

Be aware of potential clues to abuse/maltreatment from caregivers, the general environment, and the patient's physical condition. Recognize any act, or series of acts of commission or omission by a caregiver or person in a position of power over the patient, that results in harm, potential for harm, or threat of harm to a patient.

EMS's role is to:

- Document concerns.
- Assess and stabilize potentially serious injuries.
- Disclose concerns to the appropriate authorities (hospital and law enforcement or state authorities).
- EMS personnel are **mandatory reporters** of any suspicion for abuse, maltreatment, neglect, or potential human trafficking or sex trafficking of a minor per A.R.S. §13-3620.A and A.R.S. §13-3212.
- Notify one of the following applicable entities:
 1. Law enforcement.
 2. Arizona Department of Child Safety 1-888-SOS-CHILD (1-888-767-2445).
 3. Adult Protective Services Central Intake Unit 1-877-SOS-ADULT (1-877-767-2385) Link to their online reporting form: <https://hssazapsprod.wellsky.com/assessments/?WebIntake=1F74FCDA-C6AB-4192-9CEE-F8D20DE98850>.
 4. A tribal law enforcement or social services agency for any Native American minor who resides on an Indian reservation.
- Leave the investigation to law enforcement.

NOTE: Reporting to hospital personnel does not qualify as having fulfilled the mandatory reporting requirement.

EMT

- Primary survey
 - Identify potentially life-threatening issues.
 - Refer to [General Trauma Management](#) as needed.
- Secondary survey
 - Assess physical issues, document any statements made spontaneously by patient. Avoid extensive investigation of the specifics of abuse.
- Report concerns immediately about caregivers impeding your ability to assess/transport patient or refusing care for the patient.
- Attempt to preserve the evidence, but the overriding concern should be providing emergency care to the patient.

• Scenarios that call for a high index of suspicion for abuse in children include:

- [Brief Resolved Unexplained Event \(BRUE\)](#)
- Any bruising on a patient ≤ 4 months, or any bruising on the torso, ears, neck on a patient < 4 years. (See TEN-4-FACESp below)



TEN-4-FACESp

Bruising Clinical Decision Rule for Children < 4 Years of Age

When is bruising concerning for abuse in children < 4 years of age?
If bruising in any of the three components (Regions, Infants, Patterns) is present without a reasonable explanation, strongly consider evaluating for child abuse and/or consulting with an expert in child abuse.

TEN

Torso | Ears | Neck



FACES

Frenulum
Angle of Jaw
Cheeks (*fleshy part*)
Eyelids
Subconjunctivae

REGIONS

4 months and younger



Any bruise, anywhere

INFANTS

Patterned bruising



Bruises in specific patterns like slap, grab or loop marks

PATTERNS

See the signs

Unexplained bruises in these areas most often result from physical assault. TEN-4-FACESp is not to diagnose abuse but to function as a screening tool to improve the recognition of potentially abused children with bruising who require further evaluation.

