

<p align="center"><b>St. Joseph's / Candler Health System</b></p>	<p align="center"><b>Patient Care Policy</b></p> <p><b>Title: Abuse/Neglect</b></p>	<p><b>Policy Number: 6043-PC Effective Date: 07/11/2023 Page 1 of 6</b></p>
---	---	---

**Policy Statement**

It shall be the policy of St. Joseph's/Candler Health System (SJ/C) to assess, treat, and make reports/referrals to appropriate law enforcement and/or community agencies for patients, adults and children who are suspected victims of Abuse, Neglect, Aggravated Assault, Rape, Aggravated Child Molestation, and Domestic Violence.

**Definition of Terms**

**Abuse** – the willful infliction of physical pain, injury, or mental anguish, unreasonable confinement, or the willful deprivation of services which are necessary to maintain a person's physical and mental health.

**Neglect** – The absence or omission of essential services to the degree that it harms or threatens physical or emotional health.

**Aggravated Assault** – assaults with intent to murder, Rape or rob with a weapon or object likely to or resulting in serious bodily injury.

**Domestic Violence** – violence within the family unit which results in injury to the victim.

**Rape** – forced sexual relations with a person against their will.

**Aggravated Child Molestation** – an immoral or indecent act that physically injures a child or involves an act of sodomy.

**Factitious Disorder** – a disorder or illness that is not real, genuine, or natural.

**Factitious Disorder by Proxy** – another person, other than the patient, describes dramatic, but false symptoms or simulates acute illness in the patient. Munchausen's by Proxy Syndrome is a specific type of Factitious Disorder.

**HIPPA** - Health Insurance Portability and Accountability Act

**Licensed Independent Practitioner (LIP)** – physician or any other individual permitted by law and by the Hospital to provide care and services without direction or supervision, within the scope of the individual's license and consistent with individually granted clinical privileges.

**Medical Professionals** – any Licensed Independent Practitioner (LIP), registered nurse, security personnel employed by a medical facility and any personnel with patient treatment or care responsibilities employed by a medical facility.

**Protected Health Information (PHI)** - individually identifiable health information as defined by federal regulations and transmitted by electronic media; maintained in any medium or transmitted or maintained in any other form or medium.

**S.A.N.E.** – Sexual Assault Nurse Examiner

**Department of Family and Children Services - DFCS**

### **Procedure**

**NOTE: ALL MEDICAL PROFESSIONALS ARE MANDATED REPORTERS OF CHILD ABUSE, AND WILL PROMPTLY REPORT ANY SUSPICIONS OF ABUSE OR NEGLECT TO DFCS AND/OR LAW ENFORCEMENT.**

- A. The patient is identified by using the name and medical record number or account number and comparing it to one other document, such as the patient identification band, MAR, face sheet or specimen label. If the patient cannot speak, identification will be verified by one of the following individuals in the following order of priority: durable power of attorney for healthcare, spouse, adult child, parent, other family member, individual involved in the plan of care or authorized agent. If patients have the same name, verification will be obtained by using the medical record number or account number and date of birth.
  
- B. Elder Abuse/Neglect
  1. All cases of suspected abuse/neglect will be reported by any health care employee to the Clinical Care Coordination (CCC) Department through the Meditech online computer system.
  2. Social Worker will then collaborate with CCC Manager regarding the identified case. Next, a telephone or face to face conference with Social Worker, CCC Manager, and CCC Director will occur to determine the need to notify Adult Protective Services (APS) within 24 hours of referral or next business day.
  3. Prior to notification to APS, Social Worker will notify Savannah/Chatham County Police Department of the suspected abuse/neglect case in accordance with GA Law House Bill 78.
  4. The Social Worker will report all suspected abuse/neglect to the Savannah/Chatham County Police Department and APS. However, in suspected abuse/neglect cases involving personal care homes or nursing homes, the Social Worker will contact the nursing home or personal care home administrator and Ombudsman after consulting

with CCC Manager and CCC Director.

