

STANISLAUS CONSOLIDATED FIRE PROTECTION DISTRICT
POLICIES & PROCEDURES

ARTICLE: C-93
SECTION: EMERGENCY MEDICAL OPERATIONS
DATE: February 10, 2017
SUPERSEDES: None, new policy
TITLE: Patient AMA, Consent and Refusal Guidelines

Purpose: Procedure for Handling Patient Refusal (AMA)

A. INTRODUCTION

1. Competent adults may refuse EMS care.
2. All potential patients at the scene of an EMS systems call must be offered medical care.
3. Consent to treat to may be actual, expressed, or implied (the patient is unable to give consent but is in need of medical attention - e.g. an unconscious patient).
4. If the individual consents, treat only according to the scope of the consent. Competent adults can give partial consent (e.g. transportations without treatment). There is no legal duty to provide unwanted treatment or transportation.

B. BASE CONTACT

1. A refusal of care may be against the advice of the EMS responders and/or the base hospital physician (AMA); however, a competent adult has the legal right to refuse care. For patients with acute conditions (see #2 and #3 below), every effort should be made to convince the patient to be transported. Be persuasive – get help from:
 - a. Family members, friends, etc.
 - b. Base physician.
 - c. Consider calling law enforcement, especially if the patient is a child.
2. Paramedics should contact the base physician:
 - a. For any patient being treated and/or transported involuntarily.
 - b. Whenever the refusal of care and/or transport poses a threat to the patient's well-being.
 - c. Additional examples of situations where base physician contact should be made include, but are not limited to:
 - Markedly abnormal vital sign
 - Uncontrolled hemorrhage
 - Suspected ischemic chest pain
 - Suspected now onset CVA
 - Any patient meeting critical trauma criteria
 - Any condition for which field personnel believe threat admission to an emergency department/hospital may be necessary

- Anytime medical treatment has begun and then the patient refuses transport

C. REQUIRED DOCUMENTS FOR THE PATIENT REFUSING CARE:

1. Physical exam - evidence that the patient was alert, oriented and appropriate for the age.
2. Indications that there were no signs of significant impairment due to drugs, alcohol, organic causes, or mental illness.
3. Anything else that made you believe that the patient was mentally capable.
4. The fact that you offered treatment.
5. What you told the patient about the nature of the illness/injury and the specific risks of refusing treatment for the medical conditions (use "quotes" as appropriate).
6. The indications that the patient understood the risks.
7. What the patient specifically said about why he/she is refusing treatment/transport (use "quotes" as appropriate).
8. Your efforts to encourage the patient to seek care.
9. The persons(s), if any, who remained to look after the patient (the patient's "support system").
10. The name of the interpreter, if applicable.

D. OTHER THINGS TO CONSIDER:

1. Situations where a minor may consent to but may not refuse medical care include:
 - A minor who is 12 years of age or older, for the treatment of drug or alcohol problems, or infectious, contagious or communicable diseases.
 - A pregnant minor for medical care related to the pregnancy.
 - At least 15-years-old, living separate and apart from the parent/guardian and managing his or her own financial affairs.
2. If the parent/guardian is unavailable, consent/refusal of care may be obtained over the telephone. Document exactly as you would if the parent/guardian was present at scene. Verify the name and relationship of the individual to the patient. Attempt to have another person validate the consent/refusal with the parent/guardian. Document exactly what was said, use "quotes" as appropriate.
3. If the patient is 18 or older but there is reason to suspect the patient has been judged incompetent by a court and placed under a legal conservatorship, seek consent from the designated guardian.
4. If the parent/guardian is unavailable and treatment can be safely delayed:
 - Document thoroughly.
 - Attempt to reach the parent/guardian by phone. Do not release the child to the custody of a relative or friend unless that individual has been authorized by the parent/guardian to make medical decisions for that child.
 - Transport to a hospital or leave in the custody of a law enforcement officer.
5. If the parent/guardian is unavailable and treatment cannot be safely delayed:
 - Treat and transport as necessary to prevent death or serious disability (implied consent).
 - Document on the PCR to show that your treatment was reasonable and necessary under the circumstances.

6. If the parent/guardian is available, but refuses to consent for necessary, emergency treatment:
 - Explain risks of refusal.
 - Be persuasive and/or get help from family members, base physicians or law enforcement.
 - Document the situation/statements by parent/guardian thoroughly on the PCR and complete a Stanislaus Consolidated Fire Protection District Refusal of Care form.
7. An individual under arrest or incarcerated is legally capable of consenting or refusing medical care.
8. The law presumes that an individual is competent to consent or refuse. The party alleging a lack of capacity has the legal burden of proving it. Document accordingly; anyone forcing treatment on an unwilling patient must be able to prove both the necessity of the treatment and the incapacity of the patient.
9. If you cannot complete the refusal of care form due to safety issues or upon the insistence of another agency, complete an unusual occurrence form and send it to the EMS Division.

END

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