



REGION 11 CHICAGO EMS SYSTEM POLICY	Title: Reporting Abused and/or Neglected Patients
	Section: Patient Care
	Approved: EMS Medical Directors Consortium
	Effective: August 1, 2018

REPORTING ABUSED AND/OR NEGLECTED PATIENTS

I. CHILDREN

A. Guidelines to be used for suspecting child abuse and neglect:

1. Discrepancy between history of injury and physical exam.
2. Prolonged interval between injury and the seeking of medical help.
3. History/suspicion of repeated trauma.
4. Parents or guardians respond inappropriately or do not comply with or refuse evaluation, treatment or transport of child.
5. The apathetic child, e.g., the child who does not seek comfort from parents or guardians.
6. Poor nutritional status.
7. Environment that puts the child in potential risk.
8. The following injuries are physical signs and should raise the suspicion of child abuse and indicate need for more investigation:
 - a. Perioral and perinasal injuries
 - b. Fractures of long bones in children under three (3) years of age
 - c. Multiple soft tissue injuries
 - d. Frequent injuries - 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

B. By Illinois law, (Abuse and Neglected Child Reporting Act) medical personnel are required to report cases of suspected child abuse and neglect. DCFS can be reached at 1-800-25-ABUSE (24 hour phone line).

C. EMS personnel shall report their suspicions to the emergency department physician and/or charge nurse and/or police and document on the EMS medical record.

D. On the patient care report carefully document history and physical findings, environmental surroundings, child's interaction with parents or guardians, discrepancies in the history obtained from the child, bystanders, parents or guardians, etc.



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E. Treatment of Suspected Child Abuse/Neglect

1. Treat obvious injuries.
2. If 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.
3. 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.
4. Any person acting in good faith in the removal of a child shall be granted immunity from any liability as a result of such removal.

II. ELDER ABUSE/NEGLECT or SELF NEGLECT

- A. All EMS personnel who have reasonable cause to believe a geriatric patient may be abused or neglected shall report the circumstances to the appropriate authority upon completion of patient care.
- B. Reporting number for Geriatric Abuse: 1-800-252-8966 (home bound) or 1-800-252-4344 (nursing home).
- C. Report your suspicions to the emergency department physician and/or charge nurse upon arrival.
- D. Carefully document history and physical exam findings as well as environmental and circumstantial data on the patient care report (or accepted system approved form).
- E. If there is reason to believe the geriatric patient has been abused/neglected, EMS personnel shall make every reasonable effort to transport the patient. If transport is refused, request police assistance if indicated.

III. DOMESTIC ABUSE/VIOLENCE:

- A. All EMS personnel who have reasonable cause to believe a patient is the victim of domestic assault and/or violence are required by law to provide immediate and appropriate referral information to the patient. This requirement will be fulfilled by the receiving hospital.
- B. If there is a reason to believe a patient is a victim of domestic assault and/or violence, the Paramedic/EMT-B shall make every reasonable effort to transport the patient. If transport is refused, request police assistance if indicated.



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- C. Report your suspicions to the emergency department physician and/or charge nurse.
- D. Carefully document history and physical exam findings as well as environmental and circumstantial data on the patient care report.