P-04 CHILD ABUSE & NEGLECT		First Responder EMT AEMT Paramedic	
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### Purpose

- Child abuse is the physical and mental injury, sexual abuse, negligent treatment, or maltreatment of a child under the age of 18 by a person who is responsible for the child's welfare. The recognition of abuse and the proper reporting is a critical step to improving the safety of children and preventing child abuse.
- Assessment of a child abuse case based upon the following principles:
  - **Protect** the life of the child from harm, as well as that of the EMS team from liability.
  - **Suspect** that the child may be a victim of abuse, especially if the injury / illness is not consistent with the reported history.
  - **Respect** the privacy of the child and family.
  - **Collect** as much evidence as possible, especially information.

# **STAY SAFE!**

- Always assess and reassess the scene
- Involve law enforcement before approaching if there is <u>any</u> concern of personal safety
- If possible remove the patient from the situation and transport

## Procedure - Assessment

- 1. With all children, assess for and document **psychological characteristics of abuse**, including excessively passivity, compliant or fearful behavior, excessive aggression, violent tendencies, excessive crying, fussy behavior, hyperactivity, or other behavioral disorders.
- With all children, assess for and document <u>physical signs of abuse</u>, including especially any injuries that are inconsistent with the reported mechanism of injury. The back, buttocks, genitals, and face are common sites for abusive injuries.
- 3. With all children, assess for and document **signs and symptoms of neglect**, including inappropriate level of clothing for weather, inadequate hygiene, absence of attentive caregiver(s), or physical signs of malnutrition.
- With all children, assess for and document <u>signs of sexual abuse</u>, including torn, stained, or bloody underclothing, unexplained injuries, pregnancy, or sexually transmitted diseases.
- 5. Immediately report any suspicious findings to both the receiving hospital (if transported). Law Enforcement must also be notified.
- 6. EMS should not accuse or challenge the suspected abuser. This is a legal requirement to report, not an accusation. In the event of a child fatality, law enforcement must also be notified.

## **Procedure - Reporting**

- Immediately report any suspicious findings to the receiving hospital (if transported). This should occur in person with either the patient's nurse or the facility charge nurse/administrator. This information should not be provided over the radio.
- If the patient (victim) is not transported, or if there are other individuals/bystanders that you have any concern for, contact your Supervisor immediately to notify the Department of Social Services (DSS) or Adult Protective Services (APS).

## **Procedure - Documenting**

- 1. Clearly document reported histories:
  - a. Utilize exact quotations as much as possible.
  - b. Note who stated what, especially if there are discrepancies in between the different parties involved <u>or</u> if reports of the event change over time.
  - c. Document any concerning findings in the scene that may indicate physical altercation or signs of neglect, but **be specific with facts--not opinions/suspicions.**
- 2. Clearly document physical exam findings.
- 3. Document clinical decision making and treatments, but never document accusations as a confirmed assessment--this will be decided by the judicial system.
- 4. Document to whom (and when) and suspicions were reported (hospital staff, law enforcement, supervisor, etc.).

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Non-Accidental Trauma Examples

#### HEENT

Frenulum tear -

Abuse = force feeding, holding mouth/suffocation  $\rightarrow$  document prior to airway procedure Accidental = faceplant, toothbrush

#### $\circ$ Load pixs from oseana $\rightarrow$ ADD TO CHILD ABUSE

- Accidental bruising patterns
- PIC
- Accidental burns should not have a defined pattern
- PIC
- Scald Injury
- PIC