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Child Maltreatment Education: Utilizing an Escape Room Activity to Engage Learners on a Sensitive Topic

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ABSTRACT:

Audience:

Emergency medical service (EMS) providers and other health care professionals.

Introduction:

In 2019 alone, 656,000 children in the United States were victims of child abuse and neglect.¹ The medical community has historically struggled with the identification of child maltreatment. In one study, 33% of abused children had a previous visit with a medical provider in which the abuse was found to have been missed.² Many voices in the healthcare community have advocated for the implementation of routine screening, and studies have demonstrated the implementation of such screening in the emergency department (ED) increases the detection of child maltreatment.³⁻⁷ Child maltreatment screening tools are increasingly utilized in primary care and ED settings, but one has yet to be adapted or designed for universal use by emergency medical services (EMS) professionals in the prehospital care context. Because EMS providers are uniquely positioned to assess for maltreatment, they have traditionally been the only provider to interact with families in the home environment. Unfortunately, EMS rates of documentation of maltreatment is quite low. A recent study using the National Emergency Medical Services Information System database to evaluate EMS documentation of child maltreatment in patients ≤ 3 years of age compared to the national incidence of known maltreatment found an almost 15-fold discrepancy.⁸ There have been several attempts to elucidate the difficulties of and barriers to reporting by EMS providers. Markenson et al and Tiyyagura et al outlined several areas that potentially contribute to a lack of reporting: minimal continuing medical education (CME) on child maltreatment, knowledge of physical and historical details suspicious for abuse, knowledge of child development, limited clinical evaluation time in a fast-paced work environment, understanding of how to appropriately interact with families, and fear of being wrong.^{9,10} This class/escape room activity was developed to directly address several of these areas. Emergency medical service providers participate in traditional didactics (in the form of a short lecture), followed by an escape room activity in which they further explore and reinforce learning in a fun and memorable environment. This activity also

SMALL *groups*



promotes teamwork, an especially important skill in potentially complex and difficult situations such as those surrounding suspected child maltreatment.

Educational Objectives: By the end of the escape room, the learner should be able to: 1) understand the national and local prevalence of child maltreatment; 2) understand the different types of child maltreatment and common associated presentations; 3) know the local EMS agency reporting requirements; 4) understand when to make base hospital contact with respect to concern for maltreatment; 5) collaborate effectively as a team.

Educational Methods: Child maltreatment can be a sensitive and challenging topic. In this class, we presented learners with a short, 15-minute lecture (see Pre-Escape Room Lecture PowerPoint) followed by an escape room activity. The Pre-Escape Room Lecture PowerPoint includes suggestions on the type of image and/or statistics to include on each slide, which can be taken from your site's available de-identified photos and information. The lecture included material describing national and local statistics on child maltreatment, definitions of abuse, and techniques to help identify concern for maltreatment. Learners were free to ask questions following lecture. They were then divided into their assigned crews/teams for the escape room activity. The puzzles in the escape room served to reinforce concepts and details presented in lecture. We held a debrief after the escape room activity to discuss puzzle answers and address any follow-up questions.

Research Methods: Learners completed a program evaluation after the activity. These questions assessed the learners' perception of the importance and applicability of the content presented, the escape room format, and what they felt was the most significant and helpful to their practice.

Results: Learners reported enjoying the activity and felt the escape room-based approach allowed for deeper engagement with the topic since the serious nature of child maltreatment can sometimes make this difficult.

Discussion: Pediatric abuse and neglect is a serious and often heavy topic to present to healthcare providers. While we took into consideration that presenting a sensitive topic such as child abuse in an escape room format may be perceived as insensitive or display a lack of insight or respect for the topic, we also understood that the way we built out the clues and puzzles would be important in how the game was perceived by the participants. By building the puzzles to be factual and not overly excessive, we allowed the learners to interact with the information and practice identifying possible cases of abuse and how and when to report suspicions in a manner that did not trivialize the seriousness of the topic or take away from the fact that they were competing in a game. We used a PowerPoint lecture to present the foundation of the content and then lightened the learning session with the use of the escape room activity. The level of competition and comradery lightened the overall mood, and the learners left the class on a high note.

