



Virginia Beach Department of Emergency Medical Services



## MEDICAL DIRECTION

### PATIENT REFUSAL OF TREATMENT OR TRANSPORT POLICY

**PURPOSE:** To establish the requirements for proper documentation of patient refusal of treatment or transport to a hospital.

**APPLICABILITY:** This policy shall apply to all members operating under the Department of Emergency Medical Services agency license

#### DEFINITIONS:

**Non-Patient:** Any person encountered by an emergency medical provider who does not manifest any overt evidence of illness or injury - AND – who refuses any assessment by pre-hospital personnel.

**Patient:** Any person encountered by an emergency medical provider who manifests any evidence of illness or injury - OR - any person who requests an assessment.

**Public Assistance Patient:** Any person encountered by an emergency medical provider who does not manifest any overt evidence of illness or injury and who is only requesting assistance with being lifted or moved.

#### POLICY STATEMENT:

It is the responsibility of all providers to accurately record and document the identifying information of all involved persons encountered during the course of emergency requests for assistance.

An Electronic Medical Record (EMR) shall be completed on all incidents. The EMR shall document all assessment and care rendered to the patient by pre-hospital providers and all refusals of assessment care. In cases where no patients are found on the scene, that fact should be clearly documented in the EMR narrative.

It is the responsibility of the Department of EMS' Continuous Quality Improvement (CQI) Coordinator to review EMRs where refusal of assessment or care occurred to ensure appropriate care and compliance with this policy.

## **PATIENT REFUSAL OF ASSESSMENT AND/OR CARE**

1. Certain members of the public, while suffering from an illness or injury, may decline all or part of the indicated assessment and/or emergency treatments. These members have a right to refuse emergency treatment if the following factors are not present:
  - A. Impaired capacity to understand the emergent nature of their medical condition due to, but not limited to, alcohol, drugs or medications, mental illness, traumatic injury or grave disability.
  - B. Any minor under the age of 14.
2. It is the responsibility of the provider agency and prehospital providers to render all indicated assessments and emergency treatment under the following conditions
  - A. When it is medically indicated.
  - B. When requested by the patient to render treatment
  - C. When evidence for impaired capacity exists.
  - D. The patient under the age of 14.
3. For members of the public who are refusing part or all indicated assessment and/or emergency treatment and who in the provider's judgment, requires treatment, the following steps may be taken:
  - A. Have your partner offer treatment.
  - B. Consider involvement of an EMS supervisor.
  - C. Consider involvement of law enforcement early if there is a threat to self, others or grave disability.
  - D. If necessary, contact the closest hospital for a physician to assist in offering treatment.
  - E. For patients meeting Trauma Triage Criteria, a designated Trauma Center will be contacted in all cases of patient refusal of assessment, care and/or transportation.

## **PATIENT REFUSAL OF TRANSPORTATION**

Patients who decline transportation to an emergency department and are released at the scene by an ERS provider must meet ALL of the following:

1. The patient must have a clearly articulated plan for medical evaluation and/or follow-up that relies on previously established medical providers or the use of recognized acute care/urgent care providers and facilities.
2. This patient must have a reasonable and prudent transportation plan to reach follow-up medical care.
3. After complete assessment the providers must concur with the appropriateness of scene release and the medical appropriateness of the follow-up plan. The Attendant-in-charge must concur with the non-medical aspects of the follow-up plan as well as the overall appropriateness of scene release. Patients with minor traumatic injuries must NOT meet critical trauma criteria.
4. The patient, parent or guardian must sign the appropriate release portion of the EMR stating that emergency evaluation has been rendered, transportation offered, and that the patient chooses not to be transported. In the rare event a patient refuses to sign, providers should document this fact and seek a witness signature from a third party such as a police officer or firefighter.
5. The decision not to transport a patient shall be fully documented on the EMR.
6. The CQI Coordinator will audit scene releases under this policy, based on available data, for medical appropriateness, and compliance.
7. Patients requesting ambulance transport shall not be denied transport under this policy.
8. Medics may not knowingly release a patient under this policy more than once in a 24-hour period without consulting with an EMS supervisor.
9. Providers should contact family, physician or legal guardian for patients who are difficult to assess OR whose baseline mental status is chronically altered due to a pre-existing condition such as Alzheimer's disease, dementia, or previous CVA to obtain normal status and for assistance in developing a plan.
10. Minors under the age of 14 shall not be released under this policy except at the request of parent or guardian.

11. For minors aged 14-17, efforts should be made to contact a parent or guardian prior to releasing the patient.

## **PUBLIC ASSISTANCE CASES**

Crews are often called to provide lifting and moving assistance to individuals who are otherwise incapable of moving on their own. While these are not medical emergencies, the services provided should be documented. The following procedures should be followed for all Public Assistance cases:

1. Personnel should verify that no injury or illness exists which requires pre-hospital treatment. This may require a detailed patient assessment. If there is any indication of injury, the steps for refusal of treatment and transportation listed above shall be followed.
2. Provide the appropriate lifting or moving assistance.
3. Evaluate the patient's environment and offer suggestions to reduce their risk of falls in the future. Consider contacting Adult Protective Services if it appears the patient may have chronic environmental issues that require screening.
4. All assessments and services provided shall be documented via an EMR.

### **ORDERED:**



**01/25/2017**

EMS Chief

Date



**01/25/2017**

**Stewart W. Martin, MD**    Date  
**Operational Medical Director**