

Policy and Procedures

Title: Child Abuse Reporting

Date issued / last revised: December 5, 2003

Date effective: Immediately

Child Abuse Reporting

Statement:

This policy has been established to conform to changes in §413 of the Social Services Law which was amended on November 13, 2001 to become effective on February 1, 2002: “Emergency Medical Technicians to report suspected child abuse they come across while performing their jobs.”

Purpose:

It is the purpose of this policy to set forth specific reporting requirements for any on-duty crews who come across any situations involving children that they consider child abuse or maltreatment.

Scope:

This policy applies to all Cooperstown Medical Transport, Inc. employees, full time, part time and interns when they are on duty.

Policy:

1. NYS Health Law Part 800.21 Requirements:
 - a. All ambulance services must have and enforce a written policy regarding the reporting of child abuse.
 - b. All services should ensure that the policy developed regarding this requirement includes the mandatory reporting requirement.
 - c. The agency policy needs to address areas such as PCR documentation, notifying the Emergency Room staff, calling the 800-telephone number and the completion of form DSS-2221-A.
2. Cooperstown Medical Transport, Inc. Child Abuse Reporting Requirements
 - a. All employees acting as EMTs are bound by the requirements of the changes in the Social Services Law.
 - b. If and/or when you encounter a child abuse situation, you will not use descriptions in your PCR which pass judgment as to having witnessed a case of child abuse; that is; on your PCR do NOT identify a child’s condition or injuries as the result of child abuse. Instead, be descriptive. For example, describe what you see after your assessment without attributing any injuries to child abuse. In addition, don’t say that lacerations on a child’s forearm are due to child abuse. Be descriptive, NOT accusative on the PCR.
 - c. List only what you are either told or hear during your interview and use quotation marks.
 - d. If you suspect child abuse based on your assessment of the patient and the situation in which you find a child, save your conclusion to give an oral report to the Emergency Room staff to whom you turn the patient over and only after you are away from the patient and the patient’s family.

- e. If and when you make such an oral report to an ER staff, you need to find a secure telephone to give another oral report to the NYS Child Abuse and Maltreatment Register by calling 1-800-635-1522.
- f. Once you have made this oral report, you need to immediately contact the Director of Operations or the Field Supervisor by telephone. You may do this by calling one of them or contact dispatch and have them page him / her to return your call.
- g. Once you have made this report, you need to fill out the DSS-2221-A form and attach it to the agency's (white) copy of the PCR. Although you have, by law, 48 hours to fill out the DSS-2221-A, you will fill out this form before you end your shift. (These forms are available in the brown folders in each ambulance or clipboard.) In addition, you need to staple this DSS-2221-A form to the agency's copy and, when you return to your originating office, place all of this paperwork in a 9" by 12" envelope, which you will seal and then will place with other PCRs to be returned to CMT1.
- h. You are to be objective in your estimates of possible child abuse and maltreatment; that is, don't judge all pediatric injuries or medical emergencies as the result of child abuse or maltreatment. Make mental notes of what you see, document well your physical findings, and ask your partner for his/her views before you make any oral report.
- i. You should be very cautious about discussing any potential child abuse call with anyone other than your partner and a supervisor. In addition to possibly violating patient confidentiality if you do talk about such a call, you may be called as a witness in a trial and/or may face other legal procedures.