

Northwest Community EMS System			POLICY MANUAL
Policy Title: Violence: SUSPECTED CHILD ABUSE and NEGLECT			No. V - 2
Board approval: 1/14/16	Effective: 8/1/23	Supersedes: 2/1/16	Page: 1 of 6

I. INTRODUCTION

Abuse, neglect, and/o exploitation of children are some of the most frustrating calls faced by EMS personnel. Specific documentation and reporting of suspicions to appropriate persons and/or agencies can result in corrective action and are essential elements of EMS management for these patients.

II. DEFINITIONS: The Abused and Neglected Child Reporting Act (ANCRA, 325 ILCS 5/): (Source: P.A. 79-65.) <https://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1460&ChapterID=32>

A. **Child:** "Means any person under the age of eighteen unless legally emancipated by reason of marriage or entry into a branch of the United States Armed Services." The NWC EMS System acknowledges the following distinctions for purposes of the Minor Refusal policy. All are considered children under the Abused and Neglected Child Reporting Act:

1. Infant: Birth to one year of age.
2. Child: One year - 12 years of age.
3. Adolescent: 13 - 17 years of age.

B. **Abuse:** A physical injury, sexual abuse, or mental injury inflicted on a child, other than that by accidental means, by a person responsible for the child's health and welfare.

C. **Abused Child:** means a child whose parent or immediate family member, or any person responsible for the child's welfare, or any individual residing in the same home as the child, or a paramour of the child's parent: (a) inflicts, causes to be inflicted, or allows to be inflicted upon such child physical injury, by other than 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 or in the Wrongs to Children Act, 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 upon such child; (e) inflicts excessive corporal punishment or, in the case of a person working for an agency who is prohibited from using corporal punishment, inflicts corporal punishment upon a child or adult resident with whom the person is working in the person's professional capacity; (f) commits or allows to be committed the offense of female genital mutilation, as defined in Section 12-34 of the Criminal Code of 2012, against the child; (g) causes to be sold, transferred, distributed, or given to such child under 18 years of age, a controlled substance as defined in Section 102 of the Illinois Controlled Substances Act in violation of Article IV of the Illinois Controlled Substances Act or in violation of the Methamphetamine Control and Community Protection Act, except for controlled substances that are prescribed in accordance with Article III of the Illinois Controlled Substances Act and are dispensed to such child in a manner that substantially complies with the prescription; (h) commits or allows to be committed the offense of involuntary servitude, involuntary sexual servitude of a minor, or trafficking in persons as defined in Section 10-9 of the Criminal Code of 2012 against the child; or (i) commits the offense of grooming, as defined in Section 11-25 of the Criminal Code of 2012, against the child.

A child who is present in a structure or vehicle while a parent or guardian is manufacturing methamphetamine is considered to be abused and neglected under the *Juvenile Court Act* (SB 2447, PA 93-0884, 2004).

A child shall not be considered abused for the sole reason that the child has been relinquished in accordance with the Abandoned Newborn Infant Protection Act.

