

# SIERRA-SACRAMENTO VALLEY EMS AGENCY PROGRAM POLICY

REFERENCE NO. 832

## **SUBJECT: SUSPECTED ELDER OR DEPENDENT ADULT ABUSE REPORTING GUIDELINES**

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### **PURPOSE:**

To define suspected elder and dependent adult abuse and the required reporting procedures for prehospital care personnel.

### **AUTHORITY:**

Welfare and Institutions Code Section 15630 et seq. California Code of Regulations, Title 22, 100160 and 100075

### **PRINCIPLES:**

Elder adults (age 65 or over) and dependent adults (ages 18 to 64) with mental, developmental, or physical disabilities may be vulnerable to abuse or neglect.

### **DEFINITIONS:**

"**Abuse of an elder or a dependent adult**" means either of the following:

- a. Physical abuse, neglect, financial abuse, abandonment, isolation, abduction, or other treatment with resulting physical harm or pain or mental suffering.
- b. The deprivation by a care custodian of goods or services that are necessary to avoid physical harm or mental suffering.

"**Dependent adult**" means any person between the ages of 18 and 64 years who:

- a. resides in this state and who has physical or mental limitations that restrict his or her ability to carry out normal activities or to protect his or her rights, including, but not limited to, persons who have physical or developmental disabilities, or whose physical or mental abilities have diminished because of age.
- b. is admitted as an inpatient to a 24-hour health facility, as defined in Sections 1250, 1250.2, and 1250.3 of the Health and Safety Code.

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**Approved:**

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**"Developmentally disabled person"** means a person with a developmental disability specified by or as described as follows:

"Developmental disability" means a disability that originates before an individual attains age 18 years, continues, or can be expected to continue, indefinitely, and constitutes a substantial disability for that individual. As defined by the Director of Developmental Services, in consultation with the Superintendent of Public Instruction, this term shall include mental retardation, cerebral palsy, epilepsy, and autism. This term shall also include disabling conditions found to be closely related to mental retardation or to require treatment similar to that required for individuals with mental retardation, but shall not include other handicapping conditions that are solely physical in nature.

**"Elder"** means any person residing in this state, 65 years of age or older.

**"Reasonable suspicion"** means an objectively reasonable suspicion that a person would entertain, based upon facts that could cause a reasonable person in a like position, drawing when appropriate upon his or her training and experience, to suspect abuse.

**POLICY:**

1. EMT-Is, Paramedics, and MICNs, as health care practitioners, are mandated reporters and have a legal obligation to report known or suspected elder or dependent adult abuse under the following circumstances:
  - a. When the reporter who in his or her professional capacity, or within the scope of his or her employment, has observed or has knowledge of an incident that reasonably appears to be physical abuse, abandonment, abduction, isolation, financial abuse, or neglect; or
  - b. When the reporter has observed a physical injury where the nature of the injury, its location on the body, or the repetition of the injury, clearly indicates that physical abuse has occurred; or
  - c. When the reporter is told by an elder or a dependent adult that he or she has experienced behavior, including an act or omission, constituting physical abuse, abandonment, abduction, isolation, financial abuse, or neglect, or the reporter reasonably suspects that abuse.
2. Any mandated reporter who has knowledge, or reasonably suspects, that types of elder or dependent adult abuse for which reports are not mandated have been inflicted upon an elder or dependent adult, or that his or her

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emotional well-being is endangered in any other way, may report the known or suspected instance of abuse.

3. Reports made under this law are confidential. The identity of all persons making reports of elder or dependent abuse is also confidential. This information will be shared only between the investigating and licensing agencies, with the district attorney in a criminal prosecution resulting from the report, by court order, or when the reporter waives the right to remain anonymous.
4. When two or more persons who are required to report are present and jointly have knowledge of a known or suspected instance of abuse of an elder or dependent adult, 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 the selected member of the reporting team. Any member who has knowledge that the member designated to report has failed to do so shall hereafter make the report. If the EMS personnel are not selected as the designated reporter, they shall document the name and agency of the appointed team member on the EMS Report Form to indicate that the reporting obligation has been met.
5. Reporting is the individual responsibility of the mandated reporter. No supervisor or administrator may prohibit the filing of a required report.
6. Mandated reporters who report suspected cases of elder or dependent adult abuse, in good faith, have absolute immunity, both civilly and criminally, for making a report of abuse of an elder or dependent adult. This includes taking of photographs of the victim and surroundings to submit with the report.
7. Under current law, all healthcare professionals are mandated to report suspected Elder / Dependent Adult Abuse that they have knowledge of or observe in their professional capacity. They are required to sign a statement, for their employer, acknowledging their understanding of this requirement. Failure to report physical abuse, abandonment, abduction, isolation, financial abuse, or neglect of an elder or dependent adult, is a misdemeanor, punishable by not more than six months in the county jail, by a fine of not more than one thousand dollars (\$1,000); or both fine and imprisonment. Any mandated reporter who willfully fails to report physical abuse, abandonment, abduction, isolation, financial abuse, or neglect of an elder or dependent adult, where that abuse results in death or great bodily injury, shall be punished by not more than one year in a county jail, by a fine of not more than five thousand dollars (\$5,000), or by both fine and imprisonment.

