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The Columbus Coalition Against Family Violence
Emergency Medical Services
Family Violence Screening Protocol



This document was prepared in partnership with the



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SECTION: I OVERVIEW

Purpose. This protocol describes methods of conducting a family violence (FV) screening by EMS personnel in the field. All patients who present to EMS for care shall receive a FV assessment .

Introduction. Family Violence is an epidemic. EMS providers may be the first, and sometimes only, professionals that care for victims of family violence. EMS providers may see a variety of health issues associated with violent behavior. Victims often seek medical attention for:

- Injuries directly resulting from violence such as bruises, gun shot wounds, stab wounds, burns and fractures.
- Treatment for illnesses related to the perpetrator’s abusive behavior such as sexually transmitted diseases, muscle pain, etc.
- Difficulty managing chronic health problems, i.e., asthma, diabetes, migraines that seem unrelated to family violence.

Early screening and intervention for family violence can greatly reduce the morbidity and mortality of victims. By screening for family violence, EMS providers will:

- Promote the safety of victims and their families.
- Serve as advocates on behalf of victims.
- Increase intervention for victims of family violence to break the cycle of abuse.
- Minimize repetitive runs and out of service time to scenes where family violence is the inherent but not expressed reason for the call.
- Reduce the risk of personal injury through early intervention.

Definition and Prevalence. The term “*family violence*” has been used to describe acts of violence between family members, including adult and adolescent partners; between a parent and a child (including adult children); between caretakers or partners against elders; and siblings.¹

Family violence is very difficult to measure due to the numerous victims that do not seek medical treatment.

Family is used in this guideline to refer to a range of relationships among people, whether or not they have blood ties or fit the legal or religious definitions of family. For the purposes of this document the term **family** may refer to any of the following relationships:

- Traditional nuclear families (married partners with children)
- Extended families (several generations or groups related by blood or marriage)
- Step-families (“blended” families)

¹ “National Consensus Guidelines,” The Family Violence Prevention Fund, 2002.

- Intimate partners who may or may not be married
- Former intimate partners
- Families of choice, that is families created by people who choose to consider themselves a family
- Families who live apart
- Families without children
- Gay and lesbian families
- Individuals not related by blood or marriage but who have assumed a family role

LEGAL CONSIDERATIONS

There are several areas of the Ohio Revised Code (ORC) that EMS providers must follow regarding family violence reporting requirements. It is not the intent of this document to totally educate EMS providers on all of the laws that could be relevant to a situation, but to summarize relevant Ohio laws. See **Attachment A**.

SECTION II: ROUTINE EVALUATION OF ADULTS BY EMS

CONFIDENTIALITY, SAFETY, SECURITY.. The confidentiality, safety and security of the patient are a priority. The family violence screening questions must be asked under the following conditions:

- Screening should be done in private. A partner, friend or family member may appear supportive, but in fact may be the perpetrator.
- Away from children, if children are accompanying the patient. The child may disclose information relating to the interview process to the batterer putting both the patient and child in future danger.
- With a professional interpreter. ***Never*** use a friend, family member, or partner as an interpreter when asking the screening questions. They may be the perpetrator or disclose information to the perpetrator.
- Be conscious of using direct questions that are specific and easily understood.

Inform patient that law enforcement may be notified if a felonious act has occurred.

A complete FV screening shall be conducted, unless the EMS crew determines that such screening is not needed, based on the initial FV assessment.

ASSESSMENT. Determine scene security. Assess the patient. Determine and treat injuries. Observe the scene and/or home conditions such as extreme filth, lack of food, adequate heat (winter), ventilation (summer), or obvious signs of recent damage, i.e.: doors kicked in, phone pulled from wall, etc.

Some characteristics of adult abuse may include:

- Patient (or other concerned individual) expresses fear or reports abuse
- Multiple or severe bruises, cuts, or burns
- Injuries in several stages of healing
- Patient explanation of injuries are not consistent with type of injury
- Delay in seeking medical attention
- Person accompanying patient answers questions
- Person with patient is reluctant to leave patient alone
- Sleep deprivation
- Vague somatic symptoms
- Patient being extremely withdrawn or non-responsive
- Patient with broken eyeglasses or frames
- Unexplained vaginal or anal bleeding

Some characteristics of adult neglect may include:

- Patient (or other concerned individual) reports neglect
- Patient wandering
- Patient declines medical treatment

- Patient having inability to care for self
- Patient with untreated medical condition
- Patient with untreated bedsores
- Poor personal hygiene
- Desertion of a patient at a hospital, nursing facility, or other public location

COMMUNICATION

- Start with an opening statement such as: “In addition to your health problems, we are asking **all** patients that we see about the possibility of abuse since family violence is so common. I would like to ask you some simple questions.”
- Questions for the FV screening include:
 - “Have you ever been hurt by your partner or caregiver?”
 - “Have you ever felt threatened or afraid of your partner, family member or caregiver?”
 - “Do you feel like you have to be careful of what you say or do to avoid his/her anger?”
 - “Does your partner/family member control your activity?”