Policy Title: **Violence: SUSPECTED CHILD ABUSE and NEGLECT**No. **V - 2**

Board approval: 1/14/16

Effective: 8/1/23

Supersedes: 2/1/16

Page: 2 of 6

- D. **Neglected Child:** "means any child who is not receiving the proper or necessary nourishment or medically indicated treatment including food or care not provided 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 is not receiving the proper or necessary support or medical or other remedial care recognized under State law as necessary for a child's well-being, or other care necessary for the child's well-being, including adequate food, clothing and shelter; or who is subjected to an environment which is injurious insofar as (i) the child's environment creates a likelihood of harm to the child's health, physical well-being, or welfare and (ii) the likely harm to the child is the result of a blatant disregard of parent, caretaker, person responsible for the child's welfare, or agency responsibilities; or who is abandoned by the child's parents or other person responsible for the child's welfare without a proper plan of care; or who has been provided with interim crisis intervention services under Section 3-5 of the Juvenile Court Act of 1987 and whose parent, guardian, or custodian refuses to permit the child to return home and no other living arrangement agreeable to the parent, guardian, or custodian can be made, and the parent, guardian, or custodian has not made any other appropriate living arrangement for the child; or who is a newborn infant whose blood, urine, or meconium contains any amount of a controlled substance as defined in subsection (f) of Section 102 of the Illinois Controlled Substances Act or a metabolite thereof, with the exception of a controlled substance or metabolite thereof whose presence in the newborn infant is the result of medical treatment administered to the person who gave birth or the newborn infant.
- A child **shall not be considered neglected** for the sole reason that the child's parent or other person responsible for the child's welfare has left the child in the care of an adult relative for any period of time. A child **shall not be considered neglected for the sole reason that the child has been relinquished** in accordance with the Abandoned Newborn Infant Protection Act. A child shall not be considered neglected or abused for the sole reason that such child's parent or other person responsible for the child's welfare depends upon spiritual means through prayer alone for the treatment or cure of disease or remedial care as provided under Section 4 of this Act. A child shall not be considered neglected or abused solely because the child is not attending school in accordance with the requirements of Article 26 of The School Code, as amended.
- E. **Department:** Means the Department of Children and Family Services (DCFS).
- F. **Mandated reporters:** State law requires that most professionals in education, health care, law enforcement and social work report suspected neglect or abuse. These individuals are Mandated Reporters. For a comprehensive list of all seven groups of mandated reporters, see the [Abused and Neglected Child Reporting Act](#).
1. **Medical personnel:** Physician, dentist, LPN, RN, **emergency medical technician**, nurse practitioner, chiropractor, hospital administrator.
 2. **School personnel:** Teacher, principal, school counselor, school nurse, school social worker, assistant principal, truant officer, school psychologist.
 3. **Social Service/Mental Health Personnel:** Mental health personnel, social workers, psychologists, domestic violence personnel, substance abuse treatment personnel, staff of state agencies dealing with children such as Departments of Human Services, Public Aid, Public Health, Corrections, and Children and Family Services.
 4. **Law enforcement personnel:** Employees of the court, parole/probation officer, emergency services staff, police, states attorney and staff, juvenile officer.
 5. **Coroner/Medical Examiner personnel**
 6. **Child care personnel:** All staff at overnight, day care, pre-school or nursery school facilities, recreational program personnel, foster parents.
 7. **Members of the Clergy:** Any member of the clergy that has reasonable cause to believe that a child known to them in a professional capacity may be an abused child.

Policy Title: **Violence: SUSPECTED CHILD ABUSE and NEGLECT**No. **V - 2**

Board approval: 1/14/16

Effective: 8/1/23

Supersedes: 2/1/16

Page: 3 of 6

G. **"Person responsible for the child's welfare"** means the child's parent; guardian; foster parent; relative caregiver; any person responsible for the child's welfare in a public or private residential agency or institution; any person responsible for the child's welfare within a public or private profit or not for profit child care facility; or any other person responsible for the child's welfare at the time of the alleged abuse or neglect, including any person who commits or allows to be committed, against the child, the offense of involuntary servitude, involuntary sexual servitude of a minor, or trafficking in persons for forced labor or services, as provided in Section 10-9 of the Criminal Code of 2012, including, but not limited to, the custodian of the minor, or any person who came to know the child through an official capacity or position of trust, including, but not limited to, health care professionals, educational personnel, recreational supervisors, members of the clergy, and volunteers or support personnel in any setting where children may be subject to abuse or neglect.

H. **Temporary Protective custody:** means custody within a hospital or other medical facility or a place previously designated for such custody by the Department, subject to review by the Court, including a licensed foster home, group home, or other institution; but such place shall not be a jail or other place for the detention of criminal or juvenile offenders. A physician is authorized to take temporary protective custody if circumstances of the child are such that in his/her judgment continued stay or return to the custody of the parent, guardian, or custodian, presents an environment dangerous to the child's life or health. (325 ILCS 5/5) (from Ch. 23, par. 2055)

I. **Sexual abuse:** The exploitation of a child for the sexual gratification of an adult, as in rape, fondling of genitals, pornography, or exhibitionism.

III. **POLICY:** All EMS personnel are mandated reporters and are required by Illinois law to report any suspicion of **child abuse or neglect** to the Department of Children and Family Services (DCFS).

A. The identification of abuse or neglect can occur at any time during a history and physical exam or other assessments performed by members of the treatment team. This identification can be made in any setting. See appendix for indicators of suspected abuse or neglect.

B. Mandated reporters are required to call the Hotline when they have **reasonable cause to believe** that a child known to them in their professional or official capacity may be an abused or neglected child. The Hotline worker will determine if the information given by the reporter meets the legal requirements to initiate an investigation. Only one report per ambulance crew needs to be filed.

C. No assumption should be made that law enforcement or hospital personnel will file a report. In the event there is disagreement between mandatory reporters, the person suspecting the alleged abuse shall complete the necessary reporting requirements.

