

POLICY: 570.35  
TITLE: Refusal of EMS Service

EFFECTIVE: 2/21/2025  
REVIEW: 2/2028  
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

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### **570.35 Refusal of EMS Service**

I. **AUTHORITY**

Health and Safety Code, Div. 2.5; California Code of Regulations, Title 22, Div. 9, § 100128, 100147

II. **DEFINITIONS**

- A. **Authorized Legal Representative:** A parent or guardian of a minor; a conservator who presents letters of conservatorship stating that the patient is not competent to give or withhold consent for medical care; an attorney-in-fact appointed under a durable power of attorney for health care; or, in the absence of any of the above, the patient's closest available relative. Letters of conservatorship need to be specific with regard to the patient's lack of competence to give or withhold consent - if the document is silent on this issue, consult a Base Hospital Physician.
- B. **Consent:** In an emergency situation, where immediate services are necessary to alleviate severe pain or failure to diagnose and treat the medical condition could lead to serious disability or death, consent is implied when the patient is unable to provide consent due to impairments secondary to illness, injury, alcohol, drugs, age (patient is a minor), or mental disorder, so long as there is no evidence that the patient would have refused such services if he or she were competent to do so. Emergency care must be limited only to the condition giving rise to the emergency.
- C. **EMS Personnel:** All, EMTs, Advanced EMTs, and Paramedics providing care within the Mountain Counties EMS Agency jurisdiction.
- D. **Emancipated Minor:** means a person who is under the age of eighteen (18) years who is married or who is ruled by a court of law to be legally able to care for themself.
- E. **Minor's Consent:** In most cases, a person under the age of 18 is not competent to consent (or withhold consent) for medical care. Therefore, the consent of a parent or legal guardian is required. Additionally, if the parent or legal guardian cannot be reached, school officials may provide consent for medical care for their minor students who become injured or ill during regular school hours. This provision does not apply to a minor student when their parent or legal guardian has previously filed with the school district a written objection to any medical care other than first aid. If the minor's parents/legal guardian/school officials are unavailable, the minor must be placed under the protection of law enforcement until the parents/legal guardian can be notified. There are exceptions in state law which does allow a person under the age of 18 to be considered as a person to be competent to give or to withhold consent, including if he or she has been legally married, is in military service, is an emancipated minor, or if she is seeking medical care or treatment related to pregnancy (e.g., pregnancy complications). Additionally, there are some specific types of medical

care to which a person under the age of 18 can consent; however, these are generally unrelated to emergency care services.

- F. **No Patient Contact:** is defined as arrival at scene and Unable to Locate (UTL) any patient. Verbal or physical contact with a patient has not been made.
- G. **Person:** means any individual encountered by EMS Personnel who does not manifest any overt evidence of illness or injury – AND – refuses any assessment by EMS Personnel.
- H. **Patient:** means any individual encountered by EMS Personnel who demonstrates any of the following:
- Suspected illness or injury;
  - Exposed to a significant mechanism that could cause illness or injury;
  - Requests care or evaluation; or
  - Altered level of consciousness.
- I. **Patient Relationship:** means EMS has been activated and EMS Personnel have contacted a patient.
- J. **Refusal of Service:** means a patient is refusing assessment, treatment, and/or transport by EMS Personnel.
- K. **5150 Hold Situation:** is defined as, “A patient who is held against their will for evaluation under the authority of Welfare and Institution Code, Section 5150, because the patient is a danger to themselves, a danger to others and/or gravely disabled (i.e., unable to care for self)”. This is a written order placed by a law enforcement officer, County Mental Health Worker, or a health worker certified by the County to place an individual on a 5150 hold.
- L. **5170 Hold Situation:** is defined as, “A person who is a danger to others or to himself, or gravely disabled as a result of inebriation. A peace officer, member of the attending staff, as defined by regulation, of an evaluation facility designated by the County, or other person designated by the County may, upon reasonable cause, take or cause to be taken, the person into civil protective custody and place him in a facility designated by the County and approved by the State Department of Alcohol and Drug Abuse as a facility for 72-hour treatment and evaluation of inebriates.”

