



MANDATORY REPORTING

Effective: January 1, 2022
Replaces: New

I. Purpose

The purpose of this policy is to provide guidelines for the identification of suspected child or adult abuse and/or neglect, as well as domestic violence, sexual assault. It also sets forth the procedure for reporting such suspicions by prehospital care personnel. Prehospital providers are mandated reporters and required to report abuse regardless of whether law enforcement is on-scene or not.

II. Definitions

- A. **Mandated Reporter:** A person who, because of his or her profession, is legally required to report a particular category or type of abuse to the relevant authorities. In the EMS System, mandated reporters include EMTs, paramedics, public safety first responders, nurses, and all medical professionals.
- B. **Abuse:** Evidence of physical or emotional abuse, neglect may be defined as intimidation, cruel punishment, fiduciary (financial) abuse, abandonment, isolation, or treatment resulting in physical harm, pain, mental suffering, or the deprivation by a care custodian of goods and services which are necessary to avoid physical harm or mental suffering.
- C. **Physical Abuse:** Any act which results in a non-accidental injury.
- D. **Physical Neglect:** The negligent treatment or maltreatment of a child by a parent or caretaker under circumstances indicating harm or threatened harm to the child's health or welfare. The term includes both acts and omissions on the part of the responsible person or the negligent failure of any person having the care or custody of an elder or a dependent adult to exercise that degree of care that a reasonable person in a like position would exercise.
- E. **Reasonable Suspicion:** Information known to the EMS provider which, drawing on his/her training and experience, would lead another EMS provider in the same situation to suspect that the injury or condition of the patient was the result of a violent act or neglect.
- F. **Child Abuse or Neglect:** Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation or an act or failure to act which presents an imminent risk of serious harm. This definition of child abuse and neglect refers specifically to parents and other caregivers. A "child" under this definition generally means a person who is younger than age 18 or who is not an emancipated minor.
- G. **Elder Abuse:** An intentional act or failure to act that causes or creates a risk of harm to an older adult, including but not limited to neglect through the failure to meet an older



adult's basic needs. Basic needs include food, water, shelter, clothing, hygiene, and essential medical care. An elder is defined as any person 65 years of age or older.

- H. **Domestic Violence:** Violence between individuals within a household, where there is intentional use of abusive behaviors or tactics to establish an imbalance of power (i.e., one person has the power and uses that power to control their partner).
- I. **Intimate Partner Violence:** Violence between romantic partners that may or may not be living together, where there is intentional use of abusive behaviors or tactics to establish an imbalance of power (i.e., one person has the power and uses that power to control their partner).
- J. **Sexual Assault:** Any form of nonconsensual sexual contact/conduct with another person, or the inability of the victim to give consent due to age, cognitive disability, or voluntary/involuntary incapacitation by drugs or alcohol. Sexual assault on, or the exploitation of a minor. Sexual assault includes rape, rape in concert (aiding or abetting or acting in concert with another person in the commission of a rape), incest, sodomy, oral copulation, penetration of genital or anal opening by a foreign object, and child molestation.
- K. **Strangulation:** Impeding the normal breathing or circulation of blood of a person by applying pressure on the throat or neck. The trachea may also be restricted, making breathing difficult or impossible.

III. Reporting

Mandated reporters are required to report suspected abuse or neglect by phone as soon as possible and follow up with a completed written report on the State of California form 341 (SOC 341) within two days. However, reporting of suspected abuse or neglect of adults or children should not supersede necessary patient care.

- A. The telephone report to the appropriate agency should include:
 - 1. Name of person make the report
 - 2. Name and age of elder, dependent adult, child victim, sexual assault victim or domestic violence victim
 - 3. Victim's address
 - 4. Present location of the victim
 - 5. Nature and extent of any injury
 - 6. Date of the incident
 - 7. Information that led reporting person to suspect abuse
 - 8. Destination if victim to be transported to a different location
- B. EMS personnel are required to report to local law enforcement any patient who is suffering a wound or physical injury inflicted as a result of assaultive, abusive conduct, state of neglect, or by means of a firearm.
- C. If law enforcement is on scene immediate verbal notification should be made.
 - 1. The verbal report must contain:
 - a. The name of the injured person, if known;
 - b. The injured person's whereabouts;
 - c. The character and extent of the person's injuries;



- d. The identity of the person who allegedly inflicted the injury.

IV. Specific Circumstances

A. Sexual Assault:

1. If possible, encourage transport to a facility with sexual assault evidence exam capabilities.
2. If there is a support person on scene with the patient, transport this person with the patient if possible.
3. Explain in advance each treatment/procedure, and offer the patient simple choices (e.g., to sit up or recline on the gurney) empowering them to feel in control.
4. The assessment should be brief and injury-focused (do not question them about assault)
5. Chain of custody must be maintained for each item to be valuable in the forensic process. This is best accomplished by having the patient keep all evidence in their possession or by having law enforcement maintain possession.
6. Keep documentation focused on the patient's injuries and use quotes for the patient's words. PCRs may be subpoenaed for court and should be detailed with the injury descriptions. Do not use terms like, "alleged," or "supposed," to describe the assault.
7. If the patient refuses transport, and refuses to engage with law enforcement, ensure the patient is given YWCA Silicon Valley Support Service Sexual Assault Support Hotline number 1-800-572-2782.

B. Strangulation:

1. Be detailed with documentation of all objective and subjective findings. Assess for physical signs of strangulation injury:
 - a. Soft tissue neck injury, swelling, or tenderness
 - b. Ligature mark or neck contusion
 - c. Dyspnea
 - d. Voice hoarseness, or inability to speak
 - e. Painful, or difficulty swallowing
 - f. Neurological signs, e.g., LOC, ALOC, seizures, stroke-like symptoms
 - g. Visual changes, e.g., blindness or "seeing spots."
 - h. Facial, intraoral, or conjunctival petechial hemorrhage
 - i. Incontinence
 - j. Subcutaneous emphysema
 - k. Provide emotional support
2. Encourage transport to the hospital for evaluation of serious underlying injuries regardless of physical findings.
3. If the patient continues to refuse transport, and refuses to engage with law enforcement, ensure the patient is given the 24/7 hotline number YWCA Silicon Valley Support Service Hotline 1-800-572-2782.



V. Resources

Adult Protective Services 24/7 Abuse Report hotline:	408-975-4900 press option 1 for priority 1-800-414-2002.
Child Protectives Services (Child Abuse hotline)	408-299-2071 (ofc) 833-722-5437
Family Violence Center https://www.sjpd.org/reporting-crime/domestic-violence	408-277-3700
YWCA Silicon Valley Support Services 24-hour Domestic Violence and Sexual Assault Support Line http://ywca-sv.org/our-services/support-services/	1-800-572-2782
California Department of Public Health (reporting a facility) https://www.cdph.ca.gov/Programs/CHCQ/LCP/CalHealthFind/pages/complaintinvestigationprocess.aspx	

VI. References

This document is consistent with the applicable Federal, State and County standards and requirements. Which include but are not limited to:

- California Health and Safety Code, Division 2.5, Section 1797
- Suspected Child Abuse Report (SS Form 8572)
- Report of Suspected Dependent Adult/Elder Abuse (SOC Form 341)
- Child Abuse and Neglect Reporting Act, Cal. Pen. Code §§ 11164 - 11174.3
- Elder and Dependent Abuse Reporting Act, Welfare, and Institutions Code §§ 15630 - 15633
- California Penal Code, Section 273.5 PC
- California Penal Code, Section 273.5 PC (a)
- California Penal Code, Section 243e1 PC