



**REGION 11
CHICAGO EMS SYSTEM
POLICY**

Title: Consent and Refusal of EMS Service
Section: Patient Care
Approved: EMS Medical Directors Consortium
Effective: December 6, 2023

CONSENT AND REFUSAL OF EMS SERVICE

I. APPROACH TO CONSENT/REFUSAL OF SERVICE

- A. In the event that EMS is activated and the patient refuses some or all of the recommended treatment or transport, the following procedure should be followed:
1. Identify yourself and attempt to gain the patient's confidence and initiate care in a non-threatening manner.
 2. Determine the specific treatment or transport that the patient is refusing and reasons for this decision.
- B. Perform an assessment of the patient:
1. Assess mental status of the patient.
 2. Conduct, if possible, a complete history and physical including a full set of vital signs.
 3. Advise the patient of his/her medical condition and explain why the care and/or transport are necessary.
 4. Advise the patient of the possible consequences of delaying or refusing the proposed care.
- C. Evaluate the patient for **decision-making capacity**. A patient with decision-making capacity has the legal right to consent to or refuse some or all of the recommended treatment and to consent to or refuse transport.
- D. **Decision-Making Capacity**: The patient's ability to understand the nature and consequences of proposed health care. This includes understanding the nature of their injury or illness and/or risk of illness, the possible consequences of delaying or refusing care, and the ability to clearly communicate a decision regarding the proposed care.
1. Evaluation of decision-making capacity involves assessing for conditions that may influence the ability to make sound choices and is a status beyond being alert and oriented.
 2. Assess for the following conditions that may influence decision-making capability:
 - a. Hypoxia
 - b. Hypotension
 - c. Hypoglycemia
 - d. Trauma (e.g. Head Injury)
 - e. Alcohol/Drug/Chemical Intoxication or Reaction
 - f. Stroke/CVA



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- g. Postictal States/Seizures
- h. Electrolyte Abnormality
- i. Infection
- j. Dementia
- k. Psychiatric/behavioral emergencies (e.g., suicidal, inability to care for self, homicidal)

II. PATIENTS WITH DECISION-MAKING CAPACITY

- A. For situations in which a Paramedic/EMT assesses the patient and determines that they have decision-making capacity and are refusing medical assistance or transportation, they should next:
 - 1. Follow below procedure for refusals.
 - 2. Inform the patient of the risks of refusal and document your attempts to convey the importance of transport/treatment along with the patient's ability to comprehend.
 - 3. Have the patient sign the written refusal of transport.
 - a. There should be two witnesses to the refusal if possible. One witness should be the EMT/Paramedic assigned to the ambulance/ALS/BLS company and the other should be a family member or bystander (e.g., police officer, etc.).
 - b. If a patient refuses to sign the refusal, the refusal to sign should be witnessed and signed by a family member or bystander if possible.
 - 4. In the interest of assuring that the patient is transported to an appropriate medical facility rather than receive no care at all, deviations from the policies and procedures and standing medical orders may be necessary; consult with Online Medical Control while on the scene.
 - 5. For refusal of treatment or any component of treatment, the refusal **MUST BE** thoroughly documented in the comments section.
- B. Contact with Online Medical Control (OLMC)
 - 1. EMS providers should contact Online Medical Control prior to completing the refusal and departing the scene. OLMC should be able to speak with the patient directly if requested.
 - 2. In the event that EMS providers request OLMC consultation to determine decision-making capacity for a patient or, after consultation with OLMC, it is determined that the patient lacks decision-making capacity, EMS providers should follow the below guidelines (Section III. Patient Without Decision-Making Capacity).



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III. PATIENT WITHOUT DECISION-MAKING CAPACITY

- A. A patient whose behavior and/or medical condition suggests lack of decision-making capacity has the right to neither consent to nor refuse care and/or transport. Patients without decision-making capacity will not be allowed to make health care decisions.
- B. Procedure:
 - 1. Once a patient is judged to lack decision-making capacity, EMS personnel should attempt to carry out treatment and transport in the interest of the patient's welfare.
 - a. At all times EMS personnel should avoid placing themselves in danger; this may mean a delay in the initiation of treatment until the safety of the EMS personnel is assured.
 - b. Try to obtain cooperation through conventional means.
 - 2. If the patient resists care and/or transport:
 - a. Request police and/or fire department backup as needed.
 - b. Contact OLMC as needed.
 - c. Reasonable force may be used to restrain the patient if the patient is a risk to self or others (see Restraints Policy).
 - d. The requirement to initiate assessment and patient care may be waived in favor of assuring that the patient is transported to the closest appropriate emergency department. Document clearly and thoroughly the reasons for deviation in care.

IV. MINOR PATIENT

- A. In Illinois, any person under the age of 18 is a minor, but is legally recognized as an adult and may refuse care and/or transport if the person:
 - 1. Has obtained a court order of emancipation
 - 2. Is married
 - 3. Is a parent
 - 4. Is pregnant
 - 5. Is a sworn member of the U.S. armed services
- B. Parental or guardian consent is not required for patients over the age of 12 seeking treatment for mental health, sexually transmitted diseases, sexual abuse/assault, alcohol or drug abuse.
- C. Parental or guardian consent is required for refusal of service for minors. If a parent or



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guardian is not available to consent or refuse service, the following must be completed and documented:

1. Advise patient of his/her illness or injury and explain the need for further evaluation of the condition by a physician.
2. Contact OLMC and inform them of the situation while on the scene.
3. Administer appropriate care and if necessary request police assistance.

D. If a parent or guardian grants consent, but the minor refuses care:

1. Advise patient of his/her illness or injury and explain the need for further evaluation of the condition by a physician.
2. Contact OLMC and inform them of the situation while on the scene.

E. If a parent or guardian refuses to consent when medical care is indicated:

1. See Reporting Abused and/or Neglected Patients Policy.
2. Advise OLMC of the situation while on scene.

F. In any situation involving a minor patient, EMS personnel should attempt to solicit a responsible adult to accompany the minor from the scene.

V. MULTIPLE PATIENT REFUSALS

- A. To ensure the efficient use of resources, a provider agency may utilize a Multiple Patient Release form that has been approved by the Region for incidents where there are three or more patients refusing services.
- B. Each patient should be assessed for mental status, decision-making capacity, drug or alcohol intoxication, and medical or traumatic complaint. Any abnormal vitals, evidence of intoxication, concern about decision making-capacity or any complaint should be called into Online Medical Control and an individual PCR must be completed for that patient.
- C. If no complaints or injuries exist and there is no significant mechanism of injury, they may sign a multiple patient release form and a PCR must be generated summarizing the event.