PURPOSE:

To describe the process for identifying, investigating, reporting, and caring for suspected victims of Domestic Abuse, Child Abuse and Neglect, and Elder Abuse and Neglect.

DEFINITIONS:

Abuse - the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish. This includes staff neglect or indifference to infliction of injury or intimidation of one patient by another.

Neglect - a form of abuse defined as the failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness.

Domestic Violence - an act of violence upon a person by another person with whom the victim is or has been involved in an intimate relationship.

Intimate Relationship - a relationship between spouses, former spouses, past or present unmarried couples, or persons who are the parents of a child regardless of whether the persons have been married or have lived together at any time.

Child or Minor (CRS § 19-1-103) - A person under eighteen (18) years of age.

Elder - social agencies and the law have defined the term "elder" in various ways. In Colorado, the law concerning Adult Protective Services gives the minimum age of an elder as being sixty-five. Community agencies which serve the elderly often are willing to provide their services to persons as young as fifty-five. This policy refers to elderly and/or disabled adults.

POLICY/PROCEDURE:

A. Reports of abuse, neglect or harassment while the patient is in the facility
   1. Everyone at Community Hospital has the right to be free from all acts of violence that could threaten their physical or mental well-being whether from staff, other patients or visitors. Community Hospital will ensure that patients are free from all forms of abuse, neglect, or harassment. The following are necessary for effective abuse protection:
      a. Adequate staff is on duty, especially during evening, nighttime, weekends and holiday shifts, to take care of the individual needs of all patients.
      b. Persons with a record of abuse or neglect are not hired or retained as employees.
      c. Education is provided during new employee orientation and through ongoing training for all employees on abuse and neglect including reporting requirements, prevention, intervention, and detection
      d. All allegations of abuse or neglect will be investigated thoroughly and will begin immediately once the allegation has been made. The investigation will include interviews of all persons involved
      e. During the investigation of abuse or neglect allegations, the patient is protected
         i. If the allegation is against a current care giver for the patient, the caregiver will be removed from caring for the patient and an alternate caregiver will be assigned.
         ii. Hospital security also may be deployed as appropriate to safeguard the patient.
      f. Incidents of abuse, neglect, or harassment will be reported and analyzed with appropriate corrective, remedial, or disciplinary actions taken in accordance with applicable local, State, or Federal law
      g. Reports of suspected abuse, neglect or harassment shall be made to Senior Leadership or the Risk Manager immediately
The caregiver affected by the allegation will be placed on administrative leave during the investigation. If the allegations are substantiated, the employee will be terminated and the appropriate agencies will be notified.

B. Reports of abuse, neglect, or harassment attributed to external situations

1. Suspected Domestic Violence
   a. Consideration of the possible existence of domestic violence should be given if any of the following is observed:
      i. Injuries are present, and the sites are inconsistent with the explanation given, are bilateral, and/or are in the area of the face, neck, throat, chest, abdomen, or genitals.
      ii. Injuries during pregnancy, or frequent pregnancies/miscarriages.
      iii. Separation from partner/spouse during pregnancy.
      iv. Inconsistent or inappropriate use of care available; e.g., missed or spotty appointment patterns, and/or numerous unappointed visits/telephone calls for vague non-specific physical or psychological complaints.
      v. Multiple injuries in various stages of healing.
      vi. Evidence of alcohol and/or other substance abuse or recent increase in use of it.
      vii. Suicide attempts regardless of lethality.
      viii. Hints of conflict or expressed concern over increased stress at home.
      ix. Behavior or communication of other family/friends that indicates domestic violence (i.e., a child saying, "Tom hits Mom.")
      x. Patient is timid, shy, embarrassed and nervous, may be reluctant to disrobe.
      xi. Unexplained weight changes including anorexia and bulimia.
      xii. Depression.
   b. If domestic violence is suspected, evaluate the patient's immediate safety needs. The patient should be interviewed alone.
   c. Documentation should be objective, factual language of what is observed/said by the patient, partner, family members, and friends.
      i. In cases where domestic violence is suspected, even if the patient denies this is the case, documentation of such should be written in the progress note. Any referrals made should be documented.
      ii. Any suspicion of domestic violence that may be present based on telephone calls, missed appointments, unappointed visits, or visits where the expressed concern doesn't appear to be the real issue, should also be documented in the progress notes.
      iii. In cases where domestic violence is known, or the degree of injury is incongruent with the explanation given, the documentation of such should be written in the progress note.
   d. Reporting - if injuries from suspected abuse appear recent, injuries must be reported regardless of patient consent.
      i. Physicians are required by law (CRS 12-36-135) to report to law enforcement agencies all injuries resulting from domestic violence.
      ii. All suspected cases should be reported to the Risk Manager and the Department Leader or Clinical Supervisor who may assist in the reporting process.
      iii. In most cases, it is advisable for the patient to be informed that a report is being made to a Law Enforcement Agency and they will be engaged in evaluating safety risks that may exist.
      iv. Reporting is done by contacting the Law Enforcement Agency in whose jurisdiction the abuse occurred. The verbal report should include patient name and address, the fact that an injury has been identified and the name of the attending physician.
      v. If photographs are taken, obtain the patient-guests signature on a hospital Consent to Photograph form.
      vi. Inquire about the safety of any children in the home. make a Child Protection Referral to the Social Services Department of the County in which they reside, if indicated.
      vii. The time and content of the telephone call(s) should be documented as well as to whom the report was made.

