



Division 05 **Emergency Medical**

Chapter 22 – Suspected Abuse or Neglect of Children and Vulnerable Adults

March 2009

POLICY

This General Order establishes procedures for Fire/EMS personnel to properly report and document any case of suspected abuse or neglect. All health care providers are required by law to report any suspected abuse or neglect to local law enforcement authorities and/or social services agencies.

DEFINITIONS

Child – any individual under the age of 18 years

Vulnerable Adult – an adult who lacks the physical or mental capacity to provide for the adult’s daily needs.

Abuse

Title 5 – Children

(1) the physical or mental injury of a child by any parent or other person who has permanent or temporary care or custody or responsibility for supervision of a child, or by any household or family member, under circumstances that indicate that the child’s health or welfare is harmed or at substantial risk of being harmed; or
(2) sexual abuse of a child, whether physical injuries are sustained or not.

Title 14 - Adult Protective Services

The sustaining of any physical injury by a vulnerable adult as a result of cruel or inhumane treatment or as a result of a malicious act by any person.

Neglect

Title 5 – Children

(1) the leaving of a child unattended or other failure to give proper care and attention to a child by any parent or other person who has permanent or temporary care or custody or responsibility for supervision of the child under circumstances that indicate:
(1) that the child’s health or welfare is harmed or placed at substantial risk of harm; or
(2) mental injury to the child or a substantial risk of mental injury.

Title 14 - Adult Protective Services

The willful deprivation of a vulnerable adult of adequate food, clothing, essential medical treatment or habilitative therapy, shelter, or supervision.

PROCEDURES

1. General Guidelines

Pursuant to the Annotated Code of Maryland, Family Law Article, all health care providers are required by law to report suspected child/elder abuse or neglect. Proper reporting and documentation is essential to safeguard the victims and prevent recurrence.

The laws concerning the reporting of suspected abuse or neglect protect both the patient and the provider. Any person who, in good faith, makes or participates in making a report of abuse or neglect is immune from civil liability or criminal penalty.

2. Procedure



In any case of suspected abuse or neglect, Fire/EMS personnel shall take the following steps:

- 1) Request the immediate response of the appropriate law enforcement agency, if any person, patient, or provider may be in imminent danger.
- 2) Provide patient care in accordance with the Maryland Medical Protocols for Emergency Medical Services Providers ("Protocol")
 - a) Do not confront the parent or caregiver or make allegations while performing patient care.
 - b) Convey suspicion and relevant facts to the receiving health care provider upon transfer of patient care.
 - c) Department of Social Services shall be notified by phone, as soon as possible
 - (1) (301) 909-2450
 - (2) (301) 699-8605 (after hours)
- 3) Make additional notifications
 - a) Immediate Supervisor
 - i) Facilitate referral notifications to other appropriate agencies.
 - ii) Ensure other notifications are made up the chain of command.
 - b) On-duty EMS Duty Officer (EMS 801) may be used as a resource to ensure all elements of this procedure are accomplished
- 4) Documentation
 - a) Any encounter with a person that is a suspected victim of abuse or neglect shall be completely documented as a patient encounter.
 - b) A complete patient care report describing the patient care and any circumstances or statements related to the suspicion of abuse/neglect.
- c) Written narrative should include as many pertinent details as possible:
 - i) name, age, and home address of the suspected victim;
 - ii) the name and home address of the suspected victim's parent or other person who is responsible for the suspected victim's care;
 - iii) the whereabouts of the suspected victim;
 - iv) the nature and extent of the abuse or neglect of the suspected victim, including any evidence or information available to the provider concerning possible previous instances of abuse or neglect; and
 - v) any other information that would help to determine:
 - (1) the cause of the suspected abuse or neglect; and
 - (2) the identity of any individual responsible for the abuse or neglect.
- d) All notifications made must be documented in the patient care report.
 - i) Appropriate law enforcement agency
 - (1) Name of the lead law enforcement officer
 - (2) Date and time of notification
 - (3) Any actions taken by the law enforcement agency
 - ii) Receiving health care provider, upon transfer of patient care.
 - (1) Name of the provider
 - (2) Date and time of notification
 - (3) Any pertinent details of the notification
 - iii) Department of Social Services
 - (1) Name of the provider
 - (2) Date and time of notification
 - (3) Any pertinent details or guidance provided during the notification



- 5) Follow-Up/Investigation
 - a) Providers are expected to cooperate with investigations conducted by other agencies related to the notification.
 - b) Patient care reports are only released through established policies.
 - i) Investigators from other agencies should be referred to the Information Management Division to obtain copies of written documentation.

REFERENCES

Annotated Code of Maryland, Family Law
Article

Title 5 – Children

Title 14 – Adult Protective Services

Interagency Referrals

Prince George's County Department
of Social Services

Law Enforcement Agencies

FORMS/ATTACHMENTS

N/A