


PEDIATRIC SUSPECTED CHILD ABUSE / NEGLECT

Pediatric patients require the same skills and techniques as adult patients; however, unless you are calm and professional, the emotional reaction of the patient and others on the scene may become more intense. **Use extreme tact and professionalism. DO NOT let emotions or prejudices interfere with appropriate patient care.**

- A. Assure that scene is safe for both rescuers and patient.
- B. Perform **Initial Treatment / Universal Patient Care Protocol** and follow the proper protocol for medical management based on clinical presentation.
- C. Provide appropriate emergency medical treatment for all injuries found (refer to appropriate trauma protocols).
- D. Obtain history from all available sources including child, parent/caregiver, and other witnesses.
- E. Alleged sexual abuse:
 - 1. Discourage patient from going to bathroom.
 - 2. Do not allow patient to change clothes or wash.
 - 3. Give nothing by mouth.
- F. Transport.
- G. Contact **Medical Command**. 
- H. Upon arrival at the hospital, inform the receiving medical personnel of your findings and/or suspicions. Document the call carefully and thoroughly. Use the telephone to relay pertinent information to **Medical Command**.

Note: Current WV law sets forth that as mandated reporters of child abuse and neglect, EMS providers are required to report the circumstances of child abuse/neglect or cause a report to be made to the WV Department of Health and Human Resources (WVDHHR) within 48 hours after suspecting abuse. Additionally, they are required to report the circumstances to the person in charge of the receiving institution or a designated person thereof. That person is then required to make the report or cause a report to be made. While EMS providers may report the circumstances to WVDHHR themselves, they must always make a report to the person in charge of the receiving institution, or a designated person thereof, who then has a statutory duty to report.