

Office Safety Policy & Procedure Manual

2011

Section J

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Reportable Events	
OS-J100	Child Abuse/Neglect
OS-J101	Elder/Dependent Adult Abuse/Neglect
OS-J102	Spousal Abuse/Domestic Violence

POLICY NUMBER	OS- J100
POLICY TITLE	Child Abuse/Neglect
INITIAL EFFECTIVE DATE	10/98
REVISION EFFECTIVE DATE (S)	
DEPARTMENT	Quality Assessment
ORGANIZATION (S)	CCHP, CCHCA
LINES OF BUSINESS	

Purpose

To ensure child abuse cases are recognized and diagnosed and then reported as soon as practical by telephone and followed up with a written report.

Policy

It is the policy to ensure that child abuse cases are recognized and diagnosed and reported in accordance with Section 11166 of the Penal Code. It is required that when a health care practitioner observes a child within the scope of his/her employment or professional capacity whom he/she reasonably suspects has been the victim of child abuse to report the suspected or known incident to a child protective agency as soon as possible by telephone and follow-up within 36 hours with a written report.

Procedure

1. Signs and symptoms of abuse and neglect should be identified by the health care practitioner according to the following indicators:
 - a) Indicators of Physical Abuse
 - 1) Bruises or welts that have a regular pattern resembling the shape of an article which might have been used to inflict the injury
 - 2) Burns that appear to be from a cigar or cigarette especially on the soles of the feet, palms, back or buttocks; patterned burns and immersion burns
 - 3) Abrasions such as rope burns or lacerations especially on the wrist, ankles, torso, palate, mouth, gums, lips, eyes, ears, external genitalia
 - 4) Fractures, many times at different stages of healing, to the skull, ribs, or long bones
 - 5) Injuries to the abdomen, kidney, bladder or pancreas; intestinal perforation; ruptured liver, spleen or blood vessels; or intramural hematoma of the duodenum or proximal jejunum
 - 6) Symptoms of suffocation or chemical abuse or indicators pointing to Munchausen Syndrome by Proxy
 - b) Indicators of Sexual Abuse
 - 1) Bruises or abrasions to the inner thighs or external genitalia
 - 2) Attenuation or distortion of the hymen
 - 3) An alteration of anorectal tone

- 4) Evidence of a sexually transmissible disease
 - 5) Pregnancy
- c) Indicators of Neglect
- 1) History of lack of appropriate well—child care
 - 2) Failure of a child to thrive
 - 3) Malnutrition, untreated medical conditions, poor hygiene, rampant dental caries
 - 4) Behavioral indicators such as anxiety, depression, sleep disturbances, enuresis, excessive masturbation, aggressive behavior, excessive household responsibilities for age including child care, poor school performance, discipline problems and impaired personal problems.
- d) Willful Cruelty or Unjustifiable Punishment of a Child
- e) Unlawful Corporal Punishment or Injury
- f) Abuse in Out of Home Care (all cases of abuse as defined above in a child care, school, or other agency or institutional setting)

2. Diagnosis

A thorough health assessment must be conducted by the physician which includes a history, physical examination and developmental assessment on a child who may be a victim of abuse. X-rays, CT scans, bone scans or other laboratory studies are of use in determining and defining the current trauma, previous traumas and excluding other medical conditions. The following diagnostic process should be performed:

- a) An assessment of the child's immediate medical needs
- b) Compilation of the past medical and social history” of the child and family members
- c) Assessment of the plausibility of the history being provided in light of pre-existing medical conditions
- d) Determination of how great a risk it would be if the child returns home

3. Reporting

- a) A report must be made immediately or as soon as possible by telephone to a police or sheriffs department, a county probation department or a county welfare department.
- b) Within thirty-six hours of receiving information regarding the incident, a written report must be forwarded.
- c) The three forms which are recommended for reporting child abuse cases are:
 - “Suspected Child Abuse Report” form SS 8572 which may be obtained from

your local child protective service agency

- “Medical Report - Suspected Child Abuse” form DOJ 900 which may be obtained from your local child protective agency
- “Medical Report - Suspected Child Sexual Abuse” form OCJP 925, available by calling the Office of Criminal Justice Planning at (916) 323-7428, or by writing to OCJP, 1130 K Street, Suite 300, Sacramento, CA 95814

4. Immunity

The law provides immunity for healthcare practitioners from civil and criminal liability for reports of known or suspected instances of abuse.

5. Penalties

Failure to report child abuse is a misdemeanor punishable by up to six months in jail and/or up to a \$1,000 fine. A healthcare practitioner may also be liable in civil court for damages which occur if the child is further victimized because of a failure to report the abuse.

