**Pediatric Emergency Department Clinical Guideline:  
Child Temporary Protective Custody (PC)**

**Temporary Protective Custody (PC):**
In Illinois, according to the law:
An officer of a local law enforcement agency, designated employee of the Department, or a physician treating a child may take or retain temporary protective custody of the child without the consent of the person responsible for the child’s welfare, if (1) he has reason to believe that the child cannot be cared for at home or in the custody of the person responsible for the child’s welfare without endangering the child’s health or safety; and (2) there is not time to apply for a court order under the Juvenile Court Act of 1987 for temporary custody of the child.

*Said care includes…emergency medical treatment to a minor where the treatment itself does not involve a substantial risk of harm to the minor and the failure to render such treatment will likely result in death or permanent harm to the minor*

Also included in the law is the following immunity:
Any physician authorized and acting in good faith and in accordance with acceptable medical practice in the treatment of a child under this Section shall have immunity from any liability, civil or criminal

**Examples of Indications for PC:**
- Parent/guardian is refusing necessary medical treatment or necessary admission
- Parent/guarding is intoxicated or psychotic and unable to consent to necessary medical treatment
- Parent/guardian threatens to harm or harms a child and there is emergent need for safety

**Other Considerations:**
- Avoid taking PC at all costs
  - Use your powers of persuasion to de-escalate situations
  - Discover what the parent really wants – Frustrated at wait or need to leave? Non-standard philosophy or beliefs? Mistrust of medical community?
  - Remind parents the decision to take PC is the result of their actions or behavior
- Reconsider your plan
  - Is this the only option? Is the treatment plan negotiable?
  - Can you and the parent/guardian come to a compromise that is still safe?
  - Are there other resources (i.e. PMD) that can facilitate a safe alternative treatment plan?

**Procedure:**
- Physician states he/she is taking PC of the patient
- Physician informs parent/guardian if present
- Notify the PED social worker at pager 8887. SW will inform the CAPS team.
- Notify Illinois DCFS hotline at **1-800-25-ABUSE** and inform them PC taken and reason
- Document in the medical record the date, time, & reason PC taken, date & time DCFS called
- May use these smart phrases to document: **.pcmedical or .pcsafety** (PC taken for medical reason or PC taken for safety reason, respectively)
• If the parent/guardian escalates, is inappropriate, or threatening, contact security to assist with de-escalation or to restrict the parent/guardian from the bedside
• Once PC taken, child in the custody of the medical team and treatment for the specific reason PC taken can proceed. Under PC, you cannot give other treatments (i.e. cannot start giving child lapsed immunizations)
• PC lapses in 48 hours unless DCFS investigates and determines that the state needs to take TC (temporary custody) through the courts

Disposition:
• Discuss disposition with SW and DCFS
  o If there is medical need for admission, admit the child and await DCFS intervention
  o If there is no medical need for admission, request an emergency response from DCFS to arrange placement for the child (safety plan)

DISCLAIMER:
This clinical guideline has been developed for the purpose of unifying the general emergency care of patients with suspected abuse or neglect. It is intended to aid, rather than substitute for, professional judgment. It is not intended to serve as a rigid protocol or a written proxy for the standard of care. Failure to comply with this guideline does not represent a breach of the standard of care.