

Name of Policy: <u>Domestic Violence</u> Policy Number: 3364-100-45-21 Department: Hospital Administration Approving Officer: Chief Executive Officer - UTMC Chief of Staff Responsible Agent: Chief Medical Officer Chief Nursing Officer Scope: The University of Toledo Medical Center and its Medical Staff	 Effective Date: January 30, 2024 Initial Effective Date: August 8, 2007
<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 that health care providers must document or write an assessment in the patient’s medical record if they suspect or identify the patient as a victim of Domestic Violence (see definitions).

(B) Purpose of Policy

The purpose of this policy is to establish guidelines for reporting, examination, interview and documentation of suspected Domestic Violence.

(C) Procedure

(1) Reporting

(a) When to Report:

- (i) Health care providers are not required to report Domestic Violence abuse unless the patient presents with injuries related to gunshot wounds, stabbings, serious injury reasonably believed to be caused by an offense of violence or Burn Injury (see definition); or is a suspected victim of child abuse or elder abuse (see UT policies 3364-100-45-14 and 3364-100-45-16 respectively).
- (ii) If the presenting injuries do not mandate reporting according to the ORC, health care providers only need to contact law enforcement at the patient’s request.

(b) Who to Contact

(i) When the above referenced conditions for reporting are met, report the occurrence by telephone to the appropriate law enforcement authorities in the county in which the patient resides:

- (a) Lucas County Sheriff - Telephone: 419-213-4941
- (b) Toledo Police - Telephone: 9-1-1
- (c) Wood County Sheriff - Telephone: 419-243-3441
- (d) Fulton County Sheriff - Telephone: 419-335-4010

(c) Contents of the Report

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

- (a) The name, address, and approximate age of the individual who is the subject of the report;
- (b) The name and address of the individual responsible for the presenting injury, if known;
- (c) The nature and extent of the injury; and
- (d) The basis of the reporter’s belief that the individual is the victim of domestic violence.

(ii) The oral report will 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 medical record. The medical record documentation will include the name of the law enforcement official to whom the oral report was given.

(d) Refusal to Consent to Notifying Law Enforcement Authorities

- (i) If the patient refuses to have law enforcement notified, and the injuries are not as described above as reportable, then document all findings in the medical record as well as the fact that the patient was offered to have law enforcement notified, and declined.
- (ii) Offer referral information to the patient for future reference and document.

(2) Guidelines

(a) Screening for Domestic Violence

- (i) All patients over the age of 18, regardless of cultural background are to be screened using the screening tool in the Hospital Admission Form, Emergency Department Screening Form, and Ambulatory Services Screening Form.
- (ii) Screening should be done in a private area with no one but the patient present.

(b) Examination of Patient

(i) By Resident or Attending Physician -Examination of the patient should be completed by a resident or attending physician, maintaining patient dignity, safety and treating the patient with respect.

(ii) More screening questions should be asked during the examination and documented. Document in the patient's own words and use quotation marks around the statements.

(iii) Guidelines for Identification of Possible Domestic Violence (Note: the following guidelines are not intended as an exhaustive list. For more information refer to The Ohio Domestic Violence Protocol for Health Care Providers: Standards of Care).

- (a) History is incompatible with pattern and/or degree of injury.
- (b) Explanation of how injury occurred is vague or patient is reluctant to give information.
- (c) Patient is brought in with a minor complaint and significant trauma is found.
- (d) Contradictory histories.
- (e) Patient's affect is inappropriate in relation to extent of injury/companion affect inappropriate.
- (f) Unusual bruising patterns or suggestive of an instrument or strangulation.
- (g) Nonspecific complaints.
- (h) Evidence of old injuries, bruises.
- (i) Documented history of family violence.
- (j) Adult appears dressed up to cover injuries.
- (k) Unusual injuries – injuries to areas not prone to injury by falls.
- (l) Multiple injuries in various stages of healing.
- (m) Patient denies abuse too strongly.
- (n) Partner answers questions and/or refuses to leave the patient alone.
- (o) Patient minimizes injuries or demonstrates unexpected responses (cries, laughs).
- (p) Frequent Emergency Department visits.

(iv) Possible Risk Factors for Abuse

- (a) Patient has disabilities, abnormalities, or is mentally impaired.
- (b) Violence present in the home.
- (c) Substance abuse.
- (d) Family is experiencing high levels of stress, loss of job, death, divorce, or serious illness.
- (e) Financial problems.
- (f) Pregnancy.

(v) Examination/Testing

Consideration in testing should be based on history and physical findings.

(a) Trauma X-Rays - A trauma x-ray survey should be ordered on all patients suspected of physical abuse.

(b) Bleeding Disorder Screen - A bleeding disorder screen (PT, PTT, platelets) must be ordered in all cases of unexplained bruises or "easy" bruising.

(c) Policy for Sexual Assault - If the suspected sexual abuse has occurred within the past seventy two hours, the Emergency Department's Policy Number 5-23-04 must be followed.

(3) Conducting the Patient Interview

(a) It is mandatory to separate the patient from the person who brought the patient to the hospital, ambulatory clinic, etc.

