

Monterey County EMS System Policy



Policy Number: 4030
Effective Date: 7/1/2022
Review Date: 6/30/2025

PRE-HOSPITAL CONSENT AND REFUSAL OF SERVICE/CARE

PURPOSE

To establish guidelines for obtaining consent to prehospital medical treatment or transportation, and for dealing with patients who are unable or unwilling to give their consent.

A. POLICY

General Principles: A person is deemed to have decision-making capacity if they have the ability to provide informed consent. This requires that the person meet the following criteria:

- A. Is an adult (18 years or older) or, if under 18, is legally emancipated.
- B. Oriented to person, place, time, and situation.
- C. Understands the nature of the illness/injury or risk of injury/illness.
- D. Understands the possible risks and consequence of delaying treatment and/or refusing transport.
- E. Exhibits no evidence of intoxication with alcohol and/or drugs.

B. PROCEDURE: REFUSAL OF CARE

Applies to patients who by direct examination, mechanism of injury, or by initiating a patient relationship by dialing 9-1-1 for medical care for themselves, are refusing medical care and/or transportation.

- A. If the patient is legally and mentally capable of refusing evaluation, treatment, and/or transport:
 1. Reasonable effort should be made to convince the patient to agree to accept the proposed medical treatment and transport. However, a competent adult/emancipated minor has the legal right to refuse care.
 2. Advise the patient of all risks associated with refusal.
 3. Have the patient sign the *Release of Medical Responsibility* form. A witness shall also sign. It is preferable to have a relative, friend of the patient, other bystander, or responder from a separate agency sign as a witness.
 4. Consider contacting the Base Station for assistance if the patient has a potentially life-threatening condition, there is question about the patient's capacity, or if Base Station participation is thought to be beneficial in convincing the patient to accept the proposed medical care or transport. In these instances, Base Station

consultation should be directed towards the specific issues or questions that may impact decision-making and patient care.

5. Document thoroughly. Complete PCR.
- B. If the patient is not legally and mentally capable of refusing evaluation, treatment, and/or transport, determine if an authorized person is available to give consent for the patient.
1. If the authorized representative consents to the proposed medical care, treat and transport accordingly.
 2. If the authorized representative refuses to give consent, follow the process outlined above for refusal of care and/or transport, having the authorized representative sign a written refusal of care and/or transport on behalf of the patient.
 3. If the authorized representative is not available, initiate care considered appropriate for the patient's needs and attempt to contact an authorized representative.
 4. If the patient does not appear to need immediate care or transport, attempt to contact the authorized representative prior to starting patient care or transport. This should be done within a reasonable timeframe.
 5. If contact with the authorized representative is unavailable, treat the patient under implied consent.
- C. Base Hospital or Law Enforcement contact should be considered for advice or assistance in obtaining consent from a reluctant patient or authorized patient representative. The law presumes that an individual is competent to consent or refuse care and/or transport. 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.

C. PROCEDURE: REFUSAL OF SERVICE

Refusal of service applies to those individuals with whom no patient-caregiver relationship has been established and no direct examination of the individual has occurred because the individual is refusing all EMS services, including an offer of assessment and transportation if warranted.

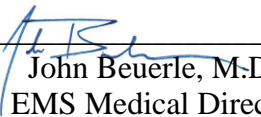
- A. BLS and ALS personnel may honor a refusal of service.
- B. The individual must meet all of the following criteria:
 1. Is an adult (18 years or older), or if under 18 is legally emancipated.
 2. Exhibits no evidence of altered level of consciousness or intoxication from alcohol or drugs.
 3. Does not request evaluation for potential illness or injury.
- C. Actions to be taken include the following:
 1. Honor the refusal.
 2. Complete a PCR detailing the circumstances of the refusal of service.

3. If multiple individuals at one event refuse service, document each name on one PCR. It is not necessary to complete a separate PCR for each individual who refuses.

D. NOTES

- A. A minor who presents written evidence of legal emancipation can personally refuse prehospital medical treatment as described above. This evidence can be either a written *Declaration of Emancipation* from the County Superior Court, or an Identification Card from the Department of Motor Vehicles indicating emancipation.
- B. The person detained under Welfare and Institutions Code Section 5150, or someone under arrest, does not, by that fact alone, lose the authority to make decisions regarding prehospital medical treatment. No person may be presumed to lack capacity solely because they have been evaluated or treated for mental disorder, regardless of whether such evaluation or treatment was voluntarily or involuntarily received.
- C. If a patient is treated or transported without consent, based on the belief that the patient lacked sufficient capacity to make a healthcare decision, then patient care documentation must reflect the reason or reasons for this belief and show why this belief was reasonable.

END OF POLICY




John Beuerle, M.D.
EMS Medical Director



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**County of Monterey EMS Release of Medical Responsibility
(Supplemental Checklist)**

Prior to termination of the EMS/Patient relationship, all of the following shall be evaluated. All areas outlined on this form should be addressed and documented on the Patient Care Report (PCR).

<i>All items in this checklist should be accomplished and documented on the PCR</i>	
1. Patient assessment was performed, including a full set of vital signs. Patient's pertinent medical history and medications also assessed.	
2. History of the event obtained.	
3. Patient or decision-maker for the patient has been determined to be capable of refusing medical treatment and or transportation. If the patient is a minor or incompetent adult, a legal guardian or person with a durable power of attorney for healthcare decisions has been identified.	
4. Risk of refusing medical treatment and/or transport, up to and including death, is explained.	
5. Benefits of medical treatment and transport explained.	
6. Patient was clearly offered medical treatment and/or transportation.	
7. Release of Medical Responsibility form completed, explained, signed, and witnessed.	
8. Patient confirmed to have a thorough understanding of the risks and benefits involved in making this health decision.	
9. Patient advised to seek medical attention for complaint(s).	
10. Patient advised to immediately call 9-1-1 for medical assistance if condition continues or worsens.	
11. Attempt made to leave the patient in the care of another person who would be able to assist the patient or call 911 should the patient's condition deteriorate.	
12. Supervisor was notified if any of the above items were not accomplished in the termination of the Patient/EMS relationship.	

END OF POLICY