Topics: Child abuse recognition, escape room activity, small-group activity, prehospital, neglect, physical abuse, emotional abuse, sexual abuse, mandated reporter.



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Learner Audience:

EMT and Paramedic

Time Required for Implementation:

Lecture preparation: Adapting the Pre-Escape Room Lecture PowerPoint will depend on your access to images and case studies from your site. We suggest reaching out to your child abuse specialists, utilizing journal articles, and an internet search for such images recommended in the PowerPoint. Supply preparation: Initially our team borrowed boxes and locks from our educational department. We then purchased our own boxes, locks, UV lights, blank puzzle kit, and invisible ink pens from Amazon which shipped within the week. We utilized the emergency department laminator to laminate some of our clues. The initial build of the escape room puzzles took approximately one day of preparation, and we created two identical escape rooms to run simultaneously. The two escape rooms took between 30-45 minutes to set up on the day of the session.

The lecture prior to the escape room was 15 minutes in duration. The run time of the escape room is approximately 20 minutes. The debrief takes approximately 10 minutes.

Recommended Number of Learners per Instructor:

One instructor per room. The instructor should have basic knowledge of prehospital county-specific policy with regards to online medical control (consultation between EMS and a physician to guide care) access and child abuse policies. The maximum number of learners in the escape room should not be more than six. A typical fire-based EMS crew is four members with potentially two ambulance providers.

Topics:

Child abuse recognition, escape room activity, small-group activity, prehospital, neglect, physical abuse, emotional abuse, sexual abuse, mandated reporter.

Objectives:

By the end of the escape room the learner should be able to:

1. Understand the national and local prevalence of child maltreatment.
2. Understand the different types of child maltreatment and common associated presentations.
3. Know the local EMS agency reporting requirements.
4. Understand when to make base hospital contact with respect to concern for maltreatment.
5. Collaborate effectively as a team.

Linked objectives and methods:

Puzzle number 1: Kid Doe's Suspected Child Abuse Report. This puzzle exposes the learner to the documentation submitted when reporting suspected abuse to Child Protective Services (CPS). This puzzle meets objectives 3 and 5. Puzzle number 2: Child Abuse Stats and the Hidden Answers. This puzzle helps the learner understand the scope of the problem by reviewing statistics on child abuse. This puzzle meets objectives 1 and 5 (Figures 1 and 2). Puzzle number 3: Local EMS Policy for prehospital providers. This puzzle details the local EMS policy on mandated reporting of suspected abuse. The puzzle helps the learner identify the number to call, the timeframe, and who is required to submit the report. This puzzle meets objectives 3 and 5. Puzzle number 4: Shield Protector Case Studies. This puzzle presents 6 cases and questions the learner must answer correctly to solve the wheel decoder. Puzzle number 4 meets objectives 2, 4, and 5. Puzzle number 5: Play-Doh Puzzle. This puzzle requires the key found in the previous puzzle to be used to open the last box that contains a puzzle that must be assembled. This puzzle reinforces online medical control in suspected abuse cases. Knowledge is strengthened through the debriefing session after the escape room.

Recommended pre-reading for facilitator:

The local EMS Agency policy on managing pediatric abuse cases and when online medical control is required. Our recommendation for instructors is also to be familiar with all content included in the supplemental PowerPoint presentations prior to giving the presentation and conducting the escape room activity.

Learner responsible content (LRC):

The learners are mandated child abuse reporters and should have a basic understanding of abuse recognition and reporting.



USER GUIDE



Image 1 and 2: Fire department personnel interacting with puzzle number 5 and 2.

Small group application exercise (sGAE):

The escape room puzzles are placed on a desk in the room. The child abuse statistics are individually printed and posted on the walls around the room. We created two duplicate escape rooms to run simultaneously.

