March 31, 2015

MEMORANDUM TO: EMS Chiefs, Municipal CAOs, Ornge and First Nations

FROM: Richard Jackson
       Director
       Emergency Health Services Branch

RE: Training Bulletin Issue Number 116, version 1.0
    Child in Need of Protection Standard

I am pleased to announce the approval and release of the Child in Need of Protection Standard. This Standard will replace the existing Child Abuse (Suspect) Standard found in Section 6, Pediatrics of the current Basic Life Support Patient Care Standards.

Training Bulletin Number 116 – Child in Need of Protection Standard was developed in response to a recommendation of a recent Coroner’s Inquest, and has been made in consultation with the Ontario Association of Children’s Aid Societies and the Ministry of Children and Youth Services. The bulletin provides paramedics a refresher on recognizing the forms of child abuse and/or neglect, and their responsibilities under the Child and Family Services Act; it also details the specific changes in the revised Standard.

Please ensure that your personnel are informed of, and become familiar with, revisions to the Standard, as this Standard will come into force on June 1, 2015.

Training Bulletin Number 116 - Child in Need of Protection Standard is attached in PDF format. Additionally, the Training Bulletin will be made available on the www.ambulance-transition.com website shortly.
If you have any questions, please contact Corey Freedman, Paramedic Standards and Certification Coordinator at (416) 326-3608 or corey.freedman@ontario.ca.

Richard Jackson

c:  Senior Managers/Managers, EHSB
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Enclosure
Training Bulletin

Child in Need of Protection Standard

March 2015

Issue Number 116 – version 1.0

Emergency Health Services Branch
Ministry of Health and Long-Term Care
Child in Need of Protection Standard

Introduction

Paramedics are often the first point of contact in the healthcare system for ill or injured children. In some cases, the child’s illness or injury may be the result of child abuse or neglect. According to the Ontario Association of Children’s Aid Societies, 171,118 reports of suspected child abuse or neglect were received and investigated by their member agencies in 2014.1

This training bulletin has been developed in response to a recommendation of a recent Coroner’s Inquest. The bulletin provides paramedics a refresher on recognizing the forms of child abuse and/or neglect, and their responsibilities under the Child and Family Services Act (CFSA)2; it also details the Child in Need of Protection Standard. The standard, set out in Appendix B, will replace the existing Child Abuse (Suspect) Standard listed in Section 6, Pediatrics of the 2007 Basic Life Support Patient Care Standards (BLS PCS). Development of this bulletin and revisions to the standard have been made in consultation with the Ontario Association of Children’s Aid Societies and the Ministry of Children and Youth Services.

What is Child Abuse3

Child abuse and/or neglect can take many forms. Paramedics must be cognizant of the different forms of child abuse they may encounter while responding to calls. Major categories of abuse include the following:

A. Physical abuse could result from a parent or person in charge causing physical injury to a child, or failing to adequately supervise a child or from a pattern of neglect of the child. Examples include: beating; slapping; hitting; pushing; throwing; shaking; or, burning.

B. Sexual abuse happens when a parent or other person in charge sexually molests or uses a child for sexual purposes or knowingly fails to protect a child from sexual abuse. Examples include: any sexual act between an adult and a child; fondling; exposing a child to adult sexual activity; or, sexual exploitation through child prostitution or child pornography.

C. Emotional abuse occurs when a parent or other person in charge causes emotional harm or fails to protect a child from emotional harm that results from verbal abuse, mental abuse and psychological abuse. Examples include: yelling at, screaming at, threatening, frightening, or bullying a child; humiliating the child, name-calling, or making negative comparisons to others; showing little to no physical affection or words of affection; saying that everything is the child’s fault; withdrawing attention; confining the child in a closet or dark room, or tying the child to a chair for long periods of time; or, allowing the child to be present during violent behaviour of others.

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What is Child Abuse (continued)

D. **Neglect** happens when a child’s parent or other person in charge does not provide for a child’s physical, developmental, emotional or psychological needs. Examples include: failing to provide proper food, clothing suitable for the weather, supervision, a home that is clean and safe, or medical care, as needed; or, failing to provide emotional support, love and affection.

A comprehensive list of behavioural and physical indicators of each form of abuse is available on the Ministry of Children and Youth Services’ website at: www.children.gov.on.ca/htdocs/English/topics/childrensaid/reportingabuse/recognisingabuse.aspx. This website also contains other valuable information on child abuse.

