



REFUSAL of CARE



Escambia County, Florida - ALS/BLS Medical Protocol

Any and all individuals that are 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 a refusal of care.

The refusal of care procedure should be utilized in situations in which a patient refuses evaluation, treatment, and/or transportation by prehospital personnel.

Persons should be presumed competent to make decisions affecting their medical care, unless they exhibit signs of altered mental status or appear to be a minor. . In cases of minors, attention should be given to signs of child abuse (see [Appendix 7.16](#)).

Definitions

A. Patients **ABLE** to Refuse Care.

1. A person can refuse medical care based on the following guidelines:

a. **Competent** - defined by the ability to understand the nature and consequences of their actions by refusing medical care and/or transportation, and

b. **Adult** - eighteen (18) years of age or older, except:

1) An emancipated minor.

a. A self-sufficient minor.

b. A married minor.

c. A minor in the military.


2) A legal representative for the patient (parent or guardian).
(See [Appendix 7.18](#) - **Consent for the Care of a Minor.**)



Approved: 02/27/2014
Revised: 07/08/2014
Version: 3.1

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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 them from making an informed, rational decision regarding their medical care.

Therefore, they 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. Under eighteen (18) years of age (except those outlined in above section - A. 1. b.).

C. Implied Consent.


1. If a person is determined to be incompetent, they may be treated and transported under an "implied consent" (what the reasonable individual would consent to under the same circumstances). Also see [General Protocol 1.2](#) - Behavioral Emergencies.
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.



Approved: 02/27/2014
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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 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, 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 their decision to refuse treatment and / or transport to a definitive-care facility (loss of life or limb, irreversible sequela), and ensure that the patient and/or responsible party fully understand.
5. All measures should be taken to convince the patient to consent, including enlisting the help of family or friends, Supervisor and/or law enforcement.
6. If the patient continues to refuse, the patient and / or responsible party may then sign a "Refusal of Care" form. Ensure that the following information is provided:
 - a. That the release is against medical advice.
 - b. That it applies to this instance only.
 - c. That EMS should be requested again if necessary or desired.



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- d. On all calls of a Charlie, Delta or Echo level response with a patient refusing care, the Paramedic must make contact with the on duty EMS Supervisor (Alt. Supervisor, EMS Admin or Medical Directors if not available) before leaving the scene for concurrence of cancelation.
 - e. This will be accomplished by the Paramedic on scene calling dispatch on the radio and having the on-duty Supervisor switch over to the **EMS Admin channel** to discuss the cancelation for concurrence.
 - f. If the on-duty Supervisor is not available, you may contact in this order. Other on-duty Supervisor, EMS-4 or Alternate Supervisor, EMS-2, EMS-1 and either Medical Director. Please remember that if you feel that the patient needs to go to the hospital, we expect you to of followed your normal processes in calling your Supervisor, medical control and/or law enforcement before you call a Supervisor for a concurrence of cancelation.
- 7. After the "Refusal of Care" form is signed, it must be witnessed.
 - 8. If the patient or responsible party will not sign the release, then document this on the EMS run report. If available, witness signatures should be obtained.
 - 9. Where it is possible, patients will 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 on patient care form.



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B. Multiple Patients

Multiple individuals that refuse ALL assistance, including proper evaluation, can be combined on a single report (e.g. all parties deny injury). 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. Once an examination has begun on an individual, a separate EMS run report must be filled out to record the examination. Also, any later refusal of care requires following the complete protocol outlined above.

1. Steps 1 through 10 in "A" above.
2. Document all names, addresses, and witnesses.

C. Medical Direction


1. Medical direction should be considered for consultation under the following circumstances:
 - a. A low severity patient that is under 18 years of age.
 - b. The patient's refusal represents a significant risk to the patient or EMS system/ agency.
 - c. A patient who is not their own legal guardian.
 - d. A patient that refuses transport post-seizure or post-Narcan.
2. If any questions on the assessment of competency or refusal of care occurs, contact medical direction for further guidance.



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D. Request for Out-of-Area Transport Destination


1. If a crew has a patient(s) that is requesting to be transported to a hospital that is outside of our normal response area, the crew must get pre-approval from the on-duty Supervisor or EMS Administration before completing this request. The approval will be evaluated on a case-by-case basis and will depend on multiple factors, including (but not limited to): reason for out-of-area transportation request, current number of emergency calls being dispatched/ ambulance availability, distance of request, etc.



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Revised: 07/08/2014
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