



CENTRAL DUPAGE HOSPITAL
EMERGENCY MEDICAL SERVICES SYSTEM
POLICY & PROCEDURES

TITLE: REPORTABLE SITUATIONS

SECTION: LEGAL

POLICY NUMBER: C-13

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PURPOSE:

To facilitate reporting of suspected abuse and/or neglect of children, the elderly and those in nursing facilities.

POLICY:

Under Illinois law (Abuse and Neglected Reporting Act), medical personnel are required to report cases of suspected child abuse and/or neglect. A law enforcement officer, physician, or designated Department of Children and Family Services (DCFS) may take or retain temporary protective custody of children and/or adults suffering from confirmed or suspected abuse and/or neglect.

Reporting of abuse or neglect of the elderly is intended to ensure that they can live safely and as independently as possible. When cognitive impairment exists, legal steps can be taken to protect the elderly.

PROCEDURE:

Suspected child abuse / neglect

1. Guidelines to be used for suspecting child abuse and/or neglect
 - a. Discrepancy between history or illness/injury and physical exam
 - b. Prolonged intervals between injury and seeking medical help
 - c. History of repeated trauma
 - d. Parents or guardian responding inappropriately to child, non-compliance with evaluation, treatment or transport of child
 - e. The apathetic child (child who does not seek comfort from parent or guardian)
 - f. Poor nutritional status of child (neglect, failure-to-thrive)
 - g. Home which is unsafe for child (vermin, unsanitary conditions, lack of heat / warmth)
 - h. The following injuries are possible physical signs and should raise the index of suspicion of potential child abuse / neglect and indicate need for further evaluation
 - i. Perioral and perinasal injuries
 - ii. Fractures of long bones in children under 3 years
 - iii. Multiple soft tissue injuries
 - iv. Frequent injuries – old scars, multiple bruises, multiple abrasions in various stages of healing.
 - v. Injuries such as bites, cigarette burns, rope marks

- vi. Trauma to genital or perianal areas
 - vii. Sharply demarcated burns in unusual areas
2. Treatment of suspected child abuse / neglect
- a. Follow all necessary and appropriate Region 8 EMS SOPs
 - b. If parent or guardian refuses to allow transport of child after treatment, remain on scene and request Law Enforcement to respond if not already on scene
 - i. Contact Medical Control for protective custody order if Law Enforcement has not already done so
 - c. After all necessary treatment and transport, report incident to DCFS prior to leaving the receiving facility.
 - d. Documents time you contacted DCFS and who you talked with. If provided, include case number in the patient care report (PCR).

Suspected elder abuse / neglect

1. Guidelines to be used for suspecting elder abuse / neglect
- a. Discrepancy between history or illness/injury and physical exam
 - b. Prolonged intervals between injury and seeking medical help
 - c. History of repeated trauma
 - d. Poor nutritional status of elder (neglect, failure-to-thrive)
 - e. Home which is unsafe for elder (vermin, unsanitary conditions, lack of heat / warmth)
 - f. The following injuries are possible physical signs and should raise the index of suspicion of potential elder abuse / neglect and indicate need for further evaluation
 - i. Perioral and perinasal injuries
 - ii. Fractures of long bones in the bedridden patient
 - iii. Multiple soft tissue injuries
 - iv. Frequent injuries – old scars, multiple bruises, multiple abrasions in various stages of healing.
 - v. Injuries such as bites, cigarette burns, rope marks
 - vi. Trauma to genital or perianal areas
 - vii. Sharply demarcated burns in unusual areas
2. Treatment of suspected elder abuse / neglect
- a. Follow allow necessary and appropriate Region 8 EMS SOPs
 - b. If patient or guardian refuses to allow transport of elder after treatment, remain on scene and request Law Enforcement to respond if not already on scene
 - i. Contact Medical Control for protective custody order if Law Enforcement has not already done so
 - c. After all necessary treatment and transport, report incident to IDPH prior to leaving the receiving facility.
 - d. Documents time you contacted IDPH and who you talked with. If provided, include case number in the patient care report (PCR).

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