

SUBJECT: CHILD, ADULT, DISABLED PERSON OR ELDERLY ABUSE - RECOGNITION AND REPORTING	REFERENCE #8019
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Note: Check state reporting requirements.

POLICY:

- Patients have the right to be free from mental, physical, sexual and verbal abuse, neglect and exploitation. _____ Hospital shall protect patients from real or perceived abuse, neglect or exploitation from anyone, including staff members, students, volunteers, other patients, visitors or family members. This hospital mandates that, under the guidance of applicable laws, any healthcare worker having reasonable cause to believe that any person is in the state of abuse, exploitation or neglect shall report the information to the appropriate regulatory agency.
- All allegations, observations or suspected cases of abuse, neglect or exploitation that occur in the hospital shall be investigated by the hospital. The hospital shall provide inservice training annually, designed to assist staff and healthcare providers associated with the hospital in identifying patient abuse and neglect or of illegal, unprofessional or unethical conduct by or in the hospital.
 - Emotional/Verbal/Psychological Abuse:
 - Involves rejection, criticism, terrorizing, degrading and isolation
 - Mental or emotional injury to the person that results in an observable impairment in growth, development or psychological functioning
 - Causing or permitting the person to be in a situation in which the person sustains a mental or emotional injury that results in an observable and material impairment in growth, development or psychological functioning

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- Physical Abuse:
 - Physical injury that results in substantial harm to the person, or the genuine threat of substantial harm from physical injury to the person, including an injury that is at variance with the history or explanation given and excluding an accident or reasonable discipline by a parent, guardian or managing possessory conservator that does not expose the person to a substantial risk of harm
 - Failure to make a reasonable effort to prevent an action by another person that results in physical injury and substantial harm to the person
- Sexual Abuse:
 - Sexual contact, sexual intercourse, sexual conduct, sexual penetration with a foreign object, incest, sexual assault or sodomy inflicted on, shown to or intentionally practiced in the presence of a child or dependent adult, if the child or dependent adult is present only to arouse or gratify the sexual desires of any person
 - Failure to make a reasonable effort to prevent sexual contact, sexual intercourse, sexual conduct, sexual assault or sodomy inflicted on, shown to or intentionally practiced in the presence of a child or dependent adult, if the child or dependent adult is present only to arouse or gratify the sexual desires of a person
 - Compelling or encouraging the person to engage in sexual conduct
 - Causing, permitting, encouraging or allowing the photographing, filming or depicting of the person if the person knew or should have known that the resulting photograph, film or depiction is obscene or pornographic
- Abandonment:
 - The leaving of the person in a situation where he/she would be exposed to substantial risk of harm without arranging for the necessary care and demonstration of an intent not to return by a parent, guardian or managing possessory conservator

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- Neglectful Supervision:
 - Placing in, or failing to remove, the person from a situation that a reasonable individual would realize required judgment or actions beyond the child's level of maturity, physical condition or mental abilities and that results in bodily injury or substantial risk of immediate harm to the person
- Medical Neglect:
 - The failure to seek, obtain or to follow through with medical care for the person, with the failure resulting in an observable material impairment to the growth, development and/or functioning of the person
- Physical Neglect:
 - The failure to provide the person with food, clothing or shelter necessary to sustain the life or health of the person but excluding failure caused primarily by financial inability unless relief services had been offered and refused
- The following criteria may be used to assist in the identification of abuse:
 - Physical Abuse - Willful infliction of injury, unreasonable confinement or cruel punishment:
 - ◆ Scratches, cuts, bruises or burns
 - ◆ Welts, scalp injury or gag marks
 - ◆ Sprains, punctures, broken bones or bedsores
 - ◆ Confinement
 - ◆ In children under three (3) years:
 - The caregiver of an injured child reports a change in the child (such as decreased mobility) instead of reporting an accident
 - The extent of the injury is more severe than the reported cause would indicate

