

## A01 Consent, Refusal & Documentation Basics

*(adult/minor/implicit consent; when to stop; privacy)*

**Scope & caveat:** Principles here are broadly applicable in first-aid training. Laws vary by country/state and by setting (public, workplace, school, wilderness, professional). Always follow your course provider's protocols and local law, and defer to on-scene EMS/authorities when they arrive.

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### Overview (What this chapter is)

This chapter gives practical, step-by-step guidance for obtaining consent, recognizing implied consent, managing refusal, knowing when to stop care, and documenting what happened while protecting privacy/confidentiality.

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### Prerequisite for other courses?

Useful and assumed in **all** first-aid, CPR/AED, BBP, anaphylaxis, trauma bleeding control, wilderness/remote care, and workplace responder courses.

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### Requirement for certifications?

Frequently assessed on skills checks and scenario testing across first-aid/CPR/AED provider cards and workplace responder credentials.

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### Core Skills

- Determine decision-making **capacity** and obtain **informed consent**.
- Apply **implied consent** correctly (life-threats, unresponsive, guardian absent).
- Handle **refusal** (competent adult or emancipated minor) with risk counseling.
- Identify **when to stop** care and avoid **abandonment**.
- **Document** with a simple, consistent structure (who/what/when/where/why/how).

- Protect **privacy**: share only what's necessary, with the right people, for the right reasons.
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## Study Guide

### 1) Consent — adult patients

**Goal:** Provide care only with permission from a patient who has capacity.

**Capacity quick-check:** A&O×4 (person, place, time, event), not severely intoxicated, no obvious decision-impairing condition, understands risks/benefits/alternatives, can communicate a choice.

**Steps (verbal consent):**

1. **Introduce** yourself and your training level.
2. **Ask** to help: “May I help you?”
3. **Explain** what you see, what you propose, and **risks/benefits** in plain language.
4. **Confirm** consent (yes = proceed; no = see Refusal).
5. **Document** that consent was obtained.

**Expressed vs. implied:**

- **Expressed** = yes (verbal/written) or patient extends an arm for care.
  - **Implied** = see Section 3.
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### 2) Consent — minors

**General rule:** Consent from **parent/guardian**.

**If not present and a significant injury/illness exists:** proceed under **implied consent**.

**Special situations (jurisdiction-dependent):**

- **Emancipated minor** or legally self-consenting categories (e.g., certain reproductive/mental-health care): treat as adult.
  - **In loco parentis** (e.g., school/trip leader) if recognized by policy/law.
  - **Phone consent** from guardian if reachable; **document** who gave it and when.
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### 3) Implied consent

Use when:

- Patient is **unresponsive, altered**, or unable to communicate.
- **Serious or potentially life-threatening** condition exists (e.g., severe bleeding, anaphylaxis, shock, breathing problems).
- **Minor with significant illness/injury** and guardian unavailable.

**Action:** Render necessary care within your training. **Document** why consent could not be obtained and what condition justified implied consent.

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### 4) Refusal of care

**Competent adults (and qualifying minors) may refuse.**

**Your responsibilities:**

1. **Assess capacity** (A&O×4, understands situation).
2. **Explain risks** of refusing and benefits of care; offer alternatives (observe, call a provider, call EMS, return any time).
3. **Confirm understanding** and **restate** the option to accept help later.
4. **Witness** the refusal if possible (another adult).
5. **Document** everything; use a refusal form if your setting provides one.
6. **Do not abandon**—leave the person with a safe plan and the means to get help if the situation worsens.

**If capacity is doubtful** and the condition is serious, treat under **implied consent** and activate EMS.

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### 5) When to stop care

Stop or pause when any of the following occur:

- The **scene becomes unsafe** (you, bystanders, or patient at risk).
- The patient **withdraws consent** or **refuses** further care.
- You are **physically exhausted** and unable to continue safely.

- **Equal or higher-trained personnel** (e.g., EMS) **assume care** (give a concise handoff).
- **Continuing would exceed** your training or available equipment (stabilize and await help).

Avoid **abandonment**: transfer care responsibly (verbal report, what you found/did, patient status).

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## 6) Documentation — simple and consistent

**Why document?** Memory fades, details matter, and good notes protect both the patient and responder.

**Use the SOAP-M framework (adapted for lay responders):**

- **Subjective**: what the patient/bystanders report (“chest tightness since 10:15,” peanut exposure).
- **Objective**: what you observe/find (A&O×4, pale/cool skin, swelling, bleeding).
- **Assessment** (working impression): possible asthma flare, allergic reaction, heat exhaustion, etc.
- **Plan**: what you did (positioning, Epi auto-injector assist, pressure dressing, CPR/AED use), who you called.
- **Medical/legal**: **consent** type, **refusal** details, **handoff** time/personnel, **times** (onset, 911 call, care steps), **witness** names, **photos** *only if policy allows and never of faces/identifying features without explicit permission*.

