

Title:	Reporting	Abused	and	Neglected
Patier	nts			

Section: Patient Care

Approved: EMS Medical Directors Consortium

Effective: December 6, 2023

REPORTING ABUSED AND NEGLECTED PATIENTS

I. PURPOSE

To identify patients who are victims of abuse and neglect (including children, adults, adults age 60 and over, and those with disabilities) and to provide guidelines for prompt treatment and appropriate referral to support services.

II. DEFINITIONS

- A. Physical Abuse: Intentional bodily harm or injury.
- B. <u>Sexual Abuse</u>: Any act of sexual contact that a person suffers from, submits to, participates in, or performs as a result of force, violence, threats, fear, deception or without having legally consented to the act.
- C. <u>Psychological Abuse</u>: Provoking a fear of violence. This includes name calling, verbal assaults, or violent behaviors such as hitting inanimate objects.
- D. <u>Neglect</u>: Failure of a parent or caretaker to meet "minimal standards" for providing adequate supervision, food, clothing, medical care, shelter or other basic needs.
- E. <u>Domestic Violence</u>: A pattern of behaviors used by one partner to maintain power and control over another partner in an intimate relationship. Can also be referred to as intimate partner violence (IPV), dating abuse, or relationship abuse.
- F. <u>Child Abuse or Neglect</u>: Mistreatment of a child under 18 years old by a parent, caregiver, relative or any person responsible for the child's welfare.
- G. <u>Mandated Reporter:</u> An individual required by law to report cases of abuse or neglect when they have reasonable cause to believe that a child, an adult age 60 or over, or someone with a disability who otherwise is not capable of reporting the abuse or neglect themselves, know to them in their professional capacity may be abused or neglected. EMS personnel are considered mandated reporters under Illinois law.
- H. <u>Human Trafficking</u>: Involves the use of force, fraud, or coercion to obtain some type of labor or commercial sex act, or in which the person performing the commercial sex act is under 18 years of age.

III. POLICY

- A. Suspected Child Abuse or Neglect
 - 1. Under the Illinois Abused and Neglected Child Reporting Act, all EMS personnel are considered "mandated reporters" and are therefore *required* to report cases of



Title: Reporting Abused and Neglected Patients

Section: Patient Care

Approved: EMS Medical Directors Consortium

Effective: December 6, 2023

suspected child abuse or neglect to the Illinois Department of Children and Family Services (DCFS). State law protects the confidentiality of reporters and any mandated reporter acting in good faith shall be granted immunity from civil liability. However, any mandated reporter who fails to report suspected child abuse or neglect may be subject to legal penalties.

- Reporting of cases of suspected child abuse or neglect should be done as soon as possible through the DCFS Child Abuse and Neglect Hotline at 1-800-25-ABUSE.
- 3. Guidelines for identifying suspected child abuse and neglect:
 - a. Discrepancy between history of injury and physical exam.
 - b. Prolonged interval between injury and the seeking of medical help.
 - c. History/suspicion of repeated trauma.
 - d. Parents or guardians respond inappropriately or do not comply with or refuse evaluation, treatment or transport of child.
 - e. A child who does not seek comfort from parents or guardians.
 - f. Poor nutritional status.
 - g. Environment that puts the child in potential risk.
- 4. The following injuries are physical signs that should raise the suspicion of child abuse and indicate the need for more investigation:
 - a. Perioral and perinasal injuries
 - b. Fractures of long bones in children under three years of age
 - c. Multiple soft tissue injuries
 - d. Frequent injuries such as old scars, multiple bruises and abrasions in varying stages of healing
 - e. Injuries such as bites, cigarette burns, rope marks
 - f. Trauma to genital or perianal areas
 - g. Sharply demarcated burns in unusual areas
- 5. Treatment of Suspected Child Abuse/Neglect
 - a. Treat obvious injuries.
 - b. If the parent or guardian refuses to let you treat and/or transport the child, remain at the scene. Contact OLMC and request police assistance. Request that the officer place the child in protective custody and assist with transport.
 - c. A law enforcement officer, physician or a designated Department of Children and Family Services (DCFS) employee may take or retain temporary protective custody of the child.
- B. Suspected Abuse or Neglect of Adults Age 60 Older and People With Disabilities



Title: Reporting Abused and Neglected Patients

Section: Patient Care

Approved: EMS Medical Directors Consortium

Effective: December 6, 2023

1. Under the Illinois Adult Protective Services Act, all EMS personnel are considered "mandated reporters" and are therefore *required* to report cases of suspected abuse or neglect of adults age 60 or older or people with disabilities age 18-59, if they believe that the adult is not capable of reporting the abuse or neglect themselves. State law protects the confidentiality of reporters and any mandated reporter acting in good faith shall be granted immunity from civil liability. However, any mandated reporter who fails to report the suspected abuse or neglect may be subject to legal penalties.

