

**Manitoulin-Sudbury District Services Board  
POLICY & PROCEDURES MANUAL**

Section: G. Emergency Medical Services	Effective Date: May 30, 2010
Topic: 4. Operations Directives	Replaces: April 1, 2007
Subject: 44. Patient Refusing Service	
Policy No. G.4.44.	Page 1 of 1

**PURPOSE**

To ensure Paramedics/EMAs who assess a person requiring medical aid shall make every reasonable effort to get the person to accept treatment and transportation to a medical facility.

**APPLICATION**

Paramedics, EMAs, Management

**PROCEDURE**

- 1) In the event that a patient refuses ambulance service, Paramedics shall complete the aid to capacity section on the reverse of the ACR.
- 2) Any person of any age may or may not have the capacity for consent to treatment, depending on the complexity of the treatment.
- 3) Every effort shall be made to leave the patient in the care of a responsible person. Instructions should be provided regarding observation, patient management, physician management etc.
- 4) Paramedics shall request police assistance if :
  - a) You have checked “no” in any section of the “aid to capacity”
  - b) the patient’s condition is likely to deteriorate; or
  - c) the patient’s ability to make a rational decision is impaired;
- 5) The Refusal of Service section shall be completed requesting a signature (patient, next of kin or guardian, or if necessary, police officer or fire officer who witnessed the refusal), date and time of refusal and then notify CACC.
- 6) Document the patient’s refusal in the remarks section of the ACR. Use exact words where possible.
- 7) All patient refusals of service require an ACR to be completed as fully as possible.
- 8) Refer to the ACR Completion Manual for more information.

**REFERENCE**

Emergency Health Services Branch, 2003, *Ambulance Call Report Completion Manual*, Ministry of Health and Long-Term Care,