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**REPORTING PROCEDURES:**

1. Please refer to the table on page 5 for contact telephone numbers and the mailing address for each S-SV County.
2. Reports of physical abuse are to be made immediately, or as soon as possible, by telephone.
3. When reporting abuse that allegedly occurred in a long-term care facility or Adult Day Health Care Center, contact either the local law enforcement agency or the local Ombudsman Program.
4. When the abuse is alleged to have occurred anywhere else, contact either the local law enforcement agency or the local county Adult Protective Services.
5. VERBAL REPORT: Reports are to include the following information, unless unavailable:
  - a. The name, address, telephone number and occupation of the person making the report.
  - b. The name, address, age and present location of the elder or dependent adult.
  - c. The names and addresses of family members or any other person responsible for the elder or dependent adult's care.
  - d. The nature and extent of the elder or dependent adult's condition.
  - e. Date, time and place of the incident.
  - f. Any other information, including information that led that person to suspect elder or dependent adult abuse, as requested by the agency receiving the report.
6. WRITTEN REPORT: The Report of Suspected Dependent Adult/Elder Abuse (Ref. No. 832 Addendum A.) must be completed and submitted to the agency initially contacted within two (2) working days of the verbal report.

The following should be documented on the EMS Report Form:

- a. The name of the APS social worker or Local Ombudsman, and/or name, department and badge number of the law enforcement officer.

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- b. Time of notification.
- c. Disposition of Elder or Dependent Adult if not transported.

7. VOLUNTARY REPORTS:

- a. Any person who is not a mandated reporter, who knows, or reasonably suspects, that an elder or a dependent adult has been the victim of abuse may report that abuse to a long-term care ombudsman program or local law enforcement agency when the abuse is alleged to have occurred in a long-term care facility.
- b. Any person who is not a mandated reporter, who knows, or reasonably suspects, that an elder or a dependent adult has been the victim of abuse in any place other than a long-term care facility may report the abuse to the county adult protective services agency or local law enforcement agency.

**CROSS REFERENCE:**

Prehospital Care Policy Manual:

Ref. No. 832 Addendum A - Report of Suspected Dependent Adult/Elder Abuse

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<b>ELDER / DEPENDENT ADULT ABUSE REPORTING</b>	
<b>NEVADA COUNTY</b>	
ADULT PROTECTIVE SERVICES	(530) 265-1639 (530) 265-1217 – 24 Hours
LOCAL OMBUDSMAN	Local – (530) 274-2825 Toll Free – (800) 231-4024 Sacramento # - (916) 376-8910
MAIL REPORTS TO:	ADULT PROTECTIVE SERVICES PO Box 1210 Nevada City, CA 95959
<b>PLACER COUNTY</b>	
ADULT PROTECTIVE SERVICES	(530) 886-2900 (530) 889-5401 – 24 Hours
LOCAL OMBUDSMAN	Telephone # will be posted at local health care facility.
MAIL REPORTS TO:	ADULT PROTECTIVE SERVICES 11519 “B” Avenue Auburn, CA 95603
<b>SUTTER COUNTY</b>	
ADULT PROTECTIVE SERVICES	(530) 822-7227 Same # above - 24 Hours - ask for APS
LOCAL OMBUDSMAN	(530) 755-2018 (800) 231-4024 – 24 Hours
MAIL REPORTS TO:	ADULT PROTECTIVE SERVICES P.O. Box 1599 Yuba City, CA 95991
<b>YUBA COUNTY</b>	
ADULT PROTECTIVE SERVICES	(530) 749-6471 (530) 749-6471– 24 Hours
LOCAL OMBUDSMAN	(530) 755-2018 (800) 231-4024 – 24 Hours
MAIL REPORTS TO:	ADULT PROTECTIVE SERVICES P.O. Box 2320 Marysville, CA 95901
<b>YOLO COUNTY</b>	
ADULT PROTECTIVE SERVICES	(916) 375-6239 or (888) 675-1115 After hours either # above and on call case worker will be contacted.
LOCAL OMBUDSMAN	(916) 376-8910
MAIL REPORTS TO:	ADULT PROTECTIVE SERVICES 500-A Jefferson Blvd Suite – 100 West Sacramento, CA 95605