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## Patient Refusal of Pre-Hospital Care

### 502.1 PURPOSE AND SCOPE

This policy establishes guidelines to be followed any time a patient refuses pre-hospital emergency medical evaluation, care and/or transport.

#### 502.1.1 DEFINITIONS

Definitions related to this policy include:

**Advanced life support base hospital (base hospital)** - A health care institution that offers general medical and surgical services, that is certified by the director as an advanced life support base hospital and that is affiliated by written agreement with a licensed ambulance service, municipal rescue service, fire department, fire district or health services district for medical direction, evaluation and control of Emergency Medical Technicians (EMTs) (ARS § 36-2201).

**Competent** - The patient has the capacity to understand the circumstances surrounding his/her illness or impairment and the risks associated with refusing treatment or transport. The patient is alert and his/her judgment is not significantly impaired by illness and/or injury. Mental illness, drugs, alcohol intoxication or physical/mental impairment may significantly affect a patient's competence. Patients who have attempted suicide or verbalized suicidal intent, or if other factors lead pre-hospital care personnel to suspect intent, should not be regarded as competent.

**Emancipated minor** - An individual under the age of 18 years who is married, on active duty in the military, or is 16 years of age or older and emancipated by declaration of a court.

**Emergency medical patient (patient)** - A person who is suffering from a condition that requires immediate medical care or hospitalization, or both, in order to preserve the person's health, life or limb (ARS § 41-1831).

**Protective custody for civil commitment** - A peace officer may take into custody any individual the peace officer has probable cause to believe is, as a result of mental disorder, a danger to self or others, and that during the time necessary to complete the prepetition screening procedures set forth in Arizona law the person is likely without immediate hospitalization to suffer serious physical harm or serious illness or to inflict serious physical harm on another person (ARS § 36-525).

**Patient refusing medical care against medical advice (AMA)** - A competent patient who is determined by an Emergency Medical Technician (EMT), emergency receiving facility or base hospital to have a medical problem that requires the immediate treatment and/or transportation capabilities of the Emergency Medical Services (EMS) system, but who declines medical care despite being advised of his/her condition and the risks and possible complications of refusing medical care.

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### **502.2 POLICY**

It is the policy of the Blue Ridge Fire District that a Patient Care Report (PCR) and a patient refusal form be completed any time a patient refuses emergency medical evaluation, care and/or transportation.

### **502.3 PROCEDURE**

In the pre-hospital setting of the sick and injured patient, these guidelines may be interpreted and applied broadly. The Emergency Medical Care Technician (EMCT) should err on the side of providing patient care, even if the patient is later found to have been competent to refuse care. Patients who likely have a serious medical problem should be evaluated more carefully for their decision-making capacity.

- (a) A competent adult or an emancipated minor has the right to determine the course of his/her own medical care and shall be allowed to make decisions affecting his/her medical care, including the refusal of care.
- (b) Spouses or relatives, unless they are a legal representative, cannot necessarily consent to the refusal of care for their spouse or relative. They may provide insight into what an incompetent relative would desire and may be used as surrogates for decision-making after an incompetent patient enters the hospital. Patients less than 18 years old must have a parent or legal representative present to refuse evaluation, medical care and/or transport unless they are an emancipated minor. The parent or legal representative must be competent to make this decision. If the parent or legal representative's decision seems to grossly endanger the minor or the parent or legal representative does not appear to be competent, the EMCT should make contact with the base hospital for further guidance.
- (c) The EMCT must evaluate and document the patient's ability to comprehend and whether his/her ability to do so is impaired by the medical condition. The EMCT should assess the patient with particular attention to:
  - 1. The patient's complaint or the reason for the call.
  - 2. Any important circumstances surrounding the call for assistance.
  - 3. Significant patient medical history.
  - 4. Complete physical assessment, including vital signs and mental status.
  - 5. Signs of drug and/or alcohol use/intoxication and physical or mental conditions affecting judgment, such as injury, developmental disability or mental illness. Examples of conditions affecting the patient's decision-making capacity include, but are not limited to, a significantly altered level of consciousness or blood pressure, hypoxia or severe pain.
- (d) The EMCT should establish to the best of his/her ability what treatment the patient requires and the potential risks/consequences if the patient refuses care, and should

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- communicate to the patient the benefits and risks of the proposed medical care or transport.
- (e) If the patient refuses treatment or transport and the EMCT believes the patient is competent, the EMCT should make reasonable efforts to ensure that the patient understands the risks and consequences of refusing medical attention and to understand why the patient is refusing care. The EMCT should present to the patient alternatives to obtaining care, transport or modification of services offered, and attempt to overcome the patient's objections, if reasonable. Any evaluation, including base hospital contact, should be thoroughly documented for conditions the EMCT believes are potentially serious.
  - (f) The base hospital should be contacted regarding any patient exhibiting symptoms meeting the base hospital criteria for treatment and transport. If the patient refuses treatment and/or transport and there is some question on the part of field personnel as to the capacity of the patient, base hospital consultation should be obtained prior to leaving the scene.
  - (g) A patient who meets the criteria for release at the scene may be released by an EMCT. However, the patient should be advised, if applicable, to seek alternate medical care. If the patient requires additional medical advice, the base hospital should be contacted.
  - (h) When a patient exhibits signs of being a danger to him/herself or others, is gravely disabled or cannot care for him/herself and cannot be treated and/or transported, the EMCT should notify the proper law enforcement authorities to have them put the patient in protective custody for civil commitment. The EMCT should remain with the patient if requested by law enforcement personnel and it is safe to do so. Patients under protective custody for civil commitment cannot be released at the scene by the EMCTs.
  - (i) If the base hospital and/or the EMCT determine that the patient is not competent to refuse evaluation or transport, the following alternatives exist:
    1. The patient should be transported to an appropriate facility under implied consent.
    2. If the base hospital determines it is necessary to transport the patient against his/her will and the patient resists or the EMCT believes the patient will resist, the EMCT shall call for law enforcement assistance in transporting the patient. Law enforcement may consider protective custody for civil commitment for the patient.
    3. At no time are members to put themselves in danger by attempting to transport or treat a patient who refuses treatment. At all times, good judgment should be used and appropriate assistance obtained.

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**502.4 DOCUMENTATION**

The EMCT should document the following for all patients who refuse medical care AMA:

- (a) All relevant patient medical history and assessment
- (b) A description of the patient that clearly indicates his/her decision-making capacity
- (c) Reasons given why the patient refused care, treatment or transport
- (d) A statement that the patient was advised of the risks/consequences of refusing medical attention and that he/she acknowledged understanding those risks
- (e) Any alternatives that were presented to the patient
- (f) A description of the base hospital contact, including information given and received

After advising the patient and any associated witnesses concerning the consequences of refusing medical care, the EMCT should obtain the signature of the patient and one witness on the patient refusal form. Preferably the witness should be a member of the patient's family, if available at the scene.

If the patient is a minor, the parent or legal guardian should sign the patient refusal form.

If the patient declines to sign the patient refusal form, that fact should be documented on the form. The refusal should include the district-specific incident number, the signature of the field personnel and that of any witnesses.

A PCR for a patient refusing care shall be reviewed by the EMS supervisor to ensure compliance with this policy. The patient refusal form and copy of the PCR should also be sent to the base hospital for review.