**Refusal notes must include**: capacity check, risk explanation given, patient’s words if notable (“I feel fine; don’t want 911”), witness name/signature if available, and your offer to help later or call EMS.

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## 7) Privacy & confidentiality (global principles)

- **Minimum necessary**: share only what’s required to get help or continue care.
- **Right recipients**: EMS, healthcare staff, a legally responsible guardian, or as required by incident reporting policy/law.
- **No posting** on social media, **no casual sharing** with friends/co-workers.

- **Images:** follow organizational policy; avoid identifiable photos.
  - **Records:** store forms securely per policy; restrict access to authorized personnel.
  - **Workplace/School:** follow your employer/school incident reporting and privacy rules.  
*(In the U.S., certified providers must also follow HIPAA-related rules when applicable.)*
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## Performance Benchmarks (What good looks like)

- States name/training level and **asks for consent** before touching a responsive patient.
  - Correctly identifies **implied consent** scenarios and acts promptly.
  - Accurately **assesses capacity** (A&O×4) before honoring a refusal.
  - Provides clear **risk/benefit counseling** and documents a refusal with a witness.
  - **Stops care** appropriately when consent is withdrawn or EMS assumes care.
  - Completes a concise **SOAP-M** record including consent type, times, actions, and handoff.
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## Red Flags & Don't-Dos

- **Don't** treat a responsive adult who clearly refuses (and has capacity).
  - **Don't** exceed your training or use medications without authorization/prescription context.
  - **Don't** keep treating after the scene becomes unsafe.
  - **Don't** share patient info outside the need-to-know circle or post images online.
  - **Don't** leave a patient who still needs help without a proper **handoff** (abandonment risk).
  - **Don't** ignore signs of **impaired capacity** (intoxication, head injury, hypoxia).
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## Quick Algorithms & Mnemonics

- **CONSENT:** *Confirm capacity → Obtain permission → eNlighten (risks/benefits) → Start care → Explain actions → Note consent → Times recorded.*
  - **IMPLY** (implied consent): *Impaired consciousness; Major threat; Parent/guardian absent; Life-saving needed; You proceed & document.*
  - **REFUSE:** *Risks explained → Evaluate capacity → Find witness → Understand & restate → Signature/notes → Exit safely (plan given).*
  - **STOP** (when to stop): *Scene unsafe → Told to stop (patient) → Overridden by EMS/higher care → Physically unable to continue.*
  - **PRIVY** (privacy): *Purpose limited → Right recipients → Identify minimum data → Verify authority → Your record secured.*
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## Supplies & Tools — what Legal/Consent/Documentation courses typically use

*(This list drives the Restock Checklist and is be mirrored exactly—same categories, same items, same order.)*

### PPE & Scene Safety

- Nitrile gloves — barrier protection while assessing/assisting
- Hand sanitizer — quick hand hygiene when soap/water unavailable

### Documentation & Admin

- Incident/First-Aid report forms (blank) — standardized notes
- Refusal of care forms (blank) — capture informed refusal
- Waterproof notepad & pen — field notes and times
- Clipboard — stable writing surface
- Digital time source (watch/phone) — accurate timestamps

### Public-Health & Cleanup

- Alcohol wipes — sanitize pen/clipboard surfaces
- Small sealable envelopes/folders — secure temporary storage of forms

## Optional / Setting-Dependent

- Translation card/phone interpreter access — overcome language barriers
- Phone with camera (per policy) — **only** for permitted, non-identifying scene documentation
- Portable file pouch/lockbox — secure transport of forms to office

## Storage & Organization

- Labeled binder (Consent/Refusal/Incidents) — organized retention
  - Divider tabs (SOAP-M, Refusals, Handoffs) — quick retrieval
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## Scenario Drills & Answer Keys

### Drill A — Adult refusal after minor cut

- **Setup:** Alert adult, superficial laceration, declines help.
- **Expected actions:** Capacity check → Risks/benefits explained → Offer supplies/911 option → Witness present → Refusal documented with patient's comments → Safe exit plan.

### Drill B — Unresponsive teen at sports field

- **Setup:** Teen collapsed; no guardian present; breathing but altered.
- **Expected actions:** Implied consent → Activate EMS/AED → Care within training → Attempt phone/coach contact → Document times, actions, contacts.

### Drill C — Parent says “stop” during nosebleed care for child

- **Setup:** Child stable; parent arrives and withdraws consent.
- **Expected actions:** Stop care → Provide aftercare advice verbally to parent → Document withdrawal and handoff.

