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| Refusal of Aid Form | Related Policies: |
| *This policy is for internal use only and does not enlarge an employee’s civil liability in any way. The policy should not be construed as creating a higher duty of care, in an evidentiary sense, with respect to third party civil claims against employees. A violation of this policy, if proven, can only form the basis of a complaint by this department for non-judicial administrative action in accordance with the laws governing employee discipline.* |
| Applicable KY Statutes:  |
| OSHA: |
| NFPA Standard:  |
| Date Implemented: | Review Date: |

**Purpose**: To establish a policy for the acceptance of a patient refusal of aid against medical advice that ensures that (1) patients are afforded proper care and (2) responders can document that the refusal was valid and proper.

**Policy**: 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.

**Procedure**:

1. All patient refusals against medical advice shall be document on the Refusal of Aid form.
2. This form is intended to provide a tool for the fire and EMS provider to document that
3. the patient has the decision making capacity
4. the patient has refused treatment and/or transport
5. the patient has been advised of risks and consequences of refusing aid
6. The Refusal of Aid form shall be completed and attached to the patient care report for the particular patient and maintained in accordance with department regulations pertaining to reports.
7. Only EMT's certified at the basic level or above can allow a patient to "sign off" or refuse care
8. Instructions for completing the form:
9. The provider shall complete the top section with Department Name, Date, Time of Call, Patient Name, and Location of Incident.
10. The provider shall complete Section 1 - answering "yes" or "no" to all six questions to assist in determining the patient’s capacity to refuse. If "No" 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.
11. The provider shall complete Section 2 indicating what aid the patient has refused. Where the patient permits some treatment (eg. allows oxygen, refuses IV) a notation shall be provided indicating what treatment/transport was declined.
12. The provider shall explain the risks and benefits of treatment and transportation to the patient in order that that the patient’s competency can be better evaluated and that the patient’s refusal is made in full knowledge of the consequences of declining aid. The provider should then complete Section 3 indicating the warnings given to the patient. Any additional warnings may be documented on the reverse side of the form.
13. The provider should explain Section 4 to the patient and request that he/she sign, print their name and date indicating their choice to decline aid.
14. The EMT/paramedic provider should sign and date the form
15. In the event the patient refuses to sign the refusal of aid form, those witnessing the refusal shall sign the form.
16. Prior to leaving a patient who refuses transport against medical advice, state the following:

*If you change your mind or your condition becomes worse and you decide to accept treatment and transport, please do not hesitate to call us back by dialing 911 or seek other medical care.*