



CENTRAL DUPAGE HOSPITAL
EMERGENCY MEDICAL SERVICES SYSTEM
POLICY & PROCEDURES

TITLE: TREATMENT OF MINORS

SECTION: LEGAL

POLICY NUMBER: C-8

APPROVED BY: DR. STEVE GRAHAM EMS MEDICAL DIRECTOR

EFFECTIVE DATE: 01 JULY 2018

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PURPOSE:

To insure the well-being of any minor in need of medical care when the consent for treatment of the minor's legal guardian is not available.

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.
3. In cases of confirmed child abuse or neglect.
4. In cases where a minor 12 years of age or older is requesting mental health evaluation or services.
5. In cases in which a minor regardless of age requested testing for sexually transmitted diseases (STDs) or sexually transmitted infections (STIs).
6. In cases in which a minor, regardless of age is requesting treatment for drug or alcohol abuse

Special Circumstances:

1. A pregnant minor and minors who are married are qualified to consent on their own behalf.
2. A minor parent may consent to treatment of their minor child and / or themselves.
3. A minor is the victim of a predatory criminal sexual assault of a child, aggravated criminal sexual assault, criminal sexual assault, aggravated criminal sexual abuse or criminal sexual abuse are qualified to consent on their own behalf.
4. A patient who is emancipated with power to enter into valid legal contract.
5. Baby-sitters and day care providers are not legally empowered to provide consent unless written parental consent is provided; however, in all cases the minor child's condition should be the deciding factor in providing care. If in doubt, contact medical control.
6. Suspected Medical Neglect
 - 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. The circumstances surrounding the taking of temporary custody should be well documented in the medical report

7. Transportation

- a. Once EMS personnel have established contact the minor shall be transported to the closest appropriate facility unless the following situations exists and Medical Control has approved release of the patient:
 - i. Law enforcement has taken responsibility for the patient
 - 1. Document name and badge number
 - ii. The legal guardian has been contacted by phone and states they do not wish for the patient to be treated / transported
 - iii. The legal guardian has signed a refusal for evaluation / treatment and or transport
 - iv. Medical control authorizes release

Situational Examples

- 1. Minor(s) in need of care who consents or agrees to treatment
 - a. Treatment and transport should follow Region 8 EMS SMOs or Medical Control direction
- 2. Minor(s) in need of care who refuses treatment and/or transport
 - a. Medical control shall be contacted for direction on care or permission to refuse

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