**POLICY**

**Purpose**
Consistent with the mission of Thomas Jefferson University Hospitals to provide quality patient care, the purpose of this policy is to establish an appropriate, consistent mechanism for assessing patients in order to identify, report and document cases of suspected abuse, neglect, domestic violence or exploitation of adults or children in compliance with existing reporting requirements and respect for patient rights.

**Responsibility**
All health care providers* at Thomas Jefferson University Hospitals will assess patients using the assessment criteria in Appendix 1 in order to identify, document and, when appropriate, report suspected cases of abuse, neglect, domestic violence or exploitation. Assessment and identification of patients may occur in the hospital; physician's office, workplace, patient or client's home or within the community. Suggested screening questions are included in Appendix 2.

Health care providers are trained during in-services in the use of age appropriate assessment criteria and screening questions. For any patients who are possible victims of alleged or suspected abuse the following information must be documented in the medical record: consents obtained for photographs, x-rays, or referrals to community agencies for intervention when applicable based on state law

- notification to all regulatory agencies/authorities based on the type of abuse
- referrals made for intervention/assistance to community agencies
- a description of all evidentiary materials obtained including photographs or specimens

*Health care providers are defined as "hospital personnel engaged in the admission, examination, care, or treatment of persons".

**PROCEDURES**

**A. Children (Under 18)**

**Definition**
Child abuse is any physical or mental injury which cannot be explained by the available medical history provided. This includes, but is not limited to, accidental causes, sexual abuse, sexual exploitation or serious physical neglect of any child under the age of 18 years. A child's injury or injuries, abuse or neglect may be perpetuated by, but is not limited to acts or omissions of the child's parents, by a person responsible for the child's welfare, any person residing in the same home as the child or a paramour of the child's parent.

No child shall be deemed to be physically or mentally abused for the sole reason the child is in good faith being
furnished treatment by spiritual means through prayer alone in accordance with the tenets and practices of a recognized church or religious denomination by an accredited practitioner thereof. Accordingly, no child shall be deemed physical or mentally abused solely on the grounds of not being provided medical treatment in relationship to the practice of religious beliefs. Physical or mental abuse shall not be solely based upon environmental factors such as inadequate housing, furnishings, income, clothing or medical care which is out of the control of the person responsible for the welfare of the child.

1. Physicians and health care providers who believe, on the basis of their medical, professional or other training and experience and the application of the assessment criteria (Appendix 1) that a child in their care may be a victim of abuse will treat that patient as an abused child. Whenever possible, this assessment will include an interview with the child without the patient/caretaker present.

2. When assessment criteria for child abuse are identified by a health care provider, he/she must make a report by calling the 24-hour Childline at 1-800-932-0313. In accordance with the Child Protective Services Law, all healthcare providers are required to report suspected cases of child abuse identified during their work duties. The healthcare provider must immediately complete a CY-47 form (see Appendix 2 Age Appropriate Patient Abuse Screening Tool) and forward it to the local child protective service agency. (Attention should be paid to legibility in order to aid in follow-up investigation) The address of the local agency can be obtained through Childline and are listed in Appendix 3. Anyone who in good faith reports suspected child abuse is immune from civil liability in connection with the report.

4. The healthcare provider should complete medical record documentation of the suspected abuse. Documentation should include findings, observations and statements by the child or family, which support the suspicion of abuse. The treatment rendered should be documented along with notification of proper authorities. Whenever possible, the same person should obtain the history from the child and the parent. A social worker should be notified of all patients you are alleged victims of domestic violence.

5. Parental consent is NOT required to photograph or x-ray suspected victims of child abuse. However, in most circumstances the healthcare provider initiating the report should attempt to obtain consent or notify the parent or guardian of the actions to be taken.

6. The Department of Security shall be notified and requested to respond when necessary to facilitate continued treatment of the alleged victim of abuse.

7. If a healthcare provider believes that protective custody is immediately necessary to protect the child from further serious physical injury, sexual abuse or serious neglect, he/she may hold the child for up to 24 hours. In these instances, the local child protective services agency must be notified immediately to arrange temporary placement for the child.

8. If the alleged victim of child abuse requires hospitalization, the local child protective services agency should be notified of the hospitalization. A Social Worker from the Case Management Department should be notified of all in-patients who are alleged victims of child abuse. The Social Worker is responsible for the assessment, reassessment and follow through as needed until discharge.

9. Parents or caregivers of the alleged victim of child abuse should be provided with a list of client advocacy groups (Appendix 3)

B. Dependent / Older adult (over age 60)
Definitions
Older Adult
A person within the jurisdiction of the Commonwealth of Pennsylvania who is 60 years of age or older.
Dependent Adult
An adult over the age of 18 and under the age of 60 who is under the care and supervision of a friend or family member.

