I. **PURPOSE**

To describe the procedure to be followed by EMS and on-line medical control (OLMC) personnel when confronted with a patient who is an adult, mature adolescent, or emancipated minor who is refusing to be assessed, treated and/or transported by EMS responders; and/or to provide guidance in situations where parents, guardians, surrogate decision maker, or others are refusing service for anyone who appears to be in need of emergency assessment, care and/or transportation.

II. **DEFINITIONS for the purpose of this policy**

A. **Adult –** Person who has attained the age of legal majority (18 years)

B. **Adolescent –** An adolescent, for the purposes of this policy, is a person between the ages of 12 and 17, unless legally emancipated by reason of marriage, pregnancy, court order or entry into the United States Armed Forces.

C. **Decisional capacity** means the ability to understand and appreciate the nature and consequences of a decision regarding medical treatment or foregoing life-sustaining treatment and the ability to reach and communicate an informed decision in the matter as determined by the attending physician (755 ILCS 40/10 [1996], as amended by P.A. 90-246).

Decisional Capacity is not a permanent designation. It can change and be influenced by medications, pain, time of day, depression, mood, delirium, and other factors. A patient may also have capacity to make some simple choices but not more complex treatment decisions.

The more significant the consequences of a decision, the greater the evidence of decisional capacity is required. It is not uncommon for patients who have a psychological diagnosis, are developmentally disabled, elderly, brain injured, non-verbal or non-compliant to have their decisional capacity questioned. Though none of these things directly implies or determines lack of decisional capacity, they do indicate the need for a careful assessment.

Decisional capacity is not the same as competency. A determination of incompetency is permanent and is decided by a court.

1. **Test of decisional capacity:** Whether or not a patient understands their condition, the nature of the medical advice given, and the consequences of refusing to consent. This can be determined by a combination of the following assessments:

   a. Alertness and orientation: A&O X person, place, time and situation

   b. Speaking in full sentences with clear speech and normal speech tempo

   c. **Affect**: Is the patient's behavior consistent with the environmental stimuli?

   d. **Behavior**: Is the patient able to remain in control?

   e. **Cognition/judgment**: Does the person understand the relevant information? Do they have the ability to manipulate the information? Can they draw reasonable conclusions based on facts? Can they communicate a choice?

   f. **Insight**: Can the patient pull all of these together to appreciate the implications of the situation and the consequences of their decision?

2. **Decisional capacity could be impaired** by the presence of hypoxia, hypoperfusion; hypoglycemia, electrolyte imbalance, brain injury/stroke, acidosis, drug or alcohol intoxication; delirium, dementia, or mental illness. See SOP for a full listing of causes of altered mental status.

D. **Minor –** A minor, for the purposes of this policy, is a child aged 11 or less

E. **Multiple Release –** Two or more persons are present at one incident without illness, injury or complaint who are refusing assessment, care, and/or transportation

F. **Patient** – Person with any sort of complaint, possible illness, or mechanism of trauma that could suggest injury (Policy A-1)

III. **ELEMENTS OF GRANTING OR WITHHOLDING CONSENT**

A. **An adult with decisional capacity must consent before medical treatment is rendered.** Every decisional adult has the right to the possession and control of his own person, free from all restraint or interference of others unless care is indicated by clear and unquestionable authority of law.

B. Adult patients who are conscious and decisional have the right to refuse medical care to the extent permitted by law, even when the best medical opinion deems it essential to life (Pozgar, 2014). A decisional adult **has the right, arising out of the Patient Self Determination Act of 1990, to refuse treatment, even if doing so will result in serious consequences or death**. The right to refuse medical care expressed while decisional and proven by clear and convincing evidence must be honored even if the patient is later declared incompetent or becomes non-decisional.

C. There is a legally recognized "right to die" unless a compelling state interest overrides the rights of the patient. **The state has four interests which may override the individual's freedom to decide:**

1. Preservation of life; although this has evolving interpretation,
2. Protection of innocent third parties,
3. Preservation of the ethical integrity of the medical profession against the patient's rights of bodily integrity and religious freedom, and
4. Prevention of suicide.

D. Any unpermitted, intentional touching of a decisional adult patient's person can result in a legal action for **assault and battery**. Coercion through threat, duress, or intimidation must be avoided.

