



POLICY: 570.35
TITLE: Refusal of EMS Service

EFFECTIVE: 11/1/2021
REVIEW: 11/2026
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

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REFUSAL OF EMS SERVICE

I. **AUTHORITY**

In accordance with Section 100147, Title 22 of the California Code of Regulations, H&S Code 1797.220 & Chapter 5 1798, the medical director of the local EMS Agency shall establish and maintain medical control.

II. **DEFINITIONS**

- A. **EMS Personnel**: All EMTs and Paramedics providing care within the Emergency Medical Services System.
- B. **Emancipated Minor** means a person who is under the age of 18 who is married or who is determined by a court of competent jurisdiction to be legally able to care for him or herself.
- C. **Person** means any individual encountered by EMS Personnel who does not manifest any overt evidence of illness or injury – AND – refuses any assessment by Emergency Medical Personnel.
- D. **Basic Life Support Ambulance** means an emergency ambulance staffed with a minimum of two (2) Emergency Medical Technicians (EMTs)
- E. **Patient** means any individual encountered by EMS Personnel who demonstrates any of the following.
 - 1. Suspected illness or injury
 - 2. Involved in an event with significant mechanism that could cause illness or injury
 - 3. Requests care or evaluation.
 - 4. An altered level of consciousness
- F. **Patient Relationship** exists because of EMS being summoned and EMS personnel coming into contact with a patient.
- G. **Refusal of Service** applies to those patients who are refusing any EMS services provided by EMS Personnel including assessment, treatment, or transportation.

- H. **5150** is defined in code as, “A patient who is held against their will for evaluation under the authority of Welfare and Institution Code, Section 5150, because the patient is a danger to themselves, a danger to others and/or gravely disabled (i.e., unable to care for self). This is a written order placed by a law enforcement officer, County Mental Health Worker, or a health worker certified by the County to place an individual on a 5150 hold.”
- I. **5170** is defined in code as, “A person who is a danger to others or to him/herself, or gravely disabled as a result of inebriation. A peace officer, member of the attending staff, as defined by regulation, of an evaluation facility designated by the County, or other person designated by the County may, upon reasonable cause, take or cause to be taken, the person into civil protective custody and place him in a facility designated by the County and approved by the State Department of Alcohol and Drug Abuse as a facility for 72-hour treatment and evaluation of inebriates.”

III PURPOSE

To provide direction and guidelines to EMS Personnel for patient-initiated refusal of service.

IV. POLICY

- A. Any patient may decline all or part of assessment, treatments, or transportation by EMS Personnel if the following factors are present:
 - 1. The patient has the ability to communicate a choice.
 - 2. The patient has the ability to understand the relevant information.
 - 3. The patient has the ability to appreciate the situation and its consequences.
 - 4. The patient has the ability to reason rationally.
 - 5. The patient is an emancipated minor or over the age of 18.
- B. When it is determined that a patient has refused assessment, treatment, or transport by ambulance, EMS personnel shall complete a refusal of EMS service form as developed by their respective employer.
- C. EMT's conducting the Refusal of Service/AMA process must be operating in an Agency approved BLS Tiered Response system.
Example narrative: REFUSAL OF CARE AND TRANSPORT: The patient decided to refuse care which consisted of (Specify Care) and/or transport to the hospital of their choice. The patient was found alert and oriented to person, place, time, and situation at time of refusal. Further, we discussed several items that are consistent with someone who may demonstrate decisional capacity, such as; 1) Communicated a choice = The patient actively declined treatment and/or transport in their own words, 2) Understood relevant information = The patient expressed in their own words the medical crisis at hand and risks/benefits of medical treatment after discussion with Paramedic, 3) Appreciated the situation = The patient described their view of their medical condition and, 4) Reasoning about treatment/transport options = The patient's criterion for making their decision appeared reasonable. The appropriate signature was obtained on SCEMSA refusal of service form for this patient.

V. PROCEDURE

- A. In the event a patient is refusing EMS services the EMS personnel with the highest medical authority on scene shall attempt the following:
1. Obtain a history of the event and prior medical history including medications.
 2. Perform a physical assessment to include a complete set of vital signs and ensure that there are no life or limb threatening injuries or illnesses that would place this patient's life in jeopardy if left untreated.
 3. You must give the patient enough information about the decision they are making so that there is informed consent. You must be satisfied that the patient has understood the risk and options concerning their decision.
 4. Explain in detail the Medical Miranda Card as defined below:

Patient Refusal Rights and Information

You are refusing medical treatment and/or transport. Your health and safety are our primary concern, please remember the following:

1. Our evaluation and/or treatment is not a substitute for medical evaluation and treatment by a doctor. We advise you to see a doctor or go to a hospital emergency department.
2. Your condition may not seem as bad to you as it is. Without treatment, your condition or problem could become worse.
3. If you change your mind or your condition becomes worse, please don't hesitate to call us back, by dialing 911. We will do our best to help you.
4. Don't wait! When medical treatment is needed, it's usually better to get it right away.

SPECIAL CONDITIONS:

5. Your condition has been discussed with a doctor at the hospital by radio or telephone and the advice given to you has been issued or approved by the doctor.
6. FOR MINORS: Instruct the patient's legal guardian that in this situation they are acting on behalf of the patient, and they understand the above information regarding refusal of treatment or transport and accept responsibility for the patient.

5. If a Basic Life Support Ambulance encounters a patient as defined in this policy and does not have a suspected ALS complaint, the EMTs shall complete the refusal of care process as outlined. If the patient is suspected to have an ALS complaint and refuses treatment and transport the EMT shall request an ALS ambulance, Paramedic supervisor or Paramedic QRV to complete the Refusal of Service process
- B. For patients that are refusing part or all the assessment, treatment, or transportation and who in the judgment of the EMS personnel, requires assessment, treatment, or transportation, consider the following.
1. Have your partner offer assessment, treatment, or transportation.

2. Contact a designated base hospital for assistance from the base hospital physician in further assessment of the patient. Communication with the base physician may require communication between the physician and patient.
 3. For a patient meeting “trauma criteria,” a designated Trauma Center will be contacted in all cases of patient refusal of assessment, treatment, or transportation.
 4. If the patient is a danger to themselves or others or meets the definition of a 5150 or 5170 patient, contact law enforcement officials.
- C. Complete and explain the refusal of EMS service form to the patient.
1. A signature should be obtained from the patient and a witness if possible.
 2. If patient is a minor or incompetent adult, assure that the legal guardian is refusing treatment prior to allowing the refusal.
- D. Each item described above shall be documented on the prehospital care report (PCR) and filed per individual EMS service provider policy.
- E. Provider Agencies will use the elements listed below on the EMS Service Patient Refusal Form:
1. Patient’s Name, Age, Date, Incident Number, and Incident Location
 2. Criteria for refusing care
 3. Acknowledgement of Information
 4. Release of Liability
 5. Location for patient’s signature and date
 6. Check box for “refused to sign”
 7. Witness signature line
 8. Form completed by, signature line, date, and ID number