

The answers to these questions are heavily based on the Independent study materials as well as policies and slides reviewed in class. All are posted on the System website: www.nwcemss.org . Please refer to them when researching answers. Do not hesitate to call me with any questions. Thanks, Susan Wood 847-618-4486

1. Define the following: abused child, domestic family violence (DV), physical abuse, medical abuse, neglect, neglected child, mandated reporter, emotional abuse, sexual abuse, and economic abuse. (see policy for definitions)

<p>1. Which of these is considered <i>child abuse</i> per Illinois law?</p> <p>A. Not sending a child to school</p> <p>B. Relinquishing an unharmed newborn to a fire station</p> <p>C. Not allowing a blood transfusion due to religious reasons</p> <p>D. Confining a child to a bed with a belt so as to create ligature marks</p>	<p>2. Which of these is considered <i>child neglect</i> per Illinois law?</p> <p>A. A teen who is physically assaulted by mother's boyfriend</p> <p>B. A child left in the care of an adult family member for two weeks while on vacation</p> <p>C. A child who is given prayer as means for cure of a disease process</p> <p>D. A child left unattended at home while parent goes to work the night shift</p>	<p>3. Which of these is considered <i>physical abuse</i> per Illinois law?</p> <p>A. "Cupping" a child with a fever or illness</p> <p>B. Threats of kidnapping a child away from the other parent</p> <p>C. Withholding treats as punishment for bad grades in school</p> <p>D. Inflicting a cigarette burn to the hand for not doing as told</p>
2. Mandated reporting. (Policy V-2)		
<p>4. What does Illinois law require EMS personnel to do to fully satisfy their reporting obligations for suspected child abuse?</p> <p>A. Notify Illinois State Police</p> <p>B. Place photographic evidence in the ePCR</p> <p>C. Phone and then file a written report with DCFS</p> <p>D. Report conclusions supporting abuse to the ED physician</p>	<p>5. What is the "mandate" when treating a pt who has experienced domestic interpersonal violence?</p> <p>A. Offer Violence resource sheet</p> <p>B. Report findings to the ED nurse</p> <p>C. File a written CANTS report with DCFS</p> <p>D. Telephone report to Domestic Violence hotline</p>	<p>6. For <i>EMS personnel</i>, which of these must be completed and filed with DCFS in order to fulfill the obligation of mandated reporters?</p> <p>A. CANTS 1 form</p> <p>B. CANTS 5 form</p> <p>C. CANTS 11 form</p> <p>D. CANTS 22 form</p>
3. Evaluate history and findings suggestive of child abuse (TEN-4 Rule)		
<p>7. EMS is called for a 3 month old who, per the mother, was crawling on the floor, went out the patio door, fell down three steps and injured her L arm. Based on the TEN-4 rule, why is further evaluation needed?</p> <p>A. Falling down three steps doesn't usually result in such severe injury</p> <p>B. Injury to the T=toes, E=elbows or N=neck should be considered suspicious</p> <p>C. An injury in children < 4 years of age requires DCFS investigation</p> <p>D. Any injury in a child ≤ 4 months old should be further investigated as potential abuse.</p>	<p>8. EMS is called for a 3 y/o with an asthma exacerbation. After initiating albuterol via HHN, bruising is noted on the pt's neck. Based on the TEN-4 rule, what conclusion is appropriate?</p> <p>A. A recent history of intubation probably resulted in soft tissue trauma</p> <p>B. Bruising to the neck in small children is often due to self inflicted trauma</p> <p>C. 4 mg of albuterol in children < 10 can cause platelet changes and easy bruising</p> <p>D. Bruising to the neck in children under 4 years old may be an indicator of abuse.</p>	<p>9. EMS is called for a lethargic 2 y/o. Grandmother states that she came to watch the child when the stepmother left for work 4 hrs ago but got concerned when the child did not awaken from their nap. EMS notes bruising behind both ears. What further evaluation is needed?</p> <p>A. Questioning regarding change in diet.</p> <p>B. Inspection of house for hazards as children this age are just learning how to walk</p> <p>C. Drawing blood for potential poisoning resulting in brain hemorrhage.</p> <p>D. Bruising behind ears raises concern of potential abuse with children under 4yo.</p>
4. Evaluate history and findings suggestive of elder abuse/neglect. (ISM)		

