

	1200	Refusal of Care (AMA/RAS)
Nor-Cal EMS Policy & Procedure Manual	Treatment Guidelines	
Effective Date: 05/01/2025	Next Revision: 05/01/2028	
Approval: Jeffrey Kepple MD – MEDICAL DIRECTOR	SIGNATURE ON FILE	

## Definitions

**Against Medical Advice-** patient's refusal of medically recommended treatments, specifically in the pre-hospital setting.

**Refusal of Care-** Competent patients / legal guardian refusing medical care against the advice of medical personnel at scene and/or Base Hospital.

**Release at Scene-** EMS personnel and the person /legal guardian concur the illness/injury does not require immediate treatment/transport via emergency/911 services.

**Person-** A person who did not activate EMS and/or has no complaint or injury suggestive of potential acute injury/illness.

**Patient-** A person who has a complaint or injury suggestive of potential acute injury/illness.

**Minor-** Any person under the age of 18 years.

**Emancipated Minor-** A person under the age of 18 years who is married, on active duty in the military, or emancipated by the courts.

**Legal Guardian-** An individual granted legal authority to care for another individual (Health Care Power of attorney, Legal Guardianship)

**Parent-** The lawful mother or father of a non-emancipated minor

### **Patients that may give consent for or refuse medical treatment:**

- 1) A person who is at least 18 years of age
  - a) Who is alert and oriented with normal mentation
  - b) Who is not under influence of drugs or alcohol that impairs decision making capacity
- 2) Minor who is Emancipated
- 3) A self-sufficient minor: 15 years or older, living separate and apart from their parents, and managing their own financial affairs.
- 4) Age of 12 years or older and in need of medical care for infectious, contagious communicable disease, or sexually transmitted disease.
- 5) Age of 12 years or older and in need of medical care for drug or alcohol abuse
- 6) Less than 18 and needs medical care for pregnancy, rape, or sexual assault

**Refusal of care form-** May use Nor-Cal EMS 1200A, or any other approved form per employer agency.

## Protocol:

