

REFUSAL PROTOCOL

ADMINISTRATIVE 1.23

I. PURPOSE

A. To establish guidelines for the management and documentation of situations where refusal of treatment or transportation is requested.

II. COMMUNICATIONS GUIDELINES

A. Communication and documentation will comply with agency and/or medical direction authority specific policy when a patient is refusing EMS intervention. Such refusals may include, but are not limited to

1. Refusal of treatment or assessment
2. Refusal of procedures
3. Refusal of transport

III. WHO MAY REFUSE ASSESSMENT, TREATMENT OR TRANSPORT

Decisional capacity to refuse treatment or transportation must be determined and documented. Individuals who do not demonstrate decisional capacity cannot refuse assessment, treatment or transport.

A. The patient with decisional capacity has the right to refuse assessment, treatment or transport.

B. Parent

1. A custodial parent (i.e. a parent with a legal right to custody of a minor child) may refuse care on behalf of a minor child. If the parent is not on scene, the parent may designate another adult to assume care of the minor or the minor may be left in the care of law enforcement.
2. A minor (i.e. under 18 years of age) may refuse care for his or her child.
3. Emancipated minors must show legal proof of emancipation

C. Guardian

1. A legal guardian is one who is appointed by a court to act as "guardian of the person" of an individual who has been found by a court to be incapacitated
2. Legal guardian may also be appointed by the court in lieu of parents for a minor

D. Medical Power of Attorney

1. A person appointed by the patient to make healthcare decisions.
2. This document only comes into effect if the patient loses decisional capacity regarding healthcare

E. Patients under the age of eighteen (18) years of age cannot refuse medical attention. The patient's parent or guardian must assume responsibility for the patient. Caretakers/school officials are not considered guardians for refusal of care.

IV. PROCEDURE:

A. Conduct assessment and determine decisional capacity.

B. EMS personnel shall provide an explanation of possible risks and dangers associated with not accepting medical intervention to the patient or other authorized responsible party.

C. If EMS personnel need assistance in determining a patients' decisional capacity, the EMS personnel will contact their medical direction authority.

D. The on-line physician may ask to speak directly to the patient and explain the risks of refusing care. Transporting a patient against their will is a physician decision according to ARS § 36-524 (Application for emergency admission for evaluation; requirements) and ARS § 13-403 (Justification: use of physical force).

V. EMS documentation should include but is not limited to:

A. Determination of decision making capacity

- B. The patient acknowledges an understanding of the risks of refusing transport or treatment including the possibility of permanent disability and death.
- C. Administrative medical director or agency specific guidelines for patient refusals

VI. SPECIAL CIRCUMSTANCES:

- A. If patient does not have the mental capacity to refuse care, and no other individual is authorized to refuse care for the patient, all reasonable steps to secure treatment and transportation without placing EMS providers in jeopardy should be taken.
- B. If law enforcement personnel insist on asserting medical responsibility for patient, EMS personnel should contact their medical direction authority. EMS personnel should document the law enforcement officer's name and badge number on the patient care report.

EFFECTIVE: 2/95 REVISED 3/99; 6/2004; 10/2005; 6/2008