<p>10. An elderly female is at home with a caregiver. The pt has not been given their prescribed medications for some time and they have multiple bedsores on their sacral & coccyx area. Which of these is most likely?</p> <p>A. Repeated physical abuse B. Emotional abuse C. Economic abuse D. Physical neglect</p>	<p>11. An elderly male is to be transported from a skilled nursing facility to the hospital with obvious symptoms of a stroke that staff stated started ~9 hrs ago. Which of these is most likely?</p> <p>A. Medical neglect B. Family violence C. Emotional abuse D. Economic abuse</p>	<p>12. An elderly adult reports that nursing home staff often tells him, "Why don't you try to do more for yourself? I wish I didn't have to take care of you all the time." This is an example of</p> <p>A. physical abuse. B. family violence. C. emotional abuse. D. medical neglect.</p>
<p>5. Evaluate history and findings suggestive of Domestic Violence (Policy V-4/ISM)</p>		
<p>13. A woman left an abusive situation & found shelter in a safe house. While at work, the spouse frequently calls her on the phone making verbal threats that he will find her and kill her. What is this an example of according to policy?</p> <p>A. Neglect B. Harassment C. Physical abuse D. Willful deprivation</p>	<p>14. When responding to a domestic violence situation, what should the patient evaluation include?</p> <p>A. Appropriateness of attire given the situation B. PMH and whether pt is under the care of a psychiatrist C. Assess if injuries are inconsistent with stated mechanism of injury D. Ask the mandated questions required of all pts regarding DV & document response on ePCR</p>	<p>15. Upon presenting the victim of DV with a resource list, she refuses to take the document. Which of these is the most significant concern to her if the abuser were to find the list?</p> <p>A. It may precipitate additional abuse B. He would kick her out of the house for seeking help C. The abuser is likely to seek revenge on the listed agencies D. Resources listed could refuse to help her if their privacy was breached</p>
<p>6. Outline general EMS responsibilities in cases of suspected abuse or neglect (ISM)</p>		
<p>16. When attempting to obtain an accurate history from a pt suspected of being abused, which of these is indicated?</p> <p>A. Attempt to separate the alleged abuser from the victim B. Ensure victim safety by conducting all interviews under police protection C. Encourage safety of EMS personnel by having at least one registered to carry a weapon D. Instruct the patient that you can only help if you know the whole truth</p>	<p>17. Which of these is true when responding to a call for a pt suspected of being abused?</p> <p>A. EMS personnel are mandated reporters for child and elder abuse. B. Mandated reporters must have proof of the abuse before they can legally file a report. C. Interventions can only be initiated after police have confirmed the presence of abuse. D. All EMS personnel on scene must separately file abuse reports given their mandated reporter status.</p>	<p>18. Which of these is true regarding reporting of suspected elder abuse?</p> <p>A. The reporting process differs if the pt came from home or a long term care facility. B. A phone call and written confirmation must be made to the Dept of Aging within 72 hours. C. EMS are mandated reporters for elderly abuse but not neglect. D. A resource sheet must be offered to all elder abuse victims.</p>

