

	SOUTHERN FOX VALLEY EMERGENCY MEDICAL SERVICES SYSTEM POLICY & PROCEDURES	
TITLE: TREAT/NON-TRANSPORT AND REFUSALS		
SECTION: GENERAL POLICIES	POLICY NUMBER: D-6.0	
APPROVED BY: DR. ARTHUR PROUST EMS MEDICAL DIRECTOR		
EFFECTIVE DATE: 03/01/1990	PAGE NUMBER: 1 OF 2	

PURPOSE:

This policy is to delineate the acceptance of patient refusals of care and/or transport by pre-hospital personnel and to clarify which of these refusals requires radio communication for documentation purposes.

POLICY:

Refusal and the release of care and medical responsibility

1. It is always the right of the adult patient who are not found to lack decisional capacity to refuse treatment, including those that, in the judgment of the caregivers, might be lifesaving.
2. In recognition of the right to refuse care, the Southern Fox Valley Emergency Medical Services System provides a Release from Medical Responsibility form to be used for patients, guardians or physicians. The release should be completed by filling out pertinent patient information, checking the appropriate line and obtaining signatures from the patient (or patient representative) and witness. It is assumed that all information will be obtained to responsibly assess the patient's needs.
3. The patient must sign the release form if a competent adult. In the case of a minor, the parent/guardian will sign in the appropriate area. The exception to this is listed in part 2 of this policy. (Refer to appendix E4 for release form).
4. A Power of Attorney or other legal guardian of an adult may also sign the release form as appropriate.
5. All refusals must be filed and able to be produced upon request by Southern Fox Valley Emergency Medical Services System.

2. Refusal of services by minors aged 16 and older

1. General guidelines:
 - a. Minors who have apparent injury or illness will be transported to the hospital and are exempt from this policy.
 - b. Minors who have a potential mechanism of injury so as to suspect injury will be transported to the hospital and are exempt from this policy.
 - c. Minors who have a history (from themselves or others at the scene) suggestive of medical illness will be transported to the hospital and are exempt from this policy.
 - d. All minors under the age of 16 should be transported to the hospital unless the minor's parent or legal guardian is present (or if the minor meets the criteria in Policy D8 section B1). If a minor's parent or legal guardian is only available by phone, refer to Medical Control for advice regarding the release.
2. If initial field assessment reveals no potential illness or injury, and the minor is refusing transport to the hospital, encourage the minor to be transported and checked at the hospital regardless.
3. If the minor still refuses transport, contact Medical Control and apprise them of the situation.
4. If minor continues to refuse, document any requests and attempts to get the patient to the hospital. All objections and circumstances should be noted in the EMS report.
5. If, in spite of encouragement to be transported the minor refuses, request the minor to sign a release, and be sure your actions are verified by the signature of a responsible witnesses and concurrence of

Medical Control.

6. In any event, the minor should be left with a responsible individual whenever possible.

3. **Communication Procedure:**

1. In the following situations all refusals of care must be communicated to one of the system affiliated hospitals:
 - a. A mechanism of injury in which an actual or potential life-threatening injury exists.
 - b. A health-threatening illness exists. (i.e. Diabetic, Asthma)
 - c. The patient appears able to comprehend the risk of refusal, but some doubt remains in the judgment of the pre-hospital personnel.
 - d. If the patient is under the influence of alcohol or drugs but not intoxicated.
 - e. If the patient is a minor- less than 18 years of age.
2. The following patients are not candidates for refusal of care and/or transport (refer to restraint policy as needed)
 - a. Patients who lack decisional capacity cannot comprehend risks of refusal decisions (i.e.: intoxicated or substance abuse patient who exhibits altered mental status or postictal).
 - b. Patients who are subject to involuntary admission on an inpatient basis as determined by a qualified peace officer pursuant to 405 ILCS 5/3-606.
 - c. Patients who are impaired with altered judgment, those who are unable to understand their decisions due to mental illness (perceived or diagnosed), those who have made, suicidal and or homicidal statements, and those with a completed, legally binding petition shall need to be evaluated at an Emergency Department to ensure self-preservation.
 - i. In situations that are unclear, or the patient is refusing evaluation and transport, Medical Control must be contacted for guidance on patient care / transport.
 - ii. In addition to online Medical Control direction, EMS providers shall utilize Southern Fox Valley EMS SOPs for treatment, unless in doing so would cause harm to the crew and or the patient.
 - d. For any patient who is being brought in against their will with medical order, or those with behavioral emergencies coming to the ED willingly, EMS should request Law Enforcement to search the patient, in the presence of EMS prior to transport.
3. Pre-hospital personnel always have the option of contacting Medical Control but are mandated for patients who do not meet the above refusal criteria as outlined in paragraphs C 1 and C 2.

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