

Emergency Medical Services Program Policies – Procedures – Protocols

Against Medical Advice (AMA) (1010.00)

PURPOSE:

To provide guidelines for EMS personnel to determine which patients who do not wish to be transported to the hospital have the decision-making capacity to refuse EMS treatment and/or transport, and to identify those who may be safely released at scene.

AUTHORITY:

California Health and Safety Code, Division 2.5, Sections 1797.220, 1798, (a).
California Welfare and Institution Code, Sections 305, 625, 5150, and 5170. Title
22, California Code of Regulations, Section 100169.

DEFINITIONS

Adult: A person at least eighteen years of age.

Minor: A person less than eighteen years of age.

Minor Not Requiring Parental Consent is a person who:

- Is 12 years or older and in need of care for a reportable medical condition or substance abuse
- Is pregnant and requires care related to the pregnancy
- Is in immediate danger of suspected physical or sexual abuse
- Is an emancipated minor

Emancipated Minor: A person under the age of 18 years is an emancipated minor if any of the following conditions are met:

- Married or previously married
- The person has received a declaration of emancipation pursuant to Section 7122 of the California Family Code, which includes all of the following: at least fourteen (14) years of age, living separate and apart from their parents and managing their own financial affairs (may be verified by DMV Identification Card)
- On active military duty

Decision-Making Capacity: The ability to understand the nature and consequences of proposed health care. This includes understanding the significant risks and benefits,

and having the ability to make and communicate a decision regarding the proposed health care. A person has decision-making capacity if they are able to:

Understand the need for treatment, the implications of receiving and of not receiving treatment, and alternative forms of treatment that are available, and relate the above information to their personal values, and then make and convey a decision.

The lack of decision-making capacity may be:

- Temporarily lost (e.g., due to unconsciousness, influence of mind-altering substances, a severe substance abuse disorder, mental illness or cognitive impairment.)
- Permanently lost (e.g., due to irreversible coma, persistent vegetative state, untreatable brain injury or dementia)
- Never existed (i.e., due to profound neurodevelopmental disorder, those who are deemed by the Court as incompetent or a person under conservatorship)

Emergency Medical Condition:

A condition or situation in which an individual has an immediate need for medical attention, whether actual or perceived. The presence of abnormal vital signs (heart rate and rhythm, respiratory rate, blood pressure, oxygen saturation, EtCO₂, and blood glucose.) are also indications of an emergency condition.

Implied Consent:

This is a type of consent involving the presumption that an unconscious or person lacking decision-making capacity would consent to lifesaving care. This shall include minors with an emergency medical condition and a parent or legal representative is not available.

Refusing Care Against Medical Advice (AMA):

A patient or a legal representative of a patient who has the decision-making capacity to refuse treatment and/or transport for an emergency medical condition.

"Treatment in place via telehealth" (Patients not requiring transport):

A patient who, after an assessment by EMS personnel, does not have an emergency medical condition and does not appear to require immediate transportation. These patients meet one or more of the criteria in the telehealth policy.

5150 Hold:

A patient who is held against their will for evaluation under the authority of Welfare and Institutions 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 law enforcement officer, County mental health worker, or a health worker certified by the County to place an individual on a 5150 hold.