ACTION/INTERVENTION AND DOCUMENTATION *(Refer to the EMS Adult Algorithm)*

- **Patient identifies self as victim of abuse.** For patients who identify themselves as abused:
 - Validate the patient’s feelings.
 - Let the patient know that they are safe and not responsible for the violence.
 - Express concern for and assess the patient’s safety. For example, “Are you safe?” “Has this ever happened before?”
 - Transport to the hospital for evaluation and social services consult. Give report to the RN/MD. Document the name of the person to whom the report was given.
 - Document who the patient stated as the assailant.
 - Document patient’s emotional and physical appearance.
 - Document verbatim any spontaneous statements made by patient (in quotes if possible).
 - Document time and date patient stated assault/injury occurred.
 - Document findings objectively and that screen was completed.
- Notify Department of MRDD or Law Enforcement. If patient is Mentally Retarded or Developmentally Delayed

- Notify local Adult Protective Services if the patient is elderly.
 - ▶ Notify the Ohio Department of Health Long-Term Care Ombudsman at 1-800-342-0553 if the elder adult is a patient in an extended care facility.
 - ▶ Notify Job and Family Services at 614-462-4348 if patient living at home or with caregiver.
- Call Law Enforcement if:
 - ▶ Patient requests law enforcement be notified
 - ▶ There is evidence of significant injuries (ORC 2901.01, appendix A)
 - ▶ Gunshot wound
 - ▶ Stab wound
 - ▶ Significant burn

If the patient declines transport and Law Enforcement has been notified, remain with the patient until law enforcement arrives. Notify patient that Law Enforcement has been contacted.

- **Patient denies being a victim of abuse, but abuse is still suspected.** In some instances patients deny abuse but signs and symptoms indicate that abuse has likely taken place. These signs and symptoms may include:
 - Physical marks, fractures or burns consistent with abuse
 - A reported abuse incident by the victim, family member or neighbor
 - Unfavorable home conditions such as extreme filth, lack of food, or lack of sanitary hygiene provided by caregiver

If patients deny abuse but identifying factors exist indicating that abuse is occurring or has taken place:

- Encourage transport to hospital.
- Notify Department of MRDD or Law Enforcement. If patient is Mentally Retarded or Developmentally Delayed.
- Notify local Adult Protective Services if the patient is elderly.
 - ▶ Notify the Ohio Department of Health Long-Term Care Ombudsman at 1-800-342-0553 if the elder adult is a patient in an extended care facility.
 - ▶ Notify Job and Family Services at 614-462-4348 if patient is living at home or with caregiver.
- Notify Law Enforcement if there is evidence of:
 - ▶ Significant injuries or broken bones suggestive of physical violence
 - ▶ Gunshot wound
 - ▶ Stab wound

- ▶ Significant burn

If the patient declines transport and Law Enforcement has been notified, remain with patient until law enforcement arrives.

If patient declines transport offer community resource information. Ask patient if it is safe to take the information with them.

Giving written information to the patient may be useful, but consider that:

- It may place the patient in jeopardy if discovered by the perpetrator.
- A simple wallet size card with emergency information, which the patient can hide, may prove most helpful.

- **Patient denies being a victim and abuse is not suspected.** Document on the patient's run report that the family violence screen was completed and the patient's response to the screening questions.

- **Family Violence Screen was unable to be done due to a language or cognitive barrier.** For patients on whom a family violence screen cannot be reliably conducted in the field due to a language or cognitive barrier:
 - Offer transportation to a hospital for further evaluation if abuse is suspected.
 - Document on the EMS run sheet why FV screening could not take place.
 - Never use a friend, family member, or partner as an interpreter when asking the screening questions. They may be the perpetrator.

SECTION III: ROUTINE EVALUATION OF PEDIATRIC PATIENTS

CONFIDENTIALITY, SAFETY AND SECURITY. The confidentiality, safety and security of the child are a priority. Screening must include:

- Providing a professional interpreter if needed and one is available.
- Letting the child know they are safe
- Notifying Law Enforcement and/or local Children's Services agency as soon as possible if abuse, neglect, or sexual assault is suspected Notifying Emergency Department staff immediately.

Children should *never* be questioned about abuse or neglect in front of anyone unless the child indicated someone else harmed him or her and EMS is clear that the person is not present. Be aware that many times parents will be present during the transport and children may want their parents even if they are the abusers. EMS should avoid arbitrary separation which may cause increased distress on the child.

ASSESSMENT. Assess and determine scene security. Assess the patient. Determine and treat injuries. Observe home conditions such as extreme filth, lack of food, lack of clothing, lack of heat (winter) or ventilation (summer) in home, or need of sanitary hygiene provided by a caregiver.