**Paramedic Responsibilities**

Paramedics must continue to adhere to the applicable standards set out in the *BLS PCS*.

Additionally, section 72 of the *CFSA* legislates that **anyone** with reasonable grounds to suspect child abuse and/or neglect must immediately report the suspicion and the information on which it is based directly to a Children’s Aid Society (CAS). This is known as the “duty to report”.

Section 72(4) of the *CFSA* states that professionals working with children may be subject to an offence for failing to report to a CAS where information was obtained in the course of professional duties. The offence is punishable on conviction by a fine up to $1000. This is because professionals have a greater awareness of the signs of child abuse or neglect, and a particular responsibility to report their suspicions. Reasonable suspicion alone is sufficient to trigger the duty to report. The report must be made as soon as possible upon receiving the information and it must be made by the person receiving the information. This duty cannot be delegated to anyone, including a colleague or supervisor. The duty to report is ongoing, which means each call in which child abuse is suspected must be reported, even if the person has previously made a report regarding the same child. The duty to report prevails over the confidentiality provisions in the *Personal Health Information Protection Act (PHIPA)*.

**Paramedics should be aware that the duty to report under the CFSA extends to any child they encounter in their professional duties and is not limited to the person(s) requesting 9-1-1 services.**

A list of Ontario CASs, and a map showing their catchment areas, has been included as an appendix to this bulletin for reference purposes (Appendix A).

**Child in Need of Protection Standard**

In order to better align with language of the *CFSA*, the *Child Abuse (Suspect) Standard* of the *BLS PCS* has been revised, and re-titled, as the *Child in Need of Protection Standard*. The standard (Appendix B) now includes the following sections: Definitions, Personal and Patient Safety and Protection, Procedure, Types of Calls, History, Scene Observations, and Physical Signs.
Child in Need of Protection Standard (continued)

A summary of updates are as follows:

- Three definitions are now featured in the standard: Child in need of protection, duty to report, and reasonable grounds. These definitions serve to clarify the duty to report to a CAS. It should be noted that the complete list of circumstances that define a child in need of protection is listed in section 72(1) of the CFSA.

- A section on Personal and Patient Safety and Protection has been added to the standard to reaffirm the facts that the paramedic should not leave the patient alone and is required to request police assistance on scene.

- The Procedure section further clarifies the steps that the paramedic should follow when he/she has reasonable grounds to believe that the patient is a child in need of protection. The obligation of the paramedic to complete the duty to report to the CAS is emphasized.

- The Types of Calls section (previously titled “Types of Injuries”) has been updated to include a more encompassing description of call types that may prompt the paramedic to consider the standard. For example all burn calls should now incite consideration whereas previously the standard only stated “immersion burns”.

- The History section has been updated to reflect revised language (e.g. “child abuse” now reads “child in need of protection”) and also includes additional considerations.

- The Scene Observations and Physical Signs sections have been updated to reflect current knowledge on considerations.

The paramedic is expected to use his or her training, knowledge, judgement and skills while identifying cases of a child who is or may be in need of protection under this standard.

Conclusion

Paramedics have an obligation to adhere to the Child and Family Services Act. The duty to report overrides any other provincial statutes, including the Personal Health Information Protection Act. Reasonable grounds for suspicion triggers the duty to report. Although there may be fines upon conviction for a failure to fulfill this duty, no legal action can be brought against a person unless the person acts maliciously or without reasonable grounds for the suspicion.

The Child in Need of Protection Standard has been developed to better align with the language of the CFSA. Whenever a paramedic encounters a situation which may include a child who is or may be in need of protection, this standard should be considered.
Appendix A

Children’s Aid Societies in Ontario

(as of March 2015)
Children’s Aid Societies in Ontario

1. Children's Aid Society of the United Counties of Stormont, Dundas & Glengarry  
   Bus: (613) 933-2292 | Toll Free: (866) 939-9915

1. Akwesasne Child and Family Services  
   Bus: (613) 575-2341 x 3139

2. Valoris for Children and Adults of Prescott-Russell  
   Bus: (613) 673-5148 | Toll free: (800) 675-6168

3. Children's Aid Society of Ottawa  
   Bus: (613) 747-7800

4. Family and Children’s Services of Lanark, Leeds and Grenville  
   Bus: (613) 498-2100 | Toll free: (800) 481-7834

5. Family and Children’s Services of Frontenac, Lennox and Addington  
   Bus: (613) 545-3227 | Toll Free: (855) 445-3227