2. Suspected Abuse, Child Abuse, or Neglect
   a. Abuse, Child Abuse, or Neglect (CRS § 19-1-103) is an act or omission in one of the following categories, which threatens the health or welfare of a child:
      i. Any case in which a child exhibits evidence of skin bruising, bleeding, malnutrition, failure to thrive, burns, fracture of any bone, subdural hematoma, soft tissue swelling, or death and either:
         • Such condition or death is not justifiably explained
         • The history given concerning such condition is at variance with the degree or type of such condition or death
         • The circumstances indicate that such condition may not be the product of an accidental occurrence.
      ii. Any case in which a child is subjected to sexual assault or molestation, sexual exploitation, or prostitution.
      iii. Any case in which a child is in need of services because the child's parents, legal guardian, or custodian fails to take the same actions to
provide adequate food, clothing, shelter, medical care, or supervision that a prudent parent would take.

iv. Any case in which a child is subjected to emotional abuse. "Emotional Abuse" means an identifiable and substantial impairment of the child's intellectual or psychological functioning or development or a substantial risk of impairment of the child's intellectual or psychological functioning or development.

v. In all cases, those investigating reports of child abuse shall take into account accepted child rearing practices of the culture in which the child participates. Nothing in this definition shall refer to acts which could be construed to be reasonable exercise of parental discipline or to acts reasonably necessary to subdue a child being taken into custody by police.

b. Neglected or Dependent Child (CRS § 19-3-102): A child is neglected or dependent if:

i. A parent, guardian, or legal custodian has abandoned the child or has subjected him or her to mistreatment or abuse or a parent, guardian, or legal custodian has suffered or allowed another to mistreat or abuse the child without taking lawful means to stop such mistreatment or abuse and prevent it from recurring.

ii. The child lacks proper parental care through the actions or omissions of the parent, guardian, or legal custodian.

iii. The child's environment is injurious to his or her welfare.

iv. A parent, guardian, or legal custodian fails or refuses to provide the child with proper or necessary subsistence, education, medical care, or any other care necessary for his or her health, guidance, or well being.

v. The child is homeless, without proper care, or not domiciled with his or her parent, guardian, or legal custodian.

vi. The child has run away from home or is otherwise beyond the control of his or her parent, guardian, or legal custodian.

3. Suspected Elder Abuse

a. Abuse of the elderly can take many forms:

i. Physical Abuse - This is actual violence that results in any form of physical injury. It includes assault, confinement (locking in or tying up), sexual abuse and even murder. Physical Abuse includes physical injuries which are:

   • In various stages of healing.
   • In variance with explanations of how they occurred.
   • Appear to be neglected.
   • Marks in patterns resembling hard/finger shapes, or indicating wrists and ankles have been tied.

ii. Verbal and Psychological Abuse - This includes threats of violence, name calling, threats of isolation or abandonment, etc. It causes fear, humiliation and feelings of helplessness. It can be a sudden outburst or a continual, prolonged process.

