

The attached policy is a quick reference for you to keep.
Please consult with the site administrator for further
materials on forms, referral sources, etc.

Abuse and Violence


Reporting Handbook

**ROTACARE
POLICIES AND PROCEDURES**



1560 Abuse and Violence Reporting

RotaCare Bay Area Policies and Procedures

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I. Policy

All RotaCare Bay Area, Inc. personnel/volunteers shall be aware of his/her legal responsibility to report to the appropriate authorities any circumstances or injuries which they suspect to be the result of abuse or violence.

II. Purpose

California law imposes a duty on health care practitioners (HCPs) to make confidential oral and written reports to local authorities, if they have knowledge of or observed, in their professional capacity or within the scope of their employment (volunteer), a patient whom the HCP knows or reasonably suspects to have been injured by a deadly weapon or assaultive or abusive conduct. These guidelines shall address the reporting requirements for categories of abusive conduct including:

1. Assaultive or Abusive Conduct
2. Neglect or Abuse of Elders and Dependent Adults
3. Child Neglect or Abuse
4. Domestic Violence
5. Sexual Assault and Sexual Molestation/Rape
6. Pregnant Women at Risk for Abuse

The HCP who files the report is provided with specific immunity for complying with the law. A HCP who fails to report is guilty of a misdemeanor and is punishable by imprisonment in the county jail and/or by a fine.

III. Procedure

1. *History*
 - a. The HCP shall routinely screen all patients for a history of abuse and/or violence and documentation must be written to meet California Health and Safety Code requirements.
2. *Interviewing the patient*
 - a. When abuse is suspected or reported, the HCP shall interview the patient away from the suspected abuser. The HCP shall interview the patient in a nonjudgmental manner and avoid blaming the patient for what has happened.
3. *Physical Examination*
 - a. When injuries are reported by a patient or observed by the HCP, a physical examination and assessment for abuse/violence shall be conducted.
4. *Charting*
 - a. When abuse/violence is suspected, the HCP shall make a complete legible record of any finding. Locations of injuries shall be drawn on a body map. This map may be photocopied if needed and included in the medical record. It is recommended that the following be included in the chart:
 - 1) The patient's own words, with the use of quotation marks, regarding the causes of the injury along with other important information, shall be entered into the chart in the "subjective" section.
 - 2) A detailed description of patient injuries: describe color, size, and shape of injuries.



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- 3) Photographs of injuries with patient's written consent.
- 4) The maintenance of physical evidence (Chain of Custody) until it has been turned over to the police.
- 5) The inclusion of relevant:
 - a) Past Medical History
 - b) Social History
 - c) Sexual History
- 6) The name and badge number of the Law Enforcement Officer or appropriate reporting agency representative and any action taken.
- 7) Every observed detail, even seemingly trivial ones, such as torn clothing, smeared make-up, broken fingernails, scratches and bruises.
- 8) Names of all personnel who examined or talked with the patient about the injuries or abuse/violence.
- 9) Pertinent negative findings addressing subjective complaints for which there is no physical evidence.

5. *Evidence Collection*

All evidence collected needs to be documented in the medical record. If any evidence is collected it needs to be placed in paper envelopes or paper bags (no plastic bags) The evidence should be labeled with the patient's name, date and time collected, collectors name, where collected (what part of body etc). When the police collect the evidence they will need to sign their name, date and time taken on the package. If it is a sexual assault/abuse case the patient will be transported to a sexual assault medical unit and they will collect evidence, however if the patient needs to urinate that should be collected and transported with the patient to the forensic examiner. They should not be allowed to eat or drink anything until the exam is done (unless the incident occurred over 48 hours prior). Do not clean or irrigate bite wounds or other types of wounds were there is a site of potential DNA evidence until that evidence is collected.

The patient has the right to refuse an evidentiary exam. If a sexual assault victim refuses to have a forensic evidence exam then the STD and pregnancy prophylaxis should be offered in accordance with CDC guidelines. A mandatory police report still needs to be filed. Rape Trauma Service Advocates are available in every county with a 24 hour hotline and can come to the clinic and help the patient decide on what they would like to do and will offer crisis intervention.

If the patient is a victim of domestic violence or has a history of violence in the home the 24 hour county DV agency can talk to the patient by phone in the clinic and help them develop a safety plan before discharge from the clinic.

6. *Referral and Follow-up*

- a. The HCPs plan shall incorporate a discussion of the abused victim's short-term options and plans, including whether the patient can safely return home, and the use of anti-ovulent medication.
- b. Refer the victim to the appropriate agency and/or hotline.
- c. If the victim's safety is in question, there are several options:
 - 1) Restraining Orders (TRO, EPO) may be issued on evidence of abuse/violence or threats thereof.
 - 2) Victims in need of protection may obtain these orders.
- d. Agencies may be able to assist in locating shelter/emergency housing.
- e. If the victim decides to return home, advise her/him to call 911 if threatened.
- f. In all cases, the HCP shall refer the patient to local agencies. When the patient is willing, the HCP shall also assist the patient in calling a violence hotline.