6. Employee Statements

Physicians and other employers who hire licensed healthcare practitioners or other mandated reports must obtain a signed statement from those employees hired on or after January 1, 1985, attesting to the employees’ understanding of their child abuse reporting obligations per Penal Code 11166.5. Employers must retain these signed statements at the employer’s expense.

Responsibility/Department Linkages

The physician(s), nursing and office staff
CCHCA personnel
Quality Assessment Department

POLICY NUMBER	OS- J101
POLICY TITLE	Elder/Depend Adult Abuse/Neglect
INITIAL EFFECTIVE DATE	10/98
REVISION EFFECTIVE DATE (S)	
DEPARTMENT	Quality Assessment
ORGANIZATION (S)	CCHP, CCHCA
LINES OF BUSINESS	

Purpose

To ensure that elder/dependent adult abuse cases are recognized, diagnosed, reported as soon as practical by telephone and followed up with a written report.

Definitions

Abuse means physical neglect, intimidation, cruel punishment, fiduciary abuse, abandonment, or other treatment which causes physical harm, pain, or mental suffering, or the deprivation by the care custodian of goods and services which are necessary to avoid harm or mental suffering.

Indicators of Physical Abuse

- 1) Bruises or welts that have a regular pattern resembling the shape of an article that might have been used to inflict the injury
- 2) Bums that appear to be from a cigar or cigarette especially on the soles of the feet, palms, back or buttocks; patterned burns and immersion burns
- 3) Abrasions such as rope burns or lacerations especially on the wrist, ankles, torso, or extremities.
- 4) Fractures, many times at different stages of healing, to the skull, ribs, or long bones
- 5) Injuries to the abdomen, kidney, bladder or pancreas, intestinal perforation, ruptured liver, spleen or blood vessels or intramural hematoma of the duodenum or proximal jejunum
- 6) Symptoms of suffocation or chemical
- 7) Improbable explanation or injuries or major inconsistencies between elder/dependent adult and caregiver's explanation of the injury.
- 8) Changes in elder/dependent adult behavior when caregivers enters/leaves the room.
- 9) Changes in behavior and mental patterns.
- 10) Other risk factors that include substance abuse or history of violence in the caregiver's family.

Indicators of Sexual Abuse

- 1) Bruises or abrasions to the inner thighs or external genitalia
- 2) Multiple gynecological problems
- 3) An alteration of anorectal tone
- 4) Evidence of a sexually transmissible disease

5) Pregnancy

Abandonment is the desertion or willful forsaking an elder/dependent adult by any person having the care and custody of that person under circumstances in which a reasonable person would continue to provide care.

Dependent Adult means any person between the ages of 18 and 64 who has physical or mental limitations that their restrict the ability to carry out normal activities or to protect their rights, including but not limited to persons who have physical or developmental disabilities or whose physical or mental abilities have diminished with age.

Elder means any person 65 years of age or older.

Fiduciary Abuse means a situation where any person who stands in a position of trust with respect to an elder/dependent adult willfully steals, secrets, or appropriates the money or property of that elder/dependent adult for any use of purpose not in the due and lawful execution of his/her trust. This includes the misappropriation of Social Security funds.

Neglect means negligent failure of any person having he care or custody of an elder or dependent adult to exercises that degree of care which a reasonable person in a like position would do.

Indicators of Neglect

- 1) History of or current lack or delay of appropriate care
- 2) Failure to thrive: Malnutrition, untreated medical conditions, poor hygiene,
- 3) Failure to provide physical aid (glasses, dentures, walkers etc.)
- 4) Signs of neglect include poor hygiene, lack of appropriate clothing, lack or food, etc.

Policy

It is the policy to ensure that elder/dependent adult abuse/neglect cases are recognized, diagnosed and reported in accordance with local and state laws to the local law enforcement agency and the Department of Health. (Welfare and Institutions Code Section 15630(a).)

Procedure

1. The health care practitioner identifies possible signs and symptoms of abuse and/or neglect.
2. The physician performs a thorough health assessment that includes a history, physical examination and developmental assessment on an elder/dependent adult who may be a victim of abuse. X-rays, CT scans, bone scans or other laboratory studies are of use in determining and defining the current trauma, previous traumas and excluding other medical conditions. Other processes include:
 - a) An assessment of the elder/dependent adult's immediate medical needs

- b) Compilation of the past medical and social history of the elder/dependent adult and family members
- c) Assessment of the plausibility of the history being provided in light of pre-existing medical conditions
- d) Determination of how great a risk it would be if the elder or dependent adult returns home
- e) Thorough documentation in the medical record.

