

REFUSAL OF CARE AND/OR TRANSPORT

PURPOSE

To define procedures for patients who refuse Emergency Medical Services treatment and/or transport.

DEFINITIONS

- 1) **Patients** – Individual(s) who exhibit one or more of the following:
 - Is involved in a situation involving a sufficient mechanism to cause injury
 - Appears ill, injured, or the EMS provider suspects an alteration of the individual's baseline level of consciousness
 - The individual or "guardian" requests an evaluation/assessment.
- 2) **Competent Adults** - An individual 18 years of age or older who are determined to be competent.
- 3) **Minor** - An individual, who is under the age of 18 who is unmarried, or has not been granted a decree of emancipation, is considered a minor (ORS 109.510, 109.520).

DETERMINING PATIENT CAPACITY

An adult patient may be considered to have the capacity to refuse medical care and/or transport if all of the following can be reasonably established:

- The patient is oriented as to person, place, time and event.
- In your best opinion, his/her judgment is not significantly impaired by any mind altering substances.
- S/He demonstrates normal reasoning capability.
- S/He expresses an understanding of the potential impact resulting from refusal to be transported for his/her condition.

NOTE: If there is any question regarding capacity, contact OLMC for direction.

ADULT PATIENT REFUSAL

An adult patient may refuse transport and/or treatment (in whole or part) if:

- The patient is determined to have capacity to refuse as noted above.
- The risks and benefits of treatment and/or transport have been explained.
- The patient understands and is able to relay the risk/benefits of treatment and/or transport.
- The patient has a reasonable follow-up plan if their condition worsens.

If a patient is deemed able to refuse but will not sign the refusal form, document all witnesses of this event (name, address, D.O.B); and describe the situation in the PHCR.

If the patient is refusing transport, and there is a significant threat to life or limb, contact OLMC for advice and/or try to establish communication directly between the patient and physician.

FOR THE PATIENT WHO DOES NOT MEET CAPACITY CRITERIA

Implied consent may be invoked to treat and transport a patient that has an injury and/or illness which may present a significant threat to life or limb. However, when approaching these patients and attempting to gain voluntary compliance with the decision to treat/transport, the following standard shall be utilized and clearly documented in the patient care report:

- Request for compliance.
- Explain why you need compliance.
- Outline patient options.
- Confirmation (e.g., "Is there anything I can say or do that will convince you to...")
- Action

In the event the patient requires physical/chemical restraint to facilitate transport, personnel shall abide by the "Physical Restraint" guideline.

REFUSAL OF CARE AND/OR TRANSPORT CONT.

Patients who are chronically ill may have decisions made for them by guardians appointed by the court. In addition, family members may also be granted decision making powers by patients in the event of a sudden incapacitating illness; this is usually provided by a “Durable Power of Attorney for Health Care.” In these situations (documentation must be available on scene to confirm); the guardian or family member may make treatment/transport decisions so long as he/she has capacity to do so in accordance with this guideline.

USE OF POLICE HOLDS

Currently, ORS 426.228 gives peace officers authority to “take into custody a person who the officer has probable cause to believe is dangerous to self or to any other person and is in need of immediate care, custody or treatment for mental illness.”

If a police officer chooses not to place a hold on a patient after you have requested they do so, contact medical control. If necessary, establish communication between the officer and the physician. If unable to obtain a police hold, clearly document your attempts to do so.

MINORS

For patients who are under the age of 18, the EMS provider shall assume responsibility for the patient under implied consent. Any limb or life threatening condition should be treated/transported as with any other implied consent situation. However, in non-life threatening situations, a reasonable attempt should be made to contact the responsible party for permission to treat and/or transport. If a parent/guardian cannot be contacted, then it becomes prudent to transport the minor to the hospital for follow up and safekeeping.

In the event an adult is refusing treatment/transport for a child in a limb or life-threatening situation, police should be immediately contacted to assist in placing the patient in protective custody. Under such circumstances, the minor may be treated under implied consent.

If a minor is clearly not significantly ill or injured and there is no evidence the situation puts the child at risk, it is acceptable to arrange a custodial situation with a responsible, competent familiar adult willing to accept responsibility until a parent or guardian is available.

A minor (even one under the age of 15) is deemed to have attained majority if the minor is the mother, father, or putative father of a child and may refuse transport for the child and for him/herself (ORS.109.112).

Medical control should be consulted in any situations where uncertainty is present.

DOCUMENTATION

Patient refusals must be clearly documented. Quoting actual patient response to questions and statements is encouraged. All patient refusals require the use of a Pre-Hospital Care Report (PHCR) to document the EMS assessment. In addition to the PHCR, a “Patient Refusal” form must also be completed. (NOTE: This form can be used as a guide for completion of the essential elements of a refusal on the PHCR)

Documentation should include attempts to allow an examination, treatment, and/or transport. If medical control is contacted, document the physician’s name and guidance obtained.

The patient’s orientation and mentation must be clearly documented along with his/her response to explanations of potential risks and any follow-up instructions that were given.