

Western Regional Emergency Medical Advisory Committee

Title: Refusal of Evaluation/ Stabilization/Transportation Policy	Effective Date: February 1997 Page: 1 of 3
Policy #1997-1	Revised: June 2009

Policy:	<p>Refusal Of Evaluation/Stabilization/Transport Policy</p> <p>A. When EMS personnel are called to a scene, all persons for whom the call was made will be offered evaluation/stabilization and transport to an appropriate facility. An appropriate facility may be the closest, or one designated by the WREMAC ALS protocols or designated by Medical Control.</p> <p>B. Patients have the right to refuse evaluation or stabilization or transport provided:</p> <ol style="list-style-type: none"> 1. They are alert, oriented, not intoxicated (drugs or alcohol), and appear to possess a capacity to make an informed decision; 2. They are not a danger to themselves or others. 3. They have the mental capacity based on the EMS provider's assessment, to understand their current or potential medical condition and the consequences of not seeking immediate evaluation and treatment <p>C. If the patient does not appear to possess capacity to make an informed decision due to intoxication or head injury etc., or if the patient appears to be a danger to him/herself or others, the patient shall be transported. Medical Control should be contacted if needed to assist with the determination of capacity. The police should be called to assist if the patient resists transport. The patient may be physically restrained using belts/straps/tape as necessary, but EMS personnel should not risk injury to themselves in a physical confrontation with the resisting patient. Restraints may be initiated by the police or may be ordered by Medical Control. (See Restraint Policy)</p> <p>D. At least one set of vital signs should be obtained.</p> <p>E. The risk of refusal of evaluation/stabilization/transport should be described to the patient. It is understood that EMS personnel lack the benefit of training and diagnostic tools present in an Emergency Department and may be unable to fully assess the illness/injury.</p> <p>F. Medical Control shall be contacted when any of the following occur:</p> <ol style="list-style-type: none"> 1. Patient appears to lack capacity to make an informed decision (i.e.,
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	<p>patient does not understand the risks involved) and continues to refuse transport;</p> <ol style="list-style-type: none"> 2. Patient appears to be intoxicated with drugs or alcohol; 3. Patient appears to be a danger to him/herself, others, or property; 4. Patient has a head injury; 5. Patient has symptoms or signs which would require ALS care; 6. Patient is < 18 years old 7. The highest level of care treating the patient is a CFR <p>G. The patient or legal representative should sign the WREMAC refusal of evaluation/stabilization/transport form.</p> <p>H. The following should be documented:</p> <ol style="list-style-type: none"> 1. A PCR should be filled out to the extent possible, including: <ol style="list-style-type: none"> a. Vital signs b. Physical exam including general appearance and mental status. 2. If patient refused evaluation or stabilization, document specifically what was refused; 3. If patient refused transport, document the reason it was refused; 4. If police were notified, document agency and time (see Section C); 5. The specific risks were discussed with the patient and how they indicated they understood the risks.
Procedure:	The patient or legal representative should be asked to sign a statement specifying what was refused and that the refusal might pose a threat to the health and safety of the patient on either the WREMAC standard refusal form (see attached) or one approved by the service medical director The form must
Reference:	WREMAC ALS Protocols

Refusal of Evaluation/Stabilization/Transport

PCR # _____

RUN # _____

I, _____ have been offered evaluation, stabilization, and transport by the
Emergency Medical Service. I refuse:

_____ Evaluation and/or stabilization
specify _____

_____ Transportation to the most appropriate health care facility
Reason _____

I understand this refusal may pose a risk to my health and safety.

Other risks: _____

Signature _____ Date _____

Relationship to patient _____

Witness _____ Relationship to patient _____

If you refuse transportation, you are strongly urged to seek medical treatment as soon as possible.