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EMS Medical Director

Chief, Emergency Medical Services

I. INTENT:

To provide direction and guidelines of Patient Initiated Refusal of Service and / or Transport for SCEMS EMT-Ps and EMT-Is at the scene of a medical emergency.

II. AUTHORITY:


- A. Health and Safety Code, Division 2.5, Ch. 4, Art. 1, §1797.220 & Ch. 5, §1798.
- B. California Code of Regulations, Title 22, Division 9, Ch. 4, Art. 2, §100147.

III. DEFINITIONS:

- A. Person: Any person encountered by Emergency Medical Personnel who does not manifest any overt evidence of illness or injury – AND – refuses any assessment by out of hospital personnel.
- B. Patient: Any person encountered by Emergency Medical Personnel who manifests any evidence of illness or injury – OR – any person who requests an assessment.


IV. POLICY:

- A. It is the responsibility of the provider agency to accurately record and document the identifying information of all involved persons encountered during the course of emergency requests for assistance.
- B. A Patient Care Report (PCR) shall be completed on all patient contacts. The PCR shall document all assessment and care rendered to the patient by all out of hospital providers and all refusals of assessment, care and/or transport.
- C. It is the providers' responsibility to review all PCRs where refusal of assessment, care and/or transport occurred for appropriate care and compliance with this policy.

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V. PATIENT REFUSAL OF ASSESSMENT, CARE AND/OR TRANSPORTATION:

- A. Certain members of the public, while suffering from an illness or injury, may decline all or part of the indicated assessment, emergency treatments and/or transportation. These members have a right to refuse emergency treatment and/or transportation if the following factors are not present:
1. Impaired capacity to understand the emergent nature of their medical condition due to, but not limited to, alcohol, drugs or medications, mental illness, traumatic injury or grave disability.
 2. Legal minority (minority- legal age status at which full personal rights may not be exercised).
- B. It is the responsibility of the provider agency and prehospital providers to render all indicated assessments, emergency treatment and transportation under the following conditions:
1. When it is medically indicated.
 2. When requested by the patient to render treatment and /or transportation.
 3. When evidence for impaired capacity exists.
 4. When not of legal majority (majority-legal age status at which full personal rights may be exercised).
- C. For the members of the public that are refusing part or all indicated assessment, emergency treatment and/or transportation and who in the provider's judgment, requires treatment and/or transportation, the following steps may be taken:
1. Have your partner offer treatment and/or transportation.
 2. Consider involvement of law enforcement early if there is a threat to self, others or grave disability.
 3. Have your agency's supervisor or management assist you in offering transportation.

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4. Contact a designated base hospital for the physician to assist in offering treatment and/or transportation. Communication with the base hospital shall be in close proximity to the patient, so that direct communication between the physician and patient may occur. This is considered Direct Medical Control.

5. For patients meeting Trauma Triage Criteria, a designated Trauma Center will be contacted in all cases of patient refusal of assessment, care and/or transportation.