COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

SUBJECT: **ELDER ABUSE AND DEPENDENT ADULT ABUSE REPORTING GUIDELINES**

(EMT, PARAMEDIC, MICN)
REFERENCE NO. 823

PURPOSE: To define the required reporting procedures for prehospital care personnel regarding known or suspected elder or dependent adult abuse.

AUTHORITY: Welfare and Institutions Code Sections 15600, et seq.
California Code of Regulations, Title 22, 100145 and 100069

DEFINITIONS:

Abandonment: The desertion or willful forsaking of an elder or dependent adult by anyone having care or custody of that person under circumstances in which a reasonable person would continue to provide care or custody.

Abuse of an elder or a dependent adult: Physical abuse (including sexual abuse), neglect, financial abuse, abandonment, isolation, abduction, or other treatment with resulting physical harm or mental suffering, or the deprivation by a care custodian of goods or services that are necessary to avoid physical harm or mental suffering.

Dependent Adult: Any person between the ages of 18 and 64 years, who has physical or mental limitations that restrict their ability to carry out normal activities or to protect their rights. This includes, but is not limited to, persons who have physical or developmental disabilities. It also includes individuals whose physical or mental abilities have diminished because of age, as well as any 18 to 64 year-old who is admitted as an inpatient to a 24-hour health facility.

Elder: Any person who is 65 years of age or older.

Mandated Reporter: Any person who has assumed full or intermittent responsibility for care or custody of an elder or dependent adult, whether or not that person receives compensation, including administrators, supervisors, and any licensed staff of a public or private facility that provides care or services for elder or dependent adults, or any elder or dependent adult care custodian, health practitioner, or employee of a county adult protective services agency or a local law enforcement agency is a mandated reporter.

Neglect: The negligent failure of any person having care or custody of an elder or dependent adult to exercise that degree of care that a reasonable person in a like position would exercise.

Physical abuse: Assault, battery, unreasonable physical constraint, prolonged or continual deprivation of food or water, sexual assault or battery or rape (including spousal rape, incest, sodomy, oral copulation, or penetration by a foreign object).

Reasonable suspicion: An objectively reasonable suspicion of abuse that a person should entertain, based upon the facts, and drawing upon the person's training and experience.

EFFECTIVE: 10-10-80
REVISED: 5-1-12
SUPERSEDES: 1-15-09

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Self-neglect: Failure of the elder or dependent adult to exercise a reasonable degree of care in providing for their own needs in such areas as personal hygiene, food, clothing, shelter,

PRINCIPLES:

1. Elder and dependent adults may be subjected to abuse, neglect or abandonment.

2. Health care providers are mandated to report known or suspected abuse, neglect or self-neglect of elder or dependent adults to protect and ensure the safety of these individuals.

3. When two or more mandated reporters are present at the scene and jointly have knowledge of a known or reasonably suspected instance of elder or dependent adult abuse, the telephone report can be made by a selected member of the reporting team. Any member who has knowledge that the designated reporter failed to uphold their agreement shall thereafter make the report. Transfer of care to the hospital does not meet the reporting obligation.

4. Reports made under this law are confidential. The identity of persons making reports of elder or dependent adult abuse is also confidential. This information is shared between the investigating and licensing agencies. This information will be shared with the district attorney in a criminal prosecution resulting from the report, by court order, or when the reporter waives confidentiality.

5. Reporting is the individual responsibility of the mandated reporter. No supervisor or administrator may prohibit the filing of the required report.

POLICY:

I. EMT-Is, Paramedics, and Mobile Intensive Care Nurses (MICNs) are mandated reporters and shall file a telephone and written report whenever, in their professional capacity or within the scope of their employment, the following occurs:

   A. The reporter has observed or has knowledge of an incident or injury that reasonably appears to be the result of abuse, neglect or self-neglect; or

   B. The reporter is told by an elder or a dependent adult that he or she has experienced behavior constituting abuse, neglect or self-neglect; or

   C. The reporter reasonably suspects abuse, neglect or self-neglect.

II. Mandated reporters have immunity from civil and criminal liability for making a good faith report of a known or suspected elder or dependent adult abuse. This immunity includes taking photographs of the victim to submit with the report.

III. Failure to report abuse, neglect or self-neglect of an elder or dependent adult is a misdemeanor, punishable by not more than six months in the county jail or by a fine of $1,000 or both. A mandated reporter who willfully fails to report abuse, neglect or self-abuse of an elder or dependent adult, where that abuse results in death or great bodily injury, is punishable by not more than one year in the county jail or by a fine of not more than $5,000 or both.

IV. Reporting Procedures:

A. Verbal Reports

1. Reports of abuse, neglect or self-neglect shall be made immediately by telephone to the appropriate agency as defined in Reporting Procedure II

2. Reports are to include the following information, if available:

a. The name, address, telephone number, and occupation of the person making the report.

b. The name, address, and age of the elder or dependent adult.

c. Date, time, and place of the incident.

d. Other details, including the reporter's observations and beliefs concerning the incident.

e. Any statement relating to the incident made by the victim.

f. The name(s) of any individual(s) believed to have knowledge of the incident, and

g. The name(s) of the individual(s) believed to be responsible for the incident and their relationship to the victim.

B. Written Reports

1. The Report of Suspected Dependent Adult/Elder Abuse form SOC 341 (Reference No. 823.1) must be completed and submitted to the agency initially contacted **within two business (working) days of the verbal report**. To request a supply of SOC 341 report forms, send a letter or facsimile to:

California Department of Social Services Warehouse
P.O. Box 980788
West Sacramento, CA 95798-078
Facsimile: (916) 371-3518

SOC 341 is also available online at:
www.dss.cahwnet.gov/Forms/English/SOC341.pdf

2. Reports shall be filed according to the following:

a. When the suspected/known abuse occurred in a long-term care facility, state mental health hospital, or state development center, report to either:

i. Local law enforcement agency, or

ii. Long Term Care Ombudsman
1527 Fourth Street, Suite 250
Santa Monica, CA 90401
Telephone: (800) 334-WISE (800-334-9473)
After Hours: (800) 231-4024 (State Crisis Line)
Facsimile: (310) 395-4090

3. When the suspected/known abuse occurred in the community, report to either:

a. Local law enforcement agency

b. Adult Protective Services
Centralized Intake Unit
3333 Wilshire Boulevard, Suite 400
Los Angeles, CA 90010

Telephone: (888) 202-4248
After hours: (877) 4-SENIORS (877-477-3646)
Facsimile: (213) 738-6485

VI. EMS Report Form Documentation:

Document the name of the responding agency (i.e., EMS Provider, Law Enforcement) designated to meet the reporting obligation in the narrative section of the EMS Report Form.

CROSS REFERENCES:

Prehospital Care Policy Manual:

Ref. No. 823.1, **Report of Suspected Dependent Adult/Elder Abuse Form (SOC 341)**
Ref. No. 823.1a, **Report of Suspected Dependent Adult/Elder Abuse Form Instructions**

"Elder and Dependent Adult Abuse Reporting -- A Guide for the Mandated Reporter," June 2001, Los Angeles County Community and Senior Services