

*** KEEP FOR REFERENCE ***

CALIFORNIA PATIENT ABUSE AND NEGLECT REPORTING REQUIREMENTS SUMMARY

For immediate questions contact Social Work (SHC 723-5091, LPCH 497-8303) or Risk Management 723-6824

<p>For reporting phone numbers or forms, see “reporting” sections of: http://domesticabuse.stanford.edu http://elderabuse.stanford.edu http://childabuse.stanford.edu These websites also contain important information on how to ask, what to look for, educational resources, upcoming events and conferences, and patient materials.</p>	<p>For general questions or to schedule free individual or group training/education: domesticabuse@med.stanford.edu elderabuse@med.stanford.edu childabuse@med.stanford.edu</p>
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	ADULTS	ELDERS/DEPENDENT ADULTS	CHILDREN
Health Practitioner Mandated Reporters	All medical health practitioners except in the fields of psychiatry or pediatrics	All health practitioners	All health practitioners
What is reportable? Knowledge or reasonable suspicion of:	- wound or physical injury from domestic violence or sexual assault - any injury from firearm or deadly weapon	- physical harm or pain, including inappropriate chemical/physical restraints or withholding meds - sexual abuse - neglect, including self neglect - abandonment, abduction, isolation - financial abuse	- non-accidental physical injury - sexual abuse - neglect - unlawful corporal punishment - willful cruelty or unjustifiable punishment - abuse or neglect in out of home care
Where to report	Police Dept. (PD) in city where incident occurred	- Outside of a nursing home – PD or Adult Protective Services (APS) in county of residence - Inside nursing home care – PD or Ombudsman in county of nursing home	PD in city where incident occurred, or Child Protective Services (CPS) in county of residence
How to report	Call ASAP and send report within 2 working days	Call ASAP and send report within 2 working days	Call ASAP and send report within 36 hours
State reporting form	CalEMA 2-920 plus optional forensic form CalEMA 2-502	SOC 341 plus optional forensic form CalEMA 2-602	SS 8572 plus optional forensic form CalEMA 2-900

Acute sexual assault

- DO NOT TOUCH GENITAL, ORAL, OR OTHER ASSAULTED AREAS
- contact police who can authorize a forensic examination through the county SART (Sexual Assault Response Team) program at Valley Medical Center
- competent patients over the age of 12 can refuse this examination

SUSPICIOUS HISTORY, BEHAVIORS, PHYSICAL FINDINGS

History

Delay in seeking care for an injury
Injury inconsistent with history
Injury inconsistent with patient developmental stage or physical abilities
History vague or keeps changing
A part-time caregiver was present at the time of the incident
Patient has multiple visits for injuries, vague complaints, chronic pain syndromes, depression or anxiety symptoms
Pregnancy – late or no prenatal care
Sudden change in behavior
Suicide attempt or gesture
Patient or caregiver keeps changing physicians
Patient reports items or money stolen, being made to sign documents
Frequent cancelled appointments or no-shows

Condition

Poor hygiene
Clothing in disrepair or inappropriate for weather
Torn, stained or bloody undergarments
Patient appliances (glasses, hearing aid) broken or missing
Poor growth parameters in children
Dehydration or malnutrition
Prior injury not properly cared for; lack of compliance with appointments, meds, or treatment regimens

Patient behavior

Seems afraid to speak in front of partner/caregiver
Embarrassed, evasive
Highly anxious, inappropriate emotional responses
Withdrawn, uncommunicative, staring, rocking, sucking, biting
Listless, passive, flat or blunted affect, overly compliant
Angry, disruptive, agitated
Exaggerated startle response
Withdraws quickly to physical contact
Difficulty walking or sitting

Partner/caregiver behavior

Overly attentive, doesn't want to leave patient alone
Speaks for patient
Anger or indifference towards patient
Intimidating to staff
Refuses consent for reasonable further evaluation or treatment
Soft tissue injuries (bruises, lacerations, burns, bites, scratches, punctures) to:

Head and neck, orbit
Lips/oral cavity/frenulum
Forearms – defensive injuries
Trunk, breasts, buttocks
Restraint marks on wrists, axilla, ankles, corner of lips
Genital/rectal area
Any pressure ulcers or contractures

Bruises

Multiple areas, different stages of healing
Pattern reflecting article used (hand, fingermarks, belt, looped cord)
“Battle sign” – bruising behind ear due to gravity and hidden scalp injury

Burns

Shape of hot object (iron, curling iron)
Cigarette – usually multiple, 8-10 mm dia. with indurated margin
Caustic substance
Friction (rope, or dragging)
Immersion - straight demarcation line without splash marks
Taser – paired round erythematous lesions 5 cm apart

Fractures

Any fracture in a child under age 1
Multiple old fractures in different stages of healing
Dislocations or fractures of extremities or face

“Choking” (50% no immediate physical signs, but patient may have sx)

Ligature or fingermarks on neck, scratches from patient trying to remove
Petechiae above markings, subconjunctival hemorrhage
Patient hoarseness, dysphagia, dyspnea, nausea, ringing in ears
Unexpected stroke in relatively young patient

Occult injuries

Head trauma – lethargy, irritability, vomiting, convulsions
Blunt abdominal trauma – vomiting, pain, tenderness, hematuria, shock
Ingestion of toxic substance (purposefully or through neglect)

Lab

Evidence of over- or under-dosing medications
Unexpected STDs or pregnancy
Parameters of dehydration or malnutrition