



**North Country  
Regional Emergency Medical  
Advisory Committee**

**Policy Statement**

*Serving: St. Lawrence, Jefferson, and Lewis Counties*

No. 11-01

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Re: Refusing Medical Care

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Supersedes:

The North Country Regional Emergency Medical Advisory Committee has developed a regional refusal form and patient instruction sheet to be used by **all** Emergency Medical Service Agencies in the North Country Region.

NYS Basic Life Support Protocols contain the following excerpts  
Refusing Medical Aid (RMA) SC-5

**“All competent adults have the right to refuse medical treatment and/or transport. It is the responsibility of the pre-hospital care provider to be sure that the patient is fully informed about their situation and the possible implications of refusing treatment or transport.”**

In reviewing pre-hospital care reports for patients who have refused medical aid there is a lack of documentation of the following items:

- Patient’s mental capacity
- Risks and consequences were explained to and understood by the patient

This form will provide a tool for the EMS provider to document that the patient has decision making capacity, clarification of what the patient has refused, and a section to document that the patient has been advised of risks and consequences of RMA.

The Patient refusal form is to be attached to the PCR and maintained at the agency in accordance with your departments’ policy and NYS EMS Policy Statement 08-03 Records Retention.

For more information on RMA please refer to the following:

- NYS Basic Life Support Protocols – Refusing Medical Aid (RMS) SC-5
- North Country EMS Regional ALS Policy Statement 17-02
- NYS Policy Statements 99-09 Patient Care and Consent for Minors

**Only EMT’s certified at the Basic level or above can allow a patient to “sign off” or refuse care**

Instructions for completing form:

1. Complete top section with Agency Name, Date, Time of Call, and Patient Name.
2. Section A – Answer “yes” or “no” to all eight questions to assist in determining the patient’s capacity to RMA; If “yes” is checked for any of the questions, medical control or law enforcement should be contacted for assistance as the patient may not have capacity to make an informed decision.
3. Section B – Check all that apply to the situation.
4. Section C – Check all that apply to the situation.
5. Section D – Check both boxes in first sentence if patient refuses both treatment and transport via ambulance, and on the second line check if the recommended treatment or transport is for them or for a minor; also, check whether or not you gave the patient a completed instruction sheet.
6. Have patient sign name, print name, and date.
7. Have a witness sign name, print name, and date. The witness, preferably, should be a family member/friend who has witnessed your treatment and that you have provided the patient with the risks of RMA. Other considerations would be law enforcement or other EMS providers
8. EMS Provider should sign name, print name, and date.
9. Educate patient by giving them the instruction form with the appropriate section check as related to their chief complaint.
10. Be sure to remind them to call 911 or go to the emergency room if their symptoms get worse or if they develop new symptoms.