E. An effective consent or refusal for a high-risk procedure should be **"informed"**

1. EMS personnel should clearly explain the proposed treatments to the patient and when appropriate, the family.

2. The explanation shall include a **disclosure of risk**

   a. Nature of the illness/injury
   b. Nature, purpose and need for the recommended examination/care
   c. Potential benefits and possible risks and complications of recommended treatment; plus possible results of non-treatment
   d. Any significant alternatives if they refuse recommended treatment

3. Risks that are remote and improbable can generally be omitted from the EMS disclosure of risk as not material or important to the patient's decision. The System disclosure of risk statement is framed as the "Medical Miranda" on the Refusal of Service form.

F. **Emergency doctrine (implied consent):** An emergency eliminates the need to obtain consent, since the law values the preserving of life and the prevention of permanent impairment to health. This rule applies only when the patient is incapable of expressing consent by reason of unconsciousness, mental incompetence, or legal disability. It further applies only when the person legally authorized to consent for the incompetent patient is similarly incompetent or unavailable.

Ill. Rev. Stat. 410 ILSC 210/3 provides that treatment may be rendered to minors if "the obtaining of consent is not reasonably feasible under the circumstances without adversely affecting the condition of such minor's health."

The "emergency doctrine" extends to virtually any medical procedure necessary to preserve the life or health of a patient. However, "where a patient is in full possession of all his mental faculties and in such physical health as to be able to consult about his condition," the patient's consent is required (Barnes v Hinsdale Hospital).

IV. **POLICY**

A. **Who can consent to and/or refuse assessment/care?**

1. The consent of a decisional adult, parent, legal guardian, or of someone authorized to act for a non-decisional or legally incompetent patient (surrogate/Durable Power of Attorney), must be obtained before any medical treatment is undertaken, unless an emergency justifies treatment under implied consent.

2. Any party who has the legal authority to consent to treatment has the authority to refuse medical care. A non-decisional patient may not give or withhold consent.

B. **Situations where consent can be thorny and possibly disputed**

1. **Treatment of adolescents and minors:** This policy applies.

2. **Persons judged to be non-decisional by EMS and OLMC personnel:** This policy applies.

3. **Multiple persons at one incident** refusing care that have no apparent illness or injury: This policy applies.

4. **Incompetents:** If a patient has been adjudicated an incompetent through court proceedings, there will typically be a guardian, a trustee, or a conservator who will have legal authority to grant consent for treatment.

5. Terminally ill patients with **POLST/DNR orders**: See **Policy D-5** ILLINOIS POLST forms and Advance Directive Guidelines.

6. Non-decisional patient who has designated another with **Durable Power of Attorney for Healthcare – See Policy D-5.**

7. **Religious beliefs:** If there is any question about the legality or medical implications of allowing an adult to refuse life-saving emergency care because of the patient's sincerely held personal convictions or religious beliefs, contact OLMC.

8. **Prisoners in custody: See policy L1: Patients in Law-Enforcement Custody**

9. **Persons with mental illness:** If EMS personnel or family members have first hand knowledge and reasonably suspect that a patient who is refusing care/ transportation is mentally ill and because of their illness would intentionally or unintentionally inflict serious physical harm upon themselves or others in the near future, is mentally retarded and is reasonably expected to inflict serious physical harm upon himself/herself or others in the near future, or is unable to provide for his or her own basic physical needs so as to guard himself or herself from serious harm and needs transport to a hospital for examination by a physician (Ill Mental Health Code) they shall complete a **Petition Form** and **follow System Policy E1:** Emotional Illness and Behavioral Emergencies.

C. **Refusal contraindications -** Instances when EMS personnel should not accept a refusal from an adult, adolescent, or a surrogate:

1. Patient is homicidal, suicidal, meets one of the criteria above under persons with mental illness, has altered mental status (AMS), drug altering behavior, or is hypoglycemic, hypotensive, or hypoxic.

2. Adolescents may not refuse an assessment to determine if they are ill or injured or care if they are ill or injured.

3. Refusal of care for a minor, adolescent, or non-decisional adult by a parent, guardian, agent, or surrogate is not *necessarily* valid. The welfare of the patient is the EMS System's primary consideration. If EMS personnel believe that the patient's health and welfare could be compromised by the refusal, they must contact OLMC before accepting and executing a refusal of service. Each case must be evaluated on its own merits to determine a proper course of action.

