



Fire Chiefs' Association of Broward County

Standard Operating Guidelines

Number: 306

Issue Date:

Revision Date: N/A

Total Pages: 3

Subject: Refusal of Care

Issued FCABC Board:

I. Purpose:

Any and all individuals who 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. In cases of minors, attention should be given to signs of child abuse.

II. Definition(s):

A Patients able to refuse care. A person can refuse medical care based on the following guidelines:

1. Competent—defined by the ability to understand the nature and consequences of his/her actions by refusing medical care and/or transportation, and b. Adult - eighteen (18) years of age or older, except:
 - a. An emancipated minor.
 - b. A self-sufficient minor.
 - c. A married minor.
 - d. A minor in the military.
2. A legal representative for the patient (parent or guardian). (Appendix 6.6, Consent for the Care of a Minor.)

B. Patients not able to refuse care. A person may be considered incompetent to refuse medical care and/ or transportation if the severity of his/her medical condition prevents the patient from making an informed, rational decision regarding medical care. Therefore, the individual may not refuse medical care and/or transportation based on the following guidelines:

1. Altered level of consciousness (e.g., head injury or under the influence of alcohol and/or drugs).
2. Suicide (attempt or verbal threat).
3. Severely altered vital signs.
4. Mental retardation and/or deficiency.
5. Not acting as “a reasonable person would do, given the same circumstances.”
6. Younger than eighteen (18) years of age (except those persons outlined above).

C. Implied consent.

1. If a person is determined to be incompetent, he/she may be treated and transported under the principle of “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.

D. Refusal Procedure:

1. Single patient.
 - a. Determine that the individual is involved in the incident.
 - b. Determine that the individual is refusing to allow the proper evaluation, or necessary treatment, or necessary transport to the appropriate medical facility.
 - c. Determine the mental status and extent and history of injury, mechanism, or illness.
 - 1) Ensure that the patient is conscious, alert, and oriented and understands (mental reasoning) his/her condition (patient GCS = 15).
 - 2) Unless the patient specifically refuses, do a complete physical assessment.
 - d. Inform the patient and/or responsible party (parent or guardian) of the potential consequences of the decision to refuse treatment and/or transport to a definitive-care facility (loss of life or limb, irreversible sequelae), and ensure that the patient and/or responsible party fully understands the explanation.
 - e. All measures should be taken to convince the patient to consent, including enlisting the help of family or friends.
 - f. 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:
 - 1) The release is against medical advice.
 - 2) The release applies to this instance only.
 - 3) EMS should be requested again if necessary or desired.
 - g. After the "Refusal of Care" form is signed, it must be witnessed (including legibly printed name, contact information, and signature of witness).
 - h. If the patient or responsible party will not sign the release, then document this refusal on the EMS Run Report. If available, witness signatures should be obtained.
 - i. Where possible, patients should be left in the care of family, friends, or responsible parties.
 - j. Carefully document the assessment and vital signs, including all issues and circumstances indicated.

- E. Multiple patients. The protocol does not allow for more than one refusal on a single EMS Run Report. However, individuals who refuse ALL assistance, including proper evaluation, can be combined on a single report (e.g., all parties deny injury). Once an examination is 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 previously. 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.
 - a. Complete Steps 1 through 10 in section A.
 - b. Document all names, addresses, and witnesses.

- F. Medical Direction: (The Physician at the destination facility or the agency's Medical Director). Medical direction should be contacted for consultation under the following circumstances (high risk refusal):
 - a. A low-severity patient who is under 18 years of age.
 - b. A patient whose refusal of care represents a significant risk to the patient or EMS system/agency.
 - c. A patient who is not his/her own legal guardian.
 - d. A patient who refuses transport after administration of any IV medication (also consider calling the Police Department for assistance).

- e. If any questions on the assessment of competency or refusal of care occur, contact medical direction for further guidance.

G. Refusal of transport or transport destination.

- a. Patients who refuse to be transported to the closest appropriate facility and are adamant about being transported to a different facility should be considered to be refusing transport. The local department's supervisor should be contacted for further consultation on the transport destination according to local policy.
- b. When a patient refuses to be transported to any facility, medical direction should be considered for further consultation, when such refusal represents a significant risk to the patient or the EMS system/agency. Refer to local policy for further direction.