



## Policy 619: Suspected Child, Elder and Dependent Adult Abuse Reporting

Revision 5/22/18  
Effective 8/1/18

### I. Authority:

- A. California Welfare and Institutions Code (W&I), Sections 15600-15659. Any health practitioner shall make a report regarding known or suspected cases of abuse and neglect of child, elder and dependent adults. California Penal Code, Chapter 916, Sections 11164-11174.3

### II. Definitions:

#### A. Child Abuse

1. Agencies authorized to accept mandated reports: Any police department or sheriff's department, and the Department of Children and Family Services (DCFS) Child Protection Hotline (CPH). School district police and security departments are not authorized to accept reports.
2. Child: Any person less than eighteen years of age.
3. Mandated reporter: Any healthcare practitioner, child care custodian, or an employee of a child protective agency. This includes EMTs and paramedics.
4. Neglect: The negligent treatment or maltreatment of a child by a person responsible for the child's welfare 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.
5. Physical abuse: Physical injury or death inflicted by other than accidental means upon a child by another person.
6. Sexual abuse: Sexual assault or the exploitation of a minor. Sexual assault includes, but is not limited to, any intrusion by one person into the genitals; anal opening of a child; oral copulation intentional touching for the purposes of sexual arousal or gratification, or masturbation in the presence of a child. Sexual exploitation includes conduct involving matters depicting minors engaged in obscene acts; and/or prostitution.

#### B. Elder Abuse and Neglect

1. Elder abuse means physical abuse, neglect, financial abuse, abandonment, isolation, abduction, or other treatment with resulting physical harm or pain or mental suffering, or the deprivation by a care custodian of goods and services which are necessary to avoid physical harm or mental suffering (W&I 15610.07).
2. Elder means any person residing in the state 65 years of age or older (W&I 15610.27).
3. Dependent adult means any person residing in the state between the ages 18-64 who has physical or mental limitations which restrict his or her ability to carry out normal



activities or to protect his or her rights. In addition, “Dependent Adult” includes any person between the ages of 18 and 64 who is admitted as an inpatient to a 24-hour health facility (W&I 15610.23 (b)). This includes a person who has physical or developmental disabilities or whose physical or mental capacities have diminished with age (W&I 15610.07).

4. Reasonable suspicion means a credible concern that elder abuse may have occurred based on an analysis of facts gathered from an incident or observation.
5. Long-term care ombudsman means the State Long-Term Care Ombudsman, local ombudsman coordinators, and other persons currently certified as ombudsmen by the Department of Aging (W&I 15610.50).

### III. Child Abuse

#### A. General Principles

1. The purpose of reporting suspected child abuse/neglect is to protect the child, prevent further abuse of the child and other children in the home, and to facilitate treatment for the entire family. The presence of abuse rather than the degree of that abuse is the determinant for intervention by DCFS and law enforcement.
2. California Penal Code, Sections 11166 and 11168, require mandated reporters to promptly report all suspected non-accidental injuries, sexual abuse, or neglect of children that they suspect, have knowledge of, or observe in their professional capacity. A verbal report shall be made to DCFS Child Protection Hotline immediately, or as soon as practically possible, and the Suspected Child Abuse Report shall be completed within 36 hours.
3. It is not necessary for the mandated reporter to determine child abuse but only to suspect that it may have occurred. Law enforcement, DCFS and the courts determine whether child abuse/neglect has, in fact, occurred.
4. Current law mandates (CPC 11166) all healthcare professionals to report suspected child abuse/neglect that they know of or observe in their professional capacity. Mandated reporters are required to sign a statement acknowledging their understanding of the law. Any person who fails to report as required may be punished by a fine or imprisonment.
5. When a mandated reporter suspects or has observed child abuse/neglect, that individual is required to report by telephone to local law enforcement and/or to DCFS Child Protection Hotline.
6. When two or more mandated reporters are present at scene and jointly know, or suspect an instance of child abuse/neglect, a member of the reporting team may be designated to report on behalf of the team. Any member who knows that the



designated reporter failed to uphold their agreement shall thereafter make the report. If paramedics are not selected as the designated reporters, they shall document the name and agency of the designated reporting team member on the EMS Report Form.