V. **PROCEDURE**

A. If a mechanism of illness/injury exists or a request has been made on an individual's behalf for examination and treatment, **each person must be provided** an **appropriate screening exam**, to the extent authorized in an attempt to determine whether an emergency medical condition exists.

1. Before executing a refusal, assess and document the following unless impossible to obtain:

   a. Decisional capacity; mental status; lack of impairment from alcohol, drugs, disease
   b. Vital signs
   c. Past medical history
   d. Physical exam findings: glucose level, pulse oximetry; capnopgraphy number & waveform, ECG if indicated

2. Consider medical causes for their uncooperative behavior. Normal findings on the mental status assessment without evidence of diminished mental capacity from closed head injury, severe pain, hypoxia, hypotension or developmental delays are first steps in assessing capacity.

3. **EMS personnel have a duty to attempt to convince a patient to receive needed assessment, care, and/or transportation.**

B. Refusals for patients who have received or are candidates to receive **BLS** care may be processed by two EMTs.

C. Refusals for patients who have received or are candidates to receive **ALS** care must be processed by two Paramedics or PHRNs unless an exception applies (e.g., ALS non-transport vehicle). **See Policy M-9: MedEngines** (non-transport vehicles).

D. **ADULT PATIENT with DECISIONAL CAPACITY**

1. If a decisional adult steadfastly refuses assessment, care, and/or transportation, they must be provided with disclosure of risk. Advise the patient of their medical condition as known by the facts available and explain why care and/or transportation is advised. Continue to encourage consent if the patient is undecided or if you believe he or she may change his/her mind, as many people who initially refuse emergency services are actually in need of such care.

2. Each person refusing some aspect of recommended EMS assessment, care, and/or transportation should be asked to attest to what they are refusing by checking all the relevant section(s) on the NWC EMSS Release of Liability form and note their withholding of consent by signing the form (paper or electronic) – see steps below.

E. **PATIENTS LACKING DECISIONAL CAPACITY**

1. If a patient appears to lack decisional capacity, efforts should be made to explain to them the nature of his/her condition, the possible consequences of refusing assessment and/or treatment, and the necessity of transporting them to a healthcare facility. **An impaired and/or non-decisional patient is NOT legally able to make any healthcare decisions (consent or refusal).**

2. A patient lacking decisional capacity must have their rights protected and shall be assessed, treated, and transported per SOP and policy to the nearest appropriate healthcare facility.

3. **Requests for transport to other than the nearest facility by a guardian /surrogate will be considered on a case-by-case basis and must be approved in advance by OLMC** based on the patient's medical stability, the potential risk of harm due to a longer transport time, plus individual EMS Provider Policies.

4. If efforts to gain the patient's cooperation are unsuccessful or they are combative, refer to the Psychological Emergencies SOP and System Policy E1-Petitioning an Emotionally Ill Patient which includes the System procedure on **indications for sedation** and/or use of **restraints**.

F. **ADOLESCENTS (mature minors)**

1. If called for an adolescent (mature minor), the duty of EMS personnel is to determine the nature of the health problem and institute appropriate care.

2. **In Illinois, a person <18 may not consent to, or refuse, assessment, treatment and/or transport with limited exceptions** as listed below.

   a. Married at the time treatment is rendered,
   b. Pregnant at the time treatment is rendered
   c. Requesting treatment for sexual assault or abuse, a sexually transmittable disease, alcohol or drug abuse or limited out-patient mental health counseling
   d. Member of the United States Armed Services
   e. Emancipated by court order

3. **Parent/guardian (surrogate decision-maker) ON SCENE:** Steadfast refusal by an adolescent with decisional capacity to accept recommended assessment, treatment and/or transportation shall be discussed with a parent or other legally responsible adult, e.g., guardian or caretaker (including school administrators) with authority to act on behalf of the parent while EMS personnel are on the scene.

   If treatment appears necessary, the responsible adult should be informed and consent for treatment solicited from them. An adolescent cannot refuse care and/or transportation that is consented to by the parent/guardian/surrogate unless they are emancipated as listed above.

   If assessment/treatment/transportation appears unnecessary, the adult may sign the refusal form on behalf of the adolescent.

