



## BCAS POLICY

Policy:

### PATIENT CONSENT (CHILDREN)

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Approved by: Executive Officer

Area: Responding to Calls

Policy holder: Senior Manager,  
Policy, Planning and Research

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## Purpose

Providing emergency health services to children often presents challenges for paramedics, especially in cases involving difficult and life-threatening decisions where what a child wishes may not be in that child's best interests. This policy provides direction and guidance to paramedics for providing legally and medically appropriate care in situations where a child refuses treatment, where a child is incompetent, or where a parent or legal guardian refuses to provide consent to treatment.

## Definitions

In this policy:

<b>child</b>	"Child" means an individual under 19 years of age.
<b>competent</b>	A "competent" child is one who is mentally capable of giving or refusing consent.
<b>consent</b>	"Consent" means a child's voluntary consent, through words or conduct, to treatment after being informed about the nature of his or her medical condition, the benefits and risks of treatment, the benefits and risks of not receiving treatment, and any other significant factors affecting his or her condition or the proposed treatment.
<b>treatment</b>	"Treatment" means the delivery of emergency health services or ambulance services.

## Policy

When interacting with children, it is important that paramedics present themselves in a friendly and professional manner, and remain empathetic, confident and supportive.

### A. PARAMEDIC LEGAL AUTHORITY AND DUTY TO PROVIDE TREATMENT

- (1) It is important to note that the definition of “treatment” includes transport. The following policy statements should be interpreted with this in mind.
- (2) Paramedics are legally authorized to provide treatment to all patients unless a competent child or a parent or legal guardian of an incompetent child refuses to provide consent.
- (3) Paramedics may only provide treatment permitted within their licence category under the [Emergency Medical Assistants Regulation](#). At no time may paramedics practice at a level higher than their licence.
- (4) Despite section A(3), above, the Vice President, Medical Programs, may
  - (a) prohibit a paramedic from providing certain services within their licence category, or
  - (b) require a paramedic to only practice within a lower category of licence.
- (5) The Vice President, Medical Programs, may not direct a paramedic to provide services in a higher category of licence under any circumstances.
- (6) Competent children, parents, or legal guardians are entitled to consent to or refuse treatment free from unreasonable pressure or coercion. Paramedics must not, through words or conduct, suggest or encourage a competent child, parent, or legal guardian to refuse treatment.

### B. CHILD CONSENT AND TREATMENT

- (1) Paramedics must provide treatment to a competent child who consents to treatment.
- (2) Paramedics are not required to seek a parent’s or legal guardian’s consent if a child is competent. A parent’s or legal guardian’s instructions do not override a competent child’s consent or refusal to treatment.
- (3) Paramedics must provide treatment to a competent child if the child
  - (a) appears to understand his or her medical condition,
  - (b) appears to understand the nature of the proposed treatment,

- (c) appears to understand the benefits and risks of the treatment, and
  - (d) consents to treatment.
- (4) If subsections (3)(a) to (c), above, are satisfied and where a competent child does not oppose treatment or does not express an opinion about treatment, then paramedics may assume that the child has consented.
- (5) Paramedics must allow a child to ask questions, and they must provide clear and complete answers in a manner appropriate to the child's age and maturity about anything related to the child's medical condition or treatment.
- (6) When deciding if a child is competent, paramedics must consider if the following may hinder a child's ability to consent to treatment:
- (a) age and maturity, especially with younger patients;
  - (b) noticeable fear of medical treatment;
  - (c) parental, familial, and peer influence;
  - (d) the child's ability to understand the paramedic's instructions;
  - (e) religious or cultural influences;
  - (f) discomfort, pain, or stress;
  - (g) alcohol or drug impairment;
  - (h) a Glasgow Coma Score of less than 15;
  - (i) physical or psychiatric illness or disability; and
  - (j) any other factor that might adversely affect the child's ability to make an informed decision.

### **C. IF A COMPETENT CHILD REFUSES TREATMENT**

- (1) If a competent child refuses to provide consent, and a delay in treatment would endanger the child's life or health, paramedics or dispatchers must contact the Ministry of Children and Family Development (MCFD) at 1-800-663-9122 to determine if MCFD should remove the child so that the Director, MCFD, may consent to treatment.
- (2) If a competent child refuses to provide consent and a delay in treatment would not endanger the child's life or health, paramedics must not transport the child and must complete a Patient Care Report under section F, below.

**D. PROVIDING TREATMENT TO AN INCOMPETENT CHILD**

- (1) A paramedic must provide treatment to an incompetent child if
  - (a) a parent or legal guardian consents, or
  - (b) a parent or legal guardian is unavailable to provide consent and treatment is necessary to preserve the child's life, to prevent serious physical or mental harm or to alleviate severe pain.

**E. IF AN INCOMPETENT CHILD'S PARENT REFUSES TREATMENT**

- (1) If a delay in treatment would not endanger the child's life or health and a parent or legal guardian of an incompetent child refuses treatment, paramedics must explain to the parent or legal guardian the benefits of treatment.
- (2) If the parent or legal guardian refuses to provide consent to treatment and a delay in treatment would endanger the child's life or health, paramedics must
  - (a) contact the police and MCFD at 1-800-663-9122, and
  - (b) if the Director, MCFD, consents to the child's treatment, provide treatment to the child.
- (3) Paramedics must contact MCFD if an incompetent child's parent or legal guardian cannot be located.
- (4) Employees who have a reason to believe that a child is in need of protection must report to MCFD as required by the [Reporting Possible Child or Youth Abuse, Neglect, or Need of Protection](#) policy .

**F. COMPLETING THE PATIENT CARE REPORT**

- (1) Paramedics must complete a Patient Care Report for each patient who is assessed, treated or transported.
- (2) If a competent child or a parent or legal guardian of an incompetent child does not consent to treatment, or later withdraws consent, a paramedic must do all of the following:
  - (a) request the first available person, in the order listed below, to act as a witness:
    - (i) a police officer, firefighter, or health care professional;
    - (ii) another paramedic; or
    - (iii) any other apparently competent adult.

- (b) read aloud the "Release of Responsibility" paragraph in section 18 of the Patient Care Report to the competent child, parent, or legal guardian;
  - (c) confirm that the competent child, parent, or legal guardian understands what was read;
  - (d) complete section 18 and obtain the competent child's, parent's, or legal guardian's signature;
  - (e) if necessary, print "patient [or parent or legal guardian] refuses to sign" on the signature line; and
  - (f) have the witness complete and sign the witness information in section 18.
- (3) Paramedics must tell the competent child, parent, or legal guardian to call 911 or the local emergency number if they change their mind and wish to receive treatment.
  - (4) Paramedics who have been directed to provide treatment to the child by MCFD must document this direction on the PCR.

#### **G. RELATED POLICY AND LEGISLATION**

- (1) Paramedics must be familiar with the following:
  - (a) policy 6.4.7, Volume 2, *Patient Consent (Competent Adults)*;
  - (b) policy 6.4.8, Volume 2, *Patient Consent (Incompetent Adults)*;
  - (c) policy BCEHS RM 200, *Reporting Possible Child or Youth Abuse, Neglect, or Need of Protection*;
  - (d) section 13(1)(f) and (g) of the *Child, Family and Community Service Act*;
  - (e) section 32(2) of the *Child, Family and Community Service Act*; and
  - (f) section 17 of the *Infants Act*.

#### **H. PRIORITY OF THIS POLICY**

- (1) If there is a conflict between this policy and any other policy, this policy prevails.