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A. Introduction

Any mentally competent adult has the right to refuse medical care, treatment, and/or transportation. Patient exam, treatment, or transportation should only be carried out with the adult patient's consent. It may be implied that by requesting our service through 911, law enforcement, or other means the adult patient has consented to our care and treatment; however, when in doubt, especially when it is not the patient who requested our service, verbal consent should be obtained. Patients or legal guardians able to refuse care include:

1. **Mentally competent** - defined by the ability to understand the nature and consequences of their actions by refusing medical care and/or transportation,

AND

2. Must be an adult, 18 years of age or older, **except:**
 - a) Emancipated minors
 - b) Self-sufficient minors
 - c) Married minors
 - d) Minors in the military

A person may be considered incompetent to refuse medical care and/or transportation if the severity of their condition prevents them from making an informed, rational decision regarding their care. Therefore, they may not refuse medical care and/or transportation based on the following circumstances:

1. Altered mental status (GCS < 15)
2. Suicide attempt (actual or verbal threat)
3. Severely altered vital signs
4. Intellectual disability or deficiency
5. Not acting as a reasonable person would do, given the same circumstances

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6. Under 18 years of age (except those defined in the above section)

In above circumstances, the patient is to be treated under Implied Consent or the Incapacitated Persons Act as defined in the following sections. Police will be requested to assist in the control of the patient and/or family. Careful documentation on the ePCR is essential in supporting your decisions.

B. Implied Consent

In situations where the adult patient is unconscious and it is determined that if able, the patient would have acted as any reasonable person in the same circumstance and consented to care, fire rescue personnel may examine, treat and transport the patient under the doctrine of Implied Consent. This form of consent may also be applied in situations where there is a minor and no adult consent can be obtained. If necessary, reasonable measures can be implemented to restrain the patient [Procedure 27](#).

C. Incapacitated Persons Law, FS 401.445

1. Fire Rescue personnel may examine, treat, and/or transport a patient without their informed (verbal) consent under the following conditions:

- a) The patient is intoxicated, under the influence of drugs, or otherwise incapable of providing informed consent,

AND

- b) The patient is experiencing an emergency medical condition,

AND

- c) The patient would reasonably, under all the surrounding circumstances, undergo exam, treatment, or transportation if they were capable.
2. Examination, treatment, and/or transportation are only necessary to alleviate or stabilize the patient's condition.
3. Reasonable force (restraint) may be applied [Procedure 27](#)
4. Careful documentation on the ePCR of the reasoning behind your actions will be required.

D. Involuntary Examination, "The Baker Act," FS 394.463

1. The following criteria must be met in order for **FS 394.463** to be imposed:

- a) A person has a history or is believed to be mentally ill,

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AND

- b) Is unable to determine for themselves what medical care is necessary and because of this is likely to suffer from neglect or personal harm,

OR

- c) There is likelihood that the person may harm themselves or others by evidence of recent behavior.
2. The "Baker Act" as it is commonly known can only be imposed by the following individuals:
 - a) A Judge
 - b) A sworn law enforcement officer
 - c) A physician, psychologist, or psychiatric nurse
 3. For the purposes of patient exam, treatment, or transportation, the Baker Act will not be considered unless it is clearly understood by all parties that the patient has met the required criteria ([D.1. a-c](#)).
 4. Reasonable force (restraint) may be applied [Procedure 27](#).
 5. Careful documentation on the ePCR including the name and agency of the person imposing the Baker Act will be required.

E. Patient Refusal

1. Fire Rescue personnel must inform the refusing individual of the potential consequences of their actions.
2. Anyone who refuses treatment and/or transport must have a documented GCS of 15.
3. If the patient has consumed alcohol (ETOH) or taken medications/drugs, their ability to make an informed decision must be assessed.
4. Attempts will be made, including enlisting family members, friends, etc., to try and convince the patient to accept medical care and/or transportation.