Physical abuse should be considered based upon the following:

- No history given for the injury
- Child verbalizes history of abuse
- History incompatible with the injury
- Vague somatic symptoms
- Conflicting histories
- History of "doctor shopping"
- History incompatible with the age and developmental stage of the child
- Presence of old and new injuries
- Injuries to protected surfaces, including the genitalia
- Child appears to be self-splinting an arm, chest, leg, or is not using an arm or ambulating as appropriate for age
- Geometric and symmetrical bruises such as in the shape of a belt buckle or rod
- Specific burn patterns such as immersion, cigarette, grate or a burn to the non-exploratory surface of the hand, genitalia, inner thigh, or multiple planes of the body
- Parents or caregiver delay seeking medical care
- History of numerous EMS runs to the home in conjunction with other physical abuse indicators
- Child appears frightened of caregiver (rare)

Child sexual abuse, including sexual assault and rape, must be suspected in the following cases:

- A report of a sexually transmitted disease (depending on the child's age; is the child old enough or sexually active)
- Child verbalizes history of sexual abuse or assault
- Genital or anal trauma
- Inappropriate sexual behavior depending on child's age (older than preschool age)
- Pregnancy depending on child's age and her history of sexual activity

The *physical indicators of child neglect* include the following:

- Lack of adequate supervision, care and protection
- Lack of adequate clothing appropriate for the weather
- Lack of adequate hygiene
- Lack of adequate nutrition
- Sleep deprivation
- Lack of a safe, warm sanitary shelter
- Inadequate medical care

Psychological/emotional maltreatment (a repeated pattern of damaging interactions between guardian(s) and child that becomes typical of the relationship) occurs when a person conveys to a child that he or she is worthless, flawed, unloved, unwanted, endangered or only of value in meeting another's needs.

If severe and /or repetitious, the following *behaviors may constitute psychological/emotional maltreatment*²:

- Spurning (belittling, degrading, shaming, ignoring or ridiculing a child; singling out a child to criticize or punish; and humiliating a child in public)
- Terrorizing (committing life-threatening acts; making child feel unsafe; threatening or perpetrating violence against a child or child's loved ones)
- Exploiting or corrupting that encourages a child to develop inappropriate behaviors (modeling, permitting, or encouraging antisocial or developmentally inappropriate behavior; encouraging or coercing abandonment of developmentally appropriate autonomy; restricting or interfering with cognitive development)
- Rejecting (avoiding or pushing away)
- Isolating (confining, placing unreasonable limitations on freedom of movement or social interactions)
- Neglecting mental health, medical, and educational needs (ignoring, preventing, or failing to provide treatments or services for emotional, behavioral, physical, or educational needs or problems)
- Perpetrating intimate partner violence (domestic violence) that is witnessed by the child.

COMMUNICATION & DOCUMENTATION. Effective communication is essential in conducting a family violence screen in the field.

² Pediatrics Vol. 109 No. 4. *The Psychological Maltreatment of Children—Technical Report*. April 2002.

- Provide professional interpreter if necessary and one is available.
- Use direct, “open-ended” questions that are specific to the presenting injury or illness and easily understood if the child’s age and condition allows.
- Information provided by child should be documented verbatim, i.e. regarding the incident or perpetrator(s). Use quotes whenever possible.
- The parent or guardian must also be interviewed regarding the origin of the injury(ies).
- Include the date, time, and witnesses to events and details of the injury in EMS documentation.
- Clear and concise documentation is essential. When and if there is a court case, neat and thorough EMS documentation can promote testimony.
- Document all findings on the EMS run sheet. Include the following:
 - Condition of the home or location of the child
 - General appearance of the child
 - Interaction between child/caregiver
 - The Law Enforcement agency that was notified
 - The officer’s badge number who took the Child Abuse report
 - The name(s) of the person(s) to whom the report was given at local Children’s Services agency
 - When completing documentation on the run sheet use the child’s terminology when writing their statement (in quotes if possible)

ACTION/INTERVENTION. (*Refer to EMS Pediatric Algorithm*)

- **If the child’s assessment is not consistent with indicators of maltreatment:**³
Document on the EMS run report that the family violence screen was completed and the child’s response to screening questions.
- **If the assessment is suspicious for indicators of maltreatment then:**
 - Notify local Children’s Services agency and/or Law Enforcement of suspicions as soon as the situation warrants.
 - Transport the child to the hospital for medical evaluation.
 - Give report to RN/MD, notifying them of any maltreatment suspicions. Document to whom the EMS report was given.
 - If parent or guardian refuses transport of the child to the hospital, notify Law enforcement or the local Children’s Services agency immediately. Stay with child until law enforcement arrives. Notify parents that law enforcement has been notified.
 - Document completion of the family violence screen.

³ Child maltreatment can be defined as physical abuse, neglect, sexual abuse, and emotional abuse/neglect.