4. **Parent/guardian/surrogate NOT on scene:** If the parent or a responsible adult is not present, EMS personnel must attempt to contact them by phone from the scene BEFORE treatment is begun (unless emergency doctrine applies) or the adolescent is released.

   a. **If phone contact is established and treatment appears necessary**, the responsible adult should be informed about the adolescent's condition and verbal consent for treatment solicited from them.

   b. **If phone contact is established** a**nd treatment/transportation appears unnecessary,** the adult may give verbal authorization for refusal of service on behalf of the adolescent. This refusal of service must be thoroughly documented on the ePCR and the refusal confirmed with OLMC.

   c. **If unable to establish contact from the scene,** and an adolescent appears to be exhibiting rational behavior with decisional capacity, and based on the EMS assessment there is **no apparent illness or injury**, and EMS believes that no foreseeable harm will come to the adolescent as a result of not receiving immediate care and/or transportation, EMS shall seek OLMC authorization to honor the adolescent's refusal of service and release them to the circumstances in which EMS personnel found him or her, unless releasing the individual would place them at risk of harm.

      (1) EMS must contact an ED OLMC physician at the nearest System Hospital from the scene BEFORE the adolescent is released. Describe the situation and determine a course of action.

      (2) OLMC shall consider allowing the adolescent to be released on their own signature. The circumstances of the call must be thoroughly documented on the patient care report (PCR) and Communications Log, and must be verified by witnesses.

      (3) EMS shall **attempt to contact the parent/guardian again, as soon as possible after return to the ambulance quarters.**

      (4) **Follow up notice**: If no contact can be made with a parent or guardian during that shift, a follow-up letter, on a form created by the NWC EMSS, must be sent to the parent/guardian immediately thereafter, describing the circumstances of the call, the nature of the evaluation, including any other information that the scene personnel deem significant so the parent/guardian is aware of an EMS response for their adolescent. A copy of this letter should be scanned and added as an attachment to the electronic PCR.

G. **MINORS**

1. Having been called to administer care to a minor, the duty of EMS personnel is to determine the nature of the health problem and institute appropriate treatment.

2. **Minors age 11 or less may not give nor withhold consent for EMS assessments or care.** Consent must be obtained from a parent, legal guardian, or surrogate decision maker (school administrator) unless the emergency doctrine applies and treatment is rendered under implied consent.

3. **See points 3 & 4 above for direction.**

H. **Multiple Releases**

1. If called to a scene with multiple potential patients and a mechanism of illness/injury exists, each individual must be provided an appropriate screening exam, to the extent authorized by the person, in an attempt to determine whether an emergency medical condition exists.
2. If more than one adult with decisional capacity steadfastly refuses assessment, care, and/or transportation AND there is no apparent illness/injury– their refusal of service can be grouped on one Patient Care Report and processed as a Multiple Release per procedure.
3. **If the incident involves a School Bus, follow the Region IX School Bus Incident Policy and Procedure.**
4. Each person refusing assessment, care, and/or transportation must be provided with disclosure of risk and asked to sign the NWC EMSS Release of Liability form (paper or electronic).
5. The person shall be advised as to the procedure for obtaining a printed copy of the release form.
6. **HIPAA forms:** Each of these persons MUST receive the Health Insurance Portability and Accountability Act (HIPPA) Notice of Privacy Practices in compliance with local agency policy.

VI. **On Line Medical Control (OLMC) for Refusals**

A. If required, OLMC contact with the nearest system hospital must be made while ON THE SCENE BEFORE the individual is released to appropriately discharge the EMS provider's duty to the patient(s).

B. **ALL patients who have received, or are candidates to receive, ALS assessment, treatment and/or transport must be called in** on the UHF radio/cellular phone line that can be recorded.

C. **The following BLS refusals must be called in:** All BLS patients refusing assessment, treatment, and/or transportation in whom a high risk potential exists. OLMC contact should be first attempted on the MERCI (VHF) radio. If no MERCI (VHF) radio is available, a standard phone line may be used.