   • Psychological abuse seems to be the most common form of abuse. Neglect and physical abuse are less often discovered or reported. Victims are often female, almost always with some physical or mental impairments. It is important to remember that victims are found across the economic spectrum. Abusers are usually relatives, children of the victim, grandchildren, spouses or siblings. However, any caregiver could be abusive.

iii. Neglect - Because of failing health, or other effects of aging, the elderly are often dependent on others to help meet their needs for food, cleanliness, medical care and mobility. Neglect occurs when the care taking person fails to provide for these basic needs, or is careless and irresponsible in providing them. Signs of neglect include:

   • Changes in standards of cleanliness for the older person and/or their surroundings.
   • The elder appears malnourished, either through food being unavailable, or lack of proper diet.
   • The older person has no contact with persons in the home, or is left alone for extended periods of time.
   • Too much medication is given in order to control their activity, or reduce alertness.
   • Unattended physical problems or medical needs.
   • Constant fatigue or listlessness.

iv. Financial and Property - The elderly may be deprived of money, property, or valuable items which are stolen or converted to the use of another person by force, misrepresentation, or by taking advantage of the elder's trust. This may also include destruction of the home or belongings through violent acts. Signs of Financial or Property Exploitation include:

   • There may be unusual activity in the older person's bank accounts; e.g., large withdrawals, transfer of funds, reduction in savings, etc.
   • There may be sudden or unexplained transfer of property titles, stocks or bonds. The older person may be urged or threatened to sign documents that s/he does not fully understand, or the signature may be forged.

b. Behavior of the victim:
i. May be fearful or anxious even when no reason for this can be seen.
ii. May appear depressed and hopeless.
iii. May seem withdrawn and isolated, not wanting, or fearing contact with others.
iv. Very often denying that there is a problem, even to themselves.
v. May develop habit disorders (sucking, biting, rocking, etc.) or neurotic traits (sleep and speech disorders).

While none of these behaviors is very unusual for an elderly person, particularly one who may be failing in health, there are reasons for concern. Direct questions or accusations can do harm. It is best to discuss suspicions with someone who is an expert in these problems.

c. Many of the above mentioned symptoms can result from normal aging process. Therefore, it is difficult to differentiate abuse or neglect from deterioration as a result of disease or aging.

4. Reporting see Reportable Events policy for reportable events and contact numbers
   a. All suspected cases of Child Abuse or Neglect and/or elder abuse should be reported to the Risk Manager and the Department Director or Clinical Supervisor who may assist in the reporting process.
      i. The following persons who have reasonable cause to know or suspect that a child has been subjected to Child Abuse/Neglect are, by law, required to report Child Abuse/Neglect (CRS § 19-3-304):
         - Physician or surgeon, including a physician in training;
         - Child Health Associate;
         - Medical examiner or coroner;
         - Dentist;
         - Osteopath;
         - Optometrist;
         - Chiropractor;
         - Chiropodist or podiatrist;
         - Registered Nurse or Licensed Practical Nurse;
         - Hospital personnel engaged in the admission, care, or treatment of patients;
         - Christian science practitioner;
         - Public or private school official or employee;
         - Social worker;
         - Mental Health Professional;
         - Dental hygienist;
         - Psychologist;
         - Physical Therapist;
         - Veterinarian;
         - Peace officer;
         - Pharmacist;
         - Commercial film and photographic print processor;
         - Firefighter;
         - Victim's advocate;
         - Licensed Professional Counselor;
         - Licensed Marriage and Family Therapist;
         - Unlicensed Psychotherapist;
         - Clergy member;
         - Registered dietitian;
         - Worker in the state department of human services;
         - Juvenile parole and probation officers;
         - Child and family investigators;
         - Officers and agents of the state bureau or animal protection, and animal control officers.
      ii. No person, including a person specified above, shall knowingly make a false report of abuse or neglect to a county department or local law enforcement agency.
      iii. Reporting is done by contacting the County Department of Social Services in the family's county of residence.
• The Local Law Enforcement Agency for Child Abuse or Neglect - The Adult Protective Services Division for Elder Abuse
• The time and content of the telephone call should be documented as well as to whom the report was made.

iv. Any licensee who makes a report concerning the above items shall have immunity from any liability, civil or criminal, that might otherwise be incurred or imposed with respect to the making of such report, and shall have the same immunity with respect to participation in any judicial proceeding resulting from such report. (C.R.S. 19-3-309 Immunity from liability - person reporting)

v. Penalties and Risks of Not Reporting:
• Any person who willfully fails to report abuse commits a class 3 misdemeanor and shall be punished as provided for under Colorado law (C.R.S. 18-1.3-501) and also shall be liable for damages resulting from such a failure. (CRS § 19-3-304(4)).

RESPONSIBILITY:
Risk Manager and all Employees and Physicians

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Signed by
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