

REFUSAL OF CARE

STANDARD OPERATING PROCEDURE 2.3.10



Original Date: 3/01/21	Approved by: Fire Chief
Purpose: To provide guidelines for patients able to refuse care.	
Intent: To define refusal of care procedures and documentation guidelines for a patient or patients refusing evaluation, treatments, and/or transportation by prehospital personnel.	
Forms Required: N/A	

I. RESPONSIBILITY:

All Personnel Shall:

- A. Be familiar and comply with this S.O.P.
- B. Follow this procedure on all incidents involving an incident with patients refusing evaluation, treatments, and/or transportation to the appropriate medical facility.

II. OVERVIEW:

All individuals involved as patients or potential patients should receive proper evaluation, treatment, and transportation to the appropriate medical facility. There may be times when this policy may not be carried out due to refusal of care. The refusal of care procedure should be utilized when a patient refuses evaluation, treatment, and/or transportation by prehospital personnel. Persons should be presumed competent to make decisions affecting their medical care, unless considered incompetent per Section III B criteria. In cases of minors, attention should be given to signs of child abuse.

III. DEFINITIONS:

A. Patients Able to Refuse Care:

- 1. A person(s) able to refuse medical care based on the following guidelines:
 - a. Competent - defined by the ability to understand the nature and consequences of his/her actions by refusing medical care and/or transportation, and is
 - b. An adult eighteen (18) years of age or older, except:
 - An emancipated minor (age 16 or older)
 - A self-sufficient minor
 - A married minor
 - A minor in the military
- 2. A legal representative (parent or guardian) for the patient.

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B. Patients Not Able To Refuse Care:

1. A person may be considered incompetent to refuse medical care and/or transportation if the severity of their medical condition prevents the patient from making an informed, rational decision regarding medical care. Therefore, the individual may not refuse medical care and/or transportation based on the following guidelines:
 - a. Altered level of consciousness (e.g., head injury or under the influence of alcohol and/or drugs).
 - b. Suicide (attempt or verbal threat).
 - c. Severely altered vital signs.
 - d. Mental retardation and/or deficiency.
 - e. Not acting as “a reasonable person would do, given the same circumstances.”
 - f. Younger than eighteen (18) years of age (except those persons outlined in Section III D).

C. Implied Consent:

1. If a person is determined to be incompetent, they may be treated and transported under the principle of “implied consent” (what the reasonable individual would consent to under the same circumstances).
2. If the patient is transported and/or treated on the basis of implied consent, field personnel should use reasonable measures to ensure safe transport to the closest appropriate facility.

D. Consent For The Care of a Minor:

1. Emancipation:

Emancipation is the “removal of disability of nonage”. It is an act by which a person, at least 16 years of age, gains all rights and responsibilities of an adult. An emancipated minor has the legal capacity to act as an adult, be in control of their affairs and free of the legal control and custody of their parents. Once emancipation is established, the parent is no longer liable for the child’s debts, including those for “necessities” such as medical treatment.

2. Removal of Disabilities of Nonage, FS 743.015:

A circuit court has jurisdiction to remove the disabilities of non-age of a minor age 16 or older residing in this state upon a petition filed by the minor’s natural or legal guardian or, if there is none, by a guardian ad litem. The judgment is recorded in the county where the minor resides, and a certified copy shall be issued as proof.

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3. Emergency Medical Care or Treatment to Minors Without Parental Consent, FS 743.064:

The absence of parental consent notwithstanding, a physician licensed under chapter 458 may render emergency medical care or treatment to any minor who has been injured in an accident or who is suffering from an acute illness, disease, or condition if, within a reasonable degree of medical certainty, delay in initiation or provision of emergency medical care or treatment would endanger the health or physical well-being of the minor. Emergency medical care or treatment may also be rendered in the prehospital setting by paramedics, EMTs, and other emergency medical services personnel, provided such care is rendered consistent with the provisions of chapter 401.

4. Removal of Disabilities of Married Minors, FS 743.01:

The disability of nonage of a minor who is married or has been married or subsequently becomes married, including one whose marriage is dissolved, or who is widowed, is removed. The minor may assume the management of their estate, contract and be contracted with, sue and be sued, and perform all acts that they could do if not a minor.

5. Unwed Pregnant Minor or Minor Mother – Consent to Medical Care, FS 743.065:

An unwed pregnant minor may consent to the performance of medical or surgical care or services relating to her pregnancy. An unwed minor mother may consent to the performance of medical or surgical care or services for her child.

IV. REFUSAL PROCEDURE:

A. Single Patient:

1. Determine that the individual is involved in the incident.
2. Determine that the individual is refusing to allow the proper evaluation, or necessary treatment, or necessary transport to the appropriate medical facility.
3. Determine the mental status and extent and history of injury, mechanism, or illness.
 - a. Ensure that the patient is conscious, alert, and oriented and understands (mental reasoning) their condition (patient GCS = 15).
 - b. Unless the patient specifically refuses, do a complete physical assessment.
4. Inform the patient and/or responsible party (parent or guardian) of the potential consequences of the decision to refuse treatment and/or transport to a definitive-care facility (loss of life or limb, irreversible sequelae), and ensure that the patient and/or responsible party fully understands the explanation.
5. All measures should be taken to convince the patient to consent, including enlisting the help of family or friends.

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6. If the patient continues to refuse, the patient and/or responsible party may then sign a "Refusal of Care". Ensure that the following information is provided:
 - a. The release is against medical advice.
 - b. The release applies to this instance only.
 - c. EMS should be requested again if necessary or desired.
7. After the "Refusal of Care" form is signed, it must be witnessed (including legibly printed name, contact information, and signature of witness).
8. If the patient or responsible party will not sign the release, then document this refusal on the EMS Run Report. If available, witness signatures should be obtained.
9. Where possible, patients should be left in the care of family, friends, or responsible parties.
10. Carefully document the assessment and vital signs, including all issues and circumstances indicated.

B. Multiple Patients:

This policy does not allow for more than one refusal on a single EMS Run Report. However, individuals who refuse ALL assistance, including proper evaluation, can be combined on a single EMS report (e.g., all parties deny injury). Once an examination is begun on an individual, a separate EMS report must be filled out to record the examination. Also, any later refusal of care requires following the refusal procedure outlined in *Section IV A*, Steps 1 through 10, and all names, addresses, and witnesses shall be documented.

The use of multiple refusals of care is primarily designed for incidents that have numerous participants (potential patients) where it becomes evident that some participants are not injured at all or refuse to be examined when approached by EMS personnel.

C. Medical Direction (The Physician at the receiving facility or PPRF Medical Director):

Medical direction should be contacted for consultation under the following circumstances (high risk refusal):

1. A low-severity patient who is under 18 years of age.
2. A patient whose refusal of care represents a significant risk to the patient or EMS system/agency.
3. A patient who is not their own legal guardian.
4. A patient who refuses transport after administration of any IV medication (also consider calling the Police Department for assistance).

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5. If any questions on the assessment of competency or refusal of care occur, contact medical direction for further guidance.

D. Refusal of Transport or Transport Destination:

1. Patients who refuse to be transported to the closest appropriate facility and are adamant about being transported to a different facility should be considered to be refusing transport. The local department's supervisor should be contacted for further consultation on the transport destination according to local policy.
2. When a patient refuses to be transported to any facility, medical direction should be considered for further consultation, when such refusal represents a significant risk to the patient or the EMS system/agency.