





## Non-transport/Refusal of Services

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REPLACES:					
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APPROVED:			Joe Hoffman, Medical Program Director		
APPROVED:			John Oliver, Chair		

### I. Purpose:

To establish criteria for patient refusal of treatment/EMS Services and to define consent and competency.

### II. Policy:

Kitsap County medically ill or injured patients may refuse EMS services if they are over 18 years of age (or emancipated), have decision-making capabilities and are informed of the potential risks of their illness or injury.

### III. Procedure:

#### A. Consent

1. The patient must have decision-making capacity in order to provide consent.
2. The patient has the responsibility to consent to or refuse examination, treatment and transport. If the patient is unable to do so, a responsible relative or guardian has this right.
3. The responsible party must also possess decision-making capacity and must be 18 or older. Responsible parties include legal guardians, a spouse, parent, adult child, or adult sibling
  - a. If waiting to obtain lawful consent from the authorized person would present a serious risk of death, serious impairment of health, or would prolong severe pain or suffering to the patient, treatment may be undertaken to avoid these risks without consent. In no event should legal consent procedures be allowed to delay immediately required treatment.
4. The patient must be eighteen years of age or emancipated to legally refuse treatment.
  - a. If the patient is under age, consent should be from a natural parent, adopted parent, or legal guardian only.

#### B. Decision Making Capacity

1. A person who has decision-making capacity may refuse examination, treatment and transport. A person has sufficient decision-making capacity if he/she:



## Non-transport/Refusal of Services

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- a. Understands nature of illness or injury; and
  - b. Is oriented X4
  - c. Has sufficient emotional control, judgment, and discretion to manage his/her own affairs; and
  - d. Understands the risks of refusing treatment and/or transport; and
  - e. Is given the risks and options, voluntarily refuses treatment and/or transport
2. A person does NOT have sufficient decision-making capacity if they have impaired cerebral perfusion, are in shock, postictal or under the influence of drugs and/or alcohol.
- a. If a person does not possess decision-making capacity and no responsible party can be reached, or if Medical Control determines the person lacks decision-making capacity, the person should be treated and transported to a medical facility.
  - b. If necessary, under such circumstances, concurrence from law enforcement may be obtained. If law enforcement refuses to assist when requested, EMS personnel should request the officer on scene speak directly to Medical Control.

### C. Patient Refusal

1. If a patient wishes to refuse examination, treatment or transport, the following steps will be taken:
  - a. The paramedic/EMT will complete a Patient Refusal Checklist and consider contacting Medical Control. If Medical Control is contacted, the Patient Refusal Checklist should be reviewed with the Medical Control MD. The contact and the orders given must be documented in the Patient Care Report.
  - b. The patient must be advised of the benefits of treatment and/or transport and the specific risks of refusal.
  - c. The patient must be able to articulate these risks and benefits to the EMS provider in his/her own words.
  - d. The patient shall be provided with a refusal information sheet. The sheet shall be signed, dated and witnessed, and a copy shall be kept with the Patient Care Report.
  - e. The patient must be informed that they may call EMS to return if the patient's condition worsens or if they change their mind regarding treatment/transport. This discussion shall be documented by the EMS provider in the Patient Care Report.

### D. Patient Initiated Release at Scene

1. A patient may be released at the scene if all of the following criteria are met:
  - a. Patient has decision-making capacity
  - b. Patient has a minor injury or illness
  - c. Patient has a clearly articulated plan for medical assessment and/or follow up
  - d. EMS personnel agree with the appropriateness of scene release and plan
2. Medical control contact shall be made prior to release if the patient has been released at the scene within the previous 24 hours, and for children under 3 years old.



## Non-transport/Refusal of Services

### Patient Refusal Check Sheet

If a patient refuses treatment or transport from a Kitsap County EMS Provider the following documentation must be completed.

Criteria – Patient's must meet ALL of the following criteria:

- ☐ Patient is greater than or equal to 18 years old or is an emancipated minor
- ☐ Patient is not suicidal/homicidal
- ☐ Patient demonstrates decision making capacity
- ☐ Solutions to obstacles have been investigated and discussed with the patient
- ☐ Patient has been fully informed and instructed to seek medical attention
- ☐ Patient has been instructed to call back any time.

Decision Making Capacity Checklist – Patient must express in their own words:

- ☐ An understanding of the nature of their illness
- ☐ An understanding of the risks of refusal, including death
- ☐ An understanding of the alternatives to EMS treatment/transport
- ☐ Patient can provide rationale for refusal and debate this rationale

A patient MAY lack decision making capacity and should be carefully assessed if:

- ☐ Orientation to person, place or time that differs from baseline
- ☐ History of drug/alcohol ingestion with appreciable impairment such as slurred speech or unsteady gait
- ☐ Head injury with LOC, amnesia, repetitive questioning
- ☐ Medical conditions such as hypovolemia, hypoxia, metabolic emergencies (e.g. diabetic issues), hypothermia, hyperthermia

Consider Contacting Medical Control if:

- ☐ Age greater than 75 years old
- ☐ Pulse greater than 110, or less than 60
- ☐ Systolic BP greater than 200 or less than 90
- ☐ Respiratory rate greater than 30 or less than 12
- ☐ Serious chief complaint (chest pain, SOB, syncope)



## Non-transport/Refusal of Services

- ☐ Significant mechanism of injury or high suspicion of injury
- ☐ It is your impression the patient requires hospitalization

All above information must be documented in the Patient Care Report

KITSAP COUNTY

PATIENT REFUSAL INFORMATION SHEET

Please Read and Keep This Form

This form has been given to you because you have refused treatment and/or transport by Emergency Medical Service (EMS). Your health and safety are our primary concern. Even though you have decided not to accept our advice, please remember the following:

1. The evaluation and/or treatment provided by the EMS Provider is not a substitute for medical evaluation and treatment by a doctor. We advise you to get medical evaluation and treatment.
2. Your condition may be more serious than you realize. Without treatment, your condition may become worse. If you are planning to get medical treatment, a decision to refuse treatment and/or transport by EMS may result in a delay which could then make your condition worse.
3. Medical evaluation and/or treatment may be obtained by calling your doctor, if you have one, or by going to any hospital Emergency Department in this area. You may be seen at these Emergency Departments without an appointment.
4. If you change your mind or your condition becomes worse and you decide to accept treatment and/or transport by EMS, please do not hesitate to call us back.
5. **DON'T WAIT!** When medical treatment is needed, it is better to get it right away.

**DIAL 9-1-1 IF YOU CHANGE YOUR MIND OR GET WORSE!**

Read and Sign

Patient Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_