NOR-CAL EMS	05-0506	Assault/Abuse/Domestic Violence

Nor-Cal EMS Policy & Procedure Manual	ALS/BLS Protocols
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Approval: Jeffery Kepple, MD – MEDICAL DIRECTOR	SIGNATURE ON FILE

Authority

Health and Safety Code Division 2.5, California Code of Regulations, Title 22, Division 9

Precautions

1. Can affect men, women and children of any age, gender, sexual orientation and race. The incidence of domestic violence increases during pregnancy.
2. Routine Medical Care
3. Level of distress - Is patient a trauma victim? If yes, see trauma protocol
4. Provide emotional support to the victim and the family
5. Always ensure the patient/victim safety
6. Contact appropriate law enforcement agencies

Child Abuse / Elder Abuse / Domestic Violence

In any situation where the rescuer has reason to suspect Child or Elder abuse, or Domestic Violence.

Immediately notify the appropriate law enforcement agency, including if needed Adult or Pediatric Protective Services.

Reasonable effort will be made to transport the patient to a receiving hospital for evaluation. Immediately inform hospital staff of your suspicions

Document all pertinent observations on the patient care report

Immediately (or as soon as practical) contact the appropriate agency by telephone and give a verbal report

A written report for child/elder abuse must be filed within 24 hours

To Report Domestic Violence

Domestic violence is defined as the willful intimidation, physical assault, battery, sexual assault, and/or other abusive behavior as part of a systematic pattern of power and control perpetrated by one intimate partner against another.

Notify receiving hospital staff

Perform DV Assessment (see the following section)

Domestic Violence (Dv) Lethality Screen

1. Determine level of distress – is patient injured or complaining of any medical complaints
2. Assess and treat as appropriate
3. If patient c/o or presents with medical complaints, assess for signs & symptoms of possible strangulation
4. Attempt private audience with patient (maintaining regard for safety)
5. If patient is NOT transported - and if safe, appropriate and feasible - perform a DV Lethality Screen
6. If patient screens HIGH RISK, refer patient to the Family Violence Law Center (FVLC) by calling the FVLC 24/7 hotline # 800-947-8301
7. Briefly describe the DV circumstances to the FVLC advocate without providing any patient identifying information
8. If patient consents to speaking with FVLC advocate, hand patient the phone
9. If patient does not consent to speaking with FVLC advocate, give patient discreet FVLC resource information and advice that he/she can call 24/7
10. Repeat basic safety planning tips that the FVLC advocate provides
11. If patient is transported, be sure to inform receiving facility of lethality risk (determined by tool) and DV advocacy steps taken

Questions used in the Domestic Violence Lethality Screen for First Responders

A "yes" response to any of Questions 1–3 automatically triggers the protocol referral

1. Has he/she ever used a weapon against you or threatened you with a weapon?
2. Has he/she threatened to kill you or your children?
3. Do you think he/she might try to kill you?

Negative responses to Questions 1–3, but positive responses to at least four of Questions 4–11, trigger the protocol referral

4. Does he/she have a gun, or can he get one easily?
5. Has he/she ever tried to choke you?
6. Is he/she violently or constantly jealous or does he/she control most of your daily activities?
7. Have you left him/her or separated after living together or being married?
8. Is he/she unemployed?
9. Has he/she tried to kill himself?
10. Do you have a child that he/she knows is not his/hers?
11. Does he/she follow or spy on you or leave threatening messages?

If patient consents, any first responder may trigger the protocol referral to FVLC if not already triggered above, as a result of the victim's response to the below question, or whenever the first responder believes the victim is in a potentially lethal situation.

12. Is there anything else that worries you about your safety? (If "yes") What worries you?

Sexual Assault

13. Patients should be transported to the appropriate facility for evaluation regardless of the hospital's diversion status.
14. May transport directly to facility which performs sexual assault exams (SART Team or SANE Nurses) if patient is medical stable and does not meet trauma criteria.
15. If patient is a minor/elder, ensure that the appropriate report is completed and filed with the appropriate enforcement agency.

BLS Treatment

1. Is the patient/victim in shock? If yes, then see shock protocol
2. Is the patient/victim a trauma patient? If yes, then see trauma protocol
3. Is the airway patient?
4. What is the patient/victim's pulse oximetry? Less than 92% then apply supplemental oxygen.
5. If needed, then apply oxygen and be ready to assist ventilations as needed.
6. Assess the circulatory status and resuscitate as needed.
7. Offer reassurance, be non-judgmental, provide emotional support and respect the patient's dignity and autonomy.
8. Don't sacrifice a complete physical examination and try to stabilize the patient.
9. Crew members of the same sex may relate better with the patient in time of emotional crisis.
10. Evidence preservation if possible:
    a. Instruct patient to not bathe, wash, brush teeth, use mouth wash, defecate, urinate, etc.
    b. Instruct the patient/victim not to change clothes and jewelry. Encourage them to bring a change of clothes with them, as clothing and other belongings may be taken into custody for evidence.
    c. Any evidence, articles of clothing should be placed into separate paper bags not plastic. This will help prevent transfer of evidence from on item to another. This needs to be brought to the hospital or released to law enforcement.
    d. Don't force any of this, the object is the patient's safety first.
    e. Always wear gloves during the examination and any evidence collection.
    f. Be meticulous in your documentation.
    g. Protect the scene and preserve evidence in cooperation with law enforcement.

ALS Treatment

11. Establish IV assess if indicated.
12. Treat as appropriate, medical and trauma complaints
13. Splint as needed
14. Spinal motion restriction as needed