### 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

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.

<table>
<thead>
<tr>
<th>ADULTS</th>
<th>ELDERS/DEPENDENT ADULTS</th>
<th>CHILDREN</th>
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</thead>
<tbody>
<tr>
<td><strong>Health Practitioner Mandated Reporters</strong></td>
<td>All medical health practitioners except in the fields of psychiatry or pediatrics</td>
<td>All health practitioners</td>
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<tr>
<td><strong>What is reportable?</strong></td>
<td>- wound or physical injury from domestic violence or sexual assault - any injury from firearm or deadly weapon</td>
<td>- physical harm or pain, including inappropriate chemical/physical restraints or withholding meds - sexual abuse - neglect, including self neglect - abandonment, abduction, isolation - financial abuse</td>
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<td><strong>Where to report</strong></td>
<td>Police Dept. (PD) in city where incident occurred</td>
<td>- 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</td>
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<td><strong>How to report</strong></td>
<td>Call ASAP and send report within 2 working days</td>
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<td><strong>State reporting form</strong></td>
<td>CalEMA 2-920 plus optional forensic form CalEMA 2-502</td>
<td>SOC 341 plus optional forensic form CalEMA 2-602</td>
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**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, fingerprints, 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 fingerprints 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
Abuse and neglect can significantly impact the health and wellbeing of patients. In our county of Santa Clara alone, there are 20,000 reports of child abuse a year, and 5 reports of elder abuse a day.

California State law requires health practitioners to report knowledge or reasonable suspicion of specific harm to:
- Adults (age 18-64)
- Elders (age 65+)
- Dependent Adults (age 18-64 with physical or mental limitations that restrict their ability to carry out normal activities or to protect their rights)
- Children (under age 18)

I understand that:

Initial

_____ California state abuse and neglect reporting laws may differ from other states where I have trained or practiced.

_____ Stanford University Medical Center has Abuse Policies and Procedures regarding abuse reporting available on both SHC and LPCH intranet websites.

_____ I have received a copy of “California Patient Abuse and Neglect Reporting Requirements Summary”.

_____ There is no criminal liability for reporting suspected abuse. However, there are criminal (jail, fines) and possibly civil penalties to me for failure to report.

_____ Should there be uncertainty as to whether or not to report, I can consult with Risk Management and Social Services. I will ensure that a report occurs for all cases in which reasonable suspicion or actual knowledge exists.

_____ The Reporting Requirements Summary sheet contains resource phone numbers and websites if I have questions or desire further education on this topic.

Date: ______________________________

Signature: _______________________________________________________

Print name: _______________________________________________________