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7. *Mandatory Reporting Requirements*

- a. A Site Administrator shall report suspected abuse.
- b. Reporting to outside agencies is coordinated by the Site Administrator or Clinical Coordinator.
- c. Two or more HCPs may become jointly aware of the same instance of reportable abuse/violence. The team shall select, by mutual agreement, a single member who shall be responsible for making the telephone report and making and signing the written report. However, if a member of the team knows that the designated member failed to report, he or she shall then make the report.
 - 1) Notification shall be made by telephone immediately or as soon as practicably possible and a written report shall be prepared and sent to the appropriate agency.
 - 2) Information in the report shall include, but not be limited to, the following:
 - a) Victim's name
 - b) Whereabouts (address) of the victim
 - c) Character and extent of injuries or the reported suspected abuse condition
 - d) Identity of any person(s) the victim alleges inflicted the wound, other injury or assaultive or abusive conduct.
 - 3) The HCP who makes the report is provided with specific immunity for complying with the law.
 - 4) Failure to comply with the mandatory laws may lead to a fine and/or time in jail as cited in the Penal Code.
 - 5) All volunteers and staff shall not impede or prohibit the reporting duties required and no person making a report shall be subject to any sanction for making the report.
- d. Written reports shall be completed and sent to the appropriate agency within the timeframe listed on the "Assault and Abuse Reporting" form.
 1. Web site link for the assaultive suspicious injury report
 - 1) [http://www.oes.ca.gov/Operational/OESHome.nsf/a0f8bd0ee918bc3588256bd400532608/26412edca44dea0f88256e750065150f/\\$FILE/OES920.pdf](http://www.oes.ca.gov/Operational/OESHome.nsf/a0f8bd0ee918bc3588256bd400532608/26412edca44dea0f88256e750065150f/$FILE/OES920.pdf)
Link to the forensic medical exam report forms for child abuse, domestic violence abuse, and elder/dependent abuse that any clinician can fill out – they have body charts incorporated into the reports that are helpful to use. The sex crime cases are usually done at a designated sexual assault clinic according to CA penal code. Some counties have designated centers that see all of these types of abuse.
 - 1) <http://ccfmc.org/forensic-exam-forms/>
- b. Observations, assessment data and patient/caregiver statements relating to the suspected abuse shall be documented in the medical record.
- c. Patients exhibiting signs of abuse shall be advised of services available to them, as appropriate. Referral to appropriate outside agencies shall be made as needed.

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Assault and Abuse Reporting Requirements for Health Care Providers

Type of Abuse	Indicators	Mandated Reporters	Required Notification/ Time Frame	Agency Receiving Report
Child Abuse	<ul style="list-style-type: none"> • Physical Abuse • Neglect • Sexual Abuse • Unlawful Corporal Punishment or Injury • Willful Cruelty • Unjustifiable Punishment • Witnessed domestic violence • Drug Endangered children. 	<p>Health care providers such as:</p> <ul style="list-style-type: none"> • Physicians • Psychiatrists • Psychologists • Licensed Nurses • Licensed Clinical Social Workers • Marriage, Family and Child Counselors • EMTs • Paramedics 	<p>A telephone report must be made immediately or as soon as practically possible.</p> <p>A written report must be sent within 36 hours of receiving information.</p>	<p>CA law states that CPS and law enforcement have to cross report to each other in all cases of child abuse so the clinician only needs to report to one agency. If the abuser is within the family then CPS is called. If the abuser is outside of the family then law enforcement is called (in jurisdiction where incident occurred)</p> <p>http://ag.ca.gov/childabuse/pdf/ss_8572.pdf</p>
<p>Dependent Abuse (18-64 with mental and/or physical limitations dependent upon others for safe care.)</p> <p>Elder Abuse (65 years or older)</p>	<ul style="list-style-type: none"> • Physical Harm or Pain • Assault • Psychological or Emotional Suffering • Financial Abuse • Neglect • Abandonment • Abduction • Isolation 	<p>Health care providers such as:</p> <ul style="list-style-type: none"> • Physicians • Social Workers • Other Health Care Workers responsible for the care or custody of an elder or dependent adult. 	<p>A telephone report must be made immediately or as soon as practically possible.</p> <p>A written report must be sent within two (2) working days.</p>	<p>For all cases of <u>physical</u> abuse, call and send report to a local law enforcement agency</p> <p>If suspected <u>non-physical abuse</u> , send report to the Adult Protective Services agency in the county in which the elder/dependent adult resides.</p> <p>If abuse occurred at a state hospital, call to notify <u>and</u> send report to local law enforcement</p> <p>http://www.dss.cahwnet.gov/Forms/English/SOC341.pdf</p>

Type of Abuse	Indicators	Mandated Reporters	Required Notification/ Time Frame	Agency Receiving Report
Domestic Violence/ Intimate Partner Abuse or Injuries by Deadly Weapon, Assault or Abusive Conduct	<ul style="list-style-type: none"> • Physical and/or Sexual Violence between a couple in an intimate relationship. • Assault or Abusive Conduct, which includes a list of 24 criminal offenses, among which are: <ul style="list-style-type: none"> ✓ Murder ✓ Manslaughter ✓ Torture ✓ Battery ✓ Sexual Battery ✓ Incest ✓ Assault with a Deadly Weapon ✓ Rape ✓ Spousal Rape ✓ Abuse of Spouse or Cohabitant ✓ Attempt to commit any of these crimes. 	<p>Any health practitioner is required to make a report if he or she provides medical services for "physical condition" to a patient whom he or she knows or reasonably suspect is:</p> <ul style="list-style-type: none"> • Suffering from any physical injury inflicted by a firearm. • Suffering from other physical injury which is the result of assaultive or abusive conduct. 	<p>A report must be made immediately or as soon as practically possible.</p> <p>Send written report to the local law enforcement agency where the assault or abuse occurred within two (2) working days.</p>	<p>Call to notify <u>and</u> send report to the local law enforcement in the city where the incident occurred.</p>