North Kingstown Fire Department

Standard Operating Guidelines		4000 Series
Effective Date:	Emergency Medical Services (EMS) Refusals	EMS Operations
1/2021		4210
Revision Date:		
1/2021		Page 1 of 5

I. PURPOSE

The purpose of this policy is to establish guidelines and documentation procedures for North Kingstown Fire Department (Department) Fire and Rescue Companies (i.e. Engine, Ladder, Special Hazards, and Rescue Companies) to use when obtaining a patient refusal of Emergency Medical Services (EMS).

II. POLICY

It is the policy of the North Kingstown Fire Department that the following guidelines be used when a Fire or Rescue Company must document a patient refusal in accordance with current Rhode Island Statewide Emergency Medical Services Protocols.

A. Candidates for Valid Refusal:

1. A patient ≥ 16 y.o. with a present mental capacity who wishes to refuse patient care or transportation by EMS providers for themselves; ***or***
2. A parent with a present mental capacity who wishes to refuse patient care or transportation by EMS providers for their child; ***or***
3. A patient < 16 years of age whose parents or legal guardian with a present mental capacity wishes to refuse patient care or transportation by EMS providers for their child or a child in their guardianship; ***or***
4. A legally emancipated minor.

B. Refusal of patient care is considered valid if the following three components are established:

1. **Competence:** Patients meeting the criteria in Section A, above are considered by R.I. General Laws to be competent to either consent or refuse medical care/services. Parents and legal guardians, as described above, ***who are on scene*** may also consent or refuse care on behalf of their minor child.
2. **Capacity:** The patient or legal guardian must demonstrate present mental capacity as assessed below.
3. **Informed Refusal:** A patient must be fully informed (based upon presenting complaint/condition) about his or her medical/ traumatic condition and the risks/benefits of treatment/transport vs. refusal.

III. PROCEDURE

A. Perform an assessment of the patient's medical/traumatic condition and to the extent permitted by the patient, a physical examination. This examination shall include vital signs. This assessment, and/or examination, or the patient's refusal of assessment/examination must be fully documented on the Patient Care Report (PCR).

B. Assess the patient for their ability to demonstrate present mental capacity by determining the following. If the answer to all three is yes, present mental capacity is affirmed:

1. Does the patient/guardian understand the illness or injury and the benefits of evaluation, treatment and/or transportation by EMS; ***and***
2. Does the patient/guardian understand the consequences (including death) of not seeking evaluation, treatment and/or transport by EMS; ***and***
3. Does the patient understand alternatives to immediate evaluation, treatment and/or transportation by EMS?

C. Attempt to identify any patient/guardian perceived barriers to treatment/transport and make reasonable efforts to address these barriers. This may include but is not limited to, the offer of transportation to a licensed healthcare facility not recommended by protocol. These offers should be made only for the purpose of facilitating additional evaluation and/or treatment which would otherwise be refused.

D. Consider consulting MEDICAL CONTROL for assistance in facilitating patient acceptance of treatment or transportation. It may be helpful to have the patient or the patient's guardian speak directly with the MEDICAL CONTROL physician. If MEDICAL CONTROL is consulted, it should be included in the PCR (including the time of the consult and the name of the physician).

E. Inform the patient/guardian of the risks of refusal and the benefits of treatment/ transport in accordance with their presenting complaint. It should be explained that the list of risks described is not comprehensive due to the diagnostic limitations of the pre-hospital environment and that their refusal may result in worsening of their condition, serious disability, or even death.

F. A competent patient who is determined to have present mental capacity that meets the following criteria may refuse evaluation, care or transport by EMS:

1. The refusal is solely initiated by the patient, not suggested/prompted by EMS providers; ***and***
2. The patient is oriented to person, place, time, and situation; ***and***
3. No evidence of altered consciousness resulting from head trauma, medical illness, intoxication, dementia, psychiatric illness or other etiologies; ***and***
4. No evidence of impaired judgement from alcohol or drug influence; ***and***
5. No language communication barrier; ***and***
6. No evidence or admission of suicidal ideation resulting in any gesture or attempt at self-harm and no verbal or written expression of suicidal ideation regardless of any apparent inability to complete a suicide attempt.

G. Document the refusal of care/transportation by having the patient sign (or, in the case of a minor patient, the minor patient's parent, legal guardian, or authorized representative) sign a refusal of care statement on the PCR or a standalone, service specific refusal of care form:

1. North Kingstown Fire Department Patient Refusal Form.

    i. Documentation should also include, when possible, a signature by a witness, preferably a competent relative, friend, police officer, or impartial third party.

H. Advise the patient/guardian that they should seek immediate medical care at an Emergency Department and that they may call 911 at any time if their condition changes or worsens or if they wish to be transported.

I. Provide documentation on the PCR supporting the presence of mental capacity and specific information provided to the patient/guardian regarding their condition and risks associated with the refusal of evaluation, treatment and/or transportation by EMS.

J. If a patient refuses to sign a refusal of care statement, provide documentation on the PCR regarding the situation under which the patient refused to sign.

K. Companies may opt to use the North Kingstown Fire Department Patient Refusal Form in conjunction with the computer aided PCR if deemed advantageous or more practical.

1. Companies opting to complete the Patient Refusal Form must also complete a PCR for all patient refusals.
2. Patient Refusal Forms contain protected personal information which fall under the purview or HIPPA and other state laws and regulations. Completed Patient Refusal Forms must be handled/stored accordingly.
3. The Patient Refusal Form shall be:
    i. Uploaded to the PCR.
    ii. Stored in a designated locked location within each station.
4. It shall be the responsibility of the Station Captain or Acting Station Captain to ensure completed forms are submitted to the Shift Commander's Office as soon as possible after completion.

North Kingstown Fire Department
Patient Refusal of Treatment and/or Transport

Date: ____/____/____ **Incident #:** _____

A. Medical decision making capacity: (This section must be completed by the provider)		
Is the patient is oriented to person, place, time and situation?	____Yes*	____No
Is the pt unable to understand the current situation and its consequences?	____Yes*	____No
Is there evidence of altered LOC resulting from head trauma, medical illness, intoxication, dementia, psychiatric illness or other etiologies?	____Yes	____No*
Is there evidence or admission of suicidal ideations or attempts at self harm?	____Yes	____No*
Is there a communication barrier present?	____Yes	____No*

B. Assessment / Treatment Refused: (Check all that apply)

[ ] Patient deemed competent, declines all EMS care and further refuses all offers of ambulance transportation.

[ ] Patent deemed competent, **accepts treatment** (as recorded in narrative) but **refuses transport** to hospital.

[ ] Patient deemed competent, **refuses treatment** (as recorded in narrative) but **accepts transport** to hospital.

C. Patient / Guardian / Power of attorney has been advised: (Check all that apply)

[ ] That transport by means other than by ambulance, could be hazardous and is not recommended based upon current / condition, specific injury or medical illness.

[ ] Patient has been informed of their right to refuse pre-hospital treatment and / or the offer of transport to an appropriate medical facility and appreciates the consequences of his / her decision.

D. Patient Signature (This section is to be completed by the patient or patient representative.)

I (we) the undersigned hereby certify that I (we) refuse treatment / transport offered by the employees of the North Kingstown Fire Department and hereby accept all responsibility with my (our) refusal of treatment / transport.
I (we) further understand that I (we) should immediately contact EMS via 911, my personal physician, or the emergency department physician should further medical care be required.

Patient:_____ **DOB:**____/____/____ **Printed Name:**_____

Address:_____

Witness:_____ **DOB:**____/____/____ **Printed Name:**_____

Address:_____