At times EMS may transport the parent/caregiver with the child to the hospital. In these instances the medical screening may be withheld until it can be conducted by the hospital personnel.

Simply notifying hospital personnel about concerns of maltreatment does not meet mandated EMS reporting responsibilities. If any maltreatment is suspected, the EMS provider MUST, by law, notify local Children's Services agency or Law Enforcement as soon as possible.

For more information about this protocol, contact the Central Ohio Trauma System Domestic Abuse Coordinator at 614-240-7419, extension 5.

Personal Safety Plan

KEEP THIS INFORMATION IN A SAFE PLACE WHERE THE BATTERER CANNOT FIND IT!

1. Important phone numbers:

Police: 911 or _____
Adult Protective Services 462-4348 (M-F 9 a.m.-5 p.m.); 462-4356 (voice mail evenings/
weekends)
Buckeye Region Anti-violence Organization (BRAVO) 1-866-86-BRAVO
CHOICES Domestic Violence Hotline 614-224-4663
CHOICES Domestic Violence Shelter 614-224-4663
FirstLink Hotline (A Community Referral Agency for Franklin County) 614-221-CALL
Franklin County Children Services 614-229-7000
National Domestic Violence Hotline 1-800-799-7233
Ohio Domestic Violence Network 24-Hour Information Line 1-800-934-9840
Columbus City Prosecutor's Office 1-614-645-6232
My attorney _____ Phone _____
Suicide Prevention Hotline 614-221-5445
Columbus Area Rape Treatment Center 614-267-7020
Other: _____

2. I can call these friends or relatives in an emergency:

Name: _____ Phone: _____
Name: _____ Phone: _____

3. These neighbors will call the police if they hear something suspicious:

Name: _____ Phone: _____
Name: _____ Phone: _____

4. I can go to these places if I have to leave my home in a hurry:

Name: _____ Phone: _____
Address: _____
Name: _____ Phone: _____
Address: _____

5. Items to Take when Leaving:

My birth certificate	My children's birth certificates
My social security card	Bank account information
Welfare identification	Passports or green cards
Driver's license or State ID	Insurance papers
Important phone numbers	Keys to car, house, etc.
Extra money	Medications
Extra change of clothes for my children & me	

Many of these items can be hidden in a safe place ahead of time.

Safety Measures While In An Abusive Relationship

- 1. Memorize phone numbers of friends or family members to call in an emergency.**
- 2. Develop a safety plan and keep it hidden from the batterer.**
- 3. Open your own bank account or start a hidden emergency fund.**
- 4. Stay in touch with friends.**
- 5. Rehearse your escape plan until you and your children know it by heart.**
- 6. Devise a code word to use with children, family, friends & neighbors when you need help from the police.**
- 7. Know where you can go if you need to leave home quickly.**
- 8. Teach your child(ren) how to dial 9-1-1.**

Safety Measures After You Have Left The Relationship

- 1. Change the locks if you remain in your home and the batterer has left.**
- 2. Install as many security features in your home as possible.** This may include peepholes, deadbolt locks, a security system, outside lights, smoke detectors, fire extinguishers and getting a dog.
- 3. Inform your neighbors that the batterer no longer lives with you.** Ask them to call law enforcement if they see the batterer or suspicious activity around your house.
- 4. Obtain a protection order.** Keep a copy of the order with you at all times. Take a copy to your neighborhood police station so they are aware of the situation.
- 5. Make sure that your child's teacher(s), principal, day care provider(s) know who has permission to pick up your child(ren).** Ask them to call law enforcement if your partner or someone else attempts to pick them up. **Give a copy of your protection order to the school, daycare, babysitter, etc.**
- 6. Teach your children how to make a collect call if your partner should abduct them.**
- 7. Teach your children how to call 911 if you (or they) are being abused.**
- 8. Let your supervisor and co-workers know about the situation and to warn you if they see anything suspicious. Give a copy of your protection order to your employer.**
- 9. Most important...Get counseling!** You can attend workshops or join support groups. Do whatever you need to form a supportive network. **Remember the abuse is NOT your fault!**

**THE FOLLOWING ORGANIZATIONS ARE RECOGNIZED FOR
THEIR PARTICIPATION IN PRODUCING THIS PROTOCOL:**

Action Ohio
Franklin County Adult Protective Services
Asian-American Community Services
Berger Hospital
Buckeye Region Anti-Violence Organization
Central Ohio Area Agency On Aging
Central Ohio Fire Chiefs Association
Central Ohio Trauma System
Children's Hospital
Choices
Columbus City Prosecutor's Office
Columbus Division of Fire
Columbus Health Department
Columbus Police Department
Columbus Urban League
Coshocton County Medical Hospital
Doctor's Hospital
Fairfield Medical Center
Franklin County Fire Chiefs Association
Franklin County Health Department
Franklin County Prosecutor's Office
Franklin Township Fire Department
Genoa Township Fire Department
Grady Memorial Hospital
Grandview Heights Division of Fire
Grant Medical Center
Hilliard Police Department
Licking Memorial Hospital
Madison County Hospital
Morrow County Hospital
Mt Carmel East Hospital
Mt Carmel St. Ann's Hospital
Mt Carmel West Hospital
Norwich Township Fire Department
Ohio Domestic Violence Network
Riverside Methodist Hospital
Sexual Assault Response Network of Central Ohio
The Ohio State University Medical Center
University Hospitals East
Upper Arlington Division of Fire
Washington Township Fire Department