Materials List:

If budget is a factor, and purchasing locks and boxes are not an option, the box and lock items on this list can be exchanged for envelopes that the escape room facilitator can provide to the learners as they solve the clues. We also recommend laminating the paper clues the learners will interact with to improve the longevity of the game pieces.

1. Dry storage locking box. We used the Plano 131252 Dry Storage Emergency Marine Box. At: https://www.amazon.com/Plano-131252-Storage-Emergency-Marine/dp/B009YSFT7S/ref=pd_lpo_1?pd_rd_i=B08PL8248S&psc=1
2. 4-digit lock. We used Puroma 2 pack combination lock. At: https://www.amazon.com/Puroma-Combination-Padlock-Toolbox-Storage/dp/B075DFPR2W/ref=sr_1_1?crid=1PRQXNLOI54LA&dchild=1&keywords=puroma%2B2%2Bpack%2Bcombination%2Block%2B4%2Bdigit%2Bpadlock&qid=1635194958&sprefix=puroma%2B2%2Bpack%2B%2Caps%2C114&sr=8-1&th=1
3. Unfinished wooden boxes. We used Juvale boxes. At: https://www.amazon.com/Juvale-Wooden-Boxes-Hinged-Lid-Unfinished/dp/B07C2K4G4P/ref=sr_1_5?crid=1C5Y29AE00EEH&dchild=1&keywords=juvale+unfinished+boxes&qid=1635195100&sprefix=juvale+unfinished+boxes%2Caps%2C118&sr=8-5
4. Pack of mini screw hooks – we used these to be able to attach locks to the wooden boxes. At: https://www.amazon.com/Ceiling-Pieces-Screw-Hanging-Decorations/dp/B081T1Z8C3/ref=sr_1_3?crid=133BVK AFL9E1B&dchild=1&keywords=mini%2Bceiling%2Bscrew%2Bhooks&qid=1635195281&sprefix=mini%2Bceiling%2Bscrew%2Bhooks%2Caps%2C122&sr=8-3&th=1
5. 3-digit lock. Any lock brand will work for the escape room. At: https://www.amazon.com/Eilin-Combination-School%E3%80%81Home%E3%80%81Office%E3%80%81Storage-Lockers%E3%80%81Gym-Lockers%E3%80%81Drawers%E3%80%81Cabinets%E3%80%81Toolboxes%E3%80%81Luggage/dp/B07L6XGW C4/ref=sr_1_16?crid=OIBQH ZT25BGR&dchild=1&keywords=3-



