



CENTRAL DUPAGE HOSPITAL
EMERGENCY MEDICAL SERVICES SYSTEM
POLICY & PROCEDURES

TITLE: REFUSAL – MINOR

SECTION: LEGAL

POLICY NUMBER: C-12

APPROVED BY: DR. STEVE GRAHAM EMS MEDICAL DIRECTOR

EFFECTIVE DATE: 01 JULY 2018

NUMBER OF PAGES: 3

PURPOSE:

To outline the general guidelines to be followed when caring for minor patients or their guardians who desire to refuse assessment, treatment, transport (or transport to the recommended destination) by EMS personnel.

POLICY:

Under Illinois law any person under eighteen (18) years of age is considered to be a minor and not eligible to consent for treatment. In these circumstances, the consent of a parent or legal guardian is required. If, in the opinion of the physician and/or the pre-hospital provider, delay in obtaining consent would adversely affect the condition of the minor's health, emergency treatment may be rendered without first obtaining the consent.

This principle does not apply in the following situations:

1. A parent refuses to consent stating religious or other non-medical objections.
2. In cases of suspected child abuse or neglect.

A minor's legal guardian who is conscious, as determined by Central DuPage Hospital Emergency Medical Services System (CDHEMSS) EMS personnel, has the right to refuse, provided they are:

1. Alert and competent (GCS of 15)
2. Not suicidal, harmful to self or others
3. Able to ensure their own safety and wellbeing
4. Not displaying signs of intoxication from alcohol or illicit substances

Consent for treatment can be expressed **OR REFUSED** in oral or written form or implied by acts on the part of the patient's legal guardian which indicates that consent is granted or withheld. An emergency eliminates the need to obtain consent, since the law values the preserving of life and the prevention of permanent impairment to health. This rule, however, applies only when the patient's legal guardian is incapable of expressing consent by reason of unconsciousness, mental incompetence, or legal disability. It further applies only when the person legally authorized to consent for the incompetent patient is similarly incompetent or unavailable.

PROCEDURE:

The following are guidelines for situations in which a minor patient's legal guardian with decisional capability refuses consent, or withdraws consent for medical evaluation, treatment or transport. In situations in which the patient's legal guardian wishes to refuse care, evaluation, treatment or transport, medical control shall be contacted.

- a. BLS refusals
 - i. Must be evaluated by a minimum of 2 EMT-B (or a combination of 2 EMS personnel at the EMT-B or higher licensure level) licensed within the CDHEMSS.
 - ii. If care has been started and patient wishes to discontinue care, On-line Medical shall be contacted before leaving the patient / scene.
 - b. ALS refusals
 - i. Must be evaluated by a minimum of 1 EMT-P, PHRN or Critical Care Paramedic licensed within the CDHEMSS.
 - ii. If care has been started and patient wishes to discontinue care, On-line Medical shall be contacted before leaving the patient / scene.
 - c. Critical Care refusals
 - i. Must be evaluated by 1 PHRN and 1 Critical Care Paramedic. Licensed within the CDHEMSS System
 - ii. If care has been started and patient wishes to discontinue care, On-line Medical shall be contacted before leaving the patient / scene.
 - d. BLS/ALS/Critical Care
 - i. The following refusals shall have medical control consultation regardless of patient's decision making capabilities
 1. All patients \leq 12 years of age
 2. Patients with abnormal V/S
 - a. SBP < 90 or > 160
 - b. Wheezing, absent, diminished or irregular breath sounds
 - c. ETCO₂ < 25 or > 55
 - d. Spo₂ < 94%
 - e. Obstetrical patients
 - f. Suspension or confirmation of intoxicating substances consumed / ingested / inhaled or injected
 - g. Patients with psychological / behavioral complaints
 - h. Any time EMS feels Medical Control consultation is warranted
2. The following are guidelines for situations in which an minor or their legal guardian does NOT have decisional capability and is refusing consent, or withdraws consent for medical evaluation, treatment or transport or the legal guardian is not available to sign on behalf of the patient.
 - a. BLS refusals

- i. Start any care allowed by the patient
 - ii. Medical Control shall be contacted for direction
- b. ALS refusals
 - i. Start any care allowed by the patient
 - ii. Medical Control shall be contacted for direction
- c. Critical Care refusals
 - i. Start any care allowed by the patient
 - ii. Medical Control shall be contacted for direction

Once CDHEMSS personnel has established a relationship with a minor patient, that patient is not allowed to sign a refusal unless Medical Control authorizes the patient’s legal guardian to do so. If a refusal is desired and approved by Medical Control the patient shall be left with

- 1. Family
- 2. Law Enforcement
- 3. Self (if approved by Medical Control)
- 4. Friends (if approved by Medical Control)

DOCUMENTATION:

An electronic patient care report (PCR) shall be completed per CDHEMSS Policy. Some of the required elements may be impossible to obtain if the patient refuses to provide the necessary information to complete the PCR. When the patient is refusing to sign (On-line Medical Control shall be contacted in that situation) the PCR shall document as such and 2 witness signatures shall attest to patient refusals. It is ideal that a non EMS personnel (Law Enforcement, RN, and/or Family) be 1 of the 2 witness signatures.

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