

## Domestic and Elder Abuse/Neglect

E M R	<ul style="list-style-type: none"> <li>• Perform <b>Routine Patient Care Protocol 1105</b>.</li> <li>• Maintain control of the scene and request law enforcement if they have not already been called.</li> <li>• Survey the scene for evidence of factors that could adversely affect the patient's welfare:             <ul style="list-style-type: none"> <li>○ Environmental</li> <li>○ Interaction with family members</li> <li>○ Discrepancies in history of events</li> <li>○ Injury patterns that do not correlate with the history of patient use and mobility</li> <li>○ Signs of intentional injury or emotional harm.</li> </ul> </li> <li>• Treat injuries and/or illness according to appropriate protocol.</li> <li>• Illinois law establishes requirements that any person licensed, certified or otherwise authorized to provide healthcare shall offer immediate and adequate information regarding services available to abuse and neglect victims. EMS personnel should not rely on another mandated reporter to file a report on the victim's behalf.</li> <li>• The following numbers regarding services available to victims of abuse shall be offered to all victims of abuse whether they are treated and transported or they refuse treatment and transportation to the hospital.             <ul style="list-style-type: none"> <li>○ Elder Abuse Hotline - 1-866-800-1409</li> <li>○ Crime Victims Compensation Program - 1-800-228-3368</li> </ul> </li> </ul>
E M T	<ul style="list-style-type: none"> <li>• Continue EMR care.</li> <li>• Initiate ALS intercept, if indicated.</li> <li>• Transport as soon as possible.</li> <li>• Contact receiving facility as soon as possible.</li> </ul>
I	<ul style="list-style-type: none"> <li>• Continue EMT care.</li> <li>• Initiate ALS intercept, if indicated.</li> <li>• Transport as soon as possible.</li> <li>• Contact receiving facility as soon as possible.</li> </ul>
P	<ul style="list-style-type: none"> <li>• Continue ILS care.</li> <li>• Transport as soon as possible.</li> <li>• Contact receiving facility as soon as possible.</li> </ul>

## Behavioral Emergency/Chemical Restraint

E M R	<ul style="list-style-type: none"> <li>• Perform <b>Routine Patient Care Protocol 1105</b>.</li> <li>• Maintain control of the scene and request law enforcement if needed.</li> </ul>
E M T	<ul style="list-style-type: none"> <li>• Continue EMR care.</li> <li>• Determine if patient is a threat to self or others.</li> <li>• Contact <b>Medical Control</b> as early as possible if restraints are needed.</li> <li>• Initiate ALS intercept, if indicated.</li> <li>• Transport as soon as possible.</li> <li>• Contact receiving facility as soon as possible.</li> </ul>
I	<ul style="list-style-type: none"> <li>• Continue EMT care.</li> <li>• Initiate ALS intercept, if indicated.</li> <li>• Administer <b>Midazolam</b> for sedation if patient is agitated and needs to be restrained.             <ul style="list-style-type: none"> <li>• <b>2 mg IV</b></li> </ul> </li> <li>• Initiate ALS intercept, if indicated.</li> <li>• Transport as soon as possible.</li> <li>• Contact receiving facility as soon as possible.</li> </ul>
P	<ul style="list-style-type: none"> <li>• Continue ILS care.</li> <li>• Administer <b>Ketamine</b> for sedation if patient is agitated and patient needs to be restrained.             <ul style="list-style-type: none"> <li>• <b>4 – 5 mg/kg IM.</b></li> </ul> </li> <li>• Transport as soon as possible.</li> <li>• Contact receiving facility as soon as possible.</li> </ul>

**Critical Thinking Elements**

- Document patient's behavior, statements, actions, and surroundings.
- Attempt to verbally calm and reorient the patient.
- If restraints are used, thoroughly document the reasons for applying restraints, method of restraint, and any law enforcement involvement. Also, be sure to note time medical control was contacted.
- Patient and restraints should be checked every 15 minutes and checks must be documented.