5. Social Worker will fax the social work assessment with copies of any pertinent medical records to APS, if requested.
6. Social Worker will meet with the Savannah/Chatham County Police Officer assigned to investigate the suspected abuse/neglect case, if requested.
7. Social Worker will meet with the APS representative assigned to investigate the suspected abuse/neglect case, if requested.
8. Social Worker will inform the patient and patient's caregiver and/or family of the report and subsequent investigation of the suspected abuse/neglect.
9. Social worker will document actions in the EMR patient care notes.

C. Child Abuse/Neglect

1. All cases of suspected abuse/neglect will be reported to the CCC Department who will then notify the Social Worker.
2. A brief validation interview may be necessary in the hospital by the Social Worker. Child victims and witnesses will be interviewed in depth only once, on videotape, at the Coastal Children's Advocacy Center (CCAC).
3. The Social Worker, after completing a brief validation interview, will report all suspected abuse/neglect to Child Protective Services (CPS), a division of the DFCS. If after hours, call CPS on-call worker on their pager system. If no answer from CPS, Call 911 for police and ask police for assistance in contacting CPS.
4. If parents or caregiver try to leave with child prior to CPS assessment, police will be contacted as police can immediately take child into custody until CPS arrives.
5. Social Worker will fax the social work assessment along with any pertinent medical records upon request to DFCS and call to ensure receipt.
6. Social Worker will document actions in the EMR patient care notes.
7. Social Worker will meet with the CPS representative assigned to investigate the suspected abuse/neglect case, if requested.

D. Aggravated Assault

1. Elicit patient's explanation of injuries.
2. Obtain history of past injuries.
3. Obtain history of repeated use of the emergency department or other medical services for injuries.
4. Obtain history of alcohol and drug abuse.
5. Document name, address, and relationship of any person accompanying the patient.
6. Document name, badge numbers, telephone numbers of law enforcement officers accompanying the patient.
7. Document whether an arrest has been made.
8. Document time, date, place, and witness(es), if any, to the assault.
9. Document medical condition, to include description and location of all injuries, physical evidence, photos.
10. Advise patient of hospital responsibility to report aggravated assault, gunshot wounds, and stab wounds.

11. Advise patient of his/her right to file a complaint.

NOTE: Suspected cases of Domestic Violence or non-accidental injury to a patient will be reported to the local police department pursuant to **GA Code 31-7-9 “Reports by physicians and other personnel of non-accidental injuries to patients; immunity from liability.”**

E. Domestic Violence

1. Provide treatment according to needs.
2. Any medical personnel having cause to believe that a patient has had a physical injury or injuries inflicted upon him/her other than by accidental means, **must report** or cause reports to be made in accordance with GA Code 31-7-9.
3. CCC staff can be reached by calling the CCC Main Office at each respective campus during regular working hours (8:00 - 4:30), calling the designated floor Social Worker if patient is assigned to a room, or by calling the On-call Social Worker if after office hours.
4. If CCC is not available, follow **Clinical Chain of Command (Patient Care Policy #6250-PC)** and notify Manager or House Supervisor to ensure Police Department is notified immediately.
5. If the patient consents to the report and signs the appropriate release of information form, the SJ/C Co-worker may release any/all records indicated on the form to the local Police Department.
6. If the patient does not consent to the report, the local Police Department must still be notified and a report filed pursuant to GA Code; however, the only PHI which can be released is name and address of the patient, the nature and extent of the patient’s injuries, and any other pertinent information the reporting person believes might be helpful in establishing the cause of the injuries and the identity of the perpetrator.
7. HIPPA requires that the patient be informed of the report **UNLESS**, in the co-worker’s professional judgment, informing the patient of the report could place them at risk of serious harm, **OR** if the co-worker believes that the personal representative for the patient is responsible for the injury, and in the co-worker’s professional judgment they believe it would not be in the best interest of the patient to inform the personal representative.
8. With patient’s consent, a representative from an appropriate community agency or agencies may be contacted (i.e. Safe Shelter Outreach) and may stay with the patient during examination and any police investigation.
9. If the patient is seen in the Emergency Department, is released and next day follow-up with the patient by phone is desired, an order can be dropped to the CCC Department via EMR. Care will be taken to make sure the patient desires the phone follow-up, especially if the patient lives with the suspected perpetrator as having a Social Worker call the house could put the patient at risk of further abuse.