1. **All minors** (legal definition) 17 years of age or less **(whether or not parents/guardians or surrogates are present on scene or have consented to the refusal);**
2. **All persons 65 years or olde**r;
3. Patients with altered mental status who cannot comprehend the risk of refusal decisions, plus those with abnormal VS, breath sounds, SpO_2 or capnography readings;
4. OB patients;
5. Patients meeting level II trauma triage criteria based on the SOPs;
6. Patients under the influence of drugs or alcohol;
7. Patients with psychological/behavioral complaints; or when
8. EMS personnel have doubts about the appropriateness of the refusal.

D. **OLMC is not required for BLS adult patients (ages 18-64)** refusing care and/or transportation who are alert, oriented, decisional, hemodynamically stable, and do not meet one or more of the above criteria.

VII. **IF A REFUSAL IS CHALLENGED OR QUESTIONED BY OLMC**

A. In all instances where EMS personnel or an ECRN questions the patient's decisional capacity or has just cause to suspect that the patient may sustain harm due to the lack of medical evaluation/care and do not believe that the refusal should be honored, the ECRN shall immediately inform an on-duty physician. The physician shall personally assume control of the call and shall speak directly to the patient over the radio or phone.

B. If, in the judgment of the physician, the patient does not need to be brought in against their will, EMS personnel shall release the patient following standard procedure. OLMC personnel shall fully document the facts as presented by EMS, the statements made by the patient, and confirm that the patient had been fully informed of the risks inherent in refusing care and/or transportation and understood the consequences of their decision. **The refusal shall be documented as Against Medical Advice (AMA).**

C. If the patient's personal physician or Primary Care Practitioner has called EMS to transport, and the patient appears decisional and is refusing to be transported, attempt to contact the PCP and have them speak directly to the patient to persuade them to come in.

D. If an ED physician believes that a patient lacks decisional capacity to refuse care and/or transportation, and/or the patient appears to be at risk of harm or in a position to imminently harm themselves or others or be unable to care for themselves, the patient shall be transported, even if against their will. Examples of evidence of imminent harm may be found on social media sources, intentional infliction of wounds on their body, clinical evidence of impairment, malnutrition, hallucinations, delusions, statements made to others present on scene who will sign a petition form; or if EMS believes the patient may be a victim of abuse or human trafficking.

VIII. **Documenting a Refusal of Service**

CAREFUL DOCUMENTATION IS ESSENTIAL!! The best defense to a disputed refusal is a thoroughly documented PCR and Refusal Form.

A. EMS personnel should enter the incident number (if known) and location into the ePCR. Obtain the **required demographic** information including the patient's name, home address, date of birth, gender, and phone number.

Document the following on the PCR: patient's decisional capacity, the extent or limitations of the EMS assessment; patient understanding of the EMS impression and all attempts to convince the patient to receive care; any EMS concerns about the refused interventions or transport; disclosure of risks and benefits provided to the patient; state clearly if the refusal is being executed AMA; and state that the patient was instructed to seek medical care if their condition changes.

B. **Execution of the Refusal Form**

1. If using the paper Refusal form, EMS personnel should complete the top two lines of the form, noting the EMS Agency's name, date, incident location and number (if known).

2. If using the electronic form (Non Multiple Patient Release):

   a. Complete the patient's name (first and last) in the "Patient" tab of the ePCR at a minimum prior to obtaining the patient's signature electronically.

   b. Within the "Signature" tab, click on the "+ADD" to add a signature to the report.

   c. Select "Patient" or "Patient Representative or Guardian" as the person signing the ePCR.

d. Select the correct applicable "Signature Reasons" to which the patient or patient representative is signing off.

(1) Refusal of Treatment: For all patients that are refusing further treatment as recommended by EMS personnel.

(2) Refusal of Transport: For all patients that are refusing transport by EMS personnel to a healthcare facility for further treatment and assessment.

(3) Refusal of Assessment: For all patients that have refused or are refusing further assessment by EMS personnel.

(4) Refusal of Recommended Destination: For all patients who refuse to be transported to the recommended healthcare facility by EMS personnel and chose to be transported to a health care facility of their choice and is compliance with the local agency's policy.

(5) Request Private EMS Transportation: For all patients who refused to be transport and are electing to have a private care ambulance provide transport to the patient's desired healthcare facility.

3. If using the electronic form (Multiple Patient Release):

(1) Record the patient's first name as "Multiple" and the last name as "Release".

(2) Narrative must contain a description of the events and include the initials and date of birth for all patients included on the MPR.