## Teargas/Pepper Spray Exposure

EMR	<ul style="list-style-type: none"> <li>• Perform <b>Routine Patient Care Protocol 1105</b>.</li> <li>• Flush eyes with sterile water to aid in recovery if affected.</li> <li>• Administer <b>Albuterol 2.5mg/3mL</b> for wheezing and difficult breathing. May repeat every 20 minutes as needed.</li> </ul>
EMT	<ul style="list-style-type: none"> <li>• Continue EMR care.</li> <li>• Administer <b>Albuterol 2.5mg/3mL</b> mixed with <b>Ipratropium 0.5 mg/3 mL</b> for wheezing and difficulty breathing. May repeat every 20 minutes as needed.</li> <li>• Assess for secondary trauma that may be present and treat appropriately per appropriate protocols.</li> <li>• Assess for any secondary causes of patient behavior which lead to law enforcement subduing the patient.</li> <li>• Contact <b>Medical Control</b> as early as possible if restraints are needed.</li> <li>• Initiate ALS intercept, if indicated.</li> <li>• Transport as soon as possible.</li> <li>• Contact receiving facility as soon as possible.</li> </ul>
I	<ul style="list-style-type: none"> <li>• Continue EMT care.</li> <li>• Initiate ALS intercept, if indicated.</li> <li>• Transport as soon as possible.</li> <li>• Contact receiving facility as soon as possible.</li> </ul>
P	<ul style="list-style-type: none"> <li>• Continue ILS care.</li> <li>• Transport as soon as possible.</li> <li>• Contact receiving facility as soon as possible.</li> </ul>

**Teargas/Pepper Spray Exposure****Critical Thinking Elements**

- Chemical defense sprays leave residue that may be contacted and transferred to providers. Care must be taken to ensure cross contamination does not occur. Avoid touching your own face, eyes, or any other mucous membrane.
- Patients who have been subdued using less than lethal weapons are commonly agitated and may be combative. Safety of the EMS crew is of utmost importance.
- Monitor carefully for patients exhibiting signs or symptoms of excited delirium. Extra caution should be taken and carefully monitor the patient.

**Taser Related Injuries**

EMR	<ul style="list-style-type: none"><li>• <b>Perform Routine Patient Care Protocol 1105.</b></li><li>• Taser probes may be removed as long as if the provider has been trained and are comfortable doing so.</li><li>• If probes are in the face, eye, neck, genitalia, or female breast; leave the probes in place and have the patient transported to ED for further treatment.</li></ul>
EMT	<ul style="list-style-type: none"><li>• Continue EMR care.</li><li>• Initiate ALS intercept, if indicated.</li><li>• Transport as soon as possible.</li><li>• Contact receiving facility as soon as possible.</li></ul>
I	<ul style="list-style-type: none"><li>• Continue EMT care.</li><li>• Initiate ALS intercept, if indicated.</li><li>• Transport as soon as possible.</li><li>• Contact receiving facility as soon as possible.</li></ul>
P	<ul style="list-style-type: none"><li>• Continue ILS care.</li><li>• Transport as soon as possible.</li><li>• Contact receiving facility as soon as possible.</li></ul>

**Taser Related Injuries****Critical Thinking Elements**

- If law enforcement has removed the probes, treat the probes as biohazard sharps. Exercise caution to prevent accidental injury.
- Ask law enforcement to eject the cartridge from the Taser prior to patient contact.
- Patients who have been subdued using less than lethal weapons are commonly agitated and may be combative. Safety of the EMS crew is of utmost importance.
- Monitor carefully for patients exhibiting signs or symptoms of excited delirium. Extra caution should be taken and carefully monitor the patient.

**Biological Agent Exposure**

E M R	<ul style="list-style-type: none"><li>• Perform <b>Routine Patient Care Protocol 1105</b>.</li><li>• Treat signs and symptoms per appropriate protocol.</li><li>• Decontaminate patient and take appropriate standard precautions.</li></ul>
E M T	<ul style="list-style-type: none"><li>• Continue EMR care.</li><li>• Initiate ALS intercept, if indicated.</li><li>• Transport as soon as possible.</li><li>• Contact receiving facility as soon as possible.</li></ul>
I	<ul style="list-style-type: none"><li>• Continue EMT care.</li><li>• Initiate ALS intercept, if indicated.</li><li>• Transport as soon as possible.</li><li>• Contact receiving facility as soon as possible.</li></ul>
P	<ul style="list-style-type: none"><li>• Continue ILS care.</li><li>• Transport as soon as possible.</li><li>• Contact receiving facility as soon as possible.</li></ul>





### Bioterrorism Syndromes

In all cases of suspected bioterrorism activity, immediately notify your local health department and the Illinois Department of Public Health.



