Susicion of Abuse, Exploitation or Neglect

I. Communication

EMS personnel may contact medical direction authority when an individual is suspected of having been, or may be at risk for physical abuse, exploitation, or neglect (A.R.S. 13-3620 [A & B]). Medical Direction Authority will provide guidance to EMS personnel regarding the need for further medical evaluation. Suspicion on the part of EMS personnel may be based on physical evidence or based upon behaviors which provide reasonable belief that an individual (adult or child) may have been or may become a victim.

II. Procedure

All suspected cases of abuse, exploitation, or neglect are to be reported to a local law enforcement officer (LEO), Adult Protective Services (APS) or the Department of Child Safety (DCS) must also be notified. Additionally, the EMS provider may also choose to document the incident using the SAEMS Regional Reporting form.

A. If the EMS provider suspects that an individual is the victim of abuse, exploitation, or neglect, the provider will:

1. **For adult victims**: Immediately report to LEO, or to a protective services worker. Initial report may be generated in person or via a phone call, but must be followed by an online report submitted within 48 hours of incident (A.R.S. 46-454).

2. **For child victims**: Immediately report to LEO and contact DCS via telephone (preferred), or complete DCS online reporting form.

3. Document on the patient care record all assessment findings, any orders received from medical direction, case numbers (if available) from the local law enforcement agency, and APS or DCS.

4. If required by the EMS agency the regional Suspicion of Abuse, Neglect, or Exploitation Report should be completed and a copy delivered to the receiving hospital.

Arizona Department of Economic Security (Adult Protective Services):
1-877-767-2385 / 1-877-SOS-ADULT

Arizona Department of Child Safety (DCS):
https://dcs.az.gov/report-child-abuse
1-888-767-2445 / 1-888-SOS-CHILD
B. If the suspected victim or their guardian is refusing treatment and/or transport, Medical Direction Authority shall be notified prior to clearing the scene. The EMS provider will document the name of the person accepting responsibility for the individual and any orders received from medical direction.

C. If the EMS provider encounters individuals who are not in immediate danger but where an environment suggests risk (i.e. poor hygiene, inappropriate clothing/shelter, or inadequate food) non-emergent reports should also be made via the previously mentioned reporting process (using either the APS or DCS website).

III. Signs of Abuse, Neglect and Exploitation

A. Signs of Abuse (include but are not limited to):
   1. Unexplained bruises, welts, sores, cuts or abrasions in places they would normally not be expected
   2. Bruising and other injuries may be in different stages of healing
   3. Bruising or other markings reflect the shape of the objects used to inflict the injuries (e.g., electrical cord or belt buckles, etc.)
   4. Bilateral bruising on upper arms from shaking
   5. Fractures in different stages of healing
   6. Cigar and cigarette burns
   7. Submersion burns (e.g., sock-like, glove-like, doughnut-like shaped on buttocks)
   8. Burns can also be patterned like objects used (i.e., electric burner)
   9. Rope burns on arms/wrists, legs/ankles from improperly tying or bandaging the victim

B. Signs of Neglect (include but are not limited to):
   1. Bed sores (pressure ulcers)
   2. Unkempt, dirty, body odor, feces on body
   3. Clothing is insufficient or inappropriate for the weather
   4. Fleas and lice on individual
   5. Malnourished and dehydrated
   6. Little or no food available

C. Signs of Financial Exploitation (include but are not limited to):
   1. Accompanied by an individual, to a financial institution, who appears to coerce them into making transactions
   2. Victim not allowed to speak for themselves or make decisions
3. Implausible explanation about what they are doing with their money
4. Concerned or confused about “missing” funds in their accounts
5. Neglected or receiving insufficient care given their needs or financial status
6. Isolated from others, even family members
7. Unable to remember financial transactions or signing paperwork

IV. Definitions

The following are brief summaries of the definitions referenced in the Arizona Revised Statutes as well as the Arizona Elder Abuse Coalition (AEAC) and may assist in the identification of abuse, neglect, or exploitation.

A. Abuse:

The infliction or allowing of physical injury, impairment of bodily function or disfigurement or the infliction of or allowing another person to cause serious emotional damage as evidenced by severe anxiety, depression, withdrawal or untoward aggressive behavior caused by the acts or omissions of an individual who has the care, custody and control of a child (AEAC, n.d.; A.R.S. 8-201). This may include:

1. Intentional inflictions of physical harm
2. Injury caused by criminally negligent acts or omissions
3. Unreasonable imprisonment

B. Neglect:

A pattern of conduct without the person’s informed consent resulting in the deprivation of food, water, medication, medical services, shelter, cooling, heating, safety, or other services necessary to maintain minimum physical or mental health (AEAC, n.d.; A.R.S. 8-201).

C. Exploitation:

The illegal or improper use of a vulnerable adult of his/her resources for another’s profit or advantage (AEAC, n.d.; A.R.S. 46-454). May also include the sexual exploitation of minors, which involves knowingly recording/filming children in depictions of sexual acts as defined by A.R.S. 13-3553.

D. Incapacity:

An impairment by reason of mental illness, mental deficiency, mental disorder, physical illness or disability, advanced age, chronic use of drugs, chronic intoxication or other cause to the extent that a person lacks sufficient understanding or capacity to make or communicate informed decisions concerning his/her person (AEAC, n.d.).
E. Physical Injury:

The impairment of physical condition which includes but shall not be limited to any skin bruising, pressure sores, bleeding, failure to thrive, malnutrition, dehydration, burns, subdural hematoma, soft tissue swelling, injury to any internal organ, or any physical condition which imperils health or welfare (A.R.S. 13-3623).

F. Serious Physical Injury:

The impairment of physical condition that creates a reasonable risk of death or that causes serious or permanent disfigurement, serious impairment of health or loss or protracted impairment of any bodily organ or limb (A.R.S. 13-3623).

G. Vulnerable Adult:

Any individual who is eighteen years or older who is unable to protect himself from abuse, neglect, or exploitation due to mental or physical impairment (AEAC, n.d.).

H. Child, Youth, or Juvenile:

Any individual who is under the age of eighteen (A.R.S. 13-3623; A.R.S. 8-201).

I. Emancipated Minor:

An emancipated minor is a child of 16 years or older who has successfully met the required emancipation criteria, submitted a petition to the court to be emancipated from their parents, and has been granted emancipation by the court. An emancipated child may make decisions regarding their medical care and treatment without the consent of a legal guardian (A.R.S. 12-2451).

Reference