### III. POLICY

- A. Any patient may decline all or part of assessment, treatments, or transportation by EMS Personnel if **ALL** the following factors are present:
- The patient can communicate a choice.
  - The patient can understand the relevant information.
  - The patient can appreciate the situation and its consequences.
  - The patient can reason rationally.
  - The patient is an emancipated minor or over the age of eighteen (18) years.
- B. When a patient has refused assessment, treatment, or transport by ambulance, EMS Personnel shall complete a Refusal of EMS Service form as developed by their employer.
- C. Cancellation of Responding Units:
1. The IC or their designee on the scene of an incident may cancel a responding ALS resource upon determination of the following:
    - a. That the incident does not involve an injury or illness which would require assessment, treatment or transport by Paramedic personnel; or,
    - b. When the patient is a competent adult and is refusing ALS assessment and or transport.

- c. Before canceling the ALS resource, consider the medical legal responsibility involved. Once an ALS unit has arrived on scene, and ALS personnel are within visual range of the patient, the ALS personnel should attempt to make patient contact.
- d. The Refusal of Service process shall be conducted by the EMS Personnel with the highest medical authority.

IV. PROCEDURE: Document each element of the refusal process on the PCR.

1. Obtain a history of the event and prior medical history including medications.
2. Perform a Physical Assessment as defined in MCEMSA Policy 554.01.
3. Ensure the patient is well informed and understands the benefits of treatment and transport to the emergency department as well as the risks of refusing treatment and transport to the emergency department.
4. Incidents when the ALS resource should not be canceled by BLS Emergency Medical Service (EMS) personnel:
  - a. Medical:
    - i. Cardiac arrest with active Cardiopulmonary Resuscitation (CPR)
    - ii. Cardiac symptoms
    - iii. Difficulty breathing
    - iv. Altered mental status
    - v. Drug ingestion/Poisoning
    - vi. Seizures
    - vii. Non-fatal drowning
    - viii. Gastrointestinal (GI) or Obstetrical (OB) hemorrhage
    - ix. All Pediatric patients less than (<) fifteen (15) years old
  - b. Trauma
    - i. Respiratory problems associated with trauma
    - ii. Significant bleeding associated with trauma
    - iii. Trauma where the patient has lost consciousness
    - iv. All penetrating injuries to head, neck, chest, torso, and extremities proximal to the elbow and knee.
    - v. In general, any traumatic event with a mechanism of injury and high-energy impact consistent with serious injury despite a lack of clinical signs and symptoms such as:
      - a. Ejection from motorized vehicle
      - b. Death in the same passenger compartment

- c. Vehicular crashes requiring extrication time of greater (>) than twenty (20) minutes.
  - d. Falls that appear to be > twenty (20) feet.
  - e. Vehicle rollovers.
  - f. High-speed vehicular crashes with initial speed > forty miles per hour (40 MPH), major auto deformity > twenty (20) inches, or intrusion into passenger compartment > twelve (12) inches
  - g. Auto-pedestrian/auto-bicycle injuries with significant impact > five (5) MPH.
  - h. Pedestrians thrown from or run over by a vehicle.
  - i. Motorcycle crash > twenty (20) MPH or with separation of a rider from the bike.
5. If the patient refuses all or part of the assessment, treatment, or transportation and who, in the judgement of the EMS Personnel, requires assessment, treatment, or transportation, consider the following:
  - a. Have your partner offer assessment, treatment, or transportation.
  - b. Contact the Base Hospital Physician for direct communication with the patient.
    - i. Required if the patient meets Trauma Triage Criteria as defined in MCEMSA Policy 553.25.
  - c. If the patient is a danger to themselves or others, request law enforcement for a 5150/5170 evaluation.
6. Explain in detail the patient's rights as defined below:
7. Complete and explain to the patient the Refusal of EMS Service form.
  - i. Obtain a signature from the patient and, if possible, a witness.
  - ii. If the patient is a minor or incompetent adult, ensure that the legal guardian is refusing treatment prior to allowing the refusal.

### **Patient Refusal Rights and Information**

You are refusing medical treatment and/or transport. Your health and safety are our primary concern, please remember the following:

1. Our evaluation and/or treatment is not a substitute for medical evaluation and treatment by a doctor. We advise you to see a doctor or go to a hospital emergency department.
2. Your condition may not seem as bad to you as it is. Without treatment, your condition or problem could become worse.
3. If you change your mind or your condition becomes worse, please don't hesitate to call us back, by dialing 911. We will do our best to help you.
4. Don't wait! When medical treatment is needed, it's usually better to get it right away.

### **SPECIAL CONDITIONS:**

5. Your condition has been discussed with a doctor at the hospital by radio or telephone and the advice given to you has been issued or approved by the doctor.
6. **FOR MINORS:** Instruct the patient's legal guardian that in this situation they are acting on behalf of the patient, and they understand the above information regarding refusal of treatment or transport and accept responsibility for the patient.