be, in descending order of preference, determined as follows:

- I. The patient's designated adult surrogate.
- II. The patient's agent, pursuant to an advance health care directive or a power of attorney for health care.
- III. The conservator or guardian of the patient having the authority to make health care decisions for the patient.
- IV. If none of the above are available, then the healthcare provider can choose a surrogate decision maker.
 - A. A surrogate decision maker must:
 1. Be an adult 18 years or older.
 2. Have demonstrated special care and concern for the patient.
 3. Be familiar with the patient's personal values and beliefs to the extent known.
 4. Be reasonably available and willing to serve.
 - B. The surrogate decision maker can be chosen from the following list:
 1. The spouse or domestic partner of the patient.
 2. An adult child of the patient.
 3. A parent of the patient.
 4. An adult sibling of the patient.
 5. An adult grandchild of the patient.
 6. An adult relative or close personal friend of the patient.

5150: Under the authority of Welfare and Institutions Code (WIC), Division 5, Chapter 2, Article 1, § 5150; a patient who, has been placed into custody for a period of up to 72 hours, by a peace officer, or other professional person designated by the county upon probable cause they of being a danger to others, or to themselves, or gravely disabled (unable to care for themselves), as a result of a mental health disorder.

Patient: Any individual who has requested evaluation by EMS or has a complaint suggestive of an illness/injury, or in the judgement of EMS personnel demonstrates the potential for a possible illness/injury that might require EMS care.

Released at Scene (RAS): Termination of the patient-provider relationship when requested by an individual who, after an assessment by EMS personnel, does not appear to have any medical condition with a reasonable potential to pose a risk of harm to the individual without emergent evaluation, treatment, and/or transportation to a hospital.

Refusal of Care and/or Transportation Against Medical Advice (AMA): Termination of the patient-provider relationship, or the refusal of any part of indicated EMS care, upon the request of an individual with capacity who has been determined by EMS or the Base Hospital to have any condition likely to pose a risk of harm without further evaluation, treatment, and/or transport by the EMS system.



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PRINCIPLES

- I. No individual shall be encouraged to refuse EMS care. EMS shall not initiate RAS/AMA unless requested by the patient.
- II. An adult, emancipated minor, or their Legal Guardian or Surrogate Health Care Decision Maker, with decisional capacity, has the right to determine the course of the patient's own medical care and shall be allowed to make decisions affecting their medical care, including the refusal of all, or any part, of their care.
- III. With the exception of emancipated minors who have clear decisional capacity to refuse care, a patient < 18 years of age must have a parent, legal representative, or Surrogate Health Care Decision Maker present to refuse evaluation, treatment, or transport.
- IV. An adult, emancipated minor, or their Legal Guardian or Surrogate Health Care Decision Maker refusing medical evaluation, treatment, and/or transportation shall be advised of the risk and consequences that may result from refusal.
- V. Refusal of evaluation, treatment, and/or transportation shall not be considered for individuals who do not have the decisional capacity to make decisions regarding their care. An individual's capacity may be significantly impaired by physical illness or injury, mental illness, drug or alcohol intoxication, or other physical or mental impairment.
- VI. Individuals who have attempted suicide, verbalized suicidal intent, or with other factors that lead EMS personnel to suspect suicidal intent must be either transported to an appropriate receiving facility or left under the supervision of an appropriate peace officer or a professional person designated by the county as identified in WIC § 5150.
- VII. Individuals in law enforcement custody may refuse medical treatment but may not refuse transportation to an appropriate facility as requested by law enforcement.

PROCEDURE

- I. Refusal of Care and/or Transportation Against Medical Advice (AMA)
 - A. When an adult, emancipated minor, or their Legal Guardian or Surrogate Health Care Decision Maker with decisional capacity 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.
 2. If the patient's condition meets Advanced Life Support (ALS) treatment criteria AMA may only be completed by ALS personnel.
 3. The patient shall be advised to arrange for alternate medical care, or to recontact 9-1-1, if their condition worsens or they desire subsequent evaluation, treatment, or transport.
 4. Have the patient or their Legal Guardian or Surrogate Health Care Decision Maker, as appropriate, sign the AMA section of the Refusal Form/Release of Responsibility Form. The signature shall be witnessed, preferably by a family member or other person with a close personal connection to the patient. The patient should be advised to arrange for medical care immediately, if appropriate, or if he/she develops adverse symptoms later. If the patient requests additional medical advice, the Base Hospital should be contacted.
 5. If the patient refuses to sign the AMA form, this fact should be documented on the form.