SIGNATURES OF ACCEPTANCE

Central Ohio Fire Chiefs Association _____ / Date _____
Scott Skeldon, Chief, EMTP
President

Franklin County Fire Chiefs Association _____ / Date _____
Henry Kauffman, Jr., Chief, EMTP
President

Central Ohio Trauma System _____ / Date _____
Columbus, Ohio
Jonathan I. Groner, MD
President

Attachment A

OHIO REVISED CODE (ORC)

The following are laws that EMS providers should be aware of in relation to family violence incidents.

ORC § 2919.25 Domestic violence.

- (A) No person shall knowingly cause physical harm to a family or household member.
- (B) No person shall recklessly cause serious physical harm to a family or household member.
- (C) No person, by threat of force, shall knowingly cause a family or household member to believe that the offender will cause imminent physical harm to the family or household member.

ORC § 2921.22 Failure to report a crime or knowledge of a death or burn injury.

- (A) No person, knowing that a **felony** has been or is being committed, shall knowingly fail to report such information to law enforcement authorities.
- (B) No physician, limited practitioner, nurse, or person giving aid to a sick or injured person, shall negligently fail to report to law enforcement authorities any **gunshot or stab wound** treated or observed by him, or any serious physical harm to persons that he knows or has reasonable cause to believe resulted from an offense of violence.
- (E)(1) As used in this division, "burn injury," means any of the following:
 - (a) Second or third degree burns;
 - (b) Any burns to the upper respiratory tract or laryngeal edema due to the inhalation of superheated air;
 - (c) Any burn injury or wound that may result in death.

ORC § 2901.01 Definition of "serious physical harm".

- (A)(5) "Serious physical harm to persons" means any of the following:
 - (b) Any mental illness or condition of such gravity as would normally require hospitalization or prolonged psychiatric treatment;
 - (c) Any physical harm that carries a substantial risk of death;
 - (d) Any physical harm that involves some permanent incapacity, whether partial or total, or involves some temporary, substantial incapacity;
 - (e) Any physical harm that involves some permanent disfigurement or that involves some temporary, serious disfigurement;

- (f) Any physical harm that involves acute pain of such duration as to result in substantial suffering or that involves any degree of prolonged or intractable pain.

OHIO REVISED CODE RELATING TO CHILDREN

ORC § 2151.421 Duty to report child abuse or neglect; investigation and follow-up procedures.

(A)(1)(a) No person described in division (A)(1)(b) of this section who is acting in an official or professional capacity and knows or suspects that a child under eighteen years of age or a mentally retarded, developmentally disabled, or physically impaired child under twenty-one years of age has suffered or faces a threat of suffering any physical or mental wound, injury, disability, or condition of a nature that reasonably indicates abuse or neglect of the child, shall fail to immediately report that knowledge or suspicion to the public children services agency or a municipal or county peace officer in the county in which the child resides or in which the abuse or neglect is occurring or has occurred.

(b) Division (A)(1)(a) of this section applies to any person who is an attorney; physician, including a hospital intern or resident; dentist; podiatrist; practitioner of a limited branch of medicine as specified in section [4731.15](#) of the Revised Code; registered nurse; licensed practical nurse; visiting nurse; other health care professional; licensed psychologist; licensed school psychologist; speech pathologist or audiologist; coroner; administrator or employee of a child day-care center; administrator or employee of a residential camp or child day camp; administrator or employee of a certified child care agency or other public or private children services agency; school teacher; school employee; school authority; person engaged in social work or the practice of professional counseling; or a person rendering spiritual treatment through prayer in accordance with the tenets of a well-recognized religion.

OHIO REVISED CODE RELATING TO MRDD INDIVIDUALS

ORC § 5123.61 Duty to report abuse, neglect, and other major unusual incidents.

(A) As used in this section:

- (1) "Law enforcement agency" means the state highway patrol, the police department of a municipal corporation, or a county sheriff.
- (2) "Abuse" has the same meaning as in section [5123.50](#) of the Revised Code, except that it includes a misappropriation, as defined in that section.
- (3) "Neglect" has the same meaning as in section [5123.50](#) of the Revised Code.

