STANDARD OPERATING GUIDELINE

Refusal of Care

Department: Operations	SOG#216	**Applicable to:** All Staff
Effective Date: 1 July 2020	3 Pages	**Authority:** Chief Of Operations
Applicable CAAS Standard:		**Revised Effective Date:**

Purpose:

The purpose of this Standard Operating Guideline (SOG) is to outline the position of Brighton Volunteer Ambulance (BVA) regarding Refusals of Care.

Scope:

The scope of this document applies to all road staff, and is directly from the MLREMS Refusal of Treatment/Transport Policy.

Guideline:

This policy outlines the evaluation of a patient refusing treatment or transport and the documentation expected when obtaining such a refusal.

OVERVIEW A patient is defined as a person encountered by EMS personnel with an actual or potential injury or medical problem. "Encountered" refers to visual contact with the patient. These persons may have requested an EMS response or may have had an EMS response requested for them. Due to the hidden nature of some illnesses or injuries, an assessment should be performed on all patients. For patients initially refusing care, an attempt to evaluate the individual, even if only by visual assessment is expected and must be documented.

EVALUATION The evaluation of any patient refusing medical treatment or transport should include the following:
1. Visual Assessment – To include responsiveness, level of consciousness, orientation, obvious injuries, respiratory distress, and gait.
2. Initial Assessment – Airway, breathing, circulation, and disability.
3. Vital Signs – Pulse, blood pressure, respiratory rate and effort. Pulse oximetry and/or blood glucose when clinically indicated.
4. Focused Exam – As dictated by the patient's complaint (if any).
5. Medical Decision Making Capacity Determination – As defined below. Patients at the scene of an emergency who demonstrate capacity for medical decision making shall be allowed to make decisions regarding their medical care, including refusal of evaluation, treatment, or transport. In order to ensure that a patient exhibits the capacity for medical decision making, **the patient must have the ability to understand the nature and consequences of their medical care decision**. A patient, who is evaluated and found to have any one of the following conditions, shall be considered incapable to making medical decisions regarding care and/or transport and should be transported to the closest appropriate medical facility under implied consent:

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1. Altered mental status from any cause including altered vital signs, intoxication from drugs and/or alcohol, presumed metabolic causes (ingestion, hypoglycemia, stroke, etc), head trauma, or dementia.
2. Age less than 18 unless an emancipated minor or with legal guardian consent.
3. Attempted suicide, danger to self or others, or verbalizing suicidal intent.
4. Acting in an irrational manner, to the extent that a reasonable person would believe that the capacity to make medical decisions is impaired.
5. Severe illness or injury to the extent that a reasonable and medically capable person (or, for a pediatric patient, the parent/guardian) would seek further medical care.
6. When appropriate documents are signed and the patient is placed under involuntary commitment pursuant to Article 9 of the New York State Mental Hygiene Law.

Patient consent in these circumstances is implied, meaning that a reasonable and medically capable adult would allow appropriate medical treatment and transport under similar conditions. Providers who identify a patient requiring transport under implied consent and are refusing to do so may require Medical Control consultation and/or Law Enforcement involvement to ensure the patient is transported to an appropriate emergency facility for evaluation. Medical care should be provided according to protocol.

Once a patient assessed to lack decisional capacity is transported under implied consent to the appropriate emergency facility, another determination of decisional capacity may be required for continued involuntary care and treatment. Patients exhibiting the following at risk criteria should receive particular attention to an appropriate evaluation and risk/benefit discussion prior to not transporting and the EMS provider may consider medical control consultation prior to obtaining a refusal:

1. Age greater than 65 years or less than 1 year.
2. Pulse >120 or <50.
3. Systolic blood pressure >200 or <90.
4. Respirations >29 or <10.
5. Serious chief complaint (chest pain, SOB, syncope).
6. Significant mechanism of injury.

A patient exhibiting medical decision making capacity and wishing to refuse care/transport may do so after the provider has assured the following have been completed:

1. Determined the patient exhibits decisional capacity to refuse care/transport.
2. Offered transport to a hospital.
3. Explained the risks of refusing care/transport.
4. Explained that by refusing care/transport, the possibility of serious illness of death may increase.
5. Advised the patient to seek medical attention and provided instructions for follow-up care.

6. Confirmed that the patient understands these directions.
7. Ensured that the patient signed a Refusal of Treatment/Transport Form or documented why it was not signed.
8. Left the patient in the care of a responsible adult when possible.
9. Advised the patient to call 911 with any return of symptoms or if they wish to be re-evaluated and transported to the hospital.

MEDICAL CONTROL The EMS provider may consider consulting Medical Control if the patient does not wish transport. The purpose of the consultation is to obtain a "second opinion" with the goal of helping the patient realize the seriousness of their condition and accept transportation. Medical consultation is highly recommended for the following:

1. The provider is unsure if the patient is medically capable to refuse treatment and/or transport.
2. The provider disagrees with the patient's decision to transport due to unstable vital signs, clinical factors uncovered by the assessment, or the provider's judgment that the patient is likely to have a poor outcome if not transported (see at risk criteria, above).

Medical Control consultation **is required** for the parent or legal guardian refusing transport of a child being evaluated for a Brief Resolved Unexplained Event (BRUE).

DOCUMENTATION Patient refusals are the highest risk encounters in clinical EMS. Careful assessment, patient counseling, and appropriate Medical Control consultation can decrease non-transport of high-risk refusals. Paramount to the decision-making involved in a patient refusal of treatment and/or transport is the documentation of that refusal.

Documentation is expected to include:
1. In the prehospital care report the provider's assessment, treatment provided, reasons for refusal, determination of medical decision making capacity, and Medical Control consultation as appropriate.
2. Completion of a refusal of treatment/transport form that is in some form attached to the prehospital care report, to include at a minimum, the following:

a. Agency Name
b. Date of Incident
c. PCR associated with the refusal
d. Patient's signature, date and time of refusal
e. Witness signature, date and time of refusal

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Associated Documents for Optional Use by Agencies:

1. MLREMS Refusal of Treatment/Transport Form
2. MLREMS Refusal of Treatment/Transport Information Card.