F. Reports for Sexual Assault: (See **Sexual Assault, ED Policy #ED-29**)

1. Adult Sexual Assault

- a. Criteria for identifying:
    - (1) Patient report of incident; or
    - (2) Other injuries over body which must be described in detail.
  - b. S.A.N.E. nurse will be contacted when possibility of Adult Sexual Assault is indicated.
2. Prepubescent Females (premenstruation)
- a. Criteria for identifying:
    - (1) Patient report of incident;
    - (2) Parent or guardian report of possible sexual abuse; or
    - (3) Other injuries over body which may indicate possible sexual abuse.
  - b. CCC Social Worker to be contacted as soon as possible.
  - c. CCC Social Worker will contact DFCS and/or law enforcement with ANY suspicions of sexual abuse.
    - (1) Unless an emergency exists (e.g. physical injuries or vaginal or anal penetration within the previous 72 hours) children should NOT be examined in the Emergency Room but instead should be referred to the Backus Children's Hospital outpatient clinic (912-350-8016).
    - (2) Case manager at DFCS will be responsible for scheduling the appointment with Backus Children's Hospital outpatient clinic (912-350-8016).
    - (3) CCC Social Worker will document actions in the EMR patient care notes.
  - d. Law enforcement will be responsible for the cost of any exam conducted as part of a criminal investigation.
  - e. LIPs have the legal authority to take victims of suspected abuse into protective custody. DFCS will be contacted whenever a child is taken into protective custody. LIPs may contact CCC Social Worker, who will in turn contact DFCS.
3. After beginning of menses
- a. Criteria for identifying:
    - (1) Patient report of incident;
    - (2) Parent or guardian report of possible sexual abuse; or
    - (3) Other injuries over body, which may indicate possible sexual abuse.
  - b. CCC Social Worker to be contacted as soon as possible.
  - c. CCC Social Worker will contact DFCS and/or law enforcement with ANY suspicions of sexual abuse.
    - (1) If penetration has occurred within the prior 72 hours, patient will be referred to the S.A.N.E. nurses.
    - (2) Menstruating females alleging sexual contact more than three days prior to visit may be examined by the Health Department's Teen Clinic, Planned Parenthood or LIP.
  - d. LIPs have the legal authority to take victims of suspected abuse into protective custody. DFCS will be contacted whenever a child is taken into protective custody. LIPs may contact CCC Social Worker, who will in turn contact DFCS.

**NOTE:** Policies are intended to serve as training tools and as general guidelines for when questions arise or when unusual events occur. Personnel should not use policies as a substitute for the exercise

of good judgment as it is recognized that a guideline may not be uniformly appropriate. If you have a specific question that is not addressed by this policy or if you have questions about the application of this policy, please contact a supervisor, the compliance officer, or legal department.

Approved:



---

Sherry Danello, DHA, MSN, RN, NEA-BC

Original Implementation Date: 4/8/2002

Next Review Date: 07/11/2026

Originating Department/Committee:

Reviewed: 04/08, 03/11/, 02/14, 05/17, 02/19, 06/20

Revised: 03/99; 03/02; 03/05, 04/08, 03/11, 02/14, 05/17, 02/19, 06/20

Rescinded:

Former Policy Number(s):

**SJ – 7170-64/60910-98** – Victims of Abuse and Neglect

Original: 7/93

Reviewed: 12/96

Revised: 2/95, 2/05

**CH – 109** Identification and Reporting of Suspected Abuse/Neglect, Aggravated Assault, Rape, Aggravated Child Molestation and Domestic Violence

Original: Unknown

Review: 4/96

---

***Printed copies are for reference only. Please refer to the electronic copy for the latest version.***

---

Policy Number: 6043-PC  
Effective Date: 07/11/2023

Page 6 of 6