

PURPOSE:

The guiding philosophy by the service is that all calls for assistance will have as their basic goal to provide immediate life saving care, stabilization, treatment, and transport of the patient. In the event that a patient refuses this care the following procedure will be followed. Such refusal may occur in one of three manners

1. Refusal of care/transport in which the EMT and patient believe that a life threatening condition does **not** exist. This is known as refusal of care. (ROC)
2. Refusal of care/transport in which the EMT believes that a significant potential exists for a life threatening condition. This is known as refusing against medical advice (AMA).
3. Refusal of transport after treatment has been rendered in which both patient and EMT believe that a life threat does **not** exist and that the patient does **not** require transport. This is known as treat and release (T&R)

Note: Never advise against seeking medical evaluation

PROCEDURE:

1. All patients will be approached and offered EMS assistance.
2. In the event that the patient refuses treatment the following information must be documented
 - a. Name and basic demographic information (DOB, address) regarding the patient
 - b. The mechanism of injury or nature of the patient's complaint (if any)
 - c. Any form of treatment that has been rendered.
 - d. One set of Vital Signs to include BP, pulse, RR, Oxygen saturations, LOC (or documentation of patient's refusal to allow such evaluation).

Refusal of Care (ROC)

1. The Refusal of Care form will be used to document the refusal of care of the patient who is felt by the EMT and the patient not to have a life threatening condition or need for transport.
2. The patient must sign the ROC form and it must be witnessed and signed by the EMT.
3. A copy of the form must be provided to the patient.

Against Medical Advice (AMA)

1. Any patient whom the EMT suspects may have a potentially life threatening condition for which the patient refuses care must be determined to have the capacity to make such a decision.
2. The AMA medical clearance form must be completed.
3. Medical Control must be contacted for consultation regarding any patient who is deemed not competent to refuse care. Medical control may give permission to release the patient or request Law Enforcement intervention.
4. Any patient for whom any of the following apply who refuses care must have law enforcement involved.
 - a. Danger to self or others.
 - b. Deranged thought processes leading to letter (a) above.
 - c. All suicide gestures or attempts.

- d. Any minor who has suffered a battery.
5. Informed refusal must be accomplished. This means the EMT or on-line medical control physician has outlined the possible risks and consequences of refusing further treatment or transport
6. The AMA form must be signed and witnessed by the signature of any of the following (in order or preference) and a copy of the form provided to the patient.
 - a. A Law Enforcement Officer.
 - b. A family member.
 - c. Crew member.
7. The patient care report must be completed and the AMA form attached to it. Documentation must be made regarding all facets of the patient's condition including suspected injury/illness, reasons given for signing AMA, determination of competency, details of informed refusal and possible consequences of such refusal, offer of further assistance if desired, disposition of patient (into who's custody).

