

PEORIA AREA EMS SYSTEM
PREHOSPITAL CARE MANUAL

**Patient Right of Refusal
Policy**

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*.

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 transportation.
3. Secure Medical Control approval of **high risk refusals** (low risk refusals for First Responders) in accordance with the *Online Medical Control Policy*.
4. Complete the *Against Medical Advice/Refusal 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.
5. 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.
6. 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.

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Refusal Process (continued)

7. The top (white) original of the *AMA/Refusal Form* is maintained by the agency securing the refusal. The **yellow** copy is forwarded to the EMS Office with the appropriate copies of the patient care report. The patient is provided with the **pink** copy of the *AMA/Refusal Form*.

INSERT AMA/REFUSAL FORM AFTER THIS PAGE