6. Highland Shores Children’s Aid  
   Bus: (613) 962-9291 | Toll Free: (800) 267-0570

8. Durham Children's Aid Society  
   Bus: (905) 433-1551

9. York Region Children's Aid Society  
   Bus: 905-895-2318 | Toll Free: (800) 718-3850

10. Toronto Agencies  
    
    Children's Aid Society of Toronto  
    Bus: (416) 924-4646

    Catholic Children's Aid Society of Toronto  
    Bus: (416) 395-1500

    Jewish Family & Child  
    Bus: (416) 638-7800

    Native Child and Family Services of Toronto  
    Bus: (416) 969-8510

11. Peel Children’s Aid  
    Bus: 905-363-6131 | Toll Free: (888) 700-0996

12. Dufferin Child & Family Services  
    Bus: (519) 941-1530

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| 13. Family & Children's Services of Guelph and Wellington County |
| Bus: (519) 824-2410 | Toll Free: (800) 265-8300 |
| 14. Halton Children's Aid Society |
| Bus: (905) 333-4441 | Toll Free: (866) 607-5437 |
| 15. Hamilton Agencies |
| Children's Aid Society of Hamilton |
| Bus: (905) 522-1121 |
| Catholic Children's Aid Society of Hamilton |
| Bus: (905) 525-2012 |
| 16. Family & Children's Services Niagara |
| Bus: (888) 937-7731 |
| 17. Children's Aid Society of Haldimand and Norfolk |
| Bus: (519) 587-5437 | Toll Free: (888) 227-5437 |
| 18. Brant Family and Children's Services |
| Bus: (519) 753-8681 | Toll Free: (888) 753-8681 |
| 19. Family & Children's Services of the Waterloo Region |
| Bus: (519) 576-0540 |
| 20. Children's Aid Society of Oxford County |
| Bus: (519) 539-6176 | Toll Free (800) 250-7010 |
| 21. Family & Children's Services of St. Thomas and Elgin County |
| Bus: (519) 631-1492 |
| 22. Chatham-Kent Children's Services |
| Bus: (519) 352-0440 |
| 23. Windsor-Essex Children's Aid Society |
| Bus: (519)-252-1171 | Toll Free: (800) 265-5609 |
| 24. Sarnia-Lambton Children’s Aid Society |
| Bus: (519) 336-0623 |
| 25. Children's Aid Society of London and Middlesex |
| Bus: (519) 455-9000 | Toll free: (888) 661-6167 |
| 26. Huron-Perth Children's Aid Society |
| Bus: (519) 271-5290 |
| 27. Bruce Grey Child and Family Services |
| Bus: (519) 371-4453 | Toll Free: (855) 322-4453 |
| 28. Children's Aid Society of Simcoe County |
| Bus: (705) 726-6587 |
29. Family, Youth & Child Services of Muskoka  
Bus: (705) 645-4426 | Toll Free: (800) 680-4426

30. Kawartha-Haliburton Children's Aid Society  
Bus: (705) 743-9751 | Toll Free: (800) 661-2843

31. Family and Children's Services of Renfrew County  
Bus: (613) 735-6866 | Toll Free: (800) 267-5878

32. Children’s Aid Society of the District of Nipissing and Parry Sound  
Bus: (705) 472-0910 | Toll Free: (877) 303-0910

33. Children's Aid Society of the Districts of Sudbury and Manitoulin  
Bus: (705) 566-3113 | Toll Free: (877) 272-4334

34. Children's Aid Society of Algoma  
Bus: (705) 949-0162 | Toll Free: (888) 414-3571

35. North Eastern Ontario Family and Children's Services  
Bus: (705) 360-7100

35. Payukotayno James and Hudson Bay Family Services  
Bus: (705) 336-2229 | Toll free: (888) 298-2916

36. Dilico Anishinabek Family Care  
Bus: (807) 623-8511 | Toll Free: (855) 623-8511

36. Children's Aid Society of the District of Thunder Bay  
Bus: (807) 343-6100 | Toll Free: (800) 465-3905

37. Kenora-Rainy River Districts Child and Family Services  
Bus: (807) 467-5437 | Toll free: (800) 465-1100

37. Weechi-it-te-win (non-member)  
Bus: (807) 274-3201

37. Anishinaabe Abinoojii Family Services (non-member)  
Bus: (807) 468-6224 | Toll free: (866) 420-9990

37. Tikinagan Child & Family Services  
Bus: (807) 737-3466 | Toll free: (800) 465-3624
Appendix B

Child in Need of Protection Standard
Child In Need of Protection

Definitions

Child in need of protection: A child who is or who appears to be suffering from abuse and/or neglect. Section 72 of the Child and Family Services Act details circumstances for concern (i.e. physical, sexual, or emotional abuse, neglect, or risk of harm).

