

# Training Bulletin

## **Child in Need of Protection Standard**

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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<sup>1</sup>.

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)*<sup>2</sup>; 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 Abuse<sup>3</sup>

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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<sup>1</sup> <http://www.oacas.org/newsroom/publicawarenesskit/index.htm> retrieved February 10, 2015

<sup>2</sup> [http://www.e-laws.gov.on.ca/html/statutes/english/elaws\\_statutes\\_90c11\\_e.htm](http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90c11_e.htm) retrieved February 23, 2015

<sup>3</sup> <http://www.children.gov.on.ca/htdocs/English/topics/childrensaid/reportingabuse/recognisingabuse.aspx> retrieved February 23, 2015

## **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](http://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**

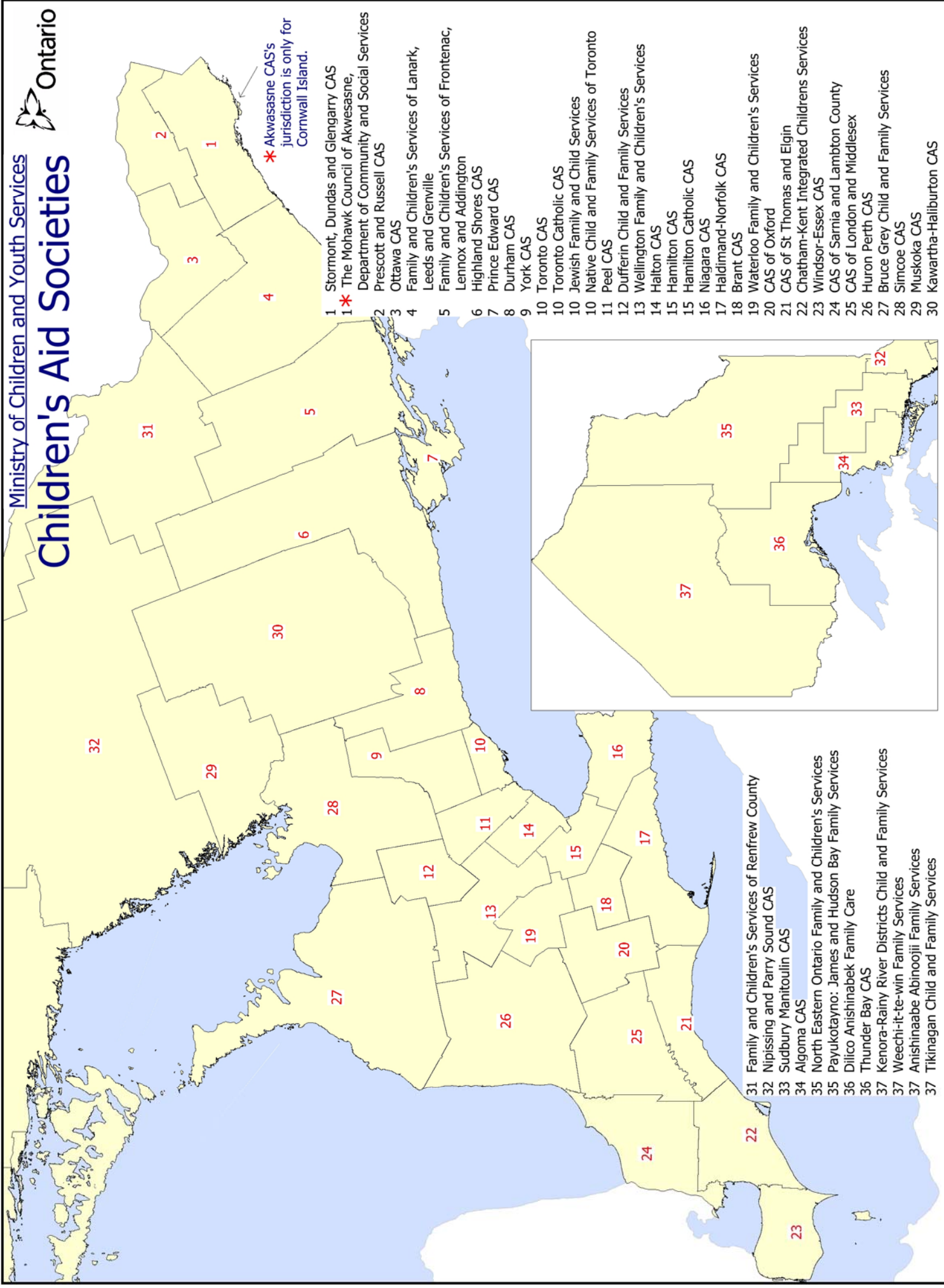
**(as of March 2015)**







# Children's Aid Societies



\* Akwasasne CAS's jurisdiction is only for Cornwall Island.

- 1 Stormont, Dundas and Glengarry CAS
- 1\* The Mohawk Council of Akwasasne, Department of Community and Social Services
- 2 Prescott and Russell CAS
- 3 Ottawa CAS
- 4 Family and Children's Services of Lanark, Leeds and Grenville
- 5 Family and Children's Services of Frontenac, Lennox and Addington
- 6 Highland Shores CAS
- 7 Prince Edward CAS
- 8 Durham CAS
- 9 York CAS
- 10 Toronto CAS
- 10 Toronto Catholic CAS
- 10 Jewish Family and Child Services
- 10 Native Child and Family Services of Toronto
- 11 Peel CAS
- 12 Dufferin Child and Family Services
- 13 Wellington Family and Children's Services
- 14 Halton CAS
- 15 Hamilton CAS
- 15 Hamilton Catholic CAS
- 16 Niagara CAS
- 17 Haldimand-Norfolk CAS
- 18 Brant CAS
- 19 Waterloo Family and Children's Services
- 20 CAS of Oxford
- 21 CAS of St Thomas and Elgin
- 22 Chatham-Kent Integrated Children's Services
- 23 Windsor-Essex CAS
- 24 CAS of Sarnia and Lambton County
- 25 CAS of London and Middlesex
- 26 Huron Perth CAS
- 27 Bruce Grey Child and Family Services
- 28 Simcoe CAS
- 29 Muskoka CAS
- 30 Kawartha-Haliburton CAS

- 31 Family and Children's Services of Renfrew County
- 32 Nipissing and Parry Sound CAS
- 33 Sudbury Manitoulin CAS
- 34 Algoma CAS
- 35 North Eastern Ontario Family and Children's Services
- 35 Payukotayno: James and Hudson Bay Family Services
- 36 Dilico Anishinabek Family Care
- 36 Thunder Bay CAS
- 37 Kenora-Rainy River Districts Child and Family Services
- 37 Weechi-it-te-win Family Services
- 37 Anishinaabe Abinoojii Family Services
- 37 Tikinagan Child and Family Services

## **Children's Aid Societies in Ontario<sup>4</sup>**

### **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

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### **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

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### **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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<sup>4</sup> <http://www.oacas.org/childwelfare/locate.htm> retrieved February 10, 2015

**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

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**15. Hamilton Agencies**

**Children's Aid Society of Hamilton**

Bus: (905) 522-1121

**Catholic Children's Aid Society of Hamilton**

Bus: (905) 525-2012

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**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

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### 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 <i>Child and Family Services Act</i> 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 <b>directly to a Children’s Aid Society (CAS)</b> .
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**.

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#### 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.

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## 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.