3. Reporting

- a) A report must be made immediately or as soon as possible by telephone to a police or sheriffs department, a county probation department or a county welfare department.
- b) Within thirty-six hours of receiving information regarding the incident, a written report must be forwarded.
- c) An immediate phone report to the Department of Aging. The 24-hour toll-free number for the Department of Aging Crisis Hotline is (800) 231-4024.

4. Immunity

The law provides immunity for healthcare practitioners from civil and criminal liability for reports of known or suspected instances of abuse.

5. Penalties

Failure to report elder/dependent adult abuse is a misdemeanor punishable by up to six months in jail and/or up to a \$1,000 fine. A healthcare practitioner may also be liable in civil court for damages that occur if the elder/dependent adult is further victimized because of a failure to report the abuse.

Responsibility/Department Linkages

The state requires that any health care practitioner (medical or non-medical) who observes an elder/dependent adult within the scope of his/her employment or professional capacity whom he/she reasonably suspects has been the victim of abuse/neglect to report the suspected or known incident to the local law enforcement agency (police department) as soon as possible by telephone and follow-up within 48 hours with a written report.

QA Assessment Department

POLICY NUMBER	OS- J102
POLICY TITLE	Spousal Abuse/Domestic Violence
INITIAL EFFECTIVE DATE	10/98
REVISION EFFECTIVE DATE (S)	
DEPARTMENT	Quality Assessment
ORGANIZATION (S)	CCHP, CCHCA
LINES OF BUSINESS	

Purpose

To ensure that cases in which a healthcare practitioner (in his/her professional capacity) observes that a person(s) has been injured or killed by a violent act or where there is reason to suspect assaultive or abusive conduct by a domestic partner, reports these observations by telephone and follows up with a written report to the local law enforcement agency.

Policy

It is the policy to ensure that cases of domestic violence observed by a health care practitioner within the scope of his/her employment are reported by telephone and are followed up with a written report to the local law enforcement agency within two working days of receiving information regarding the injured person.

Procedure

1. Guidelines for Assessment

The healthcare practitioner should identify any symptoms or signs of abuse and report this information to the proper authorities. The possibility of assault should be considered if a patient's explanation of an injury does not seem plausible or when there has been a delay in seeking medical attention. There are certain types of injuries and/or behaviors which are commonly associated with abuse. The injuries listed below may be indicative of abuse, however, an overall assessment of the individual may need to be done to produce conclusive findings.

- a) Minor lacerations, contusions, abrasions, fractures or sprains
- b) Injuries to the head, neck, chest, breasts, or abdomen
- c) injuries during pregnancy, such as spontaneous abortions
- d) Multiple injury sites
- e) Chronic or repeated injuries
- f) Medical problems that indicate chronic or psychogenic pain
- g) Physical symptoms related to stress, anxiety disorders or depression
- h) Chronic diseases such as asthma, seizures, arthritis, etc.
- i) Multiple gynecological problems
- j) Frequent use of prescribed minor tranquilizers or pain medications
- k) Psychiatric symptoms such as panic attacks, substance abuse, inability to cope, feelings of isolation, suicidal tendencies

- 1) Behavioral problems such as an appearance of fright, shame, or embarrassment
2. Documentation of Abuse
Well-documented medical records must be maintained by the health care practitioner and should include the following information:
 - a) The name of the injured person
 - b) The location of the injured person
 - c) The extent and character of the injuries
 - d) The name or identity of the alleged abuser
 - f) A description of the abusive event or description of the major complaints in the patient's own words whenever possible.
 - g) The medical and relevant social history of the injured person
 - h) A map of the location of the injuries on the victim's body documented at the time of the health care service
3. Reporting
 - a) A report of abuse must be made by telephone as soon as practically possible and be followed up with a written report to the local law enforcement agency within two working days of receiving the information regarding the injured person.
 - b) Regardless of the seriousness of the injury, a report must be made if it is obvious the injury is current and caused by physical force prohibited under the Penal Code.
 - c) In the case of spousal rape even though there may be no injury, a report must be made.
4. Immunity
Individuals who are required to report domestic violence are immune from civil and criminal liability for reports of known or suspected abuse.
5. Penalties
Failure to report domestic violence is a misdemeanor and is punishable by imprisonment in the county jail for up to six months or by a fine of up to \$1,000 or both.

Responsibility/Department Linkages

The physician(s), nursing and office staff
CCHCA personnel
Quality Assessment Department