

**GUIDELINES FOR ADDRESSING
REFUSAL OF TREATMENT BY MINORS**

**GUIDELINES FOR ADDRESSING
REFUSAL OF TREATMENT BY MINOR-AGED PATIENTS
AT ACCIDENT SCENES**

When the District is summoned to an auto accident scene, which involves minor patients, the District should handle the minor's refusal of treatment as follows:

1. Question the patient in order to obtain basic information regarding the patient's background (name, address, and age).
2. Attempt to ascertain whether the patient exhibits any visible sign, or complains of symptoms, which suggest that the minor may have suffered injury.
3. Question the patient regarding any possible mechanism of injury, in light of property damages observed (cracked windshield, bent steering wheel).
4. Observe the scene and patient for significant mechanisms of injury. Significant mechanisms of injury include:
 - Ejection from automobile
 - Death or patient with an altered mental status in same passenger compartment
 - Extrication time >20 minutes
 - Falls >20 feet
 - Rollover
 - High speed auto crash - Initial speed > 40 mph
 - Major auto deformity >20 inches
 - Intrusion into passenger compartment >12 inches
 - Auto-pedestrian/auto-bicycle injury with significant (>5 mph) impact
 - Pedestrian thrown or run over
 - Motorcycle crash >20 mph or with separation of rider from bike
5. Encourage the minor to seek medical attention, while attempting to contact a parent, if positive signs/symptoms are present.
6. If the minor continues to refuse treatment, note the refusal on the District's form; suggest to the minor that he/she seek medical attention; note the suggestion on the form; and include other pertinent information such as degree of damage (or lack thereof) to the vehicle.
7. District personnel should insist on treatment only if the minor's conditions suggest to the District personnel that a significant risk of injury will result if his or her condition is not treated.

8. However, the decision regarding the patient's potential risk must ultimately be made by a physician or peace officer, and therefore, any questions or concerns should be addressed to a police officer on scene. Alternatively, the ultimate choice regarding transportation may be deferred to the senior paramedic from the transporting service. The paramedic will thus be the individual responsible for coordinating with a physician or police officer.
9. If the police officer does not order the minor patient to be transported to the hospital for his/her own treatment, District personnel may clear the scene. All refusal forms and run sheets must be documented accordingly.
10. District personnel must never mandate that a minor, without a responsible adult's express approval, be transported in ambulance to a medical facility against the minor's wishes.

Adopted: May 10, 2000