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- ◆ A child under one (1) year old suffers a fracture of the radius, ulna, tibia/fibula or femur
- ◆ In persons 65 years of age and older or disabled persons:
 - Contusions or lacerations inconsistent with the patient's or caregiver's explanation of the injury
 - Contusions or lacerations are found where people are not usually injured, such as the inner thigh
 - Injuries from different causes occur at the same time (i.e., stab wound and contusion)
 - Wounds or lesions are not properly attended
 - The patient is dehydrated or malnourished
 - The caregiver has provided improper levels of prescription medication
 - The patient is wearing blood-stained undergarments
 - The patient has suffered a spiral long bone fracture from a direct blow
 - Symmetrical wounds or fractures are present
 - Multiple bruises appear to be in the same evolutionary state
- Rape/other forms of sexual abuse:
 - ◆ Trauma to the penis, vulvar and/or anal region
 - ◆ Sexual manipulation of penis, vulvar and/or anal region with a foreign object
 - ◆ Diagnosis of sexually transmitted disease in children and non-sexually active adolescents

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- Neglect - The failure to provide for basic needs or services necessary, or placing a person's health or welfare at reasonable risk:
 - ◆ Malnourishment, dehydration
 - ◆ Over/under medication
 - ◆ Lack of heat and/or running water
 - ◆ Lack of medical care
 - ◆ Lack of personal hygiene and/or appropriate clothing

- Exploitation - The illegal or improper act or process of using the resources of a child or an elderly or disabled person for monetary or personal benefit and/or taking unjust advantage of another for one's own advantage or benefit, including, but not limited to:
 - ◆ Taking the social security/SSI check
 - ◆ Abusing joint checking account privileges
 - ◆ Taking property and/or other resources
 - ◆ Borrowing money or property from the patient
 - ◆ Incitement of the patient by the offender to commit acts that are or may be detrimental to the patient however may gratify the offender (i.e., one patient [the offender] may incite another patient [victim] to refuse his/her meal with the offender taking the untouched meal for his/her own consumption, or inciting the victim into aggressive or combative behavior toward others for the personal gratification/amusement of the offender).
 - ◆ Involving the patient in any practice or scheme of conduct that may include sexual contact for the purposes of arousal or gratification of the offender

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- Emotional/Verbal/Psychological Abuse - This type of abuse is based on power and control. It is a pattern of behavior that may seriously impact a person's positive emotional development and could lead to a significant detriment to the person's self-esteem and emotional well-being. It is the willful infliction of mental or emotional anguish by threat, humiliation or other verbal or nonverbal conduct.
 - ◆ Emotional abuse may accompany other types of abuse, such as physical and sexual abuse
 - ◆ Women and children are most often emotionally abused
 - ◆ Emotional abuse is difficult to identify due to lack of outward signs
 - ◆ A person may manifest emotional abuse in many different ways, such as:
 - Avoidance of eye contact
 - Destructive behavior
 - Depression
 - Difficulty forming positive attachments
 - Fearfulness/anxiety
 - Feelings of shame/guilt
 - Insecurity
 - Poor self-esteem
 - Self-depreciation
 - Self-harm

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- Social withdrawal/isolation
- Substance abuse
- Tendency to be overly passive/compliant
- Unstable work history

PROCEDURE:

- Management of Suspected Abuse/Neglect:
 - Cases of suspected sexual assault, physical abuse or neglect shall be given priority and shall be investigated thoroughly.
 - In many instances, the healthcare provider may suspect the possibility of an inflicted injury before the physician. Careful assessment and documentation of physical findings can help provide the data that are believed to confirm diagnosis. History taking and examination of all patients shall be done promptly and in privacy.
 - All cases of suspected abuse/neglect must be reported to authorities. A person (including an employee, volunteer or other person) associated with the hospital, who reasonably believes or who knows of information that would reasonably cause a person to believe that the physical or mental health or welfare of a patient of the hospital, who is receiving medical services, has been, is or will be adversely affected by abuse or neglect by any person shall, as soon as possible, report the information supporting the belief to the Department of Health, or the appropriate healthcare regulatory agency, by telephone, in writing or by personal visit. When domestic violence has occurred, always notify law enforcement officials, even if the patient does not want to press charges. A healthcare provider who fails to report shall be referred by the Department of Health to the individual's licensing board for appropriate disciplinary action.
 - The Social Service Department shall maintain a list of private and public community agencies that can arrange for ongoing assessment and care of any patient who is a suspected/actual victim of abuse or neglect.