2. Reporting of suspected abuse or neglect:

- a. To report suspected abuse, neglect, or financial exploitation of an adult age 60 or older or a person with disabilities age 18-59 call the statewide, 24-hour Adult Protective Services Hotline: 1-866-800-1409.
- b. For residents who live in nursing facilities, call the Illinois Department of Public Health's Nursing Home Complaint Hotline: 1-800-252-4343.
- c. For residents who live in Supportive Living Facilities (SLFs), call the Illinois Department of Healthcare and Family Services' SLF Complaint Hotline: 1-800-226-0768.
- 3. If there is reason to believe that an adult patient has been abused or neglected, EMS personnel shall make every reasonable effort to transport the patient. If transport is refused, request police assistance if indicated.

C. Suspected Domestic Violence or Abuse

- EMS personnel and other mandated reporters are <u>not</u> required by law to report suspected cases of domestic violence or abuse to adult patients. However, under the Illinois Domestic Violence Act all EMS personnel are required by law to provide immediate and adequate information regarding services available to victims of suspected domestic violence or abuse.
 - a. National Domestic Violence Hotline: 1-800-799-SAFE (https://www.thehotline.org/)
 - b. Illinois Domestic Violence Hotline: 1-877-863-6338 (https://the-network.org/knowledge-center/#availableResources)
 - c. Chicagoland Domestic Violence Hotline: 1-877-863-6338 (<a href="https://www.chicago.gov/city/en/depts/fss/provdrs/dom_violence/svcs/domestic_violence/svcs/do
- 2. If there is a reason to believe a patient is a victim of domestic violence and/or abuse, the Paramedic/EMT shall make every reasonable effort to transport the patient. If transport is refused, request police assistance if indicated.

D. Human Trafficking



Title: Reporting Abused and Neglected Patients

Section: Patient Care

Approved: EMS Medical Directors Consortium

Effective: December 6, 2023

- 1. Recognize the key indicators of human trafficking which include:
 - a. Does the person appear disconnected from family, friends, community organizations, or houses of worship? Has a child stopped attending school?
 - b. Has the person had a sudden or dramatic change in behavior?
 - c. Is a juvenile engaged in commercial sex acts?
 - d. Is the person disoriented or confused, or showing signs of mental or physical abuse?
 - e. Does the person have bruises in various stages of healing?
 - f. Is the person fearful, timid, or submissive?
 - g. Does the person show signs of having been denied food, water, sleep, or medical care?
 - h. Is the person often in the company of someone to whom he or she defers? Or someone who seems to be in control of the situation, e.g., where they go or who they talk to?
 - i. Does the person appear to be coached on what to say?
 - j. Is the person living in unsuitable conditions?
 - k. Does the person lack personal possessions and appear not to have a stable living situation?
 - I. Does the person have freedom of movement? Can the person freely leave where they live? Are there unreasonable security measures?
- 2. Not all indicators listed above are present in every human trafficking situation, and the presence or absence of any of the indicators is not necessarily proof of human trafficking.
- 3. Reporting suspected human trafficking
 - a. Do not attempt to confront a suspected trafficker directly or alert a victim to your suspicions. Your safety, as well as the victim's safety, is paramount.
 - b. Contact local law enforcement directly or call the confidential tip line at: 1-866-DHS-2-ICE (1-866-347-2423) to report suspicious criminal activity to the U.S. Immigration and Customs Enforcement (ICE) Homeland Security Investigations (HSI) Tip Line 24 hours a day, 7 days a week, every day of the year.
 - c. The National Human Trafficking Hotline (NHTH) number is 1-888-373-7888 or can be accessed by texting HELP or INFO to BeFree (233733). The NHTH can help connect victims with service providers in the area and provides training, technical assistance, and other resources. The NHTH is a national, toll-free hotline available to answer calls from anywhere in the country, 24 hours a day, 7 days a week, every day of the year. The NHTH is not a law enforcement or immigration authority and is operated by a nongovernmental organization funded by the Federal government.

E. Documentation



Title: Reporting Abused and Neglected Patients

Section: Patient Care

Approved: EMS Medical Directors Consortium

Effective: December 6, 2023

1. EMS personnel shall report suspicions of abuse or neglect to the Emergency Department physician and/or charge nurse and/or police and document on the patient care report.

2. Clearly document history and physical findings, environmental surroundings, patient interaction with others on scene, and discrepancies in the history.