USER GUIDE

- digit+combination+lock+pack&qid=1635195417&sprefix=3-
6. Lock box with key. Any brand will work for the escape room. At: https://www.amazon.com/Vaultz-Locking-Supply-Inches-VZ03708/dp/B015MPUBEM/ref=sr_1_26?crid=1OBX0MAUWMH12&dchild=1&keywords=kids%2Block%2Box%2Bwith%2Bkey&qid=1635195603&sprefix=kids%2Block%2Bbox%2Caps%2C150&sr=8-26&th=1
 7. Blank puzzle pieces. We used Hygloss 12-piece puzzles. At: https://www.amazon.com/dp/B00I7DUEQ2/ref=redir_mobile_desktop?_encoding=UTF8&aaxitk=eab7ecdcd63f528fc919a1674258132&hsa_cr_id=9121159900501&pd_rd_plhdr=t&pd_rd_r=2ba60569-ac99-4dc3-90f7-82b0902fb590&pd_rd_w=SxAO7&pd_rd_wg=gY6Lx&ref=sbx_be_s_sparkle_mcd_asin_1_img&th=1
 8. Invisible ink pens with UV light. Any brand will work for the escape room. At: https://www.amazon.com/STENDA-Invisible-Blacklight-Christmas-Thanksgiving/dp/B08XW8L2NX/ref=sr_1_4?crid=2UHCLO9I1TV6&dchild=1&keywords=invisible+ink+pens+with+uv+light+for+kids&qid=1635195889&sprefix=ivisiblere+ink+pens%2Caps%2C124&sr=8-4
 9. Play-doh assorted colors. We used the party pack containing 12 different colors. At: https://www.amazon.com/Play-Doh-Party-Dough-assorted-colors/dp/B01J7WB866/ref=sr_1_23?crid=1XVVRP43V7BLP&dchild=1&keywords=small%2Bplaydough%2Btubs&qid=1635196035&sprefix=small%2Bplay%2Bough%2Btubs%2Caps%2C123&sr=8-23&th=1
 10. Decoder wheel template. At: <https://frugalfun4boys.com/code-activity-kids-make-spy-decoder/>
 11. Hobby knife. Any brand will work to create the cutouts for the first puzzle. At: https://www.amazon.com/Stainless-Cutting-Carving-Scrapbooking-Creation/dp/B0899VKWMB/ref=asc_df_B0899VKWMB/?tag=hyprod-20&linkCode=df0&hvadid=475811287390&hvpos=&hvnetw=g&hvrnd=17695763987983061778&hvpone=&hvptwo=&hvqmt=&hvdev=c&hvdvcmld=&hvlocint=&hvlocphy=9031600&hvtargid=pla-1027999032707&th=1
 12. Letter-sized card stock colored paper, three sheets.
 13. Two letter-sized envelopes.
 14. Printer to print clues. Scotch tape. Laminator with pouches.

Results and tips for successful implementation:

This escape room was administered to 130 EMTs and paramedics in 12 sessions. Each learner was given an evaluation form to complete at the end of the class. Learners were asked to rate three questions using the following scale:

- 1 = should improve
- 2 = satisfactory
- 3 = average
- 4 = excellent

Question 1: Information presented was important and pertinent to my practice: 95% of learners rated this as excellent (4). Less than 1% of learners rated this question as average (3) and less than 1% rated this question as satisfactory (2). Question 2: Forum provided good information and communication: 95% of learners rated this as excellent (4) and less than 1% rated this question as satisfactory (2). Question 3: Program met stated objectives: 95% of learners rated this as excellent (4) and less than 1% rated this question as satisfactory (2). Learners were able to write in comments and 48 of them felt that the information presented on recognizing child abuse was the most significant item in the class. Thirty-one participants commented “great class” and that the escape room was fun. One of the learners appreciated the team-building aspect of the escape room.



USER GUIDE

Pearls:

ABUSE PEARLS

FIRST STEP
Recognition
Look for "SENTINEL" injuries

MANDATED REPORTERS
Includes EMT's, Paramedics,
Nurses, Physicians, Social
Workers, etc.

NEGLECT - COMMON
Lack of supervision - drowning,
accidental overdose, no car seat
Delay in seeking medical help

BRUISING IN < 1 YEAR
If you don't cruise you don't
bruise

BRUISING/BURNS
Patterns are bad!

WARNING!
The story is inconsistent with
injury and or illness

Reference tool used to summarize important information covered in the escape room activity.

References/suggestions for further reading:

1. Salt E, Wiggins AT, Cooper GL, et al. A comparison of child abuse and neglect encounters before and after school closings due to SARS-COV-2. *Child Abuse & Neglect*. 2021;118:105132. doi:10.1016/j.chiabu.2021.105132