7. Formulate EMS priorities with regards to crime scene awareness & preservation (ISM)		
19. When responding to a call for a DV situation, what would be the <u>first</u> priority for EMS? A. Scene safety B. Preservation of evidence C. Identifying if the victim wants help D. Calling OLMC to give them a heads up	20. After medical care is completed for the victim of DV, what is the next priority for EMS per policy? A. Call the police to report the abuse B. Help the victim gather belongings so she can be transported to a safe house C. Offer resource information sheet to the individual D. Confront the abuser and threaten to have him arrested if ever does this again	21. After medical care & transport is completed for a victim of elder abuse found at home, what is the next priority for EMS? A. Report abuse to police for further investigation B. Complete written CANTS form & mail to IDPH C. Report abuse to the Dept of Aging Elder Abuse Hotline D. Refer abuser to a local help group for adult caregivers of aging parents
8. Resource availability for Child Abuse (PowerPoint)		
22. If presented with a child in an unsafe situation, which of these are <u>NOT</u> legally authorized to place a child into protective custody? A. Police B. DCFS C. EMS personnel D. OLMC physician	23. If on scene with an abused child and custodial caregiver refuses to allow the child to be transported, who can EMS contact to have the child placed under temporary protective custody? A. OLMC physician B. Next of kin under Surrogate Act C. Dept. of Health & Human Services (HHS) D. Agency chief/EMS CEO	24. If on scene with an abused child and custodial caregiver refuses to allow the child to be transported, who can EMS contact to have the child placed under temporary protective custody? A. A law enforcement officer B. The mayor of the jurisdiction C. Resource Hospital OLMC ECRN D. The State EMS for Children administrator
9. Analyze the areas in which EMS can have an impact on violence prevention (PowerPoint and ISM)		
25. Which children are generally at greater risk of being abused? A. Teenagers B. Those w/ multiple siblings C. Those less than 3y/o with special needs D. Small families lacking financial resources	26. Which of these are at greater risk of becoming abusers? A. Those who were victims of abuse B. First time parents that do not understand how to care for a baby C. Couples from the same religious background D. Those from higher socioeconomic backgrounds	27. Which individuals are at greater risk of abuse? A. Those in homes where alcohol & drug abuse is present B. Those in which there is greater financial status C. Those with minimal stress factors to exacerbate situations. D. Those with higher educational backgrounds.
10. Compare & contrast the various patterns of DV/cycle of violence (Power point and ISM)		
28. When identifying DV victims, which phase in the cycle of abuse, would they be <u>least</u> likely to leave the abusive situation? A. Tension building B. Acute battering C. Honeymoon	29. Which is true regarding the cycle of violence in a DV situation? A. Each phase varies in duration and intensity B. Each phase of violence is consistent & cyclical C. All three phases must occur to be considered a cycle of abuse D. Tension building phase is often precipitated by the abuser to move into the honeymoon phase	30. During which phase in the cycle of violence does EMS often get involved? A. Tension building B. Acute battering C. Honeymoon

11. Deduce factors behind a patient's decision to stay/leave in a DV situation (Power point)

31. Why may a victim of DV decide to stay in the situation/location where the abuse occurs?

- A. They believe the battering will stop if they stay
- B. Their medical care is tied directly to the abuser
- C. Greater isolation occurs upon leaving the abuse situation
- D. They do not want to bring embarrassment to the abuser

32. Why may a victim of DV stay in an abusive situation?

- A. There are no resources available to help them
- B. If they stay, the police do not prosecute the abuser
- C. Power and control will be taken away from the victim if they leave
- D. There are dependents that rely on the abuse victim for their care

33. What is often the reason a victim of DV decides to leave an abusive situation?

- A. Data show that abusers change if the victims leave
- B. Family members threaten to cut off support if they stay
- C. Escalating medical bills for multiple ED visits to treat their injuries cannot be paid
- D. They realize that the abuser might make good on their threat to kill them

12. Examine typical physical or emotional lifestyle patterns or assessment findings present in DV situations (ISM)

34. Which of these are often demonstrated by victims of abuse?

- A. Treatment sought at various centers to avoid suspicion
- B. Aggression towards abuser in public as a way to seek help
- C. Calls for assistance to those in authority to help them "get away"
- D. Spending money against the abuser's wishes to reset the power balance

35. Which is least likely to be observed in victims of DV?

- A. Frequent fleeing from home
- B. Frequent reference to partner's anger or temper
- C. Offering information regarding abuse prior to being asked
- D. Terror or reluctance to speak to those in authority because of reprisal

36. Because power & control are removed from the abuser when a DV victim leaves, what poses the greatest risk for an abuse victim after departing?

