



PRINCE GEORGE FIRE AND EMS

Section: EMS

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Section No: 4.5

Date: 3/1/2016

Title: Patient Refusals

Authorized By:

Scope:

This policy applies to all licensed EMS providers within the Prince George Fire and EMS.

Purpose:

To provide for a defined and consistent policy for quality patient care and documentation of patient care refusals.

Definitions:

Adult: A person at least eighteen (18) years of age.

AIC: The Attendant in Charge is the EMS provider who is overall responsible for the care of a patient.

Minor: A person less than eighteen (18) years of age.

Emancipated Minor: A person under the age of eighteen (18) is emancipated if any of the following conditions met:

- a. Married or previously married
- b. On active military duty
- c. Has received a declaration of emancipation from the Commonwealth of Virginia

Patient: A patient is defined as any individual that requests evaluation by EMS. If an individual is not legally competent due to age, injury, chronic illness, intoxication, etc., always err on the side of patient safety and assume an implied request for evaluation.

Mental Capacity: A person who is alert, oriented, and has the capacity to understand the circumstances surrounding their illness or impairment, and the possible risks associated with refusing treatment and / or transport. The patient's judgment is also not significantly impaired by illness, injury or drugs / alcohol intoxication. Patients who have attempted suicide, verbalized suicidal intent, or if other factors lead pre-hospital care personnel to suspect suicidal intent, should not be regarded as having capacity and may not decline transport to a medical facility.

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Procedure:

1. All patient encounters, which result in some component of an evaluation, must have an ePCR completed.
2. Any person who calls for any type of assistance should have a refusal form completed unless, upon evaluation, the caller denies any injury or illness and none is suspected. This includes motor vehicle accidents.
3. A refusal should always be completed if the original caller was the complainant (1st party), as a complaint originally existed prior to EMS arrival.
4. All patients who refuse any component of the evaluation or treatment, should have a refusal signed and documentation of the refusal noted in the narrative.
5. Each ePCR will include documentation of:
 - a. The evaluation and care of the patient during pre-hospital care.
 - b. The patient's refusal of the evaluation
 - c. The patient's encounter to protect the local EMS system and its personnel from undue risk and liability.
6. No ePCR will be considered complete without a written narrative that "depicts" an accurate picture of the scene, patient presentation, and all occurrences during the interaction with that patient.
7. An initial assessment and complete set of vital signs of the patient with particular attention to the patient's neurological status shall be performed.
8. If the AIC has doubts about whether the patient is competent to refuse, the AIC should contact on-line medical control.
9. The AIC shall clearly explain to the patient and all responsible parties the possible risks and or overall concerns with regards to refusing care.
10. The AIC must complete an ePCR form clearly documenting the initial assessment findings and the discussions with all involved persons regarding the possible consequences of refusing additional pre-hospital care and/or transportation. A third party should witness the form and discussion. If no such party is available then a second EMS provider should witness this.

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