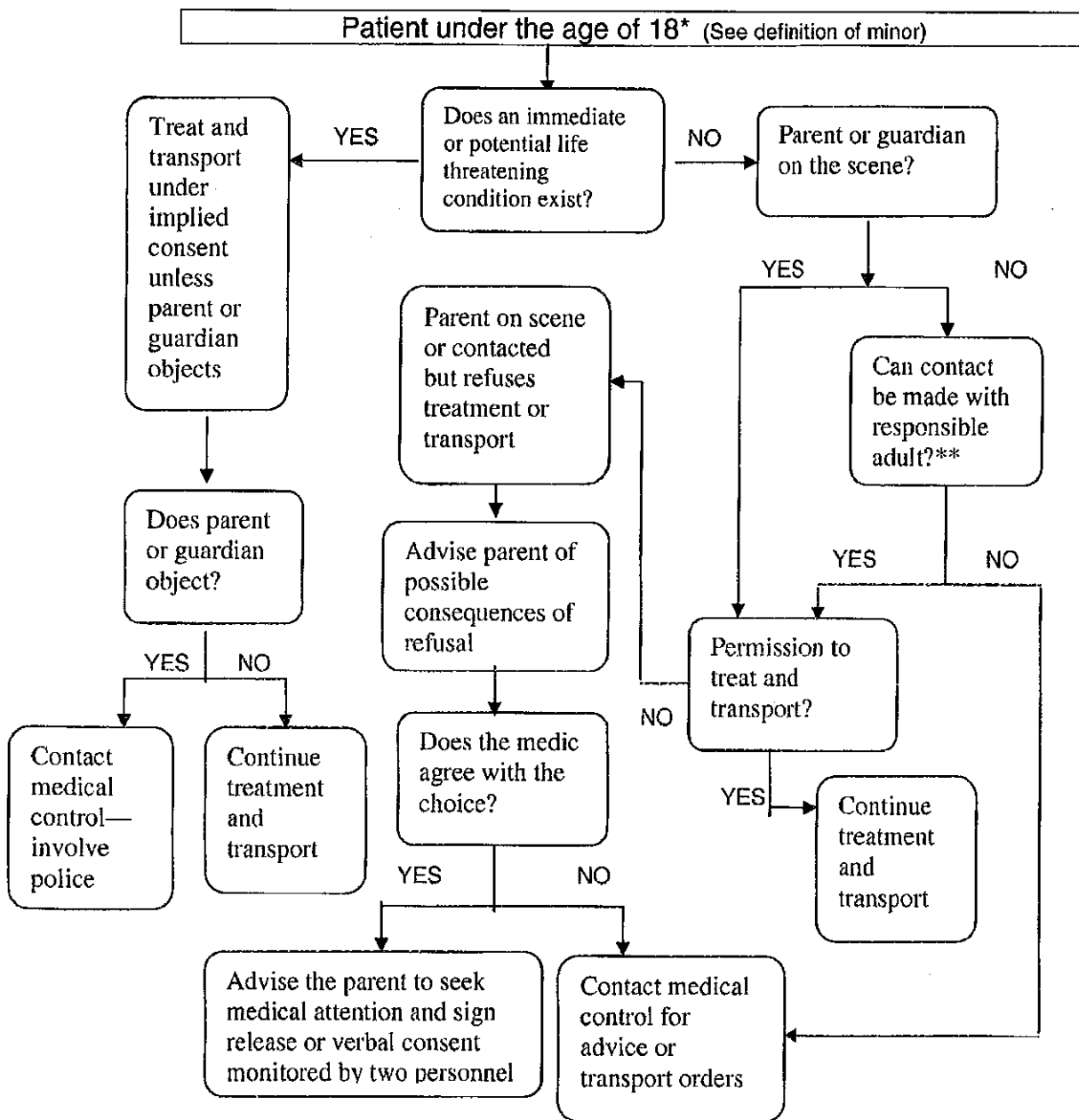
Treat and Release (T&R)

1. The Treat and Release form must be completed for all patients provided care/treatment at the scene and felt by both the patient and the EMT not to require transportation to the hospital. It must include
 - a. Summary of the event, injury, illness
 - b. Treatment rendered
 - c. Aftercare instructions, if any, given to the patient
2. Any vital signs which fall outside the normal range require Medical Control contact for consultation.
3. The Treat and Release form must be signed by the patient or their representative and witnessed by the EMT. A copy of the form may be given to the patient.

Minors

1. Strictly speaking, persons under the age of 18 are not considered legally capable, and therefore cannot refuse care. Clear legal exception include;
 - a. Minor is emancipated
 - b. Minor is married
 - c. Minor is in armed forces
2. However, common sense must be used when dealing with minors who appear to be reasonable and competent.
3. The minor encounter decision tree will be used to determine whether it is prudent to release the minor from care.
4. It is reasonable to make contact by phone with the minor's legal guardian to obtain permission to release the minor. The name, phone number, and address of the person contacted must be documented in the Refusal of Care, Treat and Release, and/or Patient Care report.

DECISION TREE FOR THE TRANSPORT OF MINORS BY EMS



*A minor is any person under the age of 18 unless:

1. Minor is married.
2. The minor has been legally emancipated by the court and can provide documentation of such.
3. Minor is in the armed forces.
4. The above circumstances are a simplification of the laws concerning emancipated minors. When in doubt concerning the ability of a minor to consent for care, contact a medical control physician.

**A babysitter or relative can consent for emergency medical care if he/she was entrusted with the minor's care by the parent or guardian.

For any doubt about the refusal or permission to transport, contact medical control for advice.