

\*\*\* 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:  <a href="http://domesticabuse.stanford.edu">http://domesticabuse.stanford.edu</a>  <a href="http://elderabuse.stanford.edu">http://elderabuse.stanford.edu</a>  <a href="http://childabuse.stanford.edu">http://childabuse.stanford.edu</a></p> <p>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:  <a href="mailto:domesticabuse@med.stanford.edu">domesticabuse@med.stanford.edu</a>  <a href="mailto:elderabuse@med.stanford.edu">elderabuse@med.stanford.edu</a>  <a href="mailto:childabuse@med.stanford.edu">childabuse@med.stanford.edu</a></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:	<ul style="list-style-type: none"> <li>- wound or physical injury from domestic violence or sexual assault</li> <li>- any injury from firearm or deadly weapon</li> </ul>	<ul style="list-style-type: none"> <li>- physical harm or pain, including inappropriate chemical/physical restraints or withholding meds</li> <li>- sexual abuse</li> <li>- neglect, including self neglect</li> <li>- abandonment, abduction, isolation</li> <li>- financial abuse</li> </ul>	<ul style="list-style-type: none"> <li>- non-accidental physical injury</li> <li>- sexual abuse</li> <li>- neglect</li> <li>- unlawful corporal punishment</li> <li>- willful cruelty or unjustifiable punishment</li> <li>- abuse or neglect in out of home care</li> </ul>
Where to report	Police Dept. (PD) in city where incident occurred	<ul style="list-style-type: none"> <li>- Outside of a nursing home – PD or Adult Protective Services (APS) in county of residence</li> <li>- Inside nursing home care – PD or Ombudsman in county of nursing home</li> </ul>	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

## HEALTH PRACTITIONER NOTIFICATION OF CALIFORNIA STATE ABUSE AND NEGLECT REPORTING REQUIREMENTS

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: \_\_\_\_\_