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| Name of Policy: <u>Suspected Child Abuse/Neglect</u> Policy Number: 3364-100-45-14 Department: Hospital Administration Approving Officer: Chief Executive Officer – UTMC Responsible Agent: Chief Nursing Officer Scope: The University of Toledo Medical Center and its Medical Staff |  Effective Date: January 30, 2024 Initial Effective Date: 2/12/1997 |
| <input type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy | |
| <input type="checkbox"/> Minor/technical revision of existing policy <input checked="" type="checkbox"/> Reaffirmation of existing policy | |

(A) Policy Statement

It is the policy of The University of Toledo Medical Center (“UTMC”) in accordance with the Ohio Revised Code, to immediately report all instances of suspected child abuse and/or neglect to the appropriate authorities; to follow a protocol for interviews, examinations, data collection and documentation of those patients who you know or have reasonable cause to believe, have been a victim of child abuse, exploitation, or neglect. This policy applies to all physicians, limited practitioners, nurses, or any employee who is acting in a professional capacity.

(B) Purpose of Policy

The purpose of this policy is to establish guidelines for reporting, examination, interview and documentation of suspected victims of child abuse, exploitation, or neglect. For the purposes of this policy, a child is defined as any person from birth to age 18 or a mentally retarded, developmentally disabled or physically impaired individual under age 21.

(C) Procedure

(1) Reporting

(a) When to Report and Who to Contact

When a child is brought to the Hospital, Emergency Department, Ambulatory Services, or any other UTMC department and there is reasonable suspicion this child has been abused, battered, neglected, or sexually exploited, or when circumstances clearly indicate potential or actual abuse, battery, neglect or sexual exploitation of a child based on statements made by or interactions with a patient (not necessarily the child in question) with whom the provider has an official or professional relationship with, the physician, limited practitioner, nurse or employee giving aid to the sick or injured child will immediately report this information about the sick or injured child or the potentially sick or injured child by telephone or in person to law enforcement or children’s services authorities in the county in which the child, or children, resides:

- (i) Lucas County: Lucas County Children’s Services Board
Intake and Investigations
Hours: 24 hours per day/7 days per week
419-213-3400
Note: Children’s Services Board will obtain any Juvenile Court order for treatment, if necessary.
- (ii) Wood County: Wood County Department of Human Services
1928 E. Gypsy Lane
P.O. Box 679
Bowling Green, Ohio 43412
419-246-3029
- (iii) Fulton County: Fulton County Department of Human Resources
604 S. Shoop Ave., Suite 200
Wauseon, Ohio 43567

419-337-0010

(iv) For residencies other than the above, contact the appropriate law enforcement agency or children's agency in the county which the child, or children, resides.

(b) Contents of the Report

(i) The oral report shall contain the following information:

- (a) The names and addresses of the child, or children, and his/her/their parents or the person(s) having custody of the child or children, if known;
- (b) The child's, or children's, age, date of birth, nature and extent of the child's, or children's, known or suspected injuries, abuse, neglect, or of the known or suspected threat of injury, abuse, or neglect, including any evidence of previous injuries, abuse, or neglect;
- (c) Any other information that might be helpful in establishing the cause of the known or suspected injury, abuse, neglect, or of a known or suspected threat of injury, abuse or neglect; and
- (d) The name of the agency staff receiving information.

(ii) The oral report shall be followed up with a written report containing the information by the person who gave the oral report.

(iii) The information in the reports must be documented in the patient's, or patients', medical record(s).

(c) Rendering Emergency Medical Treatment Against Parent's Wishes

Upon an emergency Court order, UTMC and its clinics are permitted to detain a child against the wishes of the parents for the purpose of rendering emergency medical treatment. If it becomes necessary to treat a child against the parents' wishes, contact the reporting agency indicated in Section (C)(1)(a) to request the emergency Court order.

(2) Guidelines

(a) Examination of Patient:

(i) By Resident or Attending Physician: Examination of the patient should be completed by a resident or attending physician while maintaining patient's dignity, safety and treating the patient with respect at all times. Examination should be external only with precise documentation. In the event of massive trauma, treatment should be provided accordingly and the Child Protection Team should be contacted.

(ii) Child Protection Team: If further guidance is needed in completing the physical examination, the Child Protection Team may be contacted through the Mercy Children's Hospital's page operator at 419-251-3232.