Duty to report: The requirement to promptly report any reasonable suspicion that a child is or may be in need of protection directly to a Children’s Aid Society (CAS).

Reasonable grounds: Refers to the information that an average person, using normal and honest judgement, would need in order to decide to report.

Personal and Patient Safety and Protection

1. Ensure the patient is not left alone.
2. Request police assistance at the scene for all suspected cases of a child in need of protection.

Procedure

In cases where the paramedic has reasonable grounds to believe that the patient is a child who is or may be in need of protection:

1. Initiate appropriate management of injuries.
2. Obtain as clear a history of the incident as possible using a calm professional manner with no display of personal curiosity.
3. Make no accusations; make no comments about your suspicions in front of the parents or bystanders.
4. Transport the child in all cases.
5. Report suspicions to the receiving hospital and complete the duty to report to the CAS.

Guideline

The duty to report overrides any other provincial statute, including any provisions that would otherwise prohibit someone from making a disclosure (i.e. the Personal Health Information Protection Act). The failure to report a suspicion in the circumstances set out in the Child and Family Services Act is an offence under that Act.
Types of Calls

While in any case or circumstance the paramedic may consider that the patient may be a child in need of protection, the following types of pediatric problems are noteworthy for specific attention:

- near-drowning;
- all burns;
- accidental ingestions/poisoning;
- other types of in-home injuries, e.g. falls.

History

Use observation, judgement and clinical experience to assess the:

i) validity of the history provided. Suspect a child in need of protection if:
   - the story changes frequently or parents’ stories differ;
   - the parents are vague about what happened or blame each other;
   - the nature of the injury appears to be inconsistent or improbable with the explanation provided;
   - the mechanism of injury is obviously beyond the developmental capabilities of the child;
   - there has been prolonged, unexplained delay in seeking treatment;
   - there is a history of recurrent injuries.

ii) interaction (or lack thereof) between parents/caretakers and between parents and child, e.g. the parents are openly hostile, the child is inappropriately fearful or the child is avoiding the parents or clinging to one parent and avoiding the other (the child may also paradoxically protect the abusive party, either out of fear of losing a parent or because of verbal threats to keep quiet);

iii) appropriateness of parental/caretaker response to the child’s injury and/or emotional distress, e.g. lack of concern, lack of physical comforting, anger inappropriately directed towards the child;

iv) appropriateness of child’s behaviour relevant to the situation/injury, e.g. inappropriate fear, indifference, lack of emotion.

Scene Observations

Scene observations which may prompt consideration that the patient is a child in need of protection include:

- household/siblings dirty, unkempt, and/or in disarray;
- evidence of violence, e.g. overturned or broken furniture;
- animal/pet abuse;
- evidence of substance abuse, e.g. empty liquor bottles, drug paraphernalia.
Physical Signs

Physical signs which may prompt consideration that the patient is a child in need of protection include:

- gross or multiple deformities which are incompatible with the incident history, especially in a child of under 2 years of age who is developmentally incapable of sustaining this type of injury;
- multiple new and/or old bruises which have not been reported or which have been reported as all being new;
- distinctive marks or burns, e.g. belt, hand imprint, cigarette burns;
- bruises in unusual areas: chest, abdomen, genitals, buttocks;
- burns in unusual areas: buttocks, genitals, soles of feet;
- signs of long-standing physical neglect, e.g. dirty, malodorous skin, hair and clothing, severe diaper rash, uncut/dirty fingernails;
- signs of malnutrition - slack skin folds, extreme pallor, dull/thin hair, dehydration;
- signs of “shaking” syndrome - hemorrhages over the whites of the eyes; hand or fingerprints on the neck, upper arms or shoulders; signs of head injury unrelated to the incident history.