(3) Any obtained paper release forms must be scanned and attached to the electronic PCR. Paper forms are to be acquired per the local agency's policy.

(4) Form must be signed by two EMS personnel that were present on the incident scene.

(5) Patients that require approval for release by OLMC can be included on the MPR but contact with OLMC must be documented within the ePCR through either the narrative or the appropriate documentation fields.

C. Inform the patient/guardian of the risks inherent in refusing care and/or transportation. Convey, and**/**or allow the patient to read the **"Medical Miranda"** located under Patient Refusal of Service in the Refusal of Service tab, or on the Release of Liability form:

Paper Form:

"I (or my guardian) have been informed regarding the state of my present physical condition to the extent I allowed an examination, and I (or my guardian) hereby refuse to accept such medical care and/or transportation as recommended by representatives of the EMS System listed above. I (or my guardian) do hereby for myself, my heirs, executors, and administrators and assigns forever release and fully discharge said EMS System, its officers, employees, medical consultants, hospitals, borrowed servants or agents from any and all conceivable liability that might arise from this refusal of care and/or transportation, and I (and my guardian) therefore agree to hold them completely harmless.

I (or my guardian) have been informed that a refusal of care and/or transportation for an evaluation my cause me to suffer pain, disability, loss of function, worsening of my

condition, or even death as a result of my illness/injury. As a competent adult, I (or my guardian), fully understand al of the above, and am/is capable of determining a rational decision on my own behalf.

Electronic Form:

I (or my guardian/legal representative) have been informed regarding the state of my present physical condition to the extent I allowed and examination. The evaluation and/or treatment provided by the Emergency Medical Services (EMS) personnel is not a substitute for medical evaluation and treatment by a doctor or primary care practitioner if additional assessments/care are advised by EMS.

I have been informed from the history of my complaints, the mechanism of injury, or the findings of a physical exam, that I should receive emergency care and transportation to the nearest appropriate healthcare facility for a more detailed evaluation by a physician or approved healthcare practitioner. I (or my guardian/legal representative) have been informed of the reason(s) I should go to a healthcare facility for further assessment/emergency care.

I (or my guardian/legal representative) have been instructed to contact a physician or Primary Care Practitioner for an examination and/or treatment if my condition changes in any way. I (or my guardian/legal representative) have also been instructed to recontact EMS if my condition changes and is perceived to be urgent or and emergency.

I (or my guardian/legal representative) hereby refuse to accept such Medical Care and/or Transportation as recommended by representatives of the EMS system above. I (or my guardian/legal representative) do hereby for myself, my heirs, executors, and administrators and assigns forever release and fully discharge said EMS system, its officers, employees, medical Consultants, hospitals, borrowed servants or Agents from my and all conceivable liability that might arise from this refusal or care and/or transportation.

DISCLOSURE OF RISK: A refusal of care and/or transportation for an evaluation may cause me to suffer pain, a delay in care that could make my condition or problem worse, disability, loss of function, worsening of my condition, or even death. I (or my guardian/legal representative) have been informed of the potential consequences and/or complications that may result from my (or my guardian/legal representative's) refusal to accept further assessment, care, and/or transportation.

If the patient is under the age of 18 or unable to sign, I am signing on behalf of the patient. I recognize that signing on behalf of the patient is not an acceptance of financial responsibility for the services rendered unless I am legally responsible for a minor child.

I (or my guardian/legal representative) , fully understand all of the above, and am/is capable of determining a rational decision on my own behalf.

D. The patient or agent must initial (**on the printed form**), to **each of the specific statements** that apply to the situation. **Not** Applicable should be checked for any statements that do not apply to the situation.

The following statement, *"I have been instructed to contact a physician for an examination and/or treatment if my condition changes in any way",* **must be initialed on the paper form by every patient** refusing care and/or transportation. This language is included on the electronic form with selection of "Refusal of Transport" or "Refusal of Treatment" signature reasons.

E. **Patient signature**: EMS personnel must have the patient or their agent sign the Release of Liability form on the line provided as a final mechanism of documenting their refusal of care and/or transportation. Electronic signature capture is acceptable. **Electronic signatures are time stamped upon selecting the "✓ADD" button on the top of the signature pop up box.**

F. If a patient refuses to sign the paper Release form, the "Refusal to Sign a Release Statement" must be checked and witnessed by at least two EMS personnel.

