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OPERATIONS      MANUAL

STANDARD INSTRUCTION 09 EMERGENCY MEDICAL SERVICES

SECTION 24 SUSPECTED ABUSE

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<b>TITLE</b> O P E R A T I O N S M A N U A L	<b>STANDARD</b> I N S T R U C T I O N 09		<b>DEPARTMENT</b> F I R E - R E S C U E
<b>SUBJECT:</b> EMERGENCY MEDICAL SERVICES SUSPECTED ABUSE	<b>SECTION</b> 24	<b>PAGE</b> 1 of 4	<b>EFFECTIVE DATE</b> 06/17/2016

**I. PURPOSE**

All firefighters, EMT-Bs, and paramedics have a moral and legal responsibility to report any known or suspected abusive situation. Therefore, all San Diego Fire-Rescue Department (SDFD) personnel shall promptly report all incidents of suspected child abuse, dependent adult abuse, elder abuse/neglect, and domestic violence.

**II. SCOPE**

This policy shall apply to all SDFD personnel and contracted 911 transport providers.

**III. AUTHORITY**

The fire chief authorizes the information within this policy.

**IV. DEFINITIONS**

A. Suspected Abuse

Occurs when there is “reasonable suspicion” or when “it is objectively reasonable for a person to entertain a suspicion”, based upon facts that could cause a reasonable person in a like position, drawing, when appropriate, on his or her training and experience, to suspect child, adult or dependent abuse or neglect.

**V. POLICY**

A. Responsibility

1. It is the responsibility of all firefighters, EMTs, and paramedics to report any act or suspicion of abuse against a minor, dependent adult, elder, or domestic partner.
2. Penal Code 11166 requires that firefighters, EMT-Is and IIs, and paramedics report any suspected abuse or face the possibility of criminal or civil charges.

B. Recognition of Abuse

1. Any act or suspicion of abuse recognized by at least one crew member shall qualify as a reportable act.
2. Verification of the act or suspicion of abuse does not require the consensus of the crew.
3. Supervisors shall consider any account or suspicion of an act as a reportable matter.
4. Abuse may be displayed in many forms. Examples of abuse may include, but are not limited to, any one of the following:
  - a. Physical abuse: The infliction of physical pain or bodily harm not limited to:
    - 1) Sexual abuse
    - 2) Constraint
    - 3) Isolation
    - 4) Abduction
    - 5) Abandonment

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- b. Neglect: Refusal or failure to fulfill care-taking obligations which include, but are not limited to:
  - 1) Abandonment
  - 2) Isolation
  - 3) Denial of food, shelter, clothing, medical assistance or assistive devices
  - 4) Neglect can be intentional or unintentional
- c. Fiduciary or financial: The illegal or improper exploitation of funds or resources which includes, but is not limited to:
  - 1) Stealing possessions, money, or property
  - 2) Misusing money
- d. Psychological/emotional abuse: The infliction of mental anguish, which includes, but is not limited to:
  - 1) Threatening
  - 2) Humiliating
  - 3) Intimidating
  - 4) Isolating
- e. Self-neglect: Failure of an elder or dependent adult to adequately take care of themselves and meet the demands of daily living to include the ability to eat, pay bills, take medications or meet personal hygiene needs.

C. Reporting Procedures

- 1. Verbal reports
  - a. Each agency involved in the care of the patient shall submit their own reports to the appropriate agency.
  - b. Reporting of abuse or suspected abuse shall be made verbally to the appropriate agency immediately upon return to the station/post.
  - c. The supervisor shall be ultimately responsible for the timeliness of all reports when properly notified by a subordinate of an act or suspicion of abuse.
  - d. Verbal reports shall be made to one of the following appropriate reporting agencies:

SD County Child Welfare Services	(858) 560-2191 or (800) 344-6000
Adult Protective Services (APS)	(800) 510-2020
SD County Domestic Violence Hotline	Contact local law enforcement

- e. Verbal report/notification of abuse or suspected abuse to a law enforcement official does not relieve the firefighter, EMT-B, or paramedic from the duty of contacting the appropriate reporting agency.

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2. Written reports

- a. Each agency involved in the care of the patient shall submit their own reports to the appropriate agency.
- b. The firefighter, EMT-B, or paramedic shall complete the written report of abuse document by the end of the work shift/assignment.
- c. The supervisor shall be ultimately responsible for the timeliness of all reports when properly notified by a subordinate of an act or suspicion of abuse.
- d. Guidelines for written report documentation differs between agencies, listed below are the form numbers and disposition of written abuse documentation:
  - 1) Child Abuse Reporting
    - a. Form SS 8572 (12-02) located in S-drive/FORMS/Blank Forms/EMS.
    - b. Call Child Welfare Services first, then fax completed form to 858-467-0412, within 36 working hours.
    - c. Contact duty medical supervisor (DMS) to assist.
  - 2) Elder/Dependent Adult Abuse Reporting
    - a. Form SOC 341 (12-06) located in S-drive/FORMS/Blank Forms/EMS.
    - b. Three reporting methods:
      - i. Mail completed form to Adult Protective Services within two working days using supplied envelopes (preaddressed and postage paid).
      - ii. Call APS first, then fax of completed form to 858-495-5247.
      - iii. On-line reporting, no phone call or fax required: AISwebreferral.org.
  - 3) Domestic Violence
    - a. No form numbers
    - b. Submit to proper police agency within two working days of incident