(C)(1) Any person listed in division (C)(2) of this section, having reason to believe

that a person with mental retardation or a developmental disability has suffered any wound, injury, disability, or condition of such a nature as to reasonably indicate abuse or neglect of that person, shall immediately report or cause reports to be made of such information to a law enforcement agency or to the county board of mental retardation and developmental disabilities, except that if the report concerns a resident of a facility operated by the department of mental retardation and developmental disabilities the report shall be made either to a law enforcement agency or to the department.

ORC § 5123.50 Definitions relating to MRDD individuals

(A) "Abuse" means all of the following:

- (1) The use of physical force that can reasonably be expected to result in physical harm or serious physical harm;
- (2) Sexual abuse;
- (3) Verbal abuse.

ORC RELATING TO ELDERLY

ORC § 5101.60 (A) Definitions of Elder abuse.

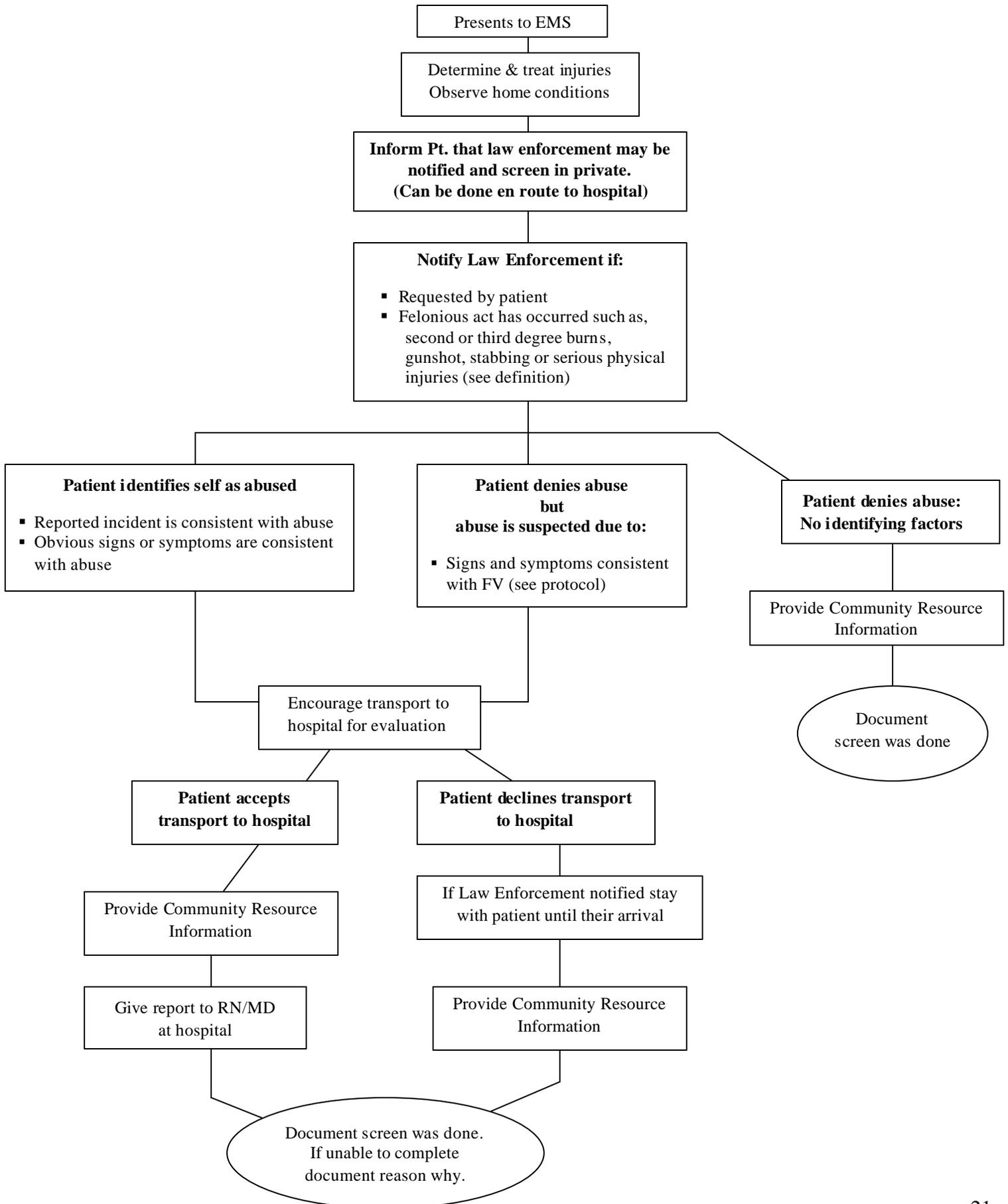
1. "Abuse" means the infliction upon an adult by self or others of injury, unreasonable confinement, intimidation, or cruel punishment with resulting physical harm, pain, or mental anguish.
2. "Adult" means any person sixty years of age or older who is handicapped by the infirmities of aging or who has physical or mental impairment which prevents the person from providing for the person's own care or protection, and who resides in an independent living arrangement.
3. "Emergency" means that the adult is living in conditions which present a substantial risk of immediate and irreparable physical harm or death to self or any other person.
4. "Exploitation" means the unlawful or improper act of caretaker using an adult or an adult's resources for monetary or personal benefit, profit, or gain.
5. "Physical harm" means bodily pain, injury, impairment, or disease suffered by an adult.

