

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

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I. **INTRODUCTION**

Abuse, neglect, and interpersonal (domestic) violence may be one of the most frustrating problems faced by emergency personnel. Differentiating physical abuse from accidental injuries is a primary responsibility of health care providers. Specific documentation and reporting of suspicions to appropriate persons and/or agencies can result in corrective action and are essential elements of prehospital case management for these patients.

II. **DEFINITIONS: The Abused and Neglected Child Reporting Act (ANCRA, 325 ILCS 5/7.21):**

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:** Is a child "whose parent or immediate family member or any person responsible for the child's welfare, or any individual residing in the same house 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 1961, 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 upon such child; or (e) inflicts excessive corporal punishment." Ill. Rev. Stat. Ch. 23, paragraph 2053. Effective: August 30, 1988. 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).

D. **Neglected Child:** "Any child whose parents or other person responsible for the child's welfare withholds or denies nourishment or medically indicated treatment, including food or care 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 the 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 or her well-being, including adequate food, clothing and shelter; or who is abandoned by his or 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 as provided under Section 4 of the Act.

P.A. 86-274 and P.A. 86-275, effective January 1, 1990, amends the definition of "neglected child" to include any newborn infant "whose blood or urine contains any amount of a controlled substance as defined in subsection (f) of Section 102 of the Illinois

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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 mother of the newborn infant."

- E. **Department:** Means the Department of Children and Family Services (DCFS).
- F. **Mandated reporters:** Professionals who may work with children in the course of their professional duties. Seven groups are defined in ANCRA (Sec. 4)
 - 1. **Medical personnel:** Physician, dentist, LPN, RN, medical social worker, 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 Department of Human Services, Department of Public Aid, Department of Public Health, Department of Corrections, and Department of 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 him or her in a professional capacity may be an abused child.
- G. **Protective custody:** A physician is authorized to take 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.
- H. **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, nurses and physicians 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 the examination, history and physical exam or other assessments performed by members of the treatment team. This identification can be made in any setting.
- B. See appendix for indicators of suspected abuse or neglect.
- C. If a mandatory reporter has reasonable cause to believe that a child known to them in their professional capacity may be abused or neglected, they must immediately report or cause a report to be made to the DCFS. Only one report per ambulance crew needs to be filed.
- D. 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.

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- E. 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.
- F. State rules require that any person who becomes a mandatory reporter by virtue of his or her employment after July 1, 1986, must sign a statement on a form provided by the DCFS 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.

IV. PROCEDURE

- A. If abuse or violence is suspected, it is important to safely isolate the patient (victim) from the alleged perpetrator. Safety of the EMS team must be a first priority.
- B. The immediate medical needs of the patient must be addressed and then the following steps should be taken. Follow the Suspected Child Abuse or Neglect SOP.
- C. **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 responder shall seek assistance from the local police.
 - 2. A physician treating the child, a designated employee of the DCFS, or an officer of the local law enforcement agency may take or retain temporary protective custody of a child without the consent of the person responsible for the child's welfare, if:
 - a. He/she has reason to believe that the circumstances or condition of the child are such that continuing in his/her place of residence or in the care and custody of the person responsible for the child's welfare presents an immediate danger to the child's life or health;
 - b. The person responsible for the child's welfare is unable or has been asked and does not consent to the child's removal from his/her custody; and
 - c. There is not time to apply for a court order under the Juvenile Court Act for temporary custody of the child.
 - 3. **All three of the above items must be met prior to the exercise of temporary protective custody power**, as outlined in Section 5 of the Abused and Neglected Child Reporting Act. If police officers are unwilling to place the child under protective custody, EMS personnel shall contact their designated system hospital over the telemetry radio and ask to speak to a physician.
- 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.
 - 2. Phone Number: **1-800-25-ABUSE (1-800-252-2873)** (TTY) 1-800-358-5117
 - 3. 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.

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4. The Hotline worker will determine if the information given by the reporter meets the legal requirements to initiate an investigation.
 5. **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 (for example: 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.
 6. **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 perpetrators, including current locations.
 - 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.
 7. If this information is not readily available, the reporter should not delay a call to the Hotline (DCFS, 2005).
- 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 his/her 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 child 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, the EMT must make a written report on a form supplied by DCFS (CANTS form and body chart) and file the written report with the nearest Child Protection Services Unit. The address is on the back of the form.

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- 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 Department of Children and Family Services.
 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 he is 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, 2003).

References

Illinois Department of Children & Family Services, (2005). *Manual for Mandated Reporters*. www.state.il.us/dcfs.