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OPERATIONS MANUAL

STANDARD INSTRUCTION 09 EMERGENCY MEDICAL SERVICES

SECTION 02 AGAINST MEDICAL ADVICE

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SUBJECT: EMERGENCY MEDICAL SERVICES AGAINST MEDICAL ADVICE/PATIENT RELEASE	SECTION 02	PAGE 1 of 6	EFFECTIVE DATE 1 December 2017

I. PURPOSE

This policy defines proper procedure for the documentation of any against medical advice (AMA) patient or patient release and the requirements for base hospital contact.

II. SCOPE

This policy shall apply to all San Diego Fire-Rescue Department (SDFD) personnel.

III. AUTHORITY

The fire chief authorizes the information within this policy.

IV. DEFINITIONS

A. Against Medical Advice (AMA)

The refusal of treatment or transport, by an emergency patient or his/her designated decision maker, against the advice of medical personnel on scene or of the base hospital.

B. Patient Release

A call outcome that occurs when the patient and the emergency medical services (EMS) personnel (including the base hospital, if contacted) agree that the illness/injury does not require immediate treatment/transport via emergency services and the patient does not require the services of the prehospital system.

C. Elopement

The departure from the scene of a patient when the patient has refused to comply with established procedures for refusing care or transportation.

D. Transfer of Custody

When the responsibility of an individual is moved from EMS personnel to a responsible adult. This occurs when the parents and/or legal guardians of a minor or mentally disabled adult who is not ill or injured or suspected of being ill or injured are not present.

V. POLICY

A. Responsibility

1. SDFD personnel are responsible for providing quality care to those we serve. However, patient rights allow the patient to legally refuse care that is being offered to them.
2. In these situations, to reduce the possibility and exposure of the employee and the City during legal situations, personnel should reference this policy.
3. SDFD personnel are required to adhere to City, county and state Emergency Medical Services Authority (EMSA) policies regarding patient care refusals.
4. When a first responder is assigned to an incident, it shall be the responsibility of the first responder crew to complete all non-transport paperwork (AMA, Release, or Dead on Scene).

B. Against Medical Advice (AMA) and Patient Release General Policy

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1. In all cases, caregivers will act in the best interest of patient care and safety. They will also act in accordance with SDFD policies.
2. The safest and most desirable outcome of any prehospital patient contact is the transport of the individual to an appropriate medical facility for assessment by a physician.
3. EMS personnel involved in any action that may have caused injury to a citizen (e.g. auto vs. responding apparatus) shall provide appropriate care and request additional resources who will continue patient care, transport, or AMA/release if the patient chooses.
4. EMS personnel who are injured in the course of duty and require transport for evaluation as determined by another care provider shall not be allowed to sign an AMA or patient release. If the injured employee does not wish to be transported, he/she shall be removed from duty until such time that the City's contracted physician, City's 911 transport provider's physician, or the employee's physician of record determines the injured employee is fit for duty.

C. Documentation of an AMA or Patient Release

1. Documentation of a patient release, AMA, transfer of custody, or elopement shall be completed in the electronic patient care record (ePCR). When the ePCR device is not available or multiple AMA and patient releases are necessary, the incident commander may direct the use of paper AMA/patient release forms (EMS-18).
2. All forms are to be used to capture the required documentation and signatures needed for the AMA.
3. EMS personnel who use paper forms to document the patient release shall create a new ePCR for each paper AMA/patient release form.
4. The paper AMA form shall be sent to the city's EMS office where it will be scanned and placed into the ePCR document.
5. The following criteria must be included in the ePCR for it to be considered a complete document:
 - a. Who activated the 9-1-1 system and the reason for the call.
 - b. The date, incident number, unit number, quality control system (QCS) number (if applicable), patient's full name, patient's date of birth, patient's address, and patient's phone number.
 - c. The patient selection of the box next to the statement that best represents the type of separation of care. The patient must be asked to read the document, or the document shall be explained to the patient, if for any reason, the patient is unable to read it.
 - d. All eight questions to determine base hospital contact requirements are checked to appropriately reflect the patient's history.
 - e. The care provider prints the patient's name and ensures that the patient thoroughly reads the statement of release. If the patient is unable to read the statement of release, the EMT-B/paramedic shall read it to the patient.