(iii) Guidelines for Identification of Possible Reportable Causes (Note: The following guidelines are not intended as an exhaustive list):

- (a) History is incompatible with pattern and/or degree of injury;
- (b) Explanation of how injury occurred is vague or parent is reluctant to give information;
- (c) Child is brought in with a minor complaint and significant trauma is found;
- (d) Contradictory histories;
- (e) Age or developmental level of child is inconsistent with injury;
- (f) Parents' affect is inappropriate in relation to extent of injury;
- (g) Evidence of abnormal parent/child interaction especially in terms of unusually rough behavior or grossly inappropriate expectation of child's behavior;
- (h) Unexplained central nervous system findings in a child under one (1) year old;

- (i) Unusual bruising patterns or suggestive of an instrument;
- (j) History of sexual assault from child or family member;
- (k) Sexually transmitted disease in prepubertal children;
- (l) Pregnancy in children;
- (m) Conflicting history of genital or rectal trauma between child and adult;
- (n) Pain or bleeding with urination or defecation;
- (o) Sexually precocious behavior for age of child (inappropriate sexualized behavior);
- (p) Evidence of venereal disease; or
- (q) A sibling or other child may be experiencing abuse in the same environment or circumstances.

(iv) Risk Factors for Child Abuse/Neglect:

- (a) Child born prematurely;
- (b) Child has disabilities, abnormalities, or is mentally impaired;
- (c) Child is chronically ill;
- (d) Child has already been victimized;
- (e) Violence present in the home;
- (f) Substance abuse;
- (g) Parents or caretakers lack maturity, skills, or knowledge of how to care for child;
- (h) Caretaker is socially isolated;
- (i) Family is experiencing high levels of stress, loss of job, death, divorce, or serious illness;
- (j) Parental expectations are inconsistent with the child's development.

(b) **Information Gathering**

Formal interviews are not to be conducted. Staff should document any spontaneous statements made by the child in direct quotes. Documentation should include descriptions of the child's affect and emotional utterances.

- (i) Documentation of suspected abuse shall include observations of physical and mental status, physical injuries, clothing, and interaction with family members or persons who brought the child to UTMC or its clinics.
- (ii) Documentation in the medical record shall include words or phrases in quotations using the words of the child and others, observed behaviors, detailed description of injuries including size, type, number, degree of healing, and possible causes.
- (iii) The historian of the information must be cited in all instances.

(c) **Creating Photographic Records of the Patient's Injuries**

If bruising or other obvious or suspicious evidence of sexual or physical abuse exists, color photographs may be taken. A notation must be made in the patient's medical record indicating photographs were taken.

- (i) Photographs should be taken by the staff attending to the child.
- (iii) Consent is not required.
- (iv) Notations should be made concerning who took the photographs and how the photographs were handled to maintain chain of custody.
- (v) Label and include a photograph of the patient's face in at least one (1) exposure.
- (vi) Photographs are to be maintained by the Health Information Management Department.

(3) Obligation to Supply Medical Records to Law Enforcement and Children’s Protective Services

In the event that a criminal investigation, action, or proceeding is commenced, UTMC and its clinics are required by law to supply copies of all pertinent records without a signed consent for release of information to law enforcement or children’s services authorities. The Office of Legal Affairs may be consulted as needed.

(4) Staff Training

Inpatient and Ambulatory Nursing staff (RN, LPN, PCA, MA), Emergency Department staff, Care Coordinators, Hospital Social Workers and Pastoral Care Staff will receive training on recognizing and responding to suspected victims of abuse, exploitation or neglect upon orientation.

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| <p>Approved by:</p> <p>/s/ _____ Richard P. Swaine Chief Executive Officer - UTMC Date</p> <p>/s/ _____ Puneet Sindhvani, M.D. Chief of Staff Date</p> <p><i>Review/Revision Completed By:</i> HAS Legal Affairs - HSC Chief of Staff</p> | <p>Review/Revision Date: 6/9/99 10/11/00 1/14/04 7/11/07 4/27/11 4/1/2014 9/1/2017 9/1/2020 1/30/2024</p> <p>Next Review Date: 01/01/2027</p> |
| <p>Policies Superseded by This Policy: 7-45-14 - Suspected Child Abuse/Neglect</p> | |