



SUSPECTED CHILD ABUSE OR NEGLECT REPORTING GUIDELINES

I. AUTHORITY:

California Penal Code (CPC), Article 2.5, Section 11165.7, 11166, 11167; California Welfare and Institutions Code (WIC) § 15610.37:

II. APPLICATION:

This policy describes the mandate for health practitioners to report suspected instances of child abuse or neglect. This policy provides a current local reporting phone number and a sample reporting form.

III. DEFINITIONS:

Health practitioner includes a physician and surgeon, resident, intern, licensed nurse, any Emergency Medical Technician I or II, and paramedic.

Mandated reporter is defined as an individual required to report observed or suspected child abuse or neglect to designated law enforcement or social services agencies. As a mandated reporter, a health practitioner who has knowledge of or observes a child in his or her professional capacity or within the scope of his or her employment who he or she knows or reasonably suspects has been the victim of child abuse/neglect shall report the known or suspected instance of child abuse/neglect to a child protective agency immediately or as soon as practically possible by telephone and shall prepare and send a written report within 36 hours of receiving the information concerning the incident.

Physical abuse means any act which results in a non-accidental injury.

Physical neglect means the negligent treatment or mal-treatment 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.

Reasonable suspicion means that it is objectively reasonable for a person to entertain such as 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 abuse.

IV. REPORTING PROCEDURE:

Any health practitioner who suspects an incidence of possible child abuse/neglect shall report his or her suspicions by phone and in writing as described below:

Reporting of suspected abuse or neglect should not supersede necessary patient care.

- A. Telephone a report to the Child Abuse Registry (714) 940-1000 immediately or as soon as practically possible. The telephone report shall include the following:

- Name of the person making the report
- Name of the child
- Present location of the child
- Nature and extent of the injury
- Information that led reporting party to suspect child abuse/neglect

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- Destination if child is to be transported to a different location
- B. Prepare a written report within 36 hours of the incident. Please note, before submitting the form for the written report, you first need to make your child abuse report verbally to the Child Abuse Registry at (714) 940-1000. The Registry worker will provide information on how to complete your mandated follow-up using this application form. The form can be accessed at <https://oag.ca.gov/system/files/media/bcia-8572.pdf>
- C. When two or more persons who are required to report are present and jointly have knowledge of a suspected instance of child abuse, and when there is agreement among them, the telephone report may be made by a member of the team selected by mutual agreement and a single report may be made and signed by such selected member of the reporting team. Record the name of the reporting agency in the PCR. Use the phrase, "Report to be filed by (reporting agency name)". Avoid stating the report is for child abuse to protect confidentiality in case the parent/guardian requests copy of the medical record. Any member who has knowledge that the member designated to report has failed to do so, shall thereafter make the report.
- D. The reporting duties are individual and no supervisor or administrator may impede or inhibit such reporting duties and no person making such report shall be subject to any sanction for making such a report. However, internal procedure to facilitate reporting and apprise supervisors and administrators of reports may be established provided that they are not inconsistent with the provisions of this article.
- E. PCR documentation should include a thorough narrative documenting objective findings.
- F. If child abuse/neglect is suspected, and the patient's caregiver requests to sign out AMA and refuse ambulance transport, make Base Hospital Contact for further assistance.

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