# ABUSE REPORTING AGREEMENT

VASSAR COLLEGE EMERGENCY MEDICAL SERVICES

This Abuse Reporting agreement applies to all Vassar College Emergency Medical Services (VCEMS) members and any temporary member or visitor regardless of length of duty, expected duty, or obligations. Any member or visitor that does not sign this agreement will not be allowed to serve on a duty crew, without exception.

## CHILD ABUSE

Any healthcare provider who has knowledge of or observes a child in his or her professional capacity or within the scope of his or her membership whom he or she suspects has been the victim of a child abuse to report the known or suspected instance of child abuse to a child protective agency immediately or as soon as practicably possible and to prepare and send a written report therefore within 36 hours of receiving the information concerning the incident.

## DOMESTIC ABUSE

Any healthcare provider is required to make an immediate report to a local law enforcement agency when in their professional capacity or within the scope of their membership, they provide medical services for physical conditions to patients who they know or reasonable suspect to be persons described as follows:

1. Any patient whose wound or injury was inflicted by his/her own act, by means of a firearm.
2. Any patient whose wound or injury was inflicted by someone else, by means of a firearm.
3. Any patient whose wound or injury is the result of assaultive/abusive conduct.

An immediate report will be made to local law enforcement followed by a written report sent within (2) working days of receiving the information concerning the incident.

## ELDER ABUSE

Any health provider who in his or her professional capacity or within the scope of his or her membership, either has observed an incident that reasonable appears to be physical abuse, has observed a physical injury where the nature of the injury, its location on the body, or the repetition of the injury, clearly indicates that physical abuse has occurred, or is told by an elder or dependent adult that he or she has experienced behavior constituting physical abuse, shall report the known or suspected instance of physical abuse either to the long-term care coordinator or to a local law enforcement agency when the physical abuse is alleged to have occurred in a long-term care facility, or to either the county adult protective services agency or to a local law enforcement agency when the physical abuse is alleged to have occurred anywhere else, immediately or as soon as possible by telephone, and shall prepare and send a written report thereof within 36 hours.
1. I certify that I have read and understand the Child Abuse Reporting Policy and will comply with my obligations under this policy.
2. I certify that I have read and understand the Domestic Abuse Reporting Policy and will comply with my obligations under this policy.
3. I certify that I have read and understand the Elder Abuse Reporting Policy and will comply with my obligations under this policy.

Date: ___ / ___ / ___ Signature: ______________________

Printed Name: ______________________

Vassar ID: 999_____________________

Students under the age of 18 may not sign a legally binding contract and therefore must ascertain a signature from a parent or legal guardian.