

Hospital of the University of Pennsylvania Clinical Practices of the University of Pennsylvania POLICY MANUAL	Number: 1-12-31 Page 1 of 4
SUBJECT: ASSESSMENT OF VICTIMS OF POSSIBLE ABUSE, NEGLECT OR EXPLOITATION	Effective: 1/5/2007

KEY WORDS:

Child Abuse
 Elder Abuse
 Domestic Abuse/Violence
 Reporting requirements

SEE ALSO:

#1-12-18 "Patient Assessments
 and Plan of Care"

Policy

It is the policy of the Hospital of the University of Pennsylvania (HUP) and the Clinical Practices of the University of Pennsylvania (CPUP) that health care providers will be sensitive to the possibility of abuse and/or neglect and/or exploitation regardless of the patient's age or gender. All patients will be screened for the possibility of abuse upon admission to HUP or during an encounter in an ambulatory care setting. If abuse and/or neglect (including physical assault, rape or other sexual molestation, domestic abuse, elder abuse, or child abuse) is suspected or determined, the patient will be further assessed and treated in accordance with the procedure set forth below.

Purpose

The purpose of this policy is to provide a mechanism for early identification, assessment, reporting and documentation for cases of suspected abuse, neglect, exploitation or abandonment of adults and children.

Scope

This policy applies to physicians, nurses, social workers, clergy, students and employees who have direct contact with patients and their families when carrying out their duties and thus should be aware of the indicators of abuse.

Implementation

The responsibility for implementing this policy rests with all health care providers who participate in patient assessment. The Department of Clinical Resource Management/Social Work has the responsibility for promoting access to community resources to meet the needs of the patient who is a victim of possible abuse and/or neglect.

Procedure

1. Responsibility for initiation of this policy is a collaborative effort between the physician and the registered nurse in the inpatient and outpatient settings. Screening will be performed during the initial patient assessment phase and shall be documented in the medical record.
2. If other health care providers or employees suspect abuse and/or neglect during the course of a patient's hospitalization, they should report their concerns to the physician or nurse caring for the patient and/or their departmental supervisor.
3. Assessment of a patient's alleged or suspected abuse, neglect or exploitation should be conducted in a non-threatening, non-accusational, confidential manner.
4. If abuse /neglect is suspected, the patient will be further assessed. Some indications of abuse are:
 - *physical findings do not match the history given,
 - *there is a suspicion of neglect by care givers,
 - *there is emotional response inconsistent with the medical history,
 - *the patient reports the abuse/and or neglect.

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It is important to recognize that abuse or neglect may have occurred without any of these signs being present. Additional screening criteria are available on the CEQI website.

5. All suspected abuse and/or neglect cases shall be reported to the Department of Clinical Resource Management/Social Work by the physician and/or registered nurse. This includes patients that originate from nursing and boarding homes.
6. Assessment findings as well as referrals made to Social Work or private or community agencies for victims of abuse shall be documented in accordance with departmental and hospital policies and procedures, and remain consistent with legal requirements.
7. Health care providers shall collect, retain, and safeguard all evidentiary material obtained from the patient. This information shall be documented in the patient's medical record. Chain of custody will be maintained and documented.
8. The patient's psycho-social status and discharge planning needs are an integral part of assessment for abuse or neglect. Identification and the evaluation of the safety of children in a patient's home is part of the psycho-social assessment. To the extent possible, the Department of Clinical Resource Management/Social Work shall arrange a safe environment for the patient (including referral to a shelter if necessary) upon discharge from the clinical encounter.
9. The HUP Social Worker will facilitate referrals to community agencies/facilities and will provide follow - up to assure that services are provided to the patient/family.
10. The HUP Social Worker will assist the victim with police reporting and the Social Worker will provide information on community agencies that can assist patient with reporting on discharge. When a patient is treated in and discharged from the ED and a social worker is not present, this responsibility rests with the treating physician or nurse. The ED social worker should be informed of such intervention and will follow up to see that appropriate referral information has been given to the patient.
11. If it is determined that a child is not safe at home the HUP Social Worker will refer the case as appropriate.
- 12.. All assaults to patients inflicted by a deadly weapon must be reported immediately to law enforcement authorities by the health care provider who identifies the cause of injury. Pennsylvania statute defines a deadly weapon as, "Any firearm, whether loaded or unloaded, or any device designed as a weapon and capable of producing death or serious bodily injury, or any other device or instrumentality which, in the manner in which it is used or intended to be used, is calculated or likely to produce death or serious bodily injury." The Department of Clinical Resource Management/Social Work may assist with this referral as needed. Provided the report is made in good faith, the reporter is immune from criminal or civil liability.
13. As appropriate, staff members are trained to assess for and respond to abuse, neglect and exploitation.
14. **Types of Abuse**
 - A. **Child Abuse/Neglect**
 1. The health care provider shall notify the Department of Clinical Resource Management/Social Work when he/she has reason to believe, on the basis of his/her medical, professional, or other training and