ORC § 5101.61 (A) Duty to report Elder abuse.

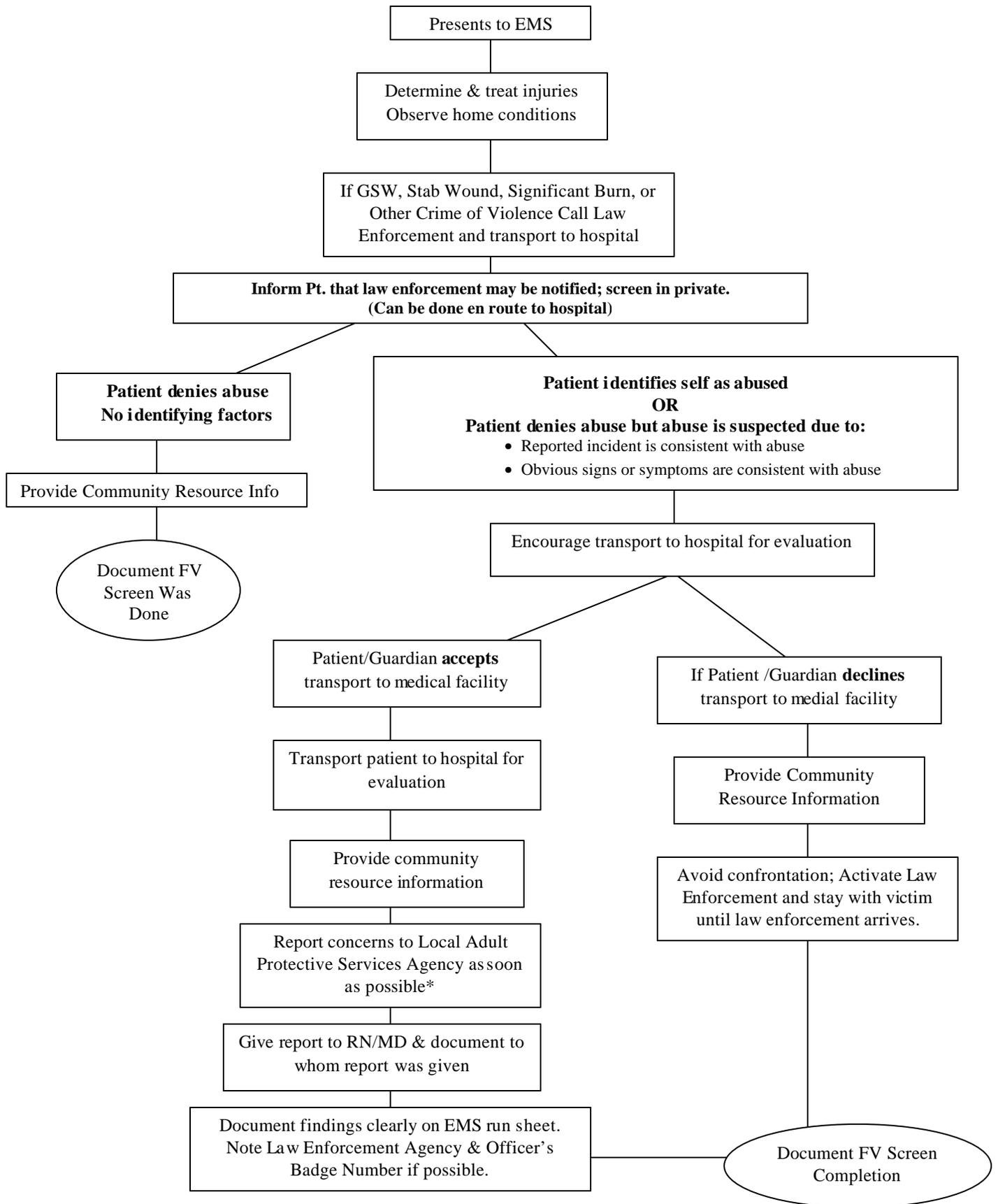
Any attorney, physician, osteopath, podiatrist, chiropractor, dentist, psychologist, any employee of a hospital as defined in section 3701.01 of the Ohio Revised Code, any nurse licensed under 4723 of the Revised Code, any employee of an ambulatory health facility, any employee of a home health agency, any employee of an adult care facility as defined in section 3722.01 of the Revised Code, any employee of a

community alternative home as defined in section 3724.01 of the Revised Code, any employee of a nursing home, rest home or home for the aging, as defined in section 3721.01 of the Revised Code, any senior service provider, any peace officer, coroner, clergyman, any employee of a community mental health facility, and any person engaged in social work or counseling having reasonable cause to believe that an adult is being abuse, neglected or exploited, or is in a condition which is the result of abuse, neglect, or exploitation shall immediately report such belief to the county department of human services. This section does not apply to employees of any hospital or public hospital as defined in section 5122.01 of the Revised Code.