7. Persons legally required to report suspected child abuse are immune from criminal or civil liability for reporting as required.

**B. Reporting Procedure**

1. Notify local law enforcement immediately if a child is suspected to be in imminent danger. Prehospital care providers should be aware of their local law enforcement reporting procedures and telephone numbers for notification.
2. Call the 24-hour Child Protection Hotline at (877) 505-3299 or (831) 454-2273 as soon as possible to make the verbal report.
  - a) The telephone report shall include the following:
  - b) Name of the person making the report
  - c) Name of the child
  - d) Present location of the child
  - e) Nature and extent of the injury
  - f) Information that led reporting party to suspect child abuse
3. Within 36 hours:
  - a) Complete and submit the Suspected Child Abuse Report (SS8572), that is accessible at [http://www.ag.ca.gov/childabuse/pdf/ss\\_8572.pdf](http://www.ag.ca.gov/childabuse/pdf/ss_8572.pdf)
  - b) Document the following on the PCR
  - c) The name of the social worker and/or name, department and badge number of the law enforcement officer contacted.
  - d) Time of notification
  - e) Disposition of the child
4. Additional information can be found at <http://santacruzhumanservices.org/Portals/0/fcsd/publications/Child-Abuse-Reporting-Law-Condensed.pdf>

**IV. Elder Abuse and Neglect**

**A. Agencies Receiving Reports:**

1. It is the responsibility of each individual provider to ensure that suspected elder abuse is reported in a timely fashion.



2. If there is a threat to the patient that must be handled immediately, or suspicion that a crime has been committed, EMS personnel should request that Law Enforcement respond to the scene.
3. If the abuse has occurred in a long-term care facility, except a state mental health hospital or a state developmental center, the report shall be made to the Long-Term Care Ombudsman (W&I 15630(b, 1, A). In all other instances, Adult Protective Services should be notified.
4. If the individual provider is not sure of whom to contact to report suspected elder or dependent adult abuse a report can be made to the Long-Term Care Ombudsman who will refer the report to the appropriate agency.
5. The reporting duties are individual, and no supervisor or administrator may impede or inhibit the reporting duties. No provider who reports suspected abuse shall be held civilly or criminally liable for any report required or authorized (W&I 15634).

B. Reporting Procedure:

1. Initial Report:
  - a) A verbal report must be given to Adult Protective Services, a Law Enforcement Agency, or the Long-Term Care Ombudsman immediately or as soon as possible (i.e. on arrival in the emergency department) by telephone or in person.
    - (1) Adult Protective Services
      - (a) Phone: 454-4101 (APS)
      - (b) Toll-free – 1-866-580-HELP (4357)
    - (2) Law Enforcement Agency
      - (a) Notify through NetCom
    - (3) Long-Term Care Ombudsman
      - (a) Phone: 429-1913
      - (b) Fax: 429-9102
      - (c) Or call Netcom.
  - b) The telephone report shall include the following:
    - (1) Name of person making the report
    - (2) Name of victim
    - (3) Present location of the elder
    - (4) Nature and extent of injury or abuse



(5) Information that led reporting party to suspect elder abuse

C. Written Referral Report:

1. Providers will also fill out a report of suspected dependent adult/elder abuse (SOC 341) in all cases of suspected dependent adult/elder abuse. A written report must be filed within two working days. Referral forms (SOC 341) are available in each Emergency Department and should be completed before end of shift and given to the charge nurse.
2. The written report will also be delivered or faxed to Adult Protective Services, the appropriate Law Enforcement Agency, or the Long-Term Care Ombudsman. In cases reported to Law, it is encouraged that the Long-Term Care Ombudsman also be contacted.
3. Two or more persons reporting:
  - a) When two or more persons who are required to report, elder abuse are present and jointly have knowledge of a suspected instance of abuse, and when there is agreement among them, the verbal and written reports may be made by one individual. A paramedic may make such an agreement with the Emergency Department nurse or physician.
  - b) Any individual who has knowledge that the designated person failed to file the appropriate reports shall file these reports in accordance with the law (W&I 15630).