		ity when a Patient Refuses Treatr	
		patment and transport, it is incumbent on EMS per patient's condition, and documented on	
☐ Patient oriented a	nd alert to <u>PERSON, PLAC</u>	E, TIME, and EVENTS.	
	signs of significant impair NOT a risk to self or others	ment due to alcohol, drugs, mental or o	rganic illness.
		ent / consequences understood by pation	ent.
☐ Patient k	nows to phone 9-1-1 if s/he	e changes mind about seeking medical	treatment and transportation.
er advice given to pa	tient :		
son(s) for Refusal : _			
Name of family mem	ber or other adult pres	ent as witness:	
Names of person(s)	present with patient at	disposition:	
(1)		(2)	
			□ N/A
D called 9-1-1.		□ N/A Why?	U N/A
cident #:	D N	I/A	
	A	ADULT—Competent	
hereby release	Paramedic Servi The City of Win	ising treatment/transport ce. I have been advised nipeg and its employees	against this decision. from any and all
hereby release	Paramedic Servi The City of Win	ce. I have been advised	against this decision. from any and all
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Winnipeg Fire Paramedic Service Refusal of Treatment/Transport (Summary)

Adults (18 years or older)

While patients have the right to refuse medical evaluation and treatment, it is incumbent on EMS personnel to first attempt to ensure the following:

> Patient be oriented to person, place, time, events with stable vital signs

> No signs of significant impairment due to alcohol, drugs, mental or organic illness

> Patient has a reasonable understanding of their condition and risks of refusing tx

If the patient does not meet the above criteria, or after assessment, EMS feel patient should go to hospital, but continues to refuse transport, the following actions must be taken:

> Family members or friends present should encourage patient to accept transportation

> If this fails, the Medical Supervisor should be contacted to discuss the situation

If this fails and EMS is concerned about capacity to decide and make informed decision to refuse, police should be contacted and patient transported against wishes.

If patient is requiring transport to health facility and all attempts to persuade the patient are unsuccessful, a decision must be made by the on-scene EMS personnel and Medical Supervisor whether to restrain the patient during transport.

> EMS personnel should request police assist in restraining the patient with the minimum

force, as patient restraint is not a primary EMS function.

A number of patients <u>must be</u> transported even if they meet all the criteria for discharge in the field, including:

> Patients who are a danger to themselves or others, the decision to transport is done in consultation with the police

Victims of child abuse

If patient meets all criteria to refuse treatment/transport, then personnel must ensure that instructions are given to patient and family member or friend (if present), who is willing to assume responsibility for the patient's care, and are clearly understood.

This information must include:

> Reasonable plan of action, should the patient's condition deteriorate

> How to activate the EMS if patient wishes to seek medical evaluation and transport

> The patient should be encouraged to seek medical follow-up

EMS personnel should obtain a signature from patient, the care giver, the proxy, or family confirming refusal of care (if the patient or caregiver refuses to sign, the refusal should be documented and witnessed by two personnel)

Minors (17 years of age or less)

When the patient is a minor:

> The patient's parent(s) or legal guardian must be contacted and is the only individual(s) who can make decisions regarding the refusal of treatment/transport of the patient

If a minor is living independently from their parent(s) or legal guardian, then the Medical Supervisor must be contacted and attend the scene prior to making the final decision to not transport

Documentation

The following information must be documented on the Patient Care Report:

- > Date, time, and location where patient found
- Presenting complaint
- > History and physical examination, including vital signs
- > Mental status examination
- > Alert and orientated to person, place, time, and events
- Patient does not appear to be under the influence of alcohol, drugs, other substances or injuries that may impair ability to make decisions
- > Patient is clearly not at risk to self or others
- > Reason(s) for refusal
- > Consequences of refusal of care reviewed with the patient
- > Information on how to contact EMS if patient changes mind
- Other advice given to the patient:
 - Identification of police on scene (if applicable)
 - Name of family member or other adult present as witnesses
 - Record name of person(s) present with patient at disposition
 - Who called 911 and why (if available)

A copy of the refusal of care form must be completed and should be signed

Note(s)

- EMS personnel must not attempt to dissuade the patient from transport
- > If there are doubts re: transportation, EMS personnel should err on the side of caution and undertake transport of the patient, if possible
- If the patient initially refuses transport but later changes their mind and requests transport, the EMS personnel cannot refuse transport
- > EMS personnel should not discuss the patient's ability or inability to pay any fees associated with treatment/transport
- A person is determined to have the capacity to make health care decisions if: he/she is able to understand the information that is relevant in making a decision, and is able to appreciate the reasonably foreseeable consequences of a decision or lack of a decision
- All patients who refuse care should sign a completed Refusal of Care Form. If the patient refuses to sign the form, their refusal should be documented and witnessed by at least two EMS personnel
- EMS personnel must recognize that the patient signature alone does not absolve them, or the EMS system, of medical legal responsibility
- Obtaining the reason for refusal may be useful for the EMS personnel in order to persuade the patient to be transported
- > In all instances where the Medical Supervisor is required, and is unavailable, the APC is contacted in their place
- When a patient is restrained:
 - Police should accompany EMS personnel to the hospital
 - Once at the hospital, Police can be relived of their duty by Hospital Security or Medical Personnel
 - EMS personnel can only transport alone if: they along with the Police and Medical Supervisor all agree that the circumstances will remain safe for both the staff and the patient.