REFUSAL OF CARE/REFUSAL OF SERVICE

Note: *See* **page 119** *Consent and Refusal Guidelines for information on documentation, base contact and additional considerations pertaining to consent and refusal.*

1. **REFUSAL OF SERVICE** - applies to those persons who are refusing all EMS services including an assessment and transportation. The offer of an assessment and transport must be made and refused by the individual. **BLS *and* ALS personnel may initiate a refusal of service**

   1.1 The individual must meet all of the following criteria:

   1.1.1 Did not initiate the 9-1-1 call for medical care for themselves

   1.1.2 Is an adult (18 or over), or if under 18 legally emancipated

   1.1.3 Is oriented to Person, Place, Time, and Situation

   1.1.4 Exhibits **no visual evidence of**:

   ►Altered level of consciousness

   ►Alcohol or drug ingestion that impairs judgment

   ►Injury, illness or trauma mechanism of injury that requires an ALS assessment

   1.1.5 Has **no verbal complaints** of illness or injury that requires an ALS assessment

   1.2 **Actions:**

   ►Honor the refusal

   ►Enter the individual's name on the "Refusal of Service log" and obtain a signature

2. **REFUSAL OF CARE** - applies to patients who by direct examination, mechanism of injury, or by initiating a patient relationship by dialing 9-1-1 for medical care for themselves, are refusing medical care/transportation. **Only ALS personnel may initiate a refusal of care**

   2.1 In order to refuse care a patient must be legally and mentally capable of doing so by meeting all of the following criteria:

   2.1.1 Is an adult (18 or over), or if under 18 legally emancipated

   2.1.2 Understands the nature of the medical condition, and the risks and consequences of refusing care

   2.1.3 Exhibits no evidence of:

   ►Altered level of consciousness

   ►Alcohol or drug ingestion that impairs judgment

   2.1.4 Is oriented to Person, Place, Time, and Situation

   2.2 **Actions:**

   2.2.1 **If the patient is legally and mentally capable of refusing care:**

   ►Honor the refusal

   ►Document thoroughly. Complete a PCR and a "Refusal of Care" form

   2.2.2 **If the patient cannot legally refuse care or is mentally incapable of refusing care:**

   ►Document on the PCR to show that the patient required immediate treatment and/or transport, and lacked the mental capacity to understand the risks/consequences of refusal. (implied consent)

   ►Treat only as necessary to prevent death or serious disability and transport

   ►Do not request a 5150 hold unless the patient requires a psychiatric evaluation

REFUSAL OF CARE FORM - ALAMEDA COUNTY EMS

CRITERIA FOR REFUSING CARE

The patient meets all of the following

1. Is an adult (18 or over), or if under 18 legally emancipated
2. Is oriented to Person, Place, Time, and Situation.
3. Exhibits no evidence of:
   - Altered level of consciousness
   - Alcohol or drug ingestion that impairs judgment
4. Understands the nature of the medical condition, as well as the risks, and consequences of refusing care.

Patient's Name: _____ **Date:** _____

Incident #: _____ **Incident Location:** _____

ACKNOWLEDGMENT OF INFORMATION

I have been offered an evaluation, medical care and/or transportation to a medical facility; however, I am refusing the services offered. I have been advised and understand the risks and consequences of refusing care/transport, including the fact that a delay in treatment and/or transport by means other than an ambulance could be hazardous to my health, and under certain circumstances, include disability and/or death.

RELEASE OF LIABILITY

By signing this form, I am releasing the County of Alameda, the responding Provider Agency(ies), and the Base Hospital (if contacted) of any liability or medical claims resulting from my decision to refuse the medical care/transport offered.

I have read and understand the "Acknowledgment of Information" and "Release of Liability".

Signature: _____ ❒ **Refused to sign**

Relationship (if not the patient): Lawful: ❒ parent ❒ guardian ❒ conservator (pertains to a **child or dependent only**)

❒ Base Hospital Physician contacted _____ (name)

❒ Telephone consent/refusal obtained. Witnessed by: _____ (name)

❒ This form was read to the individual by: _____ (name)

❒ Interpreter used: _____ (name)

DISPOSITION:

❒ Released in care or custody of self.

❒ Released in custody of law enforcement

Agency: _____

Badge #: _____

Released in care or custody of:

❒ Parent ❒ Guardian

❒ Other: _____

INSTRUCTIONS

1. **If you change your mind or your condition changes call 9-1-1 (in an emergency), go to an emergency department in your area, or call your private doctor (if appropriate).**
2. _____
3. _____

FORM COMPLETED BY: _____ **I.D. #:** _____
signature

Witness Information

Signature: _____ Name _____
printed

Address: _____ City: _____

State: _____ Zip: _____ Phone: (____) _____ Driver's License #: _____

Copy 1: Provider Agency **Copy 2:** Provider Agency Quality Assurance **Copy 3**: Patient 12/01/01

ALAMEDA COUNTY EMS – REFUSAL OF SERVICE FORM (LOG)

Date:_____Time:_____Incident #:_____Agency:_____ Page_____ of _____

Location of Call:_____

ACKNOWLEDGMENT OF INFORMATION – RELEASE OF LIABILITY

By signing this form I acknowledge that:

- I was offered an evaluation, medical care and/or transportation to a medical facility; however, I did not request, nor do I desire the services offered.
- I am releasing the County of Alameda and the responding provider agency(ies) of any liability or medical claims resulting from this refusal.

If I change my mind or my condition changes, I have been advised to call 9-1-1 in an emergency, go to an emergency department in my area, or call my private doctor (if appropriate).

REFUSAL OF SERVICE CRITERIA

1. Did not initiate the 9-1-1 call for medical care for themselves.
2. Is an adult (18 or over), or if under 18 legally emancipated.
3. Is oriented to Person, Place, Time, and Situation.
4. Exhibits **no visual evidence** of:
   - Altered level of consciousness
   - Alcohol or drug ingestion that impairs judgment
   - Injury, illness or trauma mechanism of injury that requires an ALS assessment.
5. Has **no verbal complaints** of illness or injury that requires an ALS assessment.

Name (please print)	Phone #	Age	Sex	Signature	Refused to sign
	[ ]		M F		❒
	[ ]		M F		❒
	[ ]		M F		❒
	[ ]		M F		❒
	[ ]		M F		❒
	[ ]		M F		❒
	[ ]		M F		❒

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