D. The law does not require certainty. It requires only that there be reasonable cause to believe that a child has been abused and/or neglected. Any person participating in good faith in the making of a report shall have immunity from any liability, civil, criminal, or that otherwise might result by reason of such actions.

E. **Mandated reporter education and acknowledgement form:** State rules require that any person who becomes a mandatory reporter by virtue of his or her employment after July 1, 1986, must receive education regarding their duties and responsibilities as a mandated reporter and shall sign a statement on a form provided by the DCFS (CANTS 22; Rev. 5/2019) **acknowledging that they are mandatory reporters**. All EMS personnel hired by providers in the NWC EMSS should be given the forms to sign by their employers. <https://dcfs.illinois.gov/content/dam/soi/en/web/dcf/docs/documents/about-us/policy-rules-and-forms/documents/cants/cants-22-acknowledgement-of-mandated-reporter-status-fillable.pdf>. Free online education is available from DCSF: See <https://mr.dcfstraining.org/UserAuth/Login!loginPage.action>.

Policy Title: Violence: SUSPECTED CHILD ABUSE and NEGLECT**No. V - 2****Board approval: 1/14/16****Effective: 8/1/23****Supersedes: 2/1/16****Page: 4 of 6****IV. PROCEDURE**

- A. If child abuse or neglect is suspected, it is important to safely isolate the patient from the alleged perpetrator. Safety of the patient and the EMS team is a first priority.
- B. Address the immediate medical needs of the patient and then take the following steps. Follow the Suspected Child Abuse or Neglect SOP.

C. Temporary Protective custody

- 1. If an EMS responder suspects that a child has been abused or neglected **and the parent or guardian refuses to allow treatment and/or transportation of the child**, the EMS clinician shall seek assistance from the local police. If police officers are unwilling to place the child under temporary protective custody, EMS personnel shall contact their designated system hospital over the UHF radio and ask to speak to a physician.
 - a. **Section 300.120 Taking Children Into Temporary Protective Custody:** Local law enforcement officers, Department child protection staff, and physicians treating a child may take temporary protective custody of a child without the consent of the persons responsible for the child's welfare, if they have reason to believe that:
 - (1) leaving the child in the home or in the care and custody of the child's caregiver presents an imminent danger to the child's life or health. The child shall not be taken into protective custody for the sole reason that the child was left with a relative, so long as the relative is willing to keep the child, and the Department has reason to believe that the relative can adequately and safely care for the child; and
 - (2) there is insufficient time to obtain a Juvenile Court order authorizing temporary custody.
 - b. Local law enforcement officers or physicians who take temporary protective custody of a child must immediately notify the Department of their action.
 - c. Said care includes, but is not limited to the granting of permission to perform emergency medical treatment to a minor where the treatment itself does not involve a substantial risk of harm to the minor and the failure to render such treatment will likely result in death or permanent harm to the minor, and there is not time to apply for a court order under the Juvenile Court Act.
 - d. Any person authorized and acting in good faith in the removal of a child under this Section shall have immunity from any liability, civil or criminal that might otherwise be incurred or imposed as a result of such removal. Any physician authorized and acting in good faith and in accordance with acceptable medical practice in the treatment of a child under this Section shall have immunity from any liability, civil or criminal, that might otherwise be incurred or imposed as a result of granting permission for emergency treatment.

D. Calling the Child Abuse Hotline

- 1. Mandated reporters should call the Hotline when they have reasonable cause to suspect that a child has been abused or neglected. Telephone reports are to be made to **DCFS State Central Register** as soon as possible after caring for the medical needs of the patient.

Phone Number: **1-800-25-ABUSE (1-800-252-2873)** (TTY) **1-800-358-5117**

Policy Title: Violence: SUSPECTED CHILD ABUSE and NEGLECT**No. V - 2****Board approval: 1/14/16****Effective: 8/1/23****Supersedes: 2/1/16****Page: 5 of 6**

2. This number is available 24 hours a day. Reporters should be prepared to provide phone numbers where they may be reached throughout the day in case the Hotline must call back for more information. If answered by an automated message service, communicate that you will not be at the same location after 8:00 am the following morning and indicate that you need a return call as soon as possible.
3. The Hotline worker will determine if the information given by the reporter meets the legal requirements to initiate an investigation.
4. **Criteria needed for a child abuse or neglect investigation**
 - a. The alleged victim is a child under the age of 18.
 - b. The alleged perpetrator is a parent, guardian, foster parent, relative caregiver, paramour, any individual residing in the same home, any person responsible for the child's welfare at the time of the alleged abuse or neglect, or any person who came to know the child through an official capacity or position of trust (health care professionals, educational personnel, recreational supervisors, members of the clergy, volunteers or support personnel) in settings where children may be subject to abuse and neglect.
 - c. There is a specific incident of abuse or neglect or a specific set of circumstances involving suspected abuse or neglect.
 - d. There is demonstrated harm to the child or a substantial risk of physical or sexual injury to the child.