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experience, that a patient has been or may become the victim of child abuse and/or neglect or that there is a child in danger at the home of the patient.

2. Child abuse/neglect is defined by Pennsylvania Law 23 Pa. C.S.A., Section 631 *et. seq.* as:
 - *any recent act or failure to act by a perpetrator which causes non-accidental serious physical injury to a child under the age of 18 years.
 - *an act or failure to act by a perpetrator which causes non-accidental serious mental injury, sexual abuse or sexual exploitation of a child under 18 years of age.
 - *any recent act, failure to act or series of such acts or failures to act by a perpetrator which creates an imminent risk of serious physical injury, sexual abuse or exploitation of a child under the age of 18 years.
 - *serious physical neglect by a perpetrator constituting prolonged or repeated lack of supervision, or the failure to provide essentials of life, including adequate medical care, which endangers a child's life or development or impairs the child's functioning.
3. A pregnant child of less than 13 is considered to be a victim of sexual abuse and her situation must be handled as such.
4. If a female between the ages of 13 and 16 is impregnated by a man more than 4 years older than she is and not her husband, this is considered to be sexual abuse and must be treated as such. The health care team may not know the age of the father of the baby, and this information is not routinely sought while caring for a pregnant woman. If however, a member of the health care team becomes aware that the father of the baby is more than 4 years older than the mother and is not her husband, there is a duty to report the circumstances as sexual abuse.
5. Suspected child abuse shall be reported immediately to Child Line (1-800-932-0313), the State-wide central registry for child abuse which may be accessed 24 hours a day. Child abuse involving sexual abuse of a child as described above must also be reported to the local police. The Department of Clinical Resource Management/Social Work shall be notified and is available to assist with the referral.
6. Suspected child abuse and/or neglect may also be reported to the appropriate county agency by the Department of Clinical Resource Management/Social Work. Within 48 hours of the oral report, written notification (CY-47) by the individual identifying the suspected abuse and/or neglect shall be made to the county agency servicing children and youth in the county in which the suspected child abuse occurred. Copies of medical summaries or reports of any photographs, x-rays, and relevant medical tests relating to the suspected abuse will be made available to the appropriate county agency.
7. Any person failing to report suspected child abuse may be subject to legal sanctions. The persons required by law to report child abuse are immune from any civil or criminal liability which could result from reporting suspected abuse, whether or not the suspicions are confirmed if the report was made in good faith.
8. When it is suspected that a child's death resulted from abuse, the physician pronouncing the child's death will report the case to the coroner of the county where the death occurred. The hospital administrator on-call must be notified. The Department of Clinical Resource Management/Social Work shall be notified as well.

B. Elder Abuse

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1. Health care providers having reasonable cause to believe that an older adult (60 years of age or older) is in need of protective services should report such information to the Department of Clinical Resource Management/Social Work who will contact the appropriate local agencies. Provided the report is made in good faith, the reporter is immune from criminal or civil liability.

C. Domestic Abuse

1. Health care providers having reasonable cause to suspect a patient is the victim of domestic abuse should report such information to the Department of Clinical Resource Management/Social Work who will provide referrals to private or community agencies for victims of abuse subject to C(3) and (4) below.
2. The staff of the Hospital of the University of Pennsylvania has the responsibility to report such abuse to the local police.
3. The victim must be informed of the duty to report.
4. If the perpetrator is: (a) a current or former spouse, or (b) a current or former sexual or intimate partner or (c) shares biological parentage with the victim, and the victim does not want a report to be made after being informed, then no such report will be made without the victim's consent. The discussion as well as the referral to private or community agencies described in C(1) above will be documented in the victim's medical record.
5. Confidentiality must be preserved, except as described above.

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