



County of Santa Cruz

HEALTH SERVICES AGENCY

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EMERGENCY MEDICAL
SERVICES PROGRAM

Policy No. 1340
April 1, 2012

Emergency Medical Services Program

Approved

Medical Director

Subject: SUSPECTED ELDER AND DEPENDENT ADULT ABUSE REPORTING

I. Authority:

California Welfare and Institutions Code (W&I), Sections 15600-15659. Any health practitioner shall make a report regarding known or suspected cases of abuse and neglect of elder and dependent adults.

II. Definitions:

1. "Elder abuse" means physical abuse, neglect, financial abuse, abandonment, isolation, abduction, or other treatment with resulting physical harm or pain or mental suffering, or the deprivation by a care custodian of goods and services which are necessary to avoid physical harm or mental suffering (W&I 15610.07).
2. "Elder" means any person residing in the state 65 years of age or older (W&I 15610.27).
3. "Dependent adult" means any person residing in the state between the ages 18-64 who has physical or mental limitations which restrict his or her ability to carry out normal activities or to protect his or her rights. In addition, "Dependent Adult" includes any person between the ages of 18 and 64 who is admitted as an inpatient to a 24-hour health facility (W&I 15610.23 (b)). This includes a person who has physical or developmental disabilities or whose physical or mental capacities have diminished with age (W&I 15610.07).
4. "Reasonable suspicion" means a credible concern that elder abuse may have occurred based on an analysis of facts gathered from an incident or observation.
5. "Long-term care ombudsman" means the State Long-Term Care Ombudsman, local ombudsman coordinators, and other persons currently certified as ombudsmen by the Department of Aging (W&I 15610.50.)

III. Agencies Receiving Reports:

It is the responsibility of each individual provider to ensure that suspected elder abuse is reported in a timely fashion.

If there is a threat to the patient that must be handled immediately, or suspicion that a crime has been committed, EMS personnel should request that Law Enforcement respond to the scene.

If the abuse has occurred in a long-term care facility, except a state mental health hospital or a state developmental center, the report shall be made to the Long-Term Care Ombudsman (W&I 15630(b, 1,A). In all other instances Adult Protective Services should be notified.

If the individual provider is not sure of whom to contact in order to report suspected elder or dependent adult abuse a report can be made to the Long-Term Care Ombudsman who will refer the report to the appropriate agency.

The reporting duties are individual and no supervisor or administrator may impede or inhibit the reporting duties. No provider who reports suspected abuse shall be held civilly or criminally liable for any report required or authorized (W&I 15634).

IV. Reporting Procedure:

1. Initial Report:

A verbal report must be given to Adult Protective Services, a Law Enforcement Agency, or the Long-Term Care Ombudsman immediately or as soon as possible (i.e. on arrival in the emergency department) by telephone or in person.

Adult Protective Services
Phone: 454-4101 (APS)
Toll-free – 1-866-580-HELP (4357)

Law Enforcement Agency
Notify through NetCom

Long-Term Care Ombudsman
Phone: 429-1913
Fax: 429-9102

Or call Netcom.

The telephone report shall include the following:

- Name of person making the report
- Name of victim
- Present location of the elder

- Nature and extent of injury or abuse
- Information that led reporting party to suspect elder abuse

2. Written Referral Report:

Providers will also fill out a report of suspected dependent adult/elder abuse (SOC 341) in all cases of suspected dependent adult/elder abuse. A written report must be filed within two working days. Referral forms (SOC 341) are available in each Emergency Department and should be completed before end of shift and given to the charge nurse.

The written report will also be delivered or faxed to Adult Protective Services, the appropriate Law Enforcement Agency, or the Long-Term Care Ombudsman. In cases reported to Law, it is encouraged that the Long-Term Care Ombudsman also be contacted.

V. Two or more persons reporting:

When two or more persons who are required to report elder abuse are present and jointly have knowledge of a suspected instance of abuse, and when there is agreement among them, the verbal and written reports may be made by one individual. A paramedic may make such an agreement with the Emergency Department nurse or physician. Any individual who has knowledge that the designated person failed to file the appropriate reports shall file these reports in accordance with the law (W&I 15630).