PRINCIPLES

1. An adult or emancipated minor who has decision-making capacity has the right to determine the course of their medical care including the refusal of care. These patients must be advised of the risks and consequences resulting from refusal of medical care.
2. A patient less than eighteen (18) years of age, with the exception of minors not requiring parental consent, must have a parent or legal representative to refuse evaluation, treatment, and/or transport for an emergency condition.
3. A patient determined by EMS personnel or the base hospital to lack decision-making capacity may not refuse care or AMA. Mental illness, drugs, alcohol, or physical/mental impairment may impair a patient's decision-making capacity but are not sufficient to eliminate decision-making capacity. Patients who have attempted suicide, verbalized suicidal intent, or if other factors lead EMS personnel to suspect suicidal intent, should be regarded as lacking the decision-making capacity. Diagnosed mental illness alone or a patient's report of ingesting drugs/alcohol does not justify a determination of lack of decision-making capacity. Capacity determinations are specific only to the particular decision that needs to be made.
4. A patient on a 5150 Hold may not be released at scene and cannot sign-out against medical advice.
5. A patient or a legal representative of a patient may contact EMS for minor complaints in order to have an assessment performed and determination made of the seriousness of the complaint and need for treatment. In such cases, the EMS personnel may perform an assessment and for those who meet the definition of "Treatment in place" may be treated at the scene after a consult with telehealth. If the patient or legal representative requests that the patient still be transported despite the telehealth physician's assurance that transport is not needed; EMS personnel should honor the request and transport the patient to the most appropriate receiving facility in accordance with ambulance destination decision policy.
6. At no time are EMS personnel to put themselves in danger by attempting to treat and/or transport a patient who refuses care.
7. Patients who refuse treatment and/or transport, and all those released at the scene are high risk patients who require additional quality review.

I. Adult with decision making capacity or Minor (not requiring parental consent)

- A. EMS personnel shall advise the patient of the risks and consequences which may result from refusal of treatment and/or transport. The patient should be advised to seek immediate medical care.
- B. If the patient has an emergency medical condition as defined below a telehealth consult shall be initiated.
 - i. Extremes of age (≤ 12 months or ≥ 65 years old)
 - ii. Abnormal vital signs
 - iii. High-risk chief complaints including chest pain, shortness of breath, abdominal pain, gastrointestinal or vaginal bleeding, and syncope
- C. EMS personnel shall have the patient or their legal representative, as appropriate, sign the release (AMA) section of the EMS ePCR. The signature shall be witnessed, preferably by a family member.
- D. A patient's refusal to sign the AMA section should be documented on the EMS ePCR and a witness signature obtained by either a family member, another prehospital personnel, or law enforcement.

II. Individual lacking decision-making capacity or a Minor (requiring parental consent)

- A. The patient should be transported to an appropriate receiving facility under implied consent. A 5150 hold is not required.
- B. If EMS personnel determines it is necessary to transport the patient against their will and the patient resists, or the EMS personnel believe the patient will resist, assistance from law enforcement should be requested in transporting the patient. Law enforcement may consider the placement of a 5150 hold on the patient but this is not required for transport.
- C. Law enforcement should be involved whenever EMS personnel believe a parent or other legal representative of the patient is acting unreasonably in refusing immediate care and/or transport.

III. Treatment in place via telehealth

- A. EMS personnel shall ensure that the patient does not have an ongoing emergency medical condition and that they have the capacity to decline transport after a consult with telehealth physician as per telehealth policy.
- B. If the patient or the patient's legal representative requests that the patient

be transported after assurances that transport is not needed, EMS personnel shall honor the requests and transport to the most appropriate hospital for patient.

IV. Documentation

An EMS ePCR must be completed for each patient encounter, including those refusing emergency medical evaluation, care and/or transportation against medical advice and those receiving telehealth consult. EMS personnel shall ensure that documentation includes, at a minimum, the following:

- A. Patient history and assessment, including absence of findings of an emergency medical condition.
- B. Description of the patient which clearly indicates their decision-making capacity
- C. For Refusal of Care Against Medical Advice (AMA):
 - 1. What the patient is refusing (i.e., medical care, transport)
 - 2. Why the patient is refusing care
 - 3. Risk and consequences of refusing care
 - 4. Statement that the patient understands the risks and consequences of refusing care
 - 5. Signature of patient or legal representative refusing care
 - 6. Patient's plan for follow-up care
 - 7. If patient is refusing to sign a signature from a witness preferably a family member.
- D. For Minors, document the relationship of the person(s) to whom the patient is being released

V. Quality Improvement

All patient care records for patients who refuse medical care or transport shall have a case review by the EMS Provider Medical Director (or designee).