

DECLINING EMERGENCY MEDICAL CARE AND/OR TRANSPORT

I. PURPOSE

To provide guidance to prehospital personnel in situations where the patient, or his/her legal representative, declines medical care or transport when care is recommended and felt to be necessary by the prehospital personnel attending that patient. All qualified persons are permitted to make decisions affecting his/her care, including the ability to decline care.

II. DEFINITIONS

- A. **Patient:** Any person encountered by EMS personnel who demonstrates any known or suspected illness or injury **OR** is involved in an event with significant mechanism that could cause illness or injury **OR** who requests care or evaluation.
- B. **Competency:** The ability to understand and to demonstrate an understanding of the nature of the illness/injury and the consequence of declining medical care.
- C. **Qualified Person:** A competent person making a decision for him/herself or another who is qualified by one of the following:
 - 1. An adult patient defined as a person who is at least 18 years old;
 - 2. A minor (under 18 years old) who qualifies based on one of the following conditions:
 - A legally married minor;
 - A minor on active duty with the armed forces;
 - A minor seeking prevention or treatment of pregnancy or treatment related to sexual assault;
 - A minor, 12 years of age or older, seeking treatment of contact with an infectious, contagious or communicable disease or sexually transmitted disease;
 - A self-sufficient minor at least 15 years of age, living apart from parents and managing his/her own financial affairs;
 - An emancipated minor (must show proof); **OR**,
 - 3. The parent of a minor child or a legal representative of the patient (of any age). Spouses or relatives cannot consent to or decline care for the patient unless they are legally designated representatives.

III. PATIENT EVALUATION

- A. All potential patients at the scene of an EMS system call must be offered medical care/transport.
- B. Patients should be evaluated as much as capable and allowed.
- C. Qualified persons defined above have the legal right to decline EMS care or transportation.
- D. Qualified persons may limit the scope of their consent (e.g. may consent to transportation but not treatment, or consent only to certain treatments).
- E. Every reasonable attempt should be made to convince a patient or legal representative of the need for further medical evaluation and treatment, and he/she should be informed clearly of the risks and consequences of declining care. Resources to aid in the effort include family members and friends, law enforcement, and base hospital personnel.
- F. Prehospital personnel should not put themselves in danger by attempting to treat or transport patients who do not meet qualifications to decline care (not competent to decline care or not

qualified to decline). Assistance from support agencies in appropriate circumstances should be utilized.

IV. BASE CONTACT REQUIREMENTS

A. Base contact is required:

1. When, in the field personnel's opinion, the patient's decision to decline care poses a threat to his/her well being.
2. If the patient's competency status is unclear (neither competent nor clearly incompetent) and treatment or transport is felt to be appropriate.
3. Any other situation in which, in the field personnel's opinion, that base contact would be beneficial in resolving treatment or transport issues.

B. Patients in law enforcement custody or under 5150 hold do not require consent for transportation and base contact is not required in these circumstances. Patients in custody or under a 5150 hold may decline treatment.

V. DOCUMENTATION

Documentation requirements are outlined in Policy 27 – "Patient Care Record."