

<p><b>Name of Policy:</b> Suspected Child Abuse/Neglect</p> <p><b>Policy Number:</b> 3364-100-45-14</p> <p><b>Approving Officer:</b> Chief Executive Officer</p> <p><b>Responsible Agent:</b> All physicians, limited practitioners, nurses, or any employee who is acting in a professional capacity</p> <p><b>Scope:</b> The University of Toledo Medical Center</p>	 <p><b>Effective date:</b></p> <p><b>Original effective date:</b> February 12, 1997</p>
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Key words: Suspected Child Abuse, Neglect, Protocol, Interviews, Examination

	New policy proposal		Minor/technical revision of existing policy
X	Major revision of existing policy		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. Special security precautions will be followed when caring for children admitted for suspected child abuse.

(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) Place children suspected of abuse/neglect in rooms away from open doorways and staircases whenever possible.
- (2) Notify campus police of admissions and request that they make more frequent rounds on the unit where the child is admitted.

## Suspected Child Abuse/Neglect

- (3) Unless there is a written medical order, children will not be permitted off the unit unless accompanied by hospital personnel.
- (4) Doors to the unit are to remain closed as much as possible.
- (5) Security, UTPD, and all personnel working on the unit will be informed of the child's presence and any potential for concern.
- (6) Supervision of parental visits will be determined by the physician and/or Children Services Board where the child resides, and an order will be written. When needed, a member of the staff will observe the interaction and document pertinent data in the patient's medical record.
- (7) In the event a child's whereabouts are questioned, security should be notified, and a "Code Adam" should be implemented.
- (8) Reporting

- (a) Reporting of any suspected abuse or neglect is mandated by the state of Ohio. 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 and children's services authorities in the county in which the child, or children, resides. For residencies outside UTMC's local area, contact the appropriate law enforcement agency or children's agency in the county which the child, or children, resides. The oral report shall contain the following information:

The names, birthdates (if known), 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. The 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. 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 Child Abuse/Neglect

suspected threat of injury, abuse, or neglect. The name of the agency staff receiving information.

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

(9) Rendering emergency medical treatment against parents' 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)(8) to request the emergency court order.

(10) Examination of patient.

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.

(ii)

(11) 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.;

## Suspected Child Abuse/Neglect

- (o) Sexually precocious behavior for age of child (inappropriate sexualized behavior).
  - (p) Evidence of venereal disease.
  - (q) A sibling or other child may be experiencing abuse in the same environment or circumstances.
- (12) 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.

## (13) 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.

- (a) 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.
  - (b) 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.
  - (c) The historian of the information must be cited in all instances.
- (13) Creating photographic records of the patient's injuries.
- (a) Color photographs may be taken. A notation must be made in the patient's medical record indicating photographs were taken.

- (b) Photographs should be taken by the staff attending to the child and uploaded to the patient's electronic record.
  - (c) Consent is not required.
  - (d) Notations should be made concerning who took the photographs.
  - (e) A patient label should appear in each photograph, and the series should include a photograph of the patient's face in at least one (a) exposure.
  - (f) Photographs are to be maintained by the health information management Department.
- (14) (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.

- (15) (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.

<p><b>Approved by:</b></p> <hr/> <p>Daniel Barbee Chief Executive Officer</p> <hr/> <p>Date</p> <hr/> <p>Puneet Sindhvani, M.D. Chief of Staff</p> <hr/> <p>Date</p> <hr/> <p>Kurt Kless Chief Nursing Officer</p>	<p><b>Policies Superseded by this Policy:</b></p> <ul style="list-style-type: none"><li>• <i>7-45-14 Suspected Child Abuse/Neglect</i></li><li>• <i>3364-110-10-02 Precautions, Suspected Child Abuse, Police Holds</i></li></ul> <p>Initial effective date: February 12, 1997</p> <p>Review/Revision Date:</p> <p>June 9, 1999 October 11, 2000 January 14, 2004 July 11, 2007 April 27, 2011 April 1, 2014 September 1, 2017 September 1, 2020 January 30, 2025</p>
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<p>Date _____</p> <p><i>Review/Revision Completed by: Nursing Administration Office of Legal Affairs</i></p>	<p>Next review date:</p>
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