

Marquette County EMS Medical Control Authority

Abuse and Neglect Protocol

Part 1, Section 1
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Purpose: To provide the process for identification, assessment, management and reporting of patients with suspected physical abuse (children, elderly, or other vulnerable individuals), exploitation and/or neglect.

*Note: *Michigan law (MCL 722.623) and the Child Protection Law (Act No. 238 of 1975) requires that licensed EMS providers who have "reasonable cause to suspect child abuse or neglect" shall report "immediately, by telephone or otherwise" their suspicions to the Protective Services Agency for the County involved. In cases of suspected child abuse, this oral report shall also be followed with a written report on the Family Independence Agency "3200" forms available in the emergency departments at both Bell Memorial and Marquette General Health System.*

Michigan law (MCL 722.623) also requires this same oral report for suspected cases of abuse or neglect of an adult.

I. Procedure for Assessment

- a. Treat and document only physical injuries requiring immediate attention using the appropriate medical treatment protocol, without causing undue emotional trauma for non life-threatening injuries. Secure and bag, whenever possible, any clothing or items that could be preserved for evidence.
- b. Interview with patient shall be conducted calmly, with respect and privacy, and should include close observation for:
 - i. Over-sedation
 - ii. Inappropriate fears
 - iii. Avoidance behaviors
 - iv. Poor parent-child bonding
 - v. Inappropriate interaction with caregiver
- c. Do not address specifics of abuse or neglect.
- d. Obtain pertinent history relating to presenting injuries.
- e. Carefully and specifically document verbatim any patient statements of instances of rough handling, sexual abuse, alcohol/drug abuse, verbal or emotional abuse, isolation or confinement, misuse of property, threats, and gross neglect such as restriction of fluids, food, or hygiene.
- f. Note problems with living conditions and environment.
- g. Note any of the following potential indicators of an abusive history or environment.
 - i. Unsolicited history provided by the patient
 - ii. Delay in seeking care for injury
 - iii. Injury inconsistent with history provided
 - iv. Conflicting reports of injury from patient and care-giver
 - v. Patient unable, or unwilling, to describe mechanism of injury
 - vi. Lacerations, bruises, ecchymoses in various stages of healing
 - vii. Multiple fractures in various stages of healing
 - viii. Scald burns with demarcated immersion lines without splash marks
 - ix. Scald burns involving anterior or posterior half of extremity
 - x. Scald burns involving buttocks or genitalia
 - xi. Cigarette burns
 - xii. Rope burns or marks
 - xiii. Patient confined to restricted space or position
 - xiv. Pregnancy or presence of venereal disease in a child less than 12 years.

Note: Patients 12 years of age or older DO NOT need parental consent for treatment of pregnancy, abuse, neglect, or venereal disease.

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II. Special Considerations

- a. Law enforcement may be contacted at the discretion of the EMS provider, however assure the safety of EMS personnel before entering the scene (*See Violent/Hazardous/Chemical Scene Policy*).
- b. **If patient is not transported, the suspected abuse must still be reported.** If a parent/guardian refuses treatment of a minor child whom you feel needs medical attention, contact law enforcement immediately.
- c. Careful and specific documentation is vital because the “story” often changes as the investigation proceeds.
- d. Current Michigan Law (MCL 722.263) will be followed regarding all suspected cases of abuse, including verbal and written reporting requirements.
 - i. Children/Adolescents PA 238 of 1975.
 - ii. Adults/Elderly/Vulnerable PA 519 of 1982.

- III. **Contact the local State of Michigan Family Independence Agency (906) 228-7570 or (906) 228-9691 with a verbal report and follow up with documentation on Form 3200, available in the Emergency Department. This requirement IS NOT met by notification of your suspicions and/or findings to the accepting physician.**

AUTHENTICATION AND APPROVAL

Marquette County EMS Medical Director
Original Approval: 09/10/02

Date