Central DuPage Emergency Medical Services System

Minor Patient - Consent and/or Refusal of Treatment/Transport

INTRODUCTION AND APPROVAL: 3/90	EMS MEDICAL DIRECTOR: _____
REVIEW & APPROVAL: 6/92	EMSS COORDINATOR: _____
6/95, 1/98, 2/09	REVISION & APPROVAL:

PURPOSE:

To ensure the well being of any minor in need of medical care when the advice of the minor's legal guardian is not available.

POLICY AND/OR PROCEDURE:

Generally, the consent of a parent or legal guardian is required to treat a minor. There are, however, several important exceptions to this general rule. For purposes of this policy, a minor is defined as any individual under the age of 18 years of age. The age of majority in Illinois is obtained at 18 years. A minor patient may not sign a release.

I. A medical emergency does not require the consent of parent or guardian. A medical emergency involves situations where a minor child is injured and is in need of emergency care and transport. In such a situation, the consent of the minor's parents or legal guardian need not be obtained if the Emergency Department physician deems it is necessary. The paramedics should be prepared to document on the run sheet the following:

   A. The existence of a situation where it is not reasonably possible to obtain the consent of the parent or guardian under the circumstances without adversely affecting the condition.
   B. Any efforts to contact the parents or guardian and the result of those efforts.

   EMTS FACED WITH THIS KIND OF PATIENT SHOULD IMMEDIATELY CONTACT THE RESOURCE HOSPITAL FOR INSTRUCTIONS.

II. A married minor may give consent to medical care and transport on their own behalf or on behalf of their child.

III. A pregnant minor may give consent or refuse to emergency medical treatment or transport.

IV. An emancipated minor may give consent or refuse to care and transport.

V. In situations where child abuse or medical neglect is suspect, the Emergency Department physician may take temporary protective custody of the minor without the consent of the person responsible for that child's welfare.

   A. Temporary protective custody may only be done if the person taking such temporary protective custody reasonably believes that the circumstances or conditions of the child are such that continuing in the care and custody of the person responsible for the child's welfare presents an imminent danger to the child's life or health.
   B. Emergency care should only be rendered where the failure to render such treatment will likely result in death or permanent harm to the minor.
   C. If temporary protective custody is taken by the Emergency Department physician, he/she shall immediately make every reasonable effort to advise or notify the person responsible for the child's welfare and shall immediately notify the Department of Children and Family Services.
   D. The circumstances surrounding the taking of temporary custody should be well documented in the medical report.

VI. If the minor is the victim of an aggravated criminal sexual assault, aggravated criminal sexual abuse, or criminal sexual abuse, consent of the minor's parent or legal guardian need not be obtained to authorize a hospital, physician, or other medical personnel to furnish medical care related to the treatment of any injury arising from such offense. **EMTS FACED WITH THIS TYPE OF PATIENT SHOULD IMMEDIATELY CONTACT THE RESOURCE HOSPITAL FOR INSTRUCTIONS.**

VII. If the minor is 12 or older and may have come into contact with any venereal disease or may be determined to be an addict, an alcoholic, or an intoxicated person, the minor can give consent for certain types of medical treatment. **EMTS FACED WITH THIS TYPE OF PATIENT SHOULD IMMEDIATELY CONTACT THE RESOURCE HOSPITAL FOR INSTRUCTIONS.** Provisions of the Alcoholism and Other Drug Dependency Act come into play and the Resource Hospital is in the best position to give advice and instructions.

VIII. In any life threatening situation where care is needed to sustain life or to protect the patient from further harm, the Central DuPage Standard Operating Procedures should always be immediately instituted on all minors prior to contacting the Resource Hospital.

IX. SITUATION EXAMPLES:

Although every situation will not meet the criteria set forth in the following examples, general categories seem to exist:

1. **Minor IN NEED OF "EMERGENCY CARE" WHO CONSENTS OR AGREES TO TREATMENT**. Treatment and transport should progress per medical protocol or medical direction with normal and usual modes of communication.

2. **MINOR IN NEED OF "EMERGENCY CARE" WHO REFUSES TREATMENT AND/OR TRANSPORT.** You **MUST** verify and document on the EMS report that an injury/illness and the need for emergency care in fact exists; or if behavior of a patient suggests a lack of capacity to make a refusal in a valid manner, then document such behavior, and continue to render care necessary for the situation, including transport. Call Medical Control for assistance/advice if needed. This patient must be transported to the ED in the absence of legal guardian to sign refusal of service.

3. **MINOR NOT IN NEED OF "EMERGENCY CARE" WHO CONSENTS FOR TREATMENT.** Treatment and transport should progress per medical protocol or medical direction with normal and usual modes of communication.

4. Once the ambulance crew has established a relationship with a minor patient, that minor patient is not allowed to sign a refusal of service form and must be transported to the Emergency Department. The minor may not be injured and state they are fine and don't want to be transported, but must be transported to the ED unless:

   - the police take responsibility for the patient.
   - legal guardian is contacted by phone and gives consent for refusal over the phone.
   - minor may be released to legal guardian at the scene with signed refusal of service by the guardian.
   - The Emergency Department will contact legal guardians of minors not injured or ill who are transported to the ED despite their wishes.
   - In all cases of treatment/transport without consent of minors; document the situation, circumstances, anyone you spoke to about the call, attempts to notify guardians (success or failure) with names and times.

NOTE: In any case where doubt or confusion exists at the scene, contact the Resource Hospital for

assistance.