- A. Loss of their job
- B. Significant injury or death
- C. Losing health insurance coverage
- D. Loss of family assistance and support

13. Formulate an interview process plan for the pt involved in DV to maximize access to help needed (Power point / ISM)

37. When interviewing a suspected victim of DV, which interview technique allows for the most accurate response?

- A. Ensure privacy when asking questions about abuse
- B. Have family member present to console pt if needed
- C. Ensure police presence prior to questioning to corroborate EMS observations
- D. Avoid eye contact with pt to avoid further embarrassment & to encourage trust

38. Which is the primary goal when interviewing a victim of DV?

- A. To get the victim to leave the abuser
- B. Encourage them to press charges so abuser goes to jail
- C. To empower them to make a health choice regarding the current situation
- D. Discuss victim's plan for leaving and assist with obtaining an order of protection

39. When talking to a victim of DV, the pt states, "They didn't mean it. I'm sure they will change." How should EMS personnel respond?

- A. Refute the statement with statistics
- B. Empathize with the feelings & advise a plan
- C. Instruct pt to call them back if they would like to talk more
- D. Agree with pt that change is probable and affirm it is always better if families stay together

14. Relate the impact that DV has on children (ISM.)

40. Which of these is true regarding children and DV situations?

- A. Those abused are at greater risk to abuse others
- B. Abused children rarely abuse others due to their painful childhood memories
- C. Prevalence of sexual abuse is much higher than emotional abuse in homes with DV
- D. Risk of child abuse is low as the abuser's anger is usually directed against the adult partner

41. Which of these is true regarding DV situations in which children are also abused?

- A. EMS is required to treat, transport & report findings of child abuse & DV per policy
- B. If adults and children are both abused at one incident, Ill law only requires police notification
- C. If police do not suspect abuse, EMS is relieved of their responsibility to transport and report
- D. If assuming protective custody for an injured child, other non-injured siblings do not require transport

42. Which of these is true regarding children and DV situations?

- A. Children are often injured when attempting to protect a victim from the abuser
- B. Children will often seek help from an outside trusted resource in order to stop the abuse.
- C. The frequency and intensity of abuse tends to diminish as young children get older
- D. Victims of DV will call DCFS to have children removed from the home to protect them from injury

15. Appraise the conditions that must be present in order to place a child under protective custody (Power point)

43. What criteria must be met to take a child into temporary protective custody?

- A. There is no time to obtain a court order
- B. Family members disagree over the best plan of action for the child
- C. The public defender must give approval in advance for the designation
- D. The child must already be included in the DCFS database as needing protection

44. What criteria must be met to take a child into temporary protective custody?

- A. A judge is unavailable to grant a court order
- B. Leaving the child in their current situation poses an immediate danger
- C. No family member can be found to provide consent to care for a critical child
- D. The parent has no private means of transporting the child to the hospital

45. What criteria must be met to take a child into temporary protective custody?

- A. Adult responsible for child is unable / unwilling to consent to removal of child from their custody
- B. Police are unavailable to intervene for the child's welfare
- C. The child has filed a complaint against the parents alleging cruelty
- D. Family states that they have no support system to help watch the children

16. Organize the pt assessment findings of abuse & construct an objective ePCR that is defensible in court (Power point)

46. Which statement is most factual when describing a person who appears to be *intoxicated*?

- A. Pt appears drunk
- B. Pt smells like ETOH
- C. Pt seems to have been drinking
- D. Pt exhibits slurred speech/staggered gait

47. What information should be included when documenting an ePCR for an elderly pt in a nursing home suspected of being abused?

- A. EMS opinion regarding possible causes of injuries
- B. Pertinent positives & negatives relative to patient clinical exam
- C. History of previous calls to same NH for other pts in which abuse is suspected
- D. Conclusions as to whether injuries could have been sustained intentionally or nonintentionally

48. Which statement is most factual/defensible when describing an unsafe living condition requiring children to be removed from a home?

