

Methodist Health Services Corporation UnityPoint Health- Proctor	Page # 1 of 3	Section:	Policy #: 32
	Approved by:		Date: 6/2017 Review by: 6/2018
	Supersedes: Date Revised: 6/2018		
	Primary Responsible Parties: Dr. Ashley N. Huff Secondary Responsible Parties:		
	Joint Commission Standard:		
SUBJECT: PATIENT RIGHT of REFUSAL			

I. POLICY:
Patient Right of Refusal

II. PURPOSE AND STANDARD:
A patient may refuse medical help and/or transportation. Once the patient has received treatment, he/she may refuse to be transported if he/she does not appear to be a threat to themselves or others. ***Any person refusing treatment must be informed of the risks of not receiving emergency medical care and/or transportation.*** NOTE: Family members cannot refuse transportation of a patient to a hospital unless they can produce a copy of a *Durable Power of Attorney for Healthcare*.

III. POLICY SCOPE: Departmental

IV. GENERAL INFORMATION:

A. Refusal Process

1. Assure an accurate patient assessment has been conducted to include the patient's chief complaint, history, objective findings and the patient's ability to make **sound** decisions.
2. Explain to the patient the risk associated with his/her decision to refuse treatment and/or transportation. Patient may refuse any portion of recommended treatment, and still be transported. Be sure to document the portion of treatment refused on a refusal form.
3. **High Risk Refusals** require Medical Control Physician** consultation prior to securing and accepting the refusal and terminating patient contact. High risk refusals involve cases where the patient's condition may warrant delivery of care in accordance with implied consent of the *Emergency Doctrine* or other statutory provision.

High risk refusals include, but are not limited to:

- ✓ Head injury (based on mechanism or signs & symptoms)
- ✓ Presence of alcohol and/or drugs
- ✓ Significant mechanism of injury (e.g. rollover MVA)
- ✓ Altered level of consciousness or impaired judgment
- ✓ Minors (17 years old or younger, regardless of injury)
- ✓ Situations that involve bypassing a closer hospital

4. **Low Risk Refusals** do not require Medical Control consultation (First Responders still must contact Medical Control) if the prehospital provider determines that the patient meets the *Low Risk Criteria* and there is no doubt that the patient understands the risk of refusal. The patient cannot be impaired and must be able to consent to the refusal. Medical Control should be contacted if there are any concerns about the patient's ability to refuse.

Low risk refusals may include:

- ✓ Slow speed auto accidents without injury
- ✓ Isolated injuries not related to an auto accident or other significant mechanism of injury
- ✓ False calls or "third party" calls where no illness, injury or mechanism of injury is apparent.
- ✓ Lifting assistance or "public assist" calls (for which EMS is called for assistance in moving a patient from chair to bed, floor to bed, car to home, etc.) do not require a refusal form. This assumes there is no complaint or injury and there has been no significant change in the patient's condition. EMS crews must complete a patient care report indicating all assessment findings and assistance rendered.

5. Complete the *Refusal of Services Form* and have the patient sign the form. If the patient is a minor, this form should be signed by a legal guardian or *Durable Power of Attorney for Healthcare*. **NOTE:** Parental refusals may be accepted by voice contact with the parent (i.e. by telephone) if the EMS provider has made reasonable effort to confirm the identity of the parent and the form may be signed by an adult witness on scene. This should be clearly documented on the refusal form and in the patient care report.
6. If available, it is preferable to have a police officer at the scene act as the witness. If a police officer is not present, any other bystander may act as a witness. However, his/her name, address & telephone number should be obtained and written on the back of the report.
7. If the patient refuses medical help and/or transportation after having been informed of the risks of not receiving emergency medical care and refuses to sign the release, clearly document the patient's refusal to sign the report. Also, have the entire crew witness the statement and have an

additional witness sign your statement, preferably a police officer. Include the officer's badge number and contact Medical Control.

8. The original of the *Refusal of Services Form* is maintained by the agency securing the refusal. A copy is forwarded to the EMS Office with the appropriate copies of the patient care report. The patient is provided with a copy of the *Refusal of Services Form*.