5. Information the reporter should have ready to give to the Hotline

- a. Names, birth dates (or approximate ages), races, genders, etc. for all adult and child subjects
- b. Addresses for all victims and alleged perpetrators, including current location
- c. Information about the siblings or other family members, if available
- d. Specific information about the abusive incident or the circumstances contributing to risk of harm – for example, when the incident occurred, the extent of the injuries, how the child says it happened, and any other pertinent information

Do not delay calling the Hotline even if this information is not all readily available.

- E. **Content of Child Abuse or Neglect Reports:** The State Central Register or the local report-taker shall attempt to secure the following information from the reporter:
1. Family composition, including the name, age, sex, race, ethnicity and address of the children named in the report and any other children in the environment;
 2. Name, age, sex, race, ethnicity and address of the children's parents and of the alleged perpetrator and their relationship to the child subjects;
 3. The physical harm to the involved children and an estimation of the children's present physical, medical and environmental condition. This estimation should include information concerning any previous incidents of suspected abuse or neglect; and
 4. The reporter's name, occupation and relationship to the children, actions taken by the reporter, where the reporter can be reached, and other information the reporter believes will be of assistance.
- F. **Written Confirmation of Reports:** Within 48 hours after making the telephone report, EMS must make a written report on a form supplied by DCFS (CANTS 4 or 5 form) and file the written report with the nearest Child Protection Services Unit. The address is on the back of the form. <https://dcfs.illinois.gov/about-us/notices/com-communications-forms.html>

Policy Title: **Violence: SUSPECTED CHILD ABUSE and NEGLECT**No. **V - 2**

Board approval: 1/14/16

Effective: 8/1/23

Supersedes: 2/1/16

Page: 6 of 6

- G. **Cooperation in Court:** Any person who makes or investigates a report may be ordered by the Court to testify in any judicial proceeding resulting from the report about any evidence or cause of the abuse or neglect. No evidence shall be excluded because of any common law or statutory privilege regarding communication between the alleged perpetrator of the child abuse and the person making or investigating the report.
- H. **Confidentiality of information**
1. The primary objective in all alleged child abuse cases is protection of the child and, although open communication among governmental agencies and hospital personnel is important to continuity of patient care, the privacy of the children and their families shall be protected. Therefore, access to information concerning abused and/or neglected children will be in accordance with of the Act. **Access to information should be limited to the following:**
 - a. The Department of Children and Family Services and the Child Protective Service Unit handling the case;
 - b. Local law enforcement agencies which are involved with or investigating the particular case;
 - c. Physicians and other staff members who are involved with the case who have a need to know such information;
 - d. Courts or Grand Juries upon appropriate court order of subpoena; and
 - e. The release of any other information concerning abused or neglected children be done only with the knowledge and consent of the DCFS.
 2. The Abused and Neglected Child Reporting Act provides that "the person given access to the names or other information identifying subjects of report, shall not make public such identifying information unless they are a State's Attorney or other law enforcement official and the purpose is to initiate court action. Violation of this section is a Class A misdemeanor."
- I. **Death Caused by Abuse or Neglect:** In the event EMS personnel suspect abuse or neglect in a case involving death of a child, the EMS responder must report this to the appropriate medical examiner or coroner. This may be accomplished by reporting suspicions to the local police and receiving hospital physician. Document on the patient care report to whom suspicions were reported.
- J. **Failure to Report Suspected Abuse or Neglect:** A person who knowingly and willingly violates mandated reporting requirements is guilty of a Class A misdemeanor for a 1st violation and a Class 4 felony for a second or subsequent violation. Penalties are increased if the person is involved in a plan or scheme to prevent discovery of abuse/neglect by lawful authorities (325 ILCS 5/4).

References

Illinois Department of Children & Family Services, (2015). **Manual for Mandated Reporters.** www.state.il.us/dcfs.
 (325 ILCS 5/5) (from Ch. 23, par. 2055) <http://www.ilga.gov/legislation/ilcs/fulltext.asp?DocName=032500050K5>