- A. House was found filthy and unsafe for children to remain in place
- B. Environment unsanitary, therefore decision was made to remove children
- C. Children appear unkempt and neglected; stating they are hungry
- D. Children's bedroom found with cat litter box in corner filled with human feces and strong odor of urine present

17. Recognize common mistakes that are made when documenting calls involving victims of child abuse (PowerPoint)

49. Which would be important to include when documenting suspicions of child abuse?

- A. Physical hazards present in home making it an unsafe situation
- B. EMS assumption that mother is unfit to provide care for children
- C. Subjective statements between hospital staff & EMS
- D. Family's socioeconomic status

50. When documenting injury from possible cigarette burns, which best objectively describes the injury?

- A. Multiple cigarette burns to face
- B. Multiple injuries that look like old cigarette burns to child's face
- C. Multiple cigarette burns in multiple stages of healing with different discoloration noted
- D. 3 circle-shaped blistered areas approx. 2 cm in diameter to right cheek that range in color from red to brownish green

51. Which of these is appropriate if EMS responds to a dead child suspected of being abused?

- A. Transport the body to the hospital morgue
- B. Report observations to coroner or ME if requested
- C. Document EMS conclusions regarding the cause of death
- D. Document subjective feelings regarding the parents' affect in dealing with the incident

18. Violence policies: identify and define (Policy)

52. Which of these would be an example of willful deprivation per the V-4 DV policy?

- A. Denying a person needed medications
- B. Pushing victim into wall causing bodily harm
- C. Threatening to steal the children from school
- D. Leaving the house for 2 days and not calling to let spouse know their whereabouts

53. Which of these would be an example of exploitation per the V-3 Elder abuse policy?

- A. Leaving a pt unable to care for themselves unattended for 2 days
- B. Misuse of pt's finances for personal use
- C. Not taking them out of the house
- D. Withholding medications

54. What should EMS suspect when called to a private residence for an 80F who lives alone and needs EMS assistance several times a week and has no food in the house to eat?

- A. Abuse
- B. Exploitation
- C. Self-neglect
- D. Willful deprivation

19. Child Abuse: Policy V-2

55. According to policy V2, what information might be requested of the caller by DCFS?

- A. Availability for appearance at a court hearing
- B. Name, age, gender, and location of the abuser
- C. Name, address & approximate ages of all children in the house
- D. Names, numbers and address of all EMS members present during pt interaction

56. According to policy V2, what information might be requested of the caller by DCFS?

- A. A callback number to get additional information
- B. Clarification as to why OLMC took protective custody instead of police
- C. Name, address, license number & credentials of the individual making the report
- D. EMS account of situation including subjective information based on years of experience

57. According to policy V2, what information might be requested of the caller by DCFS?

- A. Specific information regarding the circumstances relative to the call.
- B. Names and number of each person on scene from EMS and PD that witnessed situation
- C. Request for pictures to be taken of scene for court.
- D. Disclosure that EMS must appear in court to testify before investigation can continue.

20. Elder Abuse: Policy V-3

58. Which of these is an "eligible adult" per V3 policy?

- A. Adult younger than 60 living with family as primary care giver due to a disability
- B. Person 50 or older w/ no financial assets living in a long term care facility
- C. Persons starting at 65 or older living at personal residence or in an extended care facility
- D. Person 60 or older residing in a domestic living situation whether at home or extended care facility

59. When is a pt deemed to be an "eligible adult" per Policy V-3: Elder abuse?

- A. Any individual eligible for Medicare
- B. Individuals age 60 years and older
- C. Adults of any age injured in a long term care facility
- D. Those over 50 without the cognitive ability to make their own decisions

60. Who must be notified if a pt that dies in a nursing home is suspected to have been abused?

- A. DCFS
- B. Family
- C. Primary MD
- D. Coroner or ME