2. Thorpe EL, Zuckerbraun NS, Wolford JE, Berger RP. Missed opportunities to diagnose child physical abuse. *Pediatr Emerg Care*. 2014;30(11):771-776. doi:10.1097/pec.0000000000000257
3. Best practices guidelines for trauma center recognition of Child Abuse, Elder Abuse, and Intimate Partner Violence. Published November 2019. Accessed November 2020. At: https://www.facs.org/-/media/files/quality-programs/trauma/tqip/abuse_guidelines
4. Christian CW, Crawford-Jakubiak JE, Flaherty EG, et al. The evaluation of suspected child physical abuse. *Pediatrics*. 2015;135(5). doi:10.1542/peds.2015-0356
5. Berger RP, Lindberg DM. Early recognition of physical abuse: Bridging the gap between knowledge and Practice. *J Pediatr*. 2019;204:16-23. At: doi:10.1016/j.jpeds.2018.07.081
6. Louwers EC, Korfage IJ, Affourtit MJ, et al. Effects of systematic screening and detection of child abuse in emergency departments. *Pediatrics*. 2012;130(3):457-464. doi:10.1542/peds.2011-3527
7. Rumball-Smith J, Fromkin J, Rosenthal B, et al. Implementation of routine electronic health record-based child abuse screening in general emergency departments. *Child Abuse Negl*. 2018;85:58-67. doi:10.1016/j.chiabu.2018.08.008
8. Qualls C, Hewes HA, Mann NC, Dai M, Adalgais K. Documentation of child maltreatment by Emergency Medical Services in a national database. *Prehosp Emerg Care*. 2020;25(5):675-681. doi:10.1080/10903127.2020.1817213
9. Markenson D, Tunik M, Cooper A, et al. A national assessment of knowledge, attitudes, and confidence of prehospital providers in the assessment and management of child maltreatment. *Pediatrics*. 2007;119(1). doi:10.1542/peds.2005-2121
10. Tiyyagura GK, Gawel M, Alphonso A, Koziel J, Bilodeau K, Bechtel K. Barriers and facilitators to recognition and reporting of child abuse by Prehospital Providers. *Prehosp Emerg Care*. 2016;21(1):46-53. doi:10.1080/10903127.2016.1204038



SMALL GROUPS LEARNING MATERIALS

Appendix A:

Pre-Escape Room Lecture PowerPoint

Fire Department EMT Skills

Child Abuse and Maltreatment

Pre-Escape Room Lecture

Please see associated PowerPoint file



SMALL GROUPS LEARNING MATERIALS

Appendix B:

Instructions for the Escape Room

Child Maltreatment Education: Utilizing an Escape Room Activity to Engage Learners on a Sensitive Topic

Escape Room Puzzles



Please see associated PowerPoint file

Instructions:

Refer to “Escape Room Puzzles” PowerPoint. Adjust the slides for your institution. We recommend laminating the paper puzzles. This protects the sheets and allows the learners to write on the clues.

Stations:

There are 5 puzzles the learners must solve.



SMALL GROUPS LEARNING MATERIALS

Puzzle 1: Kid Doe Suspected Child Abuse Report

Materials: You will need the fake Kid Doe Suspected Child Abuse Report and three different colors of card stock paper. Each sheet will have different windows cut out. In our room we used the blue card to find the 4 words we cut out. There are distractors cut out on the blue card, but they are numbers only. The two other colored sheets don't reveal full words on the report. The learners will use the first letter of each word to find the 4-digit number lock combination. Refer to slides 3-4 in the Escape Room Puzzles PowerPoint.

Instructions: Puzzle number one is to decode a fictional Suspected Child Abuse Report Form.

1. The learner must identify the correct color cut-out card.
2. Use that card to find the correct four words in the report.
3. The first letter of each word corresponds with a number on the table cypher which unlocks the box containing the UV light.

Puzzle 1

SUSPECTED CHILD ABUSE REPORT

To Be Completed by **Mandated Child Abuse Reporters**
Pursuant to Penal Code Section 11166