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- f. The patient or a responsible adult dates and signs the form, acknowledging risks and receipt of notice of privacy policies. If a responsible adult signs the form, the responsible adult must type their name and relationship to the patient and the care provider must note such on the ePCR.
 - g. A witness (if available) signs their name to the document. The witness must be a competent adult. The EMT-B/paramedic shall explain to the witness that their signature verifies that they, the witness, observed SDFD personnel advise the patient of all risks and complications, offered the patient a ride to the hospital if necessary, and advised the patient to re-contact 9-1-1 if the patient's condition or decision changes. Law enforcement or other EMT-B or paramedics employed by SDFD are permitted to sign but are not considered the best witnesses due to potential conflict of interests.
 - h. The arresting officer/deputy of a patient in involuntary or protective custody such as arrest or 5150 hold, shall sign for the patient as the authority under which they are being held. Patients released from an involuntary hold or protective custody shall sign the AMA/release and the officer will be asked to provide a witness signature.
 - i. The EMT-B/paramedic types and signs their name, enters their certification/license number, the unit to which they were assigned, the base hospital contacted (if required) and the QCS number, if one is given.
 - j. The signature of the patient or responsible adult, including their name printed and the relationship to the patient, if the patient is unable to sign. In situations where base hospital contact is required, the signature of the patient or responsible adult shall be completed only after contact with the base hospital has been completed.
 - k. If the patient refuses to sign the AMA or release form, the EMT-B/paramedic shall check the box next to the "Refusal to Sign" statement. The EMT-B/paramedic shall include the reason why the patient did not sign the document. This includes patients who have elected to elope.
6. If the patient requests a copy of the electronic AMA form, the EMS personnel shall copy the information on a paper AMA/release form (EMS-18). The patient, EMS personnel, and witness (if any) shall sign the paper AMA form. A copy of this form will then be provided to the patient.
 7. An ePCR shall be included with all AMA, release and elopement documents. The EMT-B/paramedic shall include the following in their ePCR:
 - a. The patient was advised of all risks and complications up to and including death (if the circumstance presents such risks);
 - b. The patient was alert, oriented and competent to legally make the decision;
 - c. The patient was not impaired by alcohol or drug use; and

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- d. The patient was advised to re-contact 9-1-1 if their illness or injury worsened, or if the patient felt they required the services of EMS.
8. When 9-1-1 is accessed and contact is made for a patient who is a minor or mentally disabled adult who is not ill or injured or suspected of being ill or injured, the patient may be transferred to the custody of a responsible adult. Minors or mentally disabled adults who are transferred to the custody of a responsible adult shall have the responsible adult provide their name, address and contact phone number to EMS personnel. An EMT-B/paramedic shall complete the electronic documentation transfer of custody form. Examples of transfer of minor or mentally disabled patients include, but are not limited to, the following:
 - a. A call to an educational facility in which the minor is not injured or ill or suspected of being injured or ill. The minor may be transferred to the school nurse, principal, teacher or counselor.
 - b. A call to a traffic accident with minimal mechanism involving a minor driver or passengers without a legal guardian present and the minors are not injured or ill or suspected of being injured or ill. The minor(s) may be transferred to law enforcement on scene.
- D. Base Hospital Contact Requirements
1. Base hospital contact requirements shall be in accordance to San Diego County EMS Protocol (S-412 and S-415).
 - a. EMS personnel shall contact the base hospital on all life threatening or "high risk" patients who request an AMA release.
 - b. The EMS personnel shall use their best efforts in contacting the base hospital when the patient is not exhibiting symptomatic, life-threatening, or "high risk" conditions and meets any of the following criteria:
 - 1) The patient has an altered loss of consciousness or had a previous loss of consciousness.
 - 2) The patient appears impaired by drugs or alcohol.
 - 3) The patient has received an advanced life support(ALS) intervention.
 - 4) The patient has a significant mechanism of injury or illness.
 - 5) The patient is 65 years of age or older with any mechanism of injury.
 - 6) The patient is a minor (less than 18 years old and not emancipated) who is ill or injured or suspected to be ill or injured.
 - 7) The patient is a minor, not suspected to be ill or injured without a parent or responsible adult to assume custody.
 - 8) Any report of an apparent life-threatening event (ALTE).

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- 9) The EMS personnel's general impression along with the patient's vital signs and symptoms suggest an unknown illness or injury.
2. When the patient is in emergent need of treatment or transportation and the patient is refusing care, the EMT-B/paramedic shall make immediate base hospital contact to enlist the aid of the mobile intensive care nurse (MICN) and, when necessary, the base hospital physician, to attempt to convince the patient of the need for treatment or transportation.
- E. AMA/Patient Release Signatures
1. If the patient refuses treatment and/or transport, an AMA form must be signed by the patient (and witnessed) and a complete narrative explanation of the release is required.
 2. If the patient refuses to sign the AMA form, the caregiver will fill in the appropriate section of the form and have it signed by a witness or witnesses (other than EMS personnel).
- F. Documenting Patient's Chief Complaint
1. All EMS personnel will document all reasonable attempts to:
 - a. Conduct an investigation of the patient's chief complaint and take a complete set of vital signs (i.e., pulse, blood pressure and respiratory rate/quality).
 - b. Evaluate the patient's ability to understand and make decisions regarding their medical decision.
 - c. Explain to the patient the significance and related complications of his/her medical condition. This may include utilizing the cautions and instructions on the back of the AMA/release form.
 - d. Explain the consequences of a decision not to accept treatment or transport.
 - e. Contact the base hospital as per protocol.
- G. Advising a Patient's Family
- Advise the patient, the patient's family, and/or the patient's friends of any signs or symptoms they should watch for and what actions should be taken, including re-dialing 9-1-1. These instructions and who they are given to will be documented in the ePCR by EMS personnel.