### Drill D — Language barrier, chest discomfort

- **Setup:** Adult limited English.
  - **Expected actions:** Use translation aid/interpreter → Obtain informed consent → Document interpreter name/method → Activate EMS as indicated.
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## Assessment Rubric & Sign-Off

Skill	Meets Standard	Notes
Introduces self/training; seeks consent appropriately	<input type="checkbox"/>	
Correctly identifies implied vs expressed consent	<input type="checkbox"/>	
Performs/refuses care based on accurate capacity assessment	<input type="checkbox"/>	
Explains risks/benefits clearly; offers alternatives	<input type="checkbox"/>	
Documents with SOAP-M, including times and consent type	<input type="checkbox"/>	
Executes safe stop/transfer without abandonment	<input type="checkbox"/>	
Protects privacy (minimum necessary; right recipients)	<input type="checkbox"/>	

**Instructor Sign-Off:** Name/Date \_\_\_\_\_ **Learner:**

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## Skills Covered — Full Index

Consent (adult/minor) • Capacity assessment • Implied consent • Refusal management • When to stop care • Abandonment avoidance • Privacy/confidentiality • SOAP-M documentation • Handoff report • Interpreter/phone consent • Photo/records policy basics

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## A→Z Glossary — Legal/Consent Terms & Terminology

- **Abandonment:** Leaving a person who still needs care without proper transfer to an equal/higher level provider.
- **Capacity:** A person's ability to understand information, appreciate consequences, reason, and communicate a choice.
- **Consent (expressed):** Clear permission to provide care, verbal/written or cooperative action.



## ADDENDUM

### First Aid Course Companion & Glossary - Consent, Refusal & Documentation Basics

- **Consent (implied):** Permission assumed because the person cannot consent and the condition is serious.
  - **Emancipated minor:** A minor legally treated as an adult for decisions; varies by jurisdiction.
  - **Handoff:** Brief, structured transfer of care information to arriving providers.
  - **In loco parentis:** Adult designated to act in the role of a parent/guardian in specific settings.
  - **Minimum necessary:** Privacy principle limiting information sharing to what's needed to accomplish the task.
  - **Refusal (informed):** A capable person declines care after understanding risks/benefits/alternatives.
  - **SOAP-M:** Subjective, Objective, Assessment, Plan, Medical/legal notes (consent, times, handoff).
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## Printable Assets Pack (text masters)

### Incident/First-Aid Report (SOAP-M):

- S: \_\_\_\_\_
- O: \_\_\_\_\_
- A: \_\_\_\_\_
- P (what you did / who you called): \_\_\_\_\_
- M (consent type / times / handoff / witness): \_\_\_\_\_
- Responder name/signature & date: \_\_\_\_\_

### Refusal of Care Note (brief):

- Capacity confirmed (A&O×4): ☐ Yes ☐ No → If “No,” implied consent path.
- Risks/benefits explained (summary): \_\_\_\_\_
- Patient statement (optional): “ \_\_\_\_\_ ”
- Witness name/signature (if available): \_\_\_\_\_
- Responder name/signature & date: \_\_\_\_\_

### **Local Customization Panel**

- Jurisdiction-specific rules (minors/emancipation): \_\_\_\_\_
  - Workplace/school policy references: \_\_\_\_\_
  - Approved interpreter resources: \_\_\_\_\_
  - Record retention period & storage location: \_\_\_\_\_
  - Photo policy (allowed? conditions?): \_\_\_\_\_
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### **Restock & Maintenance Schedule**

*(Mirrors the Supplies & Tools list exactly.)*

#### **PPE & Scene Safety**

- Nitrile gloves — Inspect quantity weekly; replace sizes as used.
- Hand sanitizer — Refill/replace monthly or when <25% remains.

#### **Documentation & Admin**

- Incident/First-Aid report forms (blank) — Print 25 each month; archive used forms per policy.
- Refusal of care forms (blank) — Keep 10 on hand; replenish quarterly.
- Waterproof notepad & pen — Replace if wet/damaged; pens quarterly.
- Clipboard — Wipe after incidents; replace annually if cracked.
- Digital time source (watch/phone) — Check time sync monthly.

#### **Public-Health & Cleanup**

- Alcohol wipes — Replenish monthly; check expiry.
- Small sealable envelopes/folders — Restock monthly; label by month.

#### **Optional / Setting-Dependent**

- Translation card/phone interpreter access — Verify numbers/apps quarterly.
- Phone with camera (per policy) — Verify storage/security settings monthly.

## ADDENDUM

### First Aid Course Companion & Glossary - Consent, Refusal & Documentation Basics

- Portable file pouch/lockbox — Inspect lock monthly.

#### **Storage & Organization**

- Labeled binder (Consent/Refusal/Incidents) — Audit monthly; file by date.
- Divider tabs (SOAP-M, Refusals, Handoffs) — Replace as worn; audit order monthly.

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Notes