

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM**TITLE: PATIENT'S RIGHT TO REFUSE EMERGENCY MEDICAL SERVICES****POLICY:**

The System recognizes the qualified patient's right to make informed decisions about their health care including the right to refuse emergency medical services and/or transportation to a health care facility.

I. Patient Refusal of Services

- A. A patient is considered qualified to refuse emergency medical services and/or transportation under the following conditions:
1. The patient is 18 years old or older and is considered legally competent to make her/his own decisions.
 2. The patient is not under the influence of any substance that may interfere with her/his capacity to make an informed decision.
 3. The patient appears to be capable of making rational judgments at the time of the call (is alert, oriented and answering questions appropriately) and is not under the protective custody of a law enforcement officer.
 4. The patient has executed a legally enforceable advanced directive (DNR or Durable Power of Attorney for Health Care) which is valid according to the criteria established by IDPH (refer to System policy 300-50).
 5. The patient is a minor and meets the criteria defined in the Minor Patient/Guardian Consent policy 300-47.
- B. A qualified patient may refuse any and all aspects of emergency medical services including the following:
1. The refusal of all care and transportation.
 2. The acceptance of transport but the refusal of care or specific aspects of care.
 3. The acceptance of care and transport but at the Basic Life Support level only.
 4. The acceptance of care but refusal of transport.
 5. The acceptance of care but the refusal of transport to the closest hospital with corresponding approval from the Resource Hospital.

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: PATIENT'S RIGHT TO REFUSE EMERGENCY MEDICAL SERVICES

POLICY: CONTINUED

II. Procedure for Patient Refusals

- A. Every effort should be made to perform an assessment to the extent allowed by the patient regardless of the refusal of services.
- B. The patient, or legally empowered decision-maker, must be advised of the assumed risk of refusing services and encouraged to follow-up with alternative sources of care.
- C. If on-scene medical personnel determine that the patient may not be qualified, the Resource Hospital should be contacted immediately for further direction. Intervention by Law Enforcement may also be considered at this point.
- D. The patient, guardian or legally empowered decision-maker must sign the refusal portion of the ambulance run form. Full documentation of the refusal must be completed utilizing a System approved Refusal Form either electronically or paper (as in the Release of Liability form attached to this policy).
- E. It is highly advised that refusal reports should be called in to the Resource Hospital for taping verification.

ATTACHMENT: SCEMSS RELEASE OF LIABILITY FORM

EFFECTIVE DATE: 08-15-89

REVISED DATE: 12-07-18

RELEASE OF LIABILITY

To be read to the person refusing treatment.

Silver Cross EMS System, Silver Cross Hospital and myself are advising you that you should receive medical treatment, which you are refusing. By refusing the medical treatment, your condition could worsen and result in serious illness, injury, or death. Do you still wish to refuse medical treatment?

I, _____, hereby release the Silver Cross EMS System, Silver Cross Hospital, its physicians, nurses and any and all ambulance personnel and their employers of any responsibility and/or liability. I acknowledge that I have been informed regarding the risks I assume in making this decision voluntarily, and have been advised by the ambulance personnel as follows (use whichever applies): (Patient, Guardian, or M.D. to initial on the appropriate line.)

Initial Statement

_____ I am not injured and do not wish to receive medical services, treatment, or transportation to a hospital.

_____ I have been advised that I should receive emergency care and transportation, which I am refusing.

_____ I am refusing ALS/ILS/BLS care, and wish only to be transported to a hospital.

_____ Having received emergency care, I am refusing further aid or transportation to a hospital.

_____ The EMS hospital has recommended transport to _____ Hospital.

I refuse this and request transport to _____ Hospital.

_____ Physician ONLY – I assume full responsibility for the medical care of this patient during this ambulance call, and I will accompany the patient to the hospital. I understand that if I do not accompany this patient to the hospital, the ambulance personnel are obligated to render emergency care under the direction of their EMS Medical Director or his/her designee.

_____ Other: _____

Signature of: Patient, MD/DO, Guardian (Relationship: _____)

Date

Signees Address

EMT-B, EMT-I, Paramedic, PHRN Signature

Witness Signature

REFUSAL TO SIGN RELEASE STATEMENT

Date: _____

Incident # _____

Patient Name: _____

The above patient was informed regarding the risks of refusing care or transportation, and was asked to read and sign the release of liability statement. The patient, or the person authorized to give or withhold consent for the patient, continued to refuse treatment or transportation; and refused to sign the release statement.

EMT-B/I/P/PHRN Signature

Witness (EMT-B/I/P/PHRN)

Witness (Police Officer, If Available)