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- A nonjudgmental approach shall be maintained toward patients and family members at all times. A judgmental attitude may hamper the level of cooperation. The family shall be kept informed of what is happening to the patient at all times.
- All reports received by any local or state law enforcement agency shall be referred to the appropriate department providing protective regulatory services or the county agency responsible for the protection of human rights. An individual who wishes to report an alleged violation shall notify the Department of Health or the appropriate state healthcare regulatory agency by telephone, in writing or by personal visit.
- The department manager, or his/her designee, shall be notified prior to making a report. Reports must contain the following information:
 - Name, age and address of the child, elderly or disabled person
 - Name and address of any person who is responsible for the care of the above
 - Nature and extent of the patient's condition
 - Basis of the reporter's knowledge
 - Any other relevant information
- The hospital may not suspend or terminate the employment of or discipline or otherwise discriminate against an employee for reporting the employee's supervisor, an administrator of the hospital, a state regulatory agency or a law enforcement agency for a violation of the law. The hospital may not retaliate against a person who is not an employee for reporting a violation of the law.
- The hospital shall prominently and conspicuously post for display in a public area of the hospital (that is readily available for patients, visitors, staff, physicians and volunteers) a statement that staff and non-employees are protected from discrimination or retaliation for reporting a violation of the law. The statement shall be in English and/or a second language appropriate to the demographic makeup of the community served (if 5% or more of the total population reflects the second language).

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- To protect the patient from real or suspected mental, physical, sexual and verbal abuse, neglect and/or exploitation, staff shall safeguard the patient from the offending individual(s). This “safeguarding” may be overt or covert, dependent upon the patient’s mental and physical sense of well-being. If any type of abuse or exploitation is proven legitimate (witnessed and obvious), the offending individual shall be restricted from access to the patient. If the abuse is suspected, however unproven, staff shall be present at all times when the patient receives visitors.
 - If it is proven that the patient is experiencing abuse, neglect or exploitation caused by a staff member(s), that staff member shall be suspended pending investigation by both the hospital and the Department of Health Services.
 - If allegations exist that the patient is experiencing abuse, neglect or exploitation caused by a staff member(s), that staff member shall not be assigned to the involved patient. A thorough investigation shall be conducted, during which time his or her immediate supervisor shall monitor the staff member’s performance until the allegations are proven or disproved. At no time will a staff member suspected of improper actions toward a patient be allowed to interact with any patient without a second staff member in attendance.
 - In instances of investigations concerning a staff member’s behavior, it is preferable to assign the involved staff member non-patient care activities, if possible. The hospital has the obligation and responsibility to protect both the rights of the staff member and the rights of the patient. The staff member’s investigation shall be conducted fairly and in a confidential manner, involving only those individuals in the investigation that have a need to know. The staff member shall not be unjustly accused because an allegation has been rendered. All allegations shall be immediately and thoroughly investigated until conclusion. However, the rights and protection of the patient shall not be compromised in the essence of fairness toward the staff member. Therefore, it is the responsibility of the hospital to separate the staff member and the patient until conclusion of the investigation. The hospital must also protect other patients from the acts of the staff member should these acts prove true. Therefore, assignment of the involved staff member to non-patient care activities would be optimum. If circumstances do not allow for this option, the staff member’s interaction with patients must be monitored at all times during the investigation.

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STAFF EDUCATION:

Appropriate staff shall receive education at orientation, and as needed, addressing how to recognize signs of possible abuse and neglect, reporting of abuse/neglect, and follow-up.

REFERENCES:

- The National Center on Elder Abuse
- University of Cincinnati Counseling Center