

SUSPECTED ABUSE OR NEGLECT  
POLICY

**Purpose:** To provide the process for assessment and management of patients. This protocol applies to situations of suspected child abuse, domestic violence and elder abuse.

When Emergency personnel suspect that a patient has been abused (physically and/or sexually), neglected, exploited or endangered, a report must be made to the emergency physician on arrival at the hospital and to the Protective Services Agency (child or adult). The primary purpose is protection of the patient from further harm. Do not confront the patient or family members with such suspicions at the scene.

**M B S P**

**I. Definitions Related To Abuse:**

- A. Abuse
  - 1. Willful infliction of injury, unreasonable confinement, intimidation, or cruel punishment with resulting physical harm, pain, or mental anguish.
  - 2. Willful deprivation by a caretaker of goods or services that are necessary to avoid physical harm, mental anguish, or mental illness.
- B. Physical Harm
  - 1. Bodily pain
  - 2. Bodily injury
  - 3. Impairment
  - 4. Disease
- C. Exploitation
  - 1. Illegal or improper acts of a caretaker using the resources of the patient for monetary or personal benefit, profit or gain.

**II. Indicators of Possible Abuse Include:**

- A. Unsolicited history by patient
- B. Delay in seeking care for injury
- C. Injury inconsistent with history provided
- D. Conflicting reports of injury from patient and care-giver
- E. Patient unable, or unwilling, to describe mechanism of injury (no witness or verifying information)
- F. Lacerations, bruises, ecchymoses in various stages of healing
- G. Multiple fractures in various stages of healing
- H. Scald burns with demarcated immersion lines without splash marks
- I. Scald burns involving anterior or posterior half of extremity
- J. Scald burns involving buttocks and genitals
- K. Cigarette burns
- L. Rope burns or marks
- M. Confined to restricted space or position

**III. High Risk Situations:**

- A. Situations conducive to abuse:
  - 1. Alcohol or other drug abuse, and/or mental illness among family members.
  - 2. Persons whose primary care-giver is under severe external stress.

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3. Families with a history of domestic abuse or a family member who has trouble controlling temper.
4. Care-giver is forced by circumstances to care for patient who is unwanted.
5. Inadequate housing or unsafe conditions in the home.

**IV. Evaluation and Documentation Should Include:**

- A. Obtain and record pertinent history related to presenting problem(s) from patient, significant others, and/or bystanders. Obtain name/address/phone number of any witness whenever possible.
  1. Focus interview regarding signs of physical problems. Do not attempt to directly question the parties regarding your suspicions of possible abuse or neglect.
  2. Past medical history, other current problems, severe cognitive and/or physical impairment.
  3. Note signs of inadequate housing or lack of facilities such as heat or water.
  4. Carefully and specifically document patient's statement of instances of rough handling, sexual abuse, alcohol or other drug abuse by family, verbal or emotional abuse, isolation and/or confinement, misuse of property or theft, threats, gross neglect such as restriction of fluids, food or hygiene.
  5. If necessary, (eg. patient unable to talk, confused) ask the care-giver for information regarding knowledge of patient's medical condition. Observe mental health of care-giver.
  6. Request police if any history of threatening, abusive, or violent acts. Protect yourself while obtaining safe environment for the patient.
- B. **Physical Assessment:** includes assessment and recording physical signs and symptoms associated with presenting problems. A brief, gentle assessment should be done. Attend to injuries in order of priority.
  1. Vital signs.
  2. Description of general appearance, including condition and appropriateness of clothing.
  3. Current emotional/mental status:
    - a. possible over-sedation
    - b. inappropriate fear
    - c. avoidance behavior
    - d. poor parent-child bonding
    - e. inappropriate interaction with care-giver
  4. Physical neglect:
    - a. Dehydration
    - b. Malnutrition
    - c. Inappropriate or soiled clothing
    - d. Poor hygiene
    - e. Injury that has not received proper care
  5. Evidence of sexual abuse:
    - a. Torn, stained, or bloody under-clothing
    - b. Bruises or bleeding of genitalia, or anal areas

## WEST MICHIGAN REGIONAL PROTOCOL

### SUSPECTED ABUSE OR NEGLECT POLICY

Number: IV.A.

Date: 7/22/98

Page: 3 of 3

6. Physical abuse findings:
  - a. Head injuries
    - 1) Absence of hair
    - 2) Hematoma
  - b. Broken teeth
  - c. Eye injuries
  - d. Unexplained bruises
  - e. Unexplained burns
  - f. Sprains or dislocations
  - g. Lacerations or abrasions

- V. Determine The Priorities of Care.** If neglect or abuse are suspected, provide the patient with privacy and treat the physical problems first.
- A. Upon arrival at the emergency department inform the emergency physician of the suspected findings and document on EMS Record. A report would also be made to the County Protective Services offices and documented on their appropriate form.
  - B. If patient is not transported to health care facility and law enforcement officers are not present, request a response from appropriate police department for a report to be made. A report would also be made to the County Protective Services offices and documented on their appropriate form.

**VI. Special Considerations**

- A. Careful and specific documentation is very important because "the story" frequently changes during stages of crisis.
- B. Prehospital personnel are key components to identifying these situations because of their ability to view scene, assess situation from a medical perspective, care for patient, and communicate information to other health care providers.

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