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5. The release on the ePCR must be signed by the patient. If the patient refuses to sign or is unable to sign, a witness signature must be obtained, and this must be documented on the ePCR.
6. Fire Rescue personnel will encourage the patient and/or family to call back if the patient's condition changes.
7. In situations where there are multiple patients refusing care, a separate ePCR with signed release must be completed for each patient.

Exception: In motor vehicle accidents where multiple persons deny any complaint, one ePCR with all persons listed in the "No Complaint" section is acceptable. The "No Complaint" documentation of one person, should **not** be included in the ePCR narrative written for another person. If a person is examined and then subsequently refuses further care, a separate ePCR will be completed.

8. In situations where the **ALS** patient refuses to be transported to the closest appropriate facility and wishes to be transported to a more distant facility, this will be treated like any other refusal of care. Fire Rescue personnel have two options:
 - a) For **ALS** patients who meet all requirements of the Incapacitated Person Law, explain to them the seriousness of the illness/injury and if still refusing, transport them to the closest appropriate facility.
 - b) For **ALS** patients, who **do not** meet all the requirements of the Incapacitated Persons Law, **transport the patient to the facility of their choice and have patient sign the refusal section on the ePCR.** This will also be documented in the narrative section.

Note: Under no circumstances will a patient requiring ALS transportation be released to an ambulance or private transportation simply because they do not wish to go to the closest appropriate facility.

A family member **may not** refuse treatment and / or transport for an adult patient regardless of any legal paperwork presented on-scene. MDFR does not recognize any legal documents in reference to withholding patient care except patients in cardiopulmonary arrest with an original completed copy of DH Form 1896, Florida Do Not Resuscitate Order, April 2002 (As detailed in [Protocol 28, Do Not Resuscitate Orders](#)).

If a patient has a preexisting medical condition that does not allow a signature to be obtained, a family member may sign as a witness to the patient's refusal. Example: you are called to evaluate someone who has a laceration on their foot. The patient has had a stroke in the past and has deficit in their arms/hands. Their refusal is based upon need to transport for a foot injury and unrelated to their inability to sign which was caused by a past stroke. This must be clearly documented in the narrative section.

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F. Patients in Police/Correctional Custody

1. All patients in police or correctional custody who meet transport criteria will be transported according to MDFR Protocol 4, including patients with altered mental status. Patients who are in police or correctional custody are not able to refuse medical transport if transport is requested by police, correctional officers, correctional facility medical staff, or if a medical assessment by MDFR indicates the need for care at a medical facility.
2. Patients in custody may refuse medical treatment while under MDFR care if they are not mentally incapacitated and have the full mental capacity to make an informed medical decision, but if transport is indicated, the patient must still be transported to the appropriate facility via MDFR Rescue, or other BLS transport if the patient meets BLS transport criteria per protocol.
3. If a correctional facility medical staff member calls MDFR for transport, the patient will be transported either ALS or BLS, as appropriate.
4. All treatment refusals by patients in custody will be documented in detail in the narrative portion of the ePCR, and a refusal witness signature from an on-scene police or correctional officer must be obtained before or during transport. No MDFR crew member will sign as the witness.

Additionally, MDFR does not provide “medical clearance” of individuals in custody for law enforcement officers, as we do not have adequate diagnostic resources in the prehospital setting to fully evaluate patients, or to attest to the medical fitness of any patient. If called by police for a patient in custody, MDFR will follow all appropriate protocols and procedures to determine if the patient meets transport criteria. All patients in police custody who meet transport criteria will be transported either ALS or BLS, as appropriate. If a correctional facility medical staff member calls MDFR for transport, the patient will be transported either ALS or BLS, as appropriate.

G. Medical Support

In situations where the decision to examine, treat, or transport a patient is difficult based on patient/guardian refusal, assistance can be obtained from the following resources:

1. On-duty EMS Field Supervisor
2. MCP of the closest facility
3. Medical Director or Assistant Medical Director through FAO

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