(b) Conduct the interview in an area that promotes privacy and minimizes interruptions.

(c) During the interview remain cognizant of the interviewee's age, ability to speak, hear and understand.

(d) Document the interview using the interviewee's own words, whenever possible.

(e) At all times, treat the person with respect and maintain the person's dignity.

(4) If Abuse is Denied

(a) Contact Outcome Management and request a Social Worker or designated individual to come and further assess the patient.

(b) Document all conversations and actions taken in the medical record.

(c) Do not write any domestic violence referral on discharge papers that will be taken home with the patient.

(5) If Abuse is Acknowledged but Patient Refuses Social Work Consultation or Further Intervention

(a) Encourage follow up with local domestic violence program (YWCA 419-241-3235) or call 911.

(b) Offer crisis/safety card.

(c) Offer the use of a private phone for patient to contact the YWCA or other local domestic violence program, especially if patient is in need of shelter.

(d) Advise patient to return to the Emergency Department or Ambulatory clinic, or make contact, if further abuse occurs.

(e) Do not write referral numbers on discharge form.

(f) Confer with Social Worker and offer additional appropriate referral information and materials.

(6) If Abuse is Identified

(a) Validate patient's feelings and let them know they are not responsible for the abuse.

(b) Express concern for their safety and complete a danger assessment.

(c) After Danger Assessment has been completed, ask patient if they feel safe going home. If they do not, make a referral to the Social Worker or a community resource, like a battered women's shelter, after the exam of the patient has been completed.

(d) If the patient states they do not have to leave home today, emphasize there are ways to increase their safety in all situations.

(7) Creating Photographic Records of the Patient's Injuries

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

- (a) Photographs should be taken by the staff attending to patient.
- (b) Consent is not required but recommended for the dignity of the patient.
- (c) Notations should be made concerning who took the photographs and how the photographs were handled to maintain chain of custody.
- (d) Label and include a photograph of the patient's face in at least one (1) exposure.
- (e) Photographs are to be maintained by the Health Information Management Department.

(8) Security

Appropriate precautions must be taken to protect the patient who is suspected to be a victim of domestic violence. University Police will be contacted if a potential for harm to the patient is thought to exist.

(9) Documentation

- (a) Documentation of suspected abuse will include observations of physical and mental status, physical injuries, clothing, interaction with family members or persons who brought the patient to UTMC or Clinics.
- (b) Documentation in the medical record will include direct quotations, indicated in quotation marks, from the patient 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.

(10). Obligation to Supply Medical Records to Law Enforcement Authorities

In the event that a criminal investigation, action, or proceeding is commenced, UTMC will supply copies of all pertinent records pursuant to the Release of Information policy number 3364-100-90-1. The Office of Legal Affairs may be consulted as needed.

(11) 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.

(D) Definitions

(1) Domestic Violence means the occurrence of one or more of the following acts against a Family or Household Member:

- (a) The attempting to cause or recklessly causing bodily injury to the patient.
- (b) Placing the patient, by threat of force or stalking, in fear of imminent serious physical harm.

- (c) Committing any act with respect to a child that would result in child abuse (see UTMC policy #3364-100-45-14)
- (d) Committing a sexually oriented offense against the patient.

(2) Family and/or Household Member

- (a) Any of the following who is residing or has resided with the patient:
 - (i) A spouse, a person living as a spouse, or a former spouse of the patient;
 - (ii) A parent or a child of the offender, or another person related by blood, marriage, or adoption to the patient;
 - (iii) A parent or child of a spouse, person living as a spouse, or former spouse of the patient, or another person related by blood, marriage or adoption to a spouse, person living as a spouse, or former spouse of the patient;
 - (iv) The natural parent of any child of whom the offender is the other natural parent.

(b) "Person living as a spouse" means a person who is living or has lived with the patient in a common law marital relationship, who otherwise is cohabiting with the patient, or who otherwise has cohabited with the offender within one (1) year prior to the date of the alleged commission of the act in question.

(3) Burn Injury means (Ohio Revised Code 2921.22):

- (a) Second- or third-degree burns.
- (b) Any burns to the upper respiratory tract or laryngeal edema due to inhalation of superheated air.
- (c) Any burn injury that may result in death.
- (d) Any physical harm caused by or as the result of the use of fireworks, novelties and trick noisemakers and wire sparklers.

<p>Approved by:</p> <p>/s/ _____ Richard P. Swaine, CPA Chief Executive Officer - UTMC</p> <p style="text-align: right;">Date _____</p> <p>/s/ _____ Puneet Sindhwani, MD Chief of Staff</p> <p><i>Review/Revision Completed By:</i> HAS Legal Affairs - HSC Chief of Staff</p>	<p>Review/Revision Date: 4/8/2007 4/27/2011 4/1/2014 7/1/2017 7/1/2020 1/30/2024</p>
<p>Next Review Date: 01/01/2027</p>	
<p>Policies Superseded by This Policy: 7-45-21 - Domestic Violence</p>	