CASE NAME: _____

PLEASE PRINT OR TYPE **CASE NUMBER:** _____

A. REPORTING PARTY	NAME OF INDICATED REPORTER Makenna Ferguson	SEX Female	REPORTER'S BUSINESS ADDRESS (HOME AND ADDRESS) Hospital & St. Joe Hospital Hwy	CITY OSK	STATE OR	ZIP 97032	REPORTER'S TELEPHONE (DAYTIME) (702) 332-3322	SIGNATURE [Signature]	DATE OF INCIDENT 8/21/21	REPORTER CATEGORY RPT	IS INDICATED REPORTER WITNESS THE INCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	TODAY'S DATE 8/21/21
	B. REPORTING PARTY'S ADDRESS	ADDRESS 2300 N. Parkview Dr	CITY OSK	STATE OR	ZIP 97032	PHONE (HOME) (702) 332-3322	PHONE (BUSINESS) (702) 332-3322	PHONE (FAX) (702) 332-3322	TELEPHONE (702) 332-3322	DATE OF BIRTH 8/21/21	AGE 14	SEX F
C. VICTIM <i>Only for Physical Abuse</i>	NAME (LAST, FIRST, MIDDLE) Doe, J.D.	BIRTHDATE 01/01/10	SEX M	ETHNICITY Lat	AGE 11	RELATIONSHIP TO SUSPECT Son	TYPE OF ABUSE <input type="checkbox"/> PHYSICAL <input type="checkbox"/> MENTAL <input type="checkbox"/> SEXUAL <input type="checkbox"/> NEGLECT	OTHER INFORMATION <input type="checkbox"/> OTHER	DATE OF INCIDENT 8/21/21	TIME OF INCIDENT Unknown	PLACE OF INCIDENT Unknown	ADDITIONAL INFORMATION [Redacted]
	NAME (LAST, FIRST, MIDDLE) Doe, J.D.	BIRTHDATE 01/01/10	SEX M	ETHNICITY Lat	AGE 11	RELATIONSHIP TO SUSPECT Son	TYPE OF ABUSE <input type="checkbox"/> PHYSICAL <input type="checkbox"/> MENTAL <input type="checkbox"/> SEXUAL <input type="checkbox"/> NEGLECT	OTHER INFORMATION <input type="checkbox"/> OTHER	DATE OF INCIDENT 8/21/21	TIME OF INCIDENT Unknown	PLACE OF INCIDENT Unknown	ADDITIONAL INFORMATION [Redacted]

DEFINITIONS AND INSTRUCTIONS ON REVERSE

OS 8572 (Rev. 12/02) **DO NOT** submit a copy of this form to the Department of Justice (DOJ). The investigating agency is required under Penal Code Section 11166 to submit to DOJ a Child Abuse Investigation Report Form SA 8583 (if (1) an active investigation was conducted and (2) the incident was determined not to be unfounded. WHITE COPY=Police or Sheriff's Department, BLUE COPY=County Welfare or Probation Department, GREEN COPY=Child Welfare Agency, YELLOW COPY=Reporting Party.

Puzzle number 1: Fictional Suspected Child Abuse Report with the color card decoders.



SMALL GROUPS LEARNING MATERIALS

Puzzle 2: Child Abuse Stats and the Hidden Answers

Materials: Wooden box locked with a 4-digit number combination. We set the lock to 1972. There is only one puzzle in this escape room with a 4-digit number lock combination. Inside the box is the UV light. Each statistic is printed on its own sheet of paper. We used the invisible ink to write the answers to the statistics on the sheets and then laminated them. The statistics written in invisible ink can be viewed using the UV light. The 8 different statistics are posted around the room on numbered cards. The numbers that open the next number combination lock are circled within the statistics. The order of the hidden numbers in the statistics is important in finding the correct 3-digit number combination of the next box. Refer to slide 5 in the Escape Room Puzzles PowerPoint.

Instructions: Puzzle number two is to find the hidden statistics written in invisible ink using the UV light.

1. The learners walk around the room shining their UV light on the statistics posted around the room.
2. Recognize that there are some numbers that are circled.
3. Recognize that the statistic cards are numbered in order.
4. That order will determine the sequence of the circled numbers that will open the next 3-digit number combination.