EMS Adult Family Violence Screening Algorithm (Under 60 yrs. of Age)

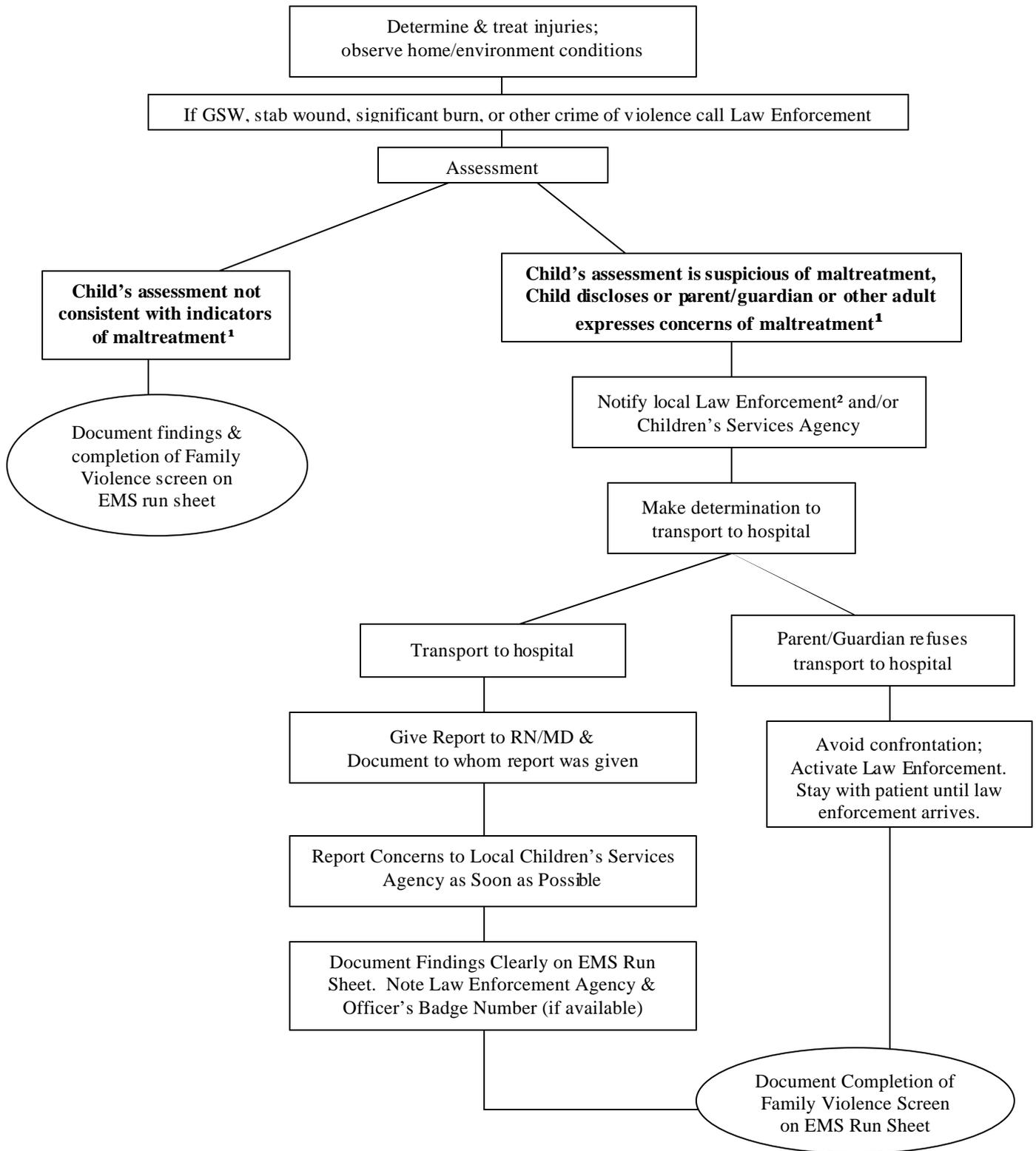


EMS *Elderly Adult* Family Violence Screening Algorithm (60 yrs. of Age & Older)



* Notify The Ohio Department of Health's Local Long Term Ombudsman if patient in long term care facility.

EMS Pediatric Family Violence Screening Algorithm



¹Refer to EMS Family Violence Protocol for Definition of “Maltreatment.”