

## **POLICY #203: PATIENT REFUSAL**

### I. PURPOSE

- A. To establish policy and procedure for the County of San Luis Obispo (SLO) Emergency Medical Services (EMS) personnel to utilize for a refusal of EMS assessment, treatment, and/or transportation, or to recognize and initiate treatment and/or transportation without explicit consent.

### II. DEFINITIONS

- Designated Decision Maker (DDM): An individual whom a patient has legally given or implied the authority to make medical decisions concerning the patient's health care.
  - Parent and legal guardian of a minor, and "attorney-in-fact" through a Durable Power of Attorney for Health Care, or an "agent" through an Advance Health Care Directive.
- Implied Consent: When the agreement of EMS assessment, treatment, and/or transportation is inferred rather than explicitly obtained.
- Medical Decision Making Capacity: An individual's ability to understand, retain, and use information to make informed decisions about their medical care. It encompasses the cognitive abilities necessary to understand the situation and relevant information, appreciate the consequences of potential decisions, and communicate their choice effectively.
- Patient: Any person for whom the EMS system has been activated and who meets any of the following criteria:
  - Has a chief complaint or suspected illness or injury.
  - Requires or requests assessment, treatment, or transportation.
  - Is a minor who is not accompanied by a DDM and is or appears to be ill or injured.
  - Is not oriented to person, place, time, or event.
- Refusal: The refusal of assessment, treatment, and/or transport by a patient or his/her designated decision maker. This includes patient refusal to be transported to the closest or designated receiving hospital.
- Welfare and Institutions (W&I) 5150 Hold: Holding a patient against his/her will for evaluation under the authority of W&I Code, Section 5150, because the patient is a danger to him/herself, a danger to others, and/or is gravely disabled, e.g., unable to care for self. A law enforcement officer, County Mental Health worker, or an attending staff member at a designated facility can initiate a written order.
  - Pediatric holds are under the W&I Code, Section 5585. The same criteria and response apply to pediatric patients.

### III. POLICY

- A. All patients will be offered treatment and/or transportation following a complete EMS assessment.
- B. Adult Patients who can make decisions for themselves have the right to refuse medical assessment, treatment, and/or transportation.
- C. An unaccompanied minor who has an illness/injury requiring immediate EMS treatment and/or transportation may not refuse and shall be treated and/or transported by EMS personnel without DDM consent.
  - 1. This also includes minors that fall under the criteria for a W&I 5585 hold.
- D. Except for parents and legal guardians of minors, DDMs will only be used if the patient lacks medical decision making capacity.
- E. Decisions made by a DDM shall be treated as though the patient was making the decisions for him/herself.

### IV. PROCEDURE

- A. When a refusal exists, and when possible, complete the following steps:
  - 1. EMS personnel should first determine if there is a patient.
    - a. If there is no patient at the scene, there is no refusal. EMS personnel should document why it was determined that there isn't a patient.
  - 2. Next, EMS personnel should determine and document that the patient has medical decision making capacity to refuse services by following these steps:
    - a. Ask the patient to explain their understanding of the situation, the options, and their decision.
    - b. Observe the patient's demeanor, engagement, and ability to communicate their choice.
    - c. Evaluate the patient's understanding: Does the patient comprehend the information provided to them regarding their condition, treatment options, risks, benefits, and alternatives?
    - d. Evaluate the patient's appreciation: Does the patient appreciate how the information applies to their specific situation? This means they should understand the implications of their decision, including the potential impact on their quality of life and well-being.
    - e. Evaluate the patient's reasoning: Is the patient able to weigh the risks and benefits of different options and make a reasoned decision based on their values and preferences?
    - f. Evaluate the patient's communication: Is the patient able to express their choice clearly and consistently?
    - g. If the answer is no for questions in c.-f., the patient may lack medical decision making capacity to refuse services. Follow section E. below.



- the patient will resist, assistance from law enforcement or County Mental Health shall be requested to assist in the transportation of the patient.
3. Law enforcement or County Mental Health may consider the placement of a W&I 5150 hold on the patient, but this is not required for transport.
  4. If EMS personnel believe a DDM of the patient may not be acting in the best interest of the patient in refusing indicated immediate treatment and/or transportation, assistance from law enforcement personnel shall be requested.
  5. EMS personnel should never put themselves in danger by attempting to treat and/or transport a patient who refuses. EMS personnel should use good judgment and request appropriate assistance, as needed.
- G. A PCR and a signature shall be completed for each incident of refusal of EMS assessment, treatment, and/or transportation, including transport to the appropriate receiving hospital.
1. Patient information is not required for individuals that did not present with any complaint or illness/injury and advised EMS personnel upon initial contact that they did not want further assessment or evaluation.
  2. Refusal documentation in the narrative should include:
    - a. Who activated 9-1-1 and the reason for the call, if known.
    - b. A complete patient history and assessment.
    - c. All circumstances pertaining to consent issues during the patient encounter.
    - d. An assessment that indicates the patient's medical decision making capacity.
    - e. The presence or absence of any impairment, such as by alcohol or drugs.
    - f. The reason that the patient is refusing an assessment, treatment, and/or transportation.
    - g. A statement that the patient understands the risks and consequences of refusing medical treatment and/or transportation to the appropriate receiving hospital that was offered.
    - h. All alternatives presented to the patient.
    - i. That the patient has been informed that they may re-access 9-1-1 as necessary.
    - j. Base Hospital and/or Base physician contacted if applicable.
    - k. Signature of patient and EMS personnel on the refusal form.

#### V. AUTHORITY

- California Health and Safety Code, Division 2.5
- California Welfare and Institutions Code 5150 and 5585
- Title 22, California Code of Regulations, Division 9

Approvals:

EMS Agency, Administrator	
EMS Agency, Medical Director	