Puzzle 2

Text in red is written in invisible ink

Neglect is the # 1 form of child maltreatment <small>#8</small>	The % of children that should be screened for abuse: 100 % <small>#7</small>	# of Child Abuse Reports filed in <small>Your county state here.</small> each month: 2,500 <small>#6</small>	79.7 % of child abuse deaths involve at least one parent <small>#1</small>
Of the children who die from abuse, 72.9 % suffered child neglect <small>#5</small>	91.4 % of victims are maltreated by one or both parents <small>#2</small>	Highest rate of child abuse is in children under the age of 1 <small>#4</small>	45.4 % of all child fatalities are younger than one year <small>#3</small>

Each statistic is on its own sheet of paper

Puzzle number 2: Child abuse statistics with hidden codes to be place around the room.



SMALL GROUPS LEARNING MATERIALS

Puzzle 3: Local EMS Agency Policy on Suspected Child Abuse Reporting Guidelines

Materials: We laminated the local EMS policy and the 3 questions that go along with the policy puzzle. Refer to slides 6-9 in the Escape Room Puzzles PowerPoint (several of these have blanks with PHI or county specific info that were removed for HIPAA). The laminated sheets are placed in the orange Plano marine dry box and locked with the 3-digit number combination lock.

Instructions: Puzzle number three is to find out information on local EMS reporting requirements.

1. Find within the policy the answer to the three questions and fill out the answers on the answer sheet.
2. Use the answer sheet to find the circled numbers that will open the next 3-digit number combination lock.

Puzzle 3

Policy 330.30

- Clue # 1 Section Paragraph
- Clue # 2 Telephone Number
- Clue # 3 Timeframe for written report
 hours

Puzzle number 3: Answer sheet.



SMALL GROUPS LEARNING MATERIALS

Puzzle 3

Who Should Report?

Find within this policy: When there are 2 or more people present, with knowledge of the suspected abuse, what is procedure outlined to determine who files the Child Abuse Report?

Clue # 1

Puzzle number 3: Clue number 1.

Puzzle 3

How Do I Report?

Find within this policy the telephone number to call when filing a Child Abuse Report?

Clue # 2

Puzzle number 3: Clue number 2.



SMALL GROUPS LEARNING MATERIALS

Puzzle 3

Timeline for Written Report?

Find within this policy the expectation of when a written Child Abuse Report should be submitted from the date and time of the incident?

Clue # 3

Puzzle number 3: Clue number 3.



SMALL GROUPS LEARNING MATERIALS

Puzzle 4: Shield Protector Case Studies

Materials: We laminated the 6 case studies and the question sheet. We placed these documents in a brown envelope. The learner will also need the decoder wheel to solve the puzzle. Refer to slides 10-17 in the Escape Room Puzzles PowerPoint.

Instructions:

1. Answer the questions for each case study. The learners can circle their answers on the laminated sheet.
2. Use the decoder wheel to find the 6-lettered word on the answer sheet.

Case #1: Jimmy

Puzzle 3

Narrative: AOS to find 3 month old infant in grandmas arms crying after a fall from bed. The grandma states she was in charge of watching the baby but she left the baby with brothers while she went to the store. Family on scene states that the baby was taking a nap on a bed and fell from approximately 2-2.5 feet tall. Pt has 1 inch full thickness laceration to the forehead and bleeding controlled. Pt crying hysterically. Family states they heard the thud and the baby immediately began to cry. No other trauma signs observed with no other apparent injuries or inconspicuous bruising. BHC made for pediatric trauma destination. Pt was calmed in the arms of fire personnel. Pt loaded onto the gurney with grandma for transport to for further evaluation and treatment. All times approximate.

No lethargy and pupils PERRL.

Mom was at work and will follow up to

Puzzle number 4: Case study number 1.



SMALL GROUPS LEARNING MATERIALS

Puzzle 3

Case #2: Kim

Narrative: AOS for a reported domestic dispute with PD on scene. Pt was a y/o F with a cc of head pain. Pt told me her father went to spank her, and pushed her head down on the bed, causing her to hit the back of her head on the wooden bed frame. Pt stated her father was angry at her and after he pushed her, he left and did not give her breakfast. Per mother this happened 5 hours PTA. Mother then picked up daughter from fathers house and pt told her about head pain. -LOC, pupils PERRL, -neck, -back pain. base contact made, Pt helped moved to gurney and transported to . Enroute, vitals reassessed, secondary performed, bruising noted to right lower leg and on feet. Pt stable. Arrived , report given and transferred care to nurse with pt stable.