Caretaker
An individual or institution that has assumed responsibility for the provision of care needed to maintain the physical or mental health of an older adult. This responsibility may arise voluntarily, by contract, by receipt of payment for care, as a result of family relationship, or by order of a court of competent jurisdiction.

Abuse
The occurrence of one of more of the following acts:
· The infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish.
· The willful deprivation by a caretaker of goods or services which are necessary to maintain physical or mental health.
· Sexual harassment, rape or abuse as defined in the act of October 7, 1976 P.L. 1090, No. 218) known as the Protection from Abuse Act.

Exploitation
An act or course of conduct by a caretaker or other person against an older or dependent adult or his/her resources, without the informed consent of the older or dependent adult or with consent obtained through misrepresentation, coercion or threats of force, that results in monetary, personal or other benefit, gain or profit for the perpetrator or monetary or personal loss to the older or dependent adult.

1. When assessment criteria (Appendix 1) for suspected abuse, neglect or exploitation of an older or dependent adult are identified by a health care provider, the provider should assess the patient's situation to determine if a report should be made. Whenever possible, this assessment should include interviewing the patient privately.

2. A health care provider who has reason based on the assessment criteria to believe that an older dependent adult is the victim of abuse, neglect or exploitation and in need of protective services or advocacy may report such information to the local protective services or advocacy agency listed in Appendix 3. The healthcare provider who reports in good faith suspected abuse of adults over age 60 in Pennsylvania has legal protection from civil or criminal prosecution in connection with the report.

3. The health care provider should complete medical record documentation of the suspected abuse, neglect or exploitation. Documentation should include findings, observations and statements by the patient or family, which support the suspicions. The treatment rendered should be documented along with notification of proper authorities. Whenever possible the same person should obtain the history from the patient and the caretaker.

4. The Department of Security should be notified and requested to respond when necessary to facilitate continued treatment of the alleged victim.

5. A Social Worker from the Case Management Department should be notified of all in-patients who are alleged victims of abuse, neglect or exploitation. The Social Worker is responsible for the assessment, reassessment and follow up as needed until discharge.

6. Family or caretakers of the alleged victim should be provided with a list of client advocacy groups (Appendix 3).

C. Suspected Victims of Domestic Violence
Definition
Domestic Violence
Domestic Violence is defined as the presence of actions by one or more adults or emancipated minor members in the context of an intimate and/or family type relationship, to perpetrate physical, emotional, sexual or financial abuse. This includes spouse or former spouse; current or former cohabitant; current or former dating partners,
current or former fiancées, or persons who have had a child together.

1. When a healthcare provider identifies assessment criteria (Appendix 1) for suspected or potential domestic violence, the provider should discuss this concern with the patient. Whenever possible, this assessment should include a private interview with the patient. The patient/alleged victim should be provided with a list of advocacy groups for domestic violence (Appendix 3). Patients should be assured of confidentiality.

2. When the alleged victim is a patient the healthcare provider should complete medical record documentation of the suspected domestic violence. Documentation should include findings, observations and statements by the patient or family, which support the suspicions. The assessment should include the presence of any children in the home and if any weapons are kept in the house. The treatment rendered should be documented along with referral to the appropriate local advocacy group.

3. The patient must be advised that the medical record is a legal document that can be used in obtaining restraining orders, criminal prosecutions, child custody and divorce proceedings. The patient should be advised of their legal right to protection and to press charges against the perpetrator.

4. The Department of Security should be notified and requested to respond when necessary to facilitate continued treatment of the alleged victim.

5. A Social Worker from the Case Management Department should be notified of all patients who are alleged victims of domestic violence. The Social Worker is responsible for the assessment, reassessment and follow up as needed until discharge.

**Appendix 1:** [Criteria for Identifying Victims of Abuse, Neglect, Domestic Violence or Exploitation](word)

**Appendix 2:** [Age Appropriate Patient Abuse Screening Tool](word)

**Appendix 3:** [Resource List](word)

**Revision Date(s):** 01/18/2001, 10/20/2003, 11/01/2004, 4/17/2007, 7/6/2010

**Review Date(s):** 10/07/2003, 08/19/2004, 7/6/2010

**Revision Notes:** See changes about evidentiary evidence and domestic violence.

**Responsibility for maintenance of policy:** Senior Vice President of Patient Care Services & CNO

(Signature on File)

**Approved by:**
Thomas J. Lewis
President and CEO, Thomas Jefferson University Hospitals