



***By:* NASEMSO**

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- System medical directors and other leaders are invited to harvest content as will be useful. These guidelines are either evidence-based or consensus-based and have been formatted for use by field EMS professionals.
- NASEMSO Medical Directors Council

# Abuse/Maltreatment:

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



# Patient Care Goals

1. 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
2. Take appropriate steps to protect the safety of the responders as well as bystanders
3. Get the patient out of immediate danger
4. Assess any patient injuries that may be the result of acute or chronic events
5. Attempt to **preserve evidence whenever possible**; however, the **overriding concern should be providing appropriate emergency care to the patient**

# EMS role is to:

- a. Document concerns
- b. Assess potentially serious injuries
- c. Disclose concerns to appropriate authorities
- d. Initiate help to get the patient into a safe situation
- e. **Not to investigate or intervene beyond the steps above**
- f. Leave further intervention to law enforcement personnel

## Potential clues to abuse or maltreatment that can be obtained from the patient:

- a. Multiple bruises in various stages of healing
- b. Age-inappropriate behavior (e.g. adults who are submissive or fearful)
- c. Pattern burns, bruises, or scars suggestive of specific weaponry used
- d. Evidence of medical neglect for injuries or infections
- e. Unexplained trauma to genitourinary systems or frequent infections to this system
- f. Evidence of malnourishment and/or serious dental problems