Puzzle number 4: Case study number 2.

Puzzle 3

Case #3: Jack

Narrative: Pt is sitting outside her home talking with officer. He told us that Pt was involved in a domestic dispute with her mother.

We calmed the Pt and asked if she had any physical injury. Pt said that her mom hit her with a hairbrush but she wasn't injured. We saw some scratches on the Pt's left foot, but she told us those were old.

As Pt became more calm, told us that mom wanted Pt to be transported to because they have a juvenile psychiatric facility. Pt agreed to go to the hospital, and was transported BLS to

TRANSPORTED PATIENT TO . PT STATED THAT HER MOTHER GRABBED HER HAIR, SLAMMED HER HEAD INTO CABINET, AND STEPPED ON HER STOMACH.

PT STATED 0/10 PAIN , STATED NO INJURIES PRESENT. VITALS WNL, AO x 4. PT ASSISTED TO HOSPITAL BED AND CARE TRANSFERRED TO RN

Puzzle number 4: Case study number 3.



SMALL GROUPS LEARNING MATERIALS

Puzzle 3

Case #4: Poppy

Narrative: responded to an -year-old female chief complaint burns. Found patient standing in bedroom with no clothes on and burn item of clothing on the living room floor that was wet. Patient had no discomfort or pain. Patient had burns to her back her flank on right and left, hips, thighs and buttocks area. Burn percentage is approximately 20% to 30% patient would not state why or how her burns happened. Made base contact with hospital en route to hospital. hospital determined that patient should be transported to burn Center.

Puzzle number 4: Case study number 4.

Puzzle 3

Case #5: Precious

Narrative

Found pt in care of secondary to being assaulted by her mother. Pt cc of mild face pain with an abrasion on her lower lip. Vitals stable. Pt left in custody for CPS to handle.

Puzzle number 4: Case study number 5.



SMALL GROUPS LEARNING MATERIALS

Puzzle 5: Yellow Play-doh Puzzle Clue

Materials: On the table are different colored jars of Play-doh. The yellow Play-doh has a key hidden inside. The key opens the lock box with the puzzle pieces inside. You can draw or write a congratulatory message or a final take home point on the puzzle pieces.

Instructions:

1. The previous clue spells the word yellow. Inside the yellow Play-doh is a key that will unlock the final box.
2. The learner must open the box and successfully build the puzzle to escape the room.



Puzzle number 5: The final puzzle solved.



SMALL GROUPS LEARNING MATERIALS

Appendix C:

Escape Room Answers

Puzzle 1: Use the decoder to find the selected 4 words. The first letter of each word corresponds with 1972 on the decoder.

Puzzle 2: 794

Puzzle 3:

- Question 1: Find within the policy: When there are 2 or more people present with knowledge of the suspected abuse, what is the procedure outlined to determine who files the Child Abuse Report?
Answer: 1
- Question 2: Find within the policy the telephone number to call when filing a child abuse report.
Answer is the 5th number in the telephone number: 9.
- Question 3: Find within this policy your county's EMS expectation of when a written child abuse report should be submitted from the date and time of the incident.
Answer is the 4 of the 24-hour answer.

Puzzle 4:

- Question 1: AC (Y)
- Question 2: ABC (E)
- Question 3: A (L)
- Question 4: A (L)
- Question 5: B (O)
- Question 6: ACD (W)

Puzzle 5: Build the puzzle



SMALL GROUPS LEARNING MATERIALS

Appendix D:

Escape Room Debrief PowerPoint

**Fire Department
EMT Skills**

Child Abuse and Maltreatment
Escape Room Debrief

Please see associated PowerPoint file