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6. If EMS personnel determine that a patient with an emergency condition lacks the decisional capacity to refuse evaluation, treatment, or transport, the following alternatives exist:
 - a. Patient should be transported to an appropriate facility under implied consent.
 - b. If EMS personnel determine 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.
 - c. If EMS personnel believe a patient may pose a danger to themselves, a danger to others, or is gravely disabled as a result of a mental health disorder, law enforcement should be requested.
 - d. If EMS personnel believe a parent or other legal representative of the patient is acting unreasonably in refusing indicated immediate care or transport, Base Hospital Consultation should be considered, and law enforcement authorities may be requested.
 - e. 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. Released at Scene (RAS)
- A. When a patient who is an adult, emancipated minor, or their Legal Guardian or Surrogate Health Care Decision Maker with decisional capacity and EMS personnel treating the patient agree that the patient does not need further treatment or transport by EMS personnel the patient may be released at scene.
 - B. The decision that the patient does not need further treatment or transport by EMS personnel may be made when the patient meets all of the following criteria:
 1. No complaint or obvious evidence of illness or injury needing ALS assessment or treatment
 2. No high-risk mechanism of injury suggestive of possible life-threatening injury
 3. No signs or symptoms suggestive that their condition may deteriorate into a life-threatening situation
 4. No circumstances or conditions requiring Base Hospital Consult as listed in this or any YEMSA protocol
 5. Patient has a reasonable plan for an appropriate level of follow-up and ongoing medical assessment and care as needed
 - C. The patient shall be advised to recontact 9-1-1 if they develop new or worsening symptoms or change their mind about their need for EMS treatment or transport.
 - D. A patient released at scene should NOT sign the Refusal of Care/Treatment/Transportation Against Medical Advice (AMA)- ALS section of the Released at Scene/Against Medical Advice 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.
 - E. A minor may be RAS only if all the following conditions are met:
 1. Patient meets criteria for RAS § II A of this policy.
 2. An adult with capacity who is a parent, legal guardian, or Surrogate Health Care Decision Maker, has requested RAS.



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3. Base Hospital Consult has been made if minor patient meets any of the criteria listed below for Base Hospital Contact § III A of this policy.

III. Base Hospital Consult:

A. Base Hospital Consult is made to:

1. Provide additional medical advice to the patient, as needed
2. To clarify questions of the patient's decisional capacity
3. To afford the Base Hospital the opportunity to consult with the EMS provider and patient and request additional assessment or evaluation of the patient or advise additional risks and consequences of refusal

B. Base Hospital Consult shall be made for any of the following patients refusing evaluation, treatment, and/or transportation:

1. Any infant \leq 1 year of age experiencing BRUE or any patient experiencing any unknown potentially life-threatening event, including any unexplained ALOC or new neurological, respiratory, or cardiac complaints.
2. Any patient under 18 years of age whose parent or legal guardian is not readily available after a reasonable effort has been made to contact them and refusal has been requested by a Surrogate Health Care Decision Maker.
3. Any question amongst EMS personnel that the patient may pose a danger to themselves, a danger to others, or is gravely disabled as the result of a mental health disorder and the patient cannot be left in the care of law enforcement or other professional person designated by the county and identified in WIC § 5150.
4. Signs and symptoms of:
 - a. Acute Myocardial Infarction (AMI)
 - b. Stroke
 - c. Major Trauma Criteria
 - d. Sepsis, or suspected severe systemic infection
5. Any unusual circumstance or complaint where additional consultation may be needed.

DOCUMENTATION

A Patient Care Report (PCR) and a Refusal Form/Release of Responsibility (RAS/AMA) 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 their 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. The RAS/AMA form must be approved by YEMSA.