G. If the patient refuses to sign the electronic Release form, EMS personnel must document such within the "EMS Crew Member" signature by doing the following:

1. Select the "Patient Unable or Refused to Sign" signature reason within the "EMS Crew Member" or "EMS Primary Care Provider for this Call" signature panel.

2. Select the most appropriate reason from the selection list to answer the why the patient or guardian did not sign.

H. There must be at least two witness signatures on the electronic release or printed form. One must be the EMS provider who provided disclosure of risk and is responsible for obtaining the patient/guardian's signature on the form. The other may be a second crew member or a police officer who can verify that the person refused care and/or transportation, was given full disclosure of risk and still steadfastly refused service.

I. For an all refusals, call information is to be entered into the EMS Field software whether on the scene, at a System hospital or at a Provider's facility as soon as possible, but no longer than two hours after the incident, unless there are extenuating circumstances and no later than the end of the provider's shift. (C-4 IIB3)

J. **Form distribution:** If using a printed form, retain the original signed copy for the EMS agency's records It should be scanned and added as an attachment to the electronic PCR. Inform the patient/agent that a copy of the form is available from the EMS agency upon their written request and give them contact information.

K. **Printed form acquisition:** The print edition of the Refusal form is available in English and Spanish. Both are posted to the System website (www.nwcemss.org) under the Policy Manual tab associated with this policy. They may be duplicated for use by an EMS Provider Agency without change to any of the language.

Matthew T. Jordan, M.D., FACEP
EMS Medical Director

Connie J. Mattera, M.S., R.N., EMT-P
EMS Administrative Director

Reference:

Pozgar, G.D. (2014). Legal and ethical essentials of health care administration (2nd ed). Burlington: Jones and Bartlett Learning.

EMS REFUSAL OPTIONS

Called to respond to a patient

Persons present				**Persons not present**
Mechanism of illness/injury possible			**NO mechanism of illness/injury** Called by mistake	**NO mechanism of illness/injury** Called by mistake
Adult **Apparent Illness/Injury** Decisional and refuses care: Attempt to assess/provide care to the extent allowed by patient Provide full disclosure of risk; have patient sign refusal form; contact OLMC from scene. Note if refusal is AMA. ePCR required.	**Adult** **Apparent Illness/Injury** Non-decisional or incompetent pt refuses care: CANNOT REFUSE; contact OLMC from scene. May need to sedate/restrain pt to provide emergency care and transportation. ePCR required.	**Adult** **No apparent illness/injury:** Decisional and refuses care: Provide full disclosure of risk; have patient sign refusal form; contact OLMC from scene. ePCR required. Consider if Multiple Release applies	**Adult** **Decisional and refuses assessment/care** **Considered a no patient contact** No refusal form or ePCR necessary for EMS System.	**No patient contact** No refusal or PCR necessary for EMS System

Called to Scene

Adolescent or minor child present: Mechanism of illness/injury possible			
Adolescent **Apparent Illness/Injury** **Parent on scene** Provide care to the extent allowed by parent Adolescent cannot refuse unless emancipated Contact OLMC from scene ePCR required	**Adolescent** **Apparent Illness/Injury** **Parent NOT on scene** Attempt to contact parent/guardian **Contact made**: Follow parent's wishes **No contact made**: Adolescent cannot refuse unless emancipated Contact OLMC from scene. May need to sedate/restrain pt to provide emergency care and transportation. ePCR required.	**Adolescent** **No apparent illness/injury:** Decisional and refuses care: Attempt to contact parent/guardian **Contact made**: Follow parent's wishes **No contact made**: Contact OLMC from scene to OK refusal Provide pt w/ full disclosure of risk; have patient sign refusal form ePCR required. Reattempt contact w/ parent No contact: Send follow up notice	**Minor** **No apparent illness/injury:** If parent on scene or contacted by phone: follow parent's wishes **No parent on scene and/or cannot contact:** Contact OLMC from scene. Treat and transport child. They cannot refuse. **Apparent Illness/Injury** Parent cannot refuse life-saving care – consider need for protective custody

Final word: WHEN IN DOUBT, DO THAT WHICH IS LEAST LIKELY TO CAUSE HARM.