

	<p style="text-align: center;">SOUTHERN FOX VALLEY EMERGENCY MEDICAL SERVICES SYSTEM POLICY & PROCEDURES</p>				
<p>TITLE: ABUSE (CHILD, ELDER, DOMESTIC)</p>					
<p>SECTION: GENERAL</p>			<p>POLICY NUMBER: D-17.0</p>		
<p>APPROVED BY: DR. ARTHUR PROUST EMS MEDICAL DIRECTOR</p>					
<p>EFFECTIVE DATE: 09/01/2023</p>				<p>PAGE NUMBER: 1 OF 4</p>	

PURPOSE:

Illinois law requires that EMTs shall offer to a person suspected to be a victim of domestic violence and abuse immediately and adequate information regarding professional services available to victims of abuse. All system members shall be aware of and carry information on the services available to these victims of domestic abuse within their services area (Section 60/401 of the Illinois Domestic Violence Act of 1992). To facilitate the mandated reporting of suspected abuse and/or neglect of children, the elderly and those in nursing facilities

POLICY:

1. "Abused Child" is defined in the Illinois Abused and Neglected Child Reporting Act (325 ILCS 5/)
 - a. Inflicts, causes to be inflicted, or allows to be inflicted upon such child physical injury, other than by accidental means, which causes death, disfigurement, impairment of physical or emotional health, or loss or impairment of any bodily function.
 - b. Creates a substantial risk of physical injury to such child by other than accidental means which would be likely to cause death, disfigurement, impairment of physical or emotional health, or loss or impairment of any bodily function.
 - c. Commits or allows to be committed any sex offense against such child, as such sex offenses are defined in the Criminal Code of 2012, as amended, and extending those definitions of sex offenses to include children under 18 years of age.
 - d. Commits or allows to be committed an act or acts of torture against such a child.
 - e. Inflicts excessive corporal punishment.
2. "Neglected Child" means any child whose parent or other person responsible for the child's welfare withholds or denies nourishment or medically indicated treatment including food or care

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denied solely on the basis of the present or anticipated mental or physical impairment as determined by a physician acting alone or in consultation with other physicians or otherwise does not provide proper or necessary support, education as required by law, or medical or other remedial care recognized under State law as necessary for a child's well-being, or other

care necessary for his/her well-being, including adequate food, clothing and shelter, or who is abandoned by his/her parents or other person responsible for the child's welfare. A child shall not be considered neglected or abused for the sole reason that such child's parent or other person responsible for his/her welfare depends upon spiritual means through prayer alone for the treatment or cure of disease or remedial care. A child whose parent, guardian, or custodian in good faith selects and depend upon spiritual means through prayer alone for the treatment or cure of a disease or remedial care may be considered neglected or abused, but not for the sole reason that his/her parent, guardian or custodian accepts and practices such beliefs (325 ILCS 5/)

3. EMS personnel are required by law to report suspected child abuse or neglect.
 - a. If EMS personnel have reasonable cause to suspect that a child under his care may be an abused or neglected child, he shall immediately report, or cause a report to be made, to the Illinois Department of Children and Family Services.
 - b. Reports will be made to the Illinois State Central Register at the following 24-hour a day toll-free number: 1 800 25ABUSE. Local DCFS offices may be contacted.
 - i. The telephone report shall include, if known, the name and address of the child and his/her parents, or other persons having his/her custody; the condition, including any evidence of previous injuries or disabilities; and any other information that the person making the report might think helpful in establishing the cause of the abuse or neglect, and the identity of the person believed to have caused such abuse or neglect.
 - ii. A written follow up report must be filed with Child Protective Service Unit within 48 hours of the telephone report on a form available in the EMS office and in hospitals' Emergency Departments.
 - c. Privileged communications between a pre-hospital provider and patient cannot be used to obviate the reporting requirement. Also, mandated reporters must be available to testify in court, if requested.
 - d. If death may have been caused by abuse or neglect, the pre-hospital provider must report his or her suspicions to the coroner in addition to the above reporting requirements.

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- e. Any person who knowingly transmits a false report to the Department commits the offense of disorderly conduct under subsection (A) (7) of section 26 1 of the criminal code of 1961. A violation of this subsection is a class B misdemeanor, punishable by a term of imprisonment of not more than 6 months, or by a fine not to exceed \$500.00 or by both such term and fine.

4. Reporting suspected elder abuse and neglect

- a. After scene safety is ensured, the provider should begin to assess and treat any potentially life-threatening condition.
- b. The identification of abuse or neglect may occur at any time during the assessment.
- c. If abuse or neglect is suspected the safety of the victim must be assured.
- d. Every attempt to transport the patient to the nearest appropriate hospital. If the suspected abuser is resistant, an immediate consultation with medical control is indicated.
- e. If medical control concurs with the pre-hospital provider's suspicion, transfer may be facilitated with the assistance of local law enforcement.
- f. When the transfer of care is made at the receiving hospital, the provider should communicate all observations and facts regarding the case to the hospital personnel.
- g. Subjective comments made by the patient or caregiver should be documented, as should any objective physical evidence.

5. Domestic Violence

- a. Domestic violence is a term used to describe a wide range of physical, mental and emotional abuse in a domestic setting. Stereotypes of husband abusing wife do not always apply to these cases. Circumstances involving same sex relationships, adult child-parent confrontations, etc. may constitute domestic abuse and/or violence.
- b. Domestic violence calls are fraught with peril for all emergency responders. The responding medical units ensure that law enforcement agencies are on the scene and it is safe prior to entry.
- c. The injured person(s) should be treated as their injuries warrant. If possible treatments should be done in an isolated area (i.e. the ambulance.)

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- d. Every effort should be made to transport the victim to the closest appropriate hospital. If the patient refuses transport to the hospital the police may transport to a domestic violence shelter. In either case, the victim should be given a domestic violence referral.
 - i. EMS providers shall offer information on resources when domestic abuse is suspected. All Southern Fox Valley EMS System vehicles shall carry paper information listing resources for suspected domestic abuse.
- e. The subjective medical history, the physical exam findings and the referral should be documented on the run report.

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