

SPECIAL SITUATIONS

Last Revised: October 2015

ABUSE AND NEGLECT

NOTE: The Illinois Abused and Neglected Child Reporting Act (325 ILCS 5/4) requires all licensed EMS providers to report suspected cases of child abuse or neglect. To report, call the Child Abuse hotline at 1- 800-25-ABUSE or 217-524-2606.

The Illinois Elder Abuse and Neglect Act (320 ILCS 20/4) requires all licensed EMS providers to report suspected cases of elder abuse or neglect. To report, call the Elder Abuse hotline at 1-866-800-1409. For Nursing Home abuse/neglect, call 1-800-252-8966.

CRITERIA: Any may be present

1. Physical Abuse (i.e. hitting, biting, sexual abuse or physical restraint)
2. Psychological Abuse (i.e. verbal threats/insults, causing fear, humiliation, intimidation)
3. Financial or Material Abuse (i.e. theft or misuse of money, property, or forced relocation from one dwelling to another)
4. Neglect (active and passive) (i.e. withholding medication or food)

TREATMENT: ALL LEVELS

1. **INITIAL MEDICAL CARE.**
 2. Assessment and history; note any discrepancies in history, environment or interaction.
 3. Treat any obvious injuries per appropriate protocol.
 4. If spouse, parent, guardian or caregiver refuses to allow transport of the patient after treatment, call for law enforcement assistance.
 5. Report suspicions to the receiving facility and to the appropriate agency/hotline.
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BEHAVIORAL EMERGENCIES

NOTES:

1. **Primary consideration should be given to EMS provider safety.**
2. **Notify law enforcement; approach patient only when safe to do so.**
3. **Talk in an even, reassuring tone; only one provider should speak.**
4. **Never allow a patient to get between you and a potential exit.**
5. **Avoid threatening gestures and body language.**

CRITERIA: Any may be present:

1. Emotional distress
2. Psychological emergencies
3. Potential or attempted suicide
4. Aggressive or hostile behavior

FR/BLS/ILS TREATMENT:

1. **INITIAL MEDICAL CARE.**
2. Restrain patient as needed if patient has a life-threatening emergency or suicidal/homicidal behavior (**see Region 6 Restraint Care Guideline**).
3. Assessment and history:
 - a. Look for medical or traumatic causes of patient's behavior
 - b. Note (and later document) behavior and mental status in detail.
 - c. Obtain medical history, alcohol and psychiatric history if able.
4. If a medical or traumatic condition is suspected as the cause of the behavior, refer to the appropriate protocol.

SEDATION FOR THE EXTREMELY AGITATED PATIENT (ALS ONLY)

NOTE: Patient must be 14 years of age or older.

CRITERIA: Any may be present:

1. Extreme psychological and physiological excitement/agitation
2. Aggressive or hostile combative behavior marked by incoherence
3. Superhuman strength with near complete tolerance to pain
4. Impaired thinking and perception, paranoia
5. Relative inability to "talk down"

ALS TREATMENT:

1. Continue **FR/BLS/ILS TREATMENT**.
 2. Sedate patient as necessary (as per #4 below) based on patient's presentation and potential for self-harm. Contact medical control prior to sedation if questions/concerns exist regarding care.
 3. IV of NS or saline lock if able.
 4. Administer VERSED:
IM: 0.1 mg/kg IM; may repeat up to a maximum dose of 10 mg
IN: 0.2 mg/kg IN; maximum dose 10 mg (if weight less than 50kg, max dose 5 mg)
 5. Transport. If restrained, have law enforcement accompany patient.
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HAZARDOUS/RADIOACTIVE EMERGENCIES

SPECIAL INFORMATION:

1. The degree of risk of contamination is relevant to the type of radiation present, the length of exposure, and the amount of shielding used while in the contaminated area.
2. Risk of contamination can be reduced by removing the patient's clothing and discarding in an appropriate manner.
3. All open wounds are considered contaminated until proven otherwise.
4. Rescue personnel and their vehicles should be monitored prior to, and after, transport to receiving facility, to obtain hazard levels.

TREATMENT: ALL LEVELS

1. Identify exact location and respond from an UPWIND direction. Park at least **150** feet away and contact **MEDICAL CONTROL**.
 2. If other agencies are not present, enter only **AFTER** scene is safe and then only to provide life-saving care. If other agencies are present, locate and contact **INCIDENT COMMANDER** and identify your unit.
 3. Any personnel entering a contaminated site should wear protective clothing and dosimeters, if available. Enter only by direction of the Incident Commander.
 4. Perform only life-saving care while in the contamination area (airway; temporary spinal immobilization; exsanguinating hemorrhage control) then remove patient and self as soon as possible.
 5. Notify the receiving hospital as soon as possible of your patient's status and ETA. Decontaminate at the scene if possible.
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SEXUAL ASSAULT

NOTE: This protocol is written with the assumption that the majority of sexual assault victims are female. Please consider the possibility of male victims, and adapt the protocol accordingly. Whenever possible, give sexual assault victim a feeling that he or she is safe and among trustworthy people.

CRITERIA:

1. Suspected sexual assault.
2. Patient alert and oriented

TREATMENT: ALL LEVELS

1. **INITIAL MEDICAL CARE**; limit exam and treatment to patients presenting complaint.
 2. Perform limited physical exam to locate injuries requiring immediate stabilization.
 3. Assess patient's medical history, not a history of the assault.
 4. Protect patient privacy.
 5. Preserve crime scene evidence as follows:
 - a. Handle the patient's clothing as little as possible.
 - b. Place blood stained articles in separate paper (not plastic) bags. Plastic bags cause condensation which can damage evidence.
 - c. Do not disturb the crime scene, except as needed to render urgent medical care.
 - d. Discourage the patient from changing clothes, bathing or gargling to prevent destruction of evidence.
 6. If patient refuses transportation by ambulance, ensure that a support person is available to take him or her to an appropriate medical facility.
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SUDDEN INFANT DEATH SYNDROME

NOTE:

All pediatric arrests should be given the benefit of a resuscitation attempt unless one of the conditions listed under EXCLUSIONS exists.

CRITERIA:

1. Infant or child with no pulse, no respiration.
2. No apparent cause for the arrest; suspect SIDS.

EXCLUSIONS:

1. Obvious signs of decomposition.
2. Obvious signs of death; refer to TRIPLE ZERO protocol
3. Physician or coroner on scene has officially pronounced the child dead.

FR/BLS TREATMENT:

1. **INITIAL MEDICAL CARE.**
 2. Begin CPR and refer to Pediatric Arrest protocol.
 3. Provide or arrange provision for parental psychological support.
 4. Call for intercept per INTERCEPT CRITERIA.
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ILS/ALS TREATMENT:

1. Continue **FR/BLS TREATMENT.**
 2. Refer to appropriate dysrhythmia protocol.
 3. Scene time should be minimized with ALS procedures performed enroute to receiving facility.
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