Syndrome	Primary Signs and Symptoms	Diagnostic Tests and Findings	Patient Placement	Isolation	Treatment	Pictures
<b>Acute Neurologic Syndrome</b>  <b>Acute Rash</b>	<b>Botulism</b>	Prosis, diplopia, blurred vision, myriades, sore throat, ophthalmia, and paralysis, respiratory distress	No restrictions	Standard precautions	Supportive care, including respiratory support and botulinum antitoxin, which is available only from the CDC	
	<b>Cutaneous Anthrax</b>	Localized itching; a painless papule after seven days; within one to two days, papule will enlarge and develop a central vesicle with surrounding non-pitting edema; seven to 10 days after papule formation, a painless central black eschar forms.	No restrictions	Standard precautions	<p><b>Without systemic signs or surrounding edema and cellulitis, ciprofloxacin or doxycycline for 60 days.</b></p> <p><b>With systemic signs or surrounding edema and cellulitis, same as inhalational anthrax (see below).</b></p>	 
	<b>Smallpox</b>	Papular rash with fever that begins on the face and extremities and uniformly spreads to the trunk; headache, vomiting, back pain and delirium common	Electron microscopy examination or PCR testing of vesicular or pustular fluid and/or scabs	Private negative pressure room. May place like patients together. Door must be closed at all times.	Standard precautions plus airborne and contact precautions. Goggles, gloves, fit-tested masks and negative pressure room are required.	Supportive care, along with antibiotics as indicated for treatment of secondary bacterial infections
<b>Inhalational Anthrax</b>	Low-grade fever, nonproductive cough, malaise, fatigue, myalgias, dysphoresis and chest discomfort. Incubation period is usually one to six days post exposure but may be up to 60 days.	Blood culture and CSF culture as indicated Gram stain; gram-positive bacilli on buffy coat smear or CSF culture CT scan, hyperdense mediastinal and hilar lymph nodes, mediastinal edema, peribronchial thickening and pleural effusions CXR: widened mediastinum and pleural effusions	No restrictions	Standard precautions	<p>Initial intravenous therapy may include ciprofloxacin or doxycycline AND one or two additional antimicrobials such as rifampin, vancomycin, penicillin, ampicillin, chloramphenicol, imipenem, clindamycin or clarithromycin.</p> <p>Switch to oral medications when clinically appropriate. Therapy should continue for 60 days.</p>	 
<b>Plague</b>	Cough, hemoptysis and chest pain; tachycardia, dysphoresis, and delirium. Incubation period is usually two to three days post exposure.	Blood culture and CSF culture as indicated CXR: bilateral infiltrates or consolidation Sputum and throat specimens for microscopy for specialized stains and/or fluorescent antibody tests	Private room. May place like patients together. Door must be closed at all times. Place mask on patient for transport.	Standard precautions and droplet precautions. Surgical mask to avoid respiratory spread	<p>Initial parenteral therapy may include streptomycin, gentamicin, doxycycline, ciprofloxacin or chloramphenicol.</p> <p>Therapy should continue for 10 days.</p>	

Photographs and images courtesy of the Public Health Image Library, created by a grant from the Agency for Toxic Substances and Hazardous Waste Investigation, U.S. Environmental Protection Agency, Washington, DC, 20460, AM, USA.

## Suspected Child Maltreatment

E M R	<ul style="list-style-type: none"> <li>• Consider scene safety issues.             <ul style="list-style-type: none"> <li>• If the offender is present and interferes with transportation of the patient, or is influencing the patient's acceptance of medical care, contact law enforcement and <b>Medical Control</b> for consultation on the appropriate action to take.</li> <li>• If the parent/guardian refuses to allow transportation of the child, contact law enforcement and <b>Medical Control</b> for consultation on the appropriate action to take.</li> </ul> </li> <li>• Perform <b>Routine Patient Care Protocol 1205</b>.</li> <li>• Treat obvious injuries and illnesses.</li> <li>• Survey the scene for evidence of factors that could adversely affect the child's welfare:             <ul style="list-style-type: none"> <li>• Environmental</li> <li>• Interaction with parents/guardians</li> <li>• Discrepancies in the history of events</li> <li>• Injury patterns inconsistent with history of events or anticipated motor skills based on the child's growth and development stage.</li> <li>• Signs of intentional injury or emotional harm.</li> </ul> </li> <li>• Transport regardless of extent of injuries</li> <li>• Notify DCFS after incident 1-800-252-2873, all health care workers are mandated reporters.</li> <li>• Document thoroughly.</li> </ul>
E M T	<ul style="list-style-type: none"> <li>• Continue EMR care.</li> <li>• Initiate ALS intercept, if indicated.</li> <li>• Transport as soon as possible.</li> <li>• Contact receiving facility as soon as possible.</li> </ul>
I	<ul style="list-style-type: none"> <li>• Continue EMT care.</li> <li>• Initiate ALS intercept, if indicated.</li> <li>• Transport as soon as possible.</li> <li>• Contact receiving facility as soon as possible.</li> </ul>
P	<ul style="list-style-type: none"> <li>• Continue ILS care.</li> <li>• Transport as soon as possible.</li> <li>• Contact receiving facility as soon as possible.</li> </ul>

### Critical Thinking Elements

- At no time should EMS confront the abusers.
- Do not make accusations on the PCR. Document objective physical findings.
- Willful failure to report suspected incidents of child abuse/neglect is a misdemeanor for 1<sup>st</sup> violation and class IV felony for subsequent violations.
- Reports must be confirmed in writing to the local investigation unit within 48 hours of the hotline call.