

**Policy Title: Minor Patient/Guardian Consent/Refusal
REFUSAL OF SERVICE BY AN ADOLESCENT
Notice of Emergency Medical Services Response to a Minor**

No. M - 3

Board approval: 10/19/00

Effective: 1/1/01

Supersedes: 5/1/96

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I. PURPOSE

To describe the procedure to be followed by prehospital and base station personnel who are confronted with a patient who is a minor or an adolescent who is refusing to be evaluated and/or treated by EMS responders; or to provide guidance in situations where parents, guardians or others are refusing service to a minor who appears to be in need of emergency care and/or transportation.

II. POLICY

A. **Minor children aged 11 or less may not give nor withhold consent for EMS care.**

Consent must be obtained from a parent or legal guardian unless the emergency doctrine applies and treatment is rendered under implied consent. Ill. Rev. Stat. Ch. 111, Par. 4503 provides that treatment may be rendered if "the obtaining of consent is not reasonably feasible under the circumstances without adversely affecting the condition of such minor's health."

B. **Definition of an adolescent:** An adolescent, for the purposes of this policy, is a person between the ages of 12 and 17, unless legally emancipated by reason of marriage, pregnancy, court order or entry into the United States Armed Forces.

C. **Adolescents that may consent or refuse healthcare interventions**

In general, an adolescent may neither consent to nor refuse treatment for a health-related emergency. There are limited exceptions. Instances relevant to this policy in which an adolescent **may** consent or refuse treatment are as follows:

1. A minor who is married at the time treatment is rendered.
2. A minor who is pregnant at the time treatment is rendered.
3. A minor, **12 years of age or older**, requesting treatment for sexual assault or abuse, a sexually transmittable disease, alcohol or drug abuse or limited out-patient mental health counseling.
4. A minor who is a member of the United States Armed Services.
5. An adolescent who appears to be **exhibiting rational behavior with decisional capacity**, and based on the prehospital assessment there is no apparent illness or injury. If all these criteria are met, consideration may be given to honoring a refusal of service and releasing a minor to the circumstances in which EMS personnel found him, unless such release would place the minor at risk of harm. In **ALL** such cases, an ED OLMC **physician at the Resource or Associate Hospital must be contacted from the scene**, the situation described, and a course of action prescribed.

D. There may be instances when EMS personnel should not accept a refusal from an adolescent or an adult surrogate. Refusal of treatment by an adolescent is not automatically valid nor is refusal of a minor's treatment by a parent, guardian, or other person *necessarily* valid. **The welfare of the minor is the EMS System's primary consideration.** Each case must be evaluated on its own merits to determine a proper course of action.

III. PROCEDURE

A. Having been called to the scene to administer care to a minor, the duty of EMS personnel is to determine the nature of the health problem and institute appropriate treatment.

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- B. In case of uncooperative behavior on the part of the minor patient or on the part of an adult (parent or guardian) purporting to act on behalf of the minor, consideration must be given to taking protective custody of the child in order to render necessary care (reference Illinois Child Abuse and Neglect Statute Program). In all such cases, attempts should be made to gain the cooperation of the child and/or the parent/ guardian. Early contact with a System Hospital is encouraged.
- C. Steadfast refusal by a conscious and alert adolescent to accept recommended treatment and/or transportation should be discussed, if possible, with a parent or other legally responsible adult (e.g., guardian or caretaker) while EMS personnel are on the scene. If treatment appears necessary, the responsible adult should be informed and consent for treatment solicited.
- D. If all attempts to obtain consent fail and it appears that no foreseeable harm will come to a minor patient with decisional capacity as a result of not receiving immediate care and/or transportation, OLMC personnel should consider allowing the adolescent to be released, provided that the circumstances of the call are thoroughly documented on the patient care report (PCR) and Communications Log, and are verified by witnesses.
- E. If, in the judgment of prehospital or base station personnel, the minor does not have decisional capacity and/or there is foreseeable risk of harm in honoring a refusal of care, **protective custody** should be taken by the OLMC physician or local police officer. EMS personnel should initiate resuscitative treatment and transport to the nearest appropriate hospital for definitive assessment and care.
- F. **FOLLOW-UP NOTICE**
1. If the parent or responsible adult is not available at the scene, EMS personnel should contact the parent or guardian by phone as soon as possible after return to the station.
 2. If no contact can be made with a parent or guardian during that shift a follow-up letter must be sent to the parent/guardian immediately thereafter, describing the circumstances of the call, the nature of the complaint and evaluation, including any other information that the scene personnel deem significant. Attach a copy of the parental notice letter to the Provider copy of the patient care report.

John M. Ortinau, M.D., FACEP
EMS Medical Director

Connie J. Mattera, M.S., R.N.
EMS Administrative Director

Applicable Statutes: Mature Minor's Act, the Consent by Minors to Medical Operations Act, the Emancipation of Mature Minor's Act, and the Juvenile Court Act.

Notice of an Emergency Medical Services Response to a Minor

DATE:

TO: The Parents or Legal Guardians of: _____

FROM: (Chief or President of *Provider Agency*) _____

(Provider Agency) _____

Members of our Emergency Medical Services agency were called to evaluate your son/daughter/ward on:

Date: _____

Time: _____

He/she stated his/her age to be _____ years.

Location of incident: _____

Nature of the incident: _____

After responding to the above incident, we evaluated the child. Based on our assessment and statements made by your child, it was determined that the child did not require emergency care and/or transportation at that time.

Whereas your child is a minor and not legally enfranchised, it is our duty to inform you of this incident so that an informed decision can be made as to whether follow-up evaluation with a physician is necessary.

If this incident involved a school bus your child was released to a designated school representative who accepted further responsibility for the child.

Additional comments:

If you wish any additional information, please contact: _____

at _____.

Telephone number