The newly updated RMA policy (FDNY OGP 106-04) is the result of countless hours of work and discussion, review and input from field personnel, expert medical and legal advice, data from within our own system, integration of new NYS policies and law, and the expressed needs of our patients.

### What's New?
- Grandparents and school officials may now function as guardians for minor patients.
- The state-approved MOLST form (OMA Directive 2006-05) is introduced along with a requirement that OLMC be contacted if the environment is unsafe.
- Patients with a psychiatric history or who have consumed alcohol are not presumed to lack decisional capacity — an assessment must be performed.

### What You Should Know:
- OLMC contact is required for any patient who meets **even one** of the following criteria:
  - Age five (5) or younger
  - High index of suspicion for life-altering or life-threatening conditions
  - Medications have been administered
  - The environment is unsafe
  - Lacks decisional capacity

### The "10-Minute Rule" Redefined:
Stable patients may be transported, at their request, to facilities ten minutes further than the closest 911 receiving facility without permission. Stabe patient requests to be transported between ten and twenty minutes further than the closest 911 receiving facility require the approval of OLMC or an on-scene EMS Officer.

### What's Changed?
- EMTs are no longer required to contact OLMC when a medication was administered to the patient by EMS or others at the scene.
- All providers (EMTs & Paramedics) are now required to contact OLMC when a medication was administered to the patient by EMS or others at the scene.
- OLMC Physicians must honor requests to speak to patients, providers, or others.
- Redefines the relationship between OLMC and EMS Officers.
- OLMC may accept the RMA of a minor patient if no guardian is on-scene, or if a patient without decisional capacity, if **all** of the following criteria are met:
  - There is a low index of suspicion for life-altering or life-threatening conditions
  - No medications have been administered
  - The environment is safe
  - A responsible adult is taking responsibility for the patient

### Refusal of Medical Aid (RMA) Process

<table>
<thead>
<tr>
<th>Does patient have decisional capacity?</th>
<th>No</th>
<th>Contact OLMC</th>
<th>Does the provider have a high index of suspicion?</th>
<th>No</th>
<th>Accept RMA as per OLMC (10-93A)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
<td></td>
<td>Is the patient in a safe environment?</td>
<td>Yes</td>
<td>Accept RMA as per OLMC (10-93A)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Does a problem exist with transport</td>
<td>Yes</td>
<td>Contact EMS Officer</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Contact OLMC</td>
<td>Yes</td>
<td>Contact OLMC</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Does patient continue to refuse medical aid?</td>
<td>No</td>
<td>Transport</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Accept RMA as per OLMC (10-93A)</td>
<td>Yes</td>
<td>Transport</td>
</tr>
</tbody>
</table>

- Patients who become unstable or experience cardiac arrest on route to a specialty referral or specialty care center must be transported to the nearest such specialty referral / specialty care center as long as their airway can be maintained. If the airway is unstable, transport to nearest 911 receiving facility.