



Clinical Operating Policy (COP) 2130 – Non-Transport or Refusal of Services

I. Purpose

To provide EMTs and Paramedics with operational procedures for managing patient refusal of treatment/EMS services and determining consent and capacity in accordance with Washington State law and NWREMS protocols.

II. Scope

This COP applies to EMTs and Paramedics managing patient refusals, non-transport situations, and consent determinations for adults, emancipated minors, and minors aged 13+ under specific circumstances within Kitsap County EMS operations.

III. Policy

EMTs and Paramedics will ensure that patients over 18 years of age (or emancipated), with decision-making capacity, and informed of potential risks may refuse and/or direct their EMS care. Minors aged 13+ may refuse and/or direct care for pregnancy, STDs, and behavioral health emergencies when they demonstrate decision-making capacity and understand associated risks.

IV. Definitions

Capacity: The ability to understand information relevant to a decision, appreciate the significance of that information, reason about treatment options, and express a choice. Determined by EMTs and Paramedics using specific assessment criteria outlined in this COP.

Competence: A legal determination made only by a judge in a court of law.

V. Procedure / Operating Guidelines

A. Consent Assessment and Authorization

1. **EMTs and Paramedics will verify that patients:**
 - a. Demonstrate capacity to make informed decisions before accepting consent
 - b. Understand examination, treatment, and transport options being offered
 - c. Are informed of risks associated with accepting or refusing care



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2. When patients cannot provide consent, EMTs and Paramedics will:

- a. Identify responsible relatives or guardians who possess decision-making capacity
- b. Verify the responsible party is at least 18 years old and legally authorized
- c. Accept consent from legal guardians, spouse, parent, grandparent, adult child, or adult sibling

3. For emergency situations requiring immediate treatment:

- a. EMTs and Paramedics will provide life-saving treatment without delay when obtaining consent would risk death, serious health impairment, or prolonged severe pain
- b. Document emergency treatment rationale in the patient care report
- c. Obtain consent retrospectively when possible

4. For emancipated minor consent (ages 13+):

- a. EMTs and Paramedics may accept consent without parental involvement for:
 - i. Pregnancy-related care
 - ii. Sexually transmitted diseases (STDs)
 - iii. Behavioral health emergencies
- b. Request documentation of emancipation when available, but absence does not preclude treatment.
- c. For all other conditions, minors under 18 require consent from authorized adults per Section A.2

5. For standard minor consent:

- a. EMTs and Paramedics will obtain consent only from a natural parent, adopted parent, grandparent, or legal guardian when the minor does not meet the criteria in Section A.4

B. Decision-Making Capacity Assessment

1. EMTs and Paramedics will determine that sufficient capacity exists when patients:

- a. Understand the nature of their illness or injury
- b. Demonstrate orientation to person, place, time, and situation (oriented x4)



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- c. Show sufficient emotional control, judgment, and discretion to manage their affairs
 - d. Understand risks of refusing treatment and/or transport
 - e. Voluntarily refuse treatment and/or transport after being informed of risks and options
- 2. **EMTs and Paramedics will determine that insufficient capacity exists when patients have:**
 - a. Impaired cerebral perfusion or are in shock
 - b. Postictal state following seizure activity
 - c. Drug and/or alcohol impairment affecting judgment
 - d. Altered mental status from medical conditions
- 3. **When capacity is absent and no responsible party is available:**
 - a. EMTs and Paramedics will treat and transport the patient to a medical facility
 - b. Contact Medical Control for guidance on capacity determination
 - c. Request law enforcement assistance when necessary
 - d. Document capacity assessment and decision rationale in the patient care report

C. Patient Refusal Process

- 1. **EMTs and Paramedics will complete the following steps for all refusals:**
 - a. Complete the Patient Refusal Checklist and consider Medical Control contact
 - b. Review the checklist with the Medical Control physician when contacted
 - c. Document Medical Control contact and orders in Patient Care Report
 - d. Advise patient of treatment/transport benefits and specific refusal risks
- 2. **EMTs and Paramedics will verify patient understanding by:**
 - a. Having the patient articulate risks and benefits in their own words
 - b. Confirming the patient understands they may call EMS if the condition worsens
 - c. Documenting the patient's understanding demonstration in the Patient Care Report
 - d. Providing the Patient Refusal Information Sheet to the patient



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D. Patient Release at Scene

- 1. EMTs and Paramedics may release patients at scene when:**
 - a. Patient demonstrates decision-making capacity per Section B.1
 - b. Patient has a minor injury or illness not requiring transport
 - c. Patient provides a clearly articulated plan for medical follow-up
 - d. EMT/Paramedic agrees with the appropriateness of scene release and plan
- 2. EMTs and Paramedics must contact Medical Control prior to release when:**
 - a. Patient was released at the scene within the previous 24 hours
 - b. The patient is a child under three years old
 - c. EMT/Paramedic has concerns about release appropriateness

E. Documentation Requirements

- 1. EMTs and Paramedics will complete Patient Refusal Checklist verifying:**
 - a. Patient is ≥ 18 years old or meets emancipated minor criteria
 - b. Patient is not currently suicidal/homicidal
 - c. Patient demonstrates decision-making capacity per assessment
 - d. All obstacles to treatment have been investigated and discussed
 - e. Patient has been fully informed and instructed to seek medical attention
 - f. Patient has been instructed to call EMS if the condition changes
- 2. EMTs and Paramedics will consider Medical Control contact when the patient has:**
 - a. Age greater than 75 years
 - b. Pulse >110 or <60 , systolic BP >200 or <90 , respiratory rate >30 or <12
 - c. Serious chief complaint (chest pain, shortness of breath, syncope)
 - d. Significant mechanism of injury or high injury suspicion
 - e. A condition that appears to require hospitalization
- 3. All refusal documentation must include:**
 - a. Complete capacity assessment with patient responses
 - b. Risks discussed and the patient's articulation of understanding
 - c. Medical Control contact details and recommendations
 - d. Patient Refusal Information Sheet provision



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VI. References

NWREMS 2024 Protocols - Patient Assessment and Consent Standards

Washington State RCW 7.70.065 Informed Consent Requirements

Washington State RCW 26.28.010 Age of Majority and Emancipation

Washington State DOH EMS Scope of Practice and Patient Rights

Kitsap County EMS Patient Refusal Checklist and Information Sheet

Medical Control Contact Procedures and Documentation Standards

VII. Review and Approval

Medical Program Director:  Date: 03/08/2026

Fire Chief: Jim Gillard Date: Jun 11, 2026

Effective Date: Jun 9, 2026

Next Review Date: Jun 9, 2029

Attachments: Patient Refusal Checklist, Patient Refusal Information Sheet