HARDIN COUNTY GENERAL HOSPITAL
HOSPITAL-WIDE POLICY

Title: CHILD ABUSE AND NEGLECT **Effective Date: 3/2/2006**
Policy Number: 138 **Med Staff:**
Regulation: **Admin:**

I. POLICY

Child Abuse and Neglect

To provide hospital staff with criteria for recognition of suspected child abuse and/or neglect, delineate responsibility for reporting and provide the reporting methods and forms.

II. DEFINITIONS

III. RESPONSIBILITY

All Hospital Personnel

IV. EQUIPMENT

V. PROCEDURES

INFECTION CONTROL: N/A

INDICATORS OF NEGLECT:

Neglect is not an area easily defined. The type generally seen in the medical community displays itself in unattended physical problems or medical needs that are deemed to be eventually life-threatening.

In considering the possibility of neglect, the following factors must be involved:

Do the indicators occur rarely, frequently or are they chronic?

In a given community or sub-population, do all the children display these indicators, or only a few?

Is this culturally acceptable child-rearing or a different lifestyle? Or is true neglect involved?

The following are physical indicators of neglect:

Constant hunger, poor hygiene, inappropriate clothing;

Consistent lack of supervision, especially when engaged in dangerous activities over extended periods of time;

Constant fatigue or listlessness;

Unattended physical problems or medical needs, such as untreated or infected wounds;

Abandonment;

Failure to follow physician's instructions.

The following are behavioral indicators of neglect;

Begging or stealing food;

Constantly falling asleep in class;

Rare attendance at school;

Coming to school very early and leaving very late;

Stating that there is no one to care for or look after him/her.

Indicators of Physical Abuse;

Unexplained bruises and/or welts:

On face, lips, mouth;

In various stages of healing (bruises of different colors; old and new scars together);

On large areas of the torso, back, buttocks or thighs;

In clusters, forming regular patterns or reflective of the article used to inflect them (electric cord, belt buckle, etc.).

Unexplained burns:

Cigar or cigarette burns, especially on the soles of the feet, palms of the hands, back or buttocks; Immersion or "wet" burns, including glove or sock-line burns and doughnut shaped burns on the buttocks or genitalia;

Patterned or "dry" burns which show a clearly defined mark left by the instrument used to inflict them (electric burner, iron, etc.);

Rope burns on the arms, legs, neck or torso.

Unexplained fractures;

To the skull, nose or facial structure;

Engages in delinquent acts or becomes a runaway;
Displays bizarre, sophisticated or unusual sexual knowledge or behavior.

Indicators of Abusive Parents:

There is no one kind of abusive parent and such parents are found among all socioeconomic groups. Before child abuse is ruled out, it should be remembered that there is a common pattern of parent-child relationships usually associated with child abuse. These factors include:

The parent who was emotionally or physically abused as a child;

The spouse is absent, cooperative with the abuse or fails to supply emotion support for the marital partner;

The parents fell isolated, with no one to turn to in time of need;

The parent unrealistically expects the child to gratify his own dependent needs. The child is seen as different from other children;

Some form of crisis, real or imagined, exists that sets the abusive act in motion;

Presence of family breakdown.

When Talking to the Child:

DO:
Conduct the interview in private.

Sit next to the child that the interview is confidential.

Conduct the interview in language the child understands.

Ask the child to clarify words/terms which are not understood.

DO NOT:

Allow the child to feel “in trouble” or at fault.

Disparage or criticize the child’s choice of words or language.

Suggest answers or related your thoughts to the child

Probe or press for answers the child is unwilling to give.

Display horror, shock or disapproval of parents, child or situation.

Force the child to remove clothing.

Conduct the interview with a group of interviewers.

When Interviewing the Parents:

DO:

Conduct the interview in private.

Be direct, honest and professional.

Be understanding.

Be attentive.

Inform them that you must make a referral to Children and Family Services and explain the process.

DO NOT:

Try to "prove" abuse or neglect by accusations or demands.

Display horror, anger or disapproval of parents, child or situations.

Place blame or make judgment about parents, child or situation.

Legal Liability:

Persons mandated to report – child care custodians, medical practitioners and non-medical practitioners are protected from civil and criminal liability. This means that these persons may not be prosecuted or held personally liable, even if subsequent investigation determines that the reported abuse did not occur.

Immunity from liability also extends to the taking of photographs and x-rays and dissemination of these photographs with the required reports.

Persons not mandated to report – persons not mandated to report are nevertheless encouraged to report suspected child abuse and neglect. Such persons who do report are protected from civil and criminal liability. However, making a false report constitutes a misdemeanor.

Criminal Liability:

It is a crime to fail to report suspected abuse of children to the appropriate authorities.

Civil Liability:

Failure to report suspected child abuse could also result in civil liability. A person who is mandated to report suspected abuse, but does not do so, could be held responsible for the cost of any damage to the child.

Any medical practitioner or non-medical practitioner, within the scope of his/her employment or professional capacity, who has seen the victim of abuse or neglect shall report the known or suspected instances to law enforcement and Children and Family Services. The report will be immediate or as soon as practically possible by telephone and a written report prepared and sent within 36 hours of the observation.

Healthcare professionals are not liable for either civil damages or criminal prosecution as a result of making such a report, unless it is proven that they made a false report with malice.

Reporting Child Abuse and/or Neglect:

The law specifies that all licensed nurses, physicians, non-medical practitioners, psychiatrists, psychologists, social workers, and any other person currently licensed must report suspected child abuse or neglect when acting in his/her professional capacity or within the scope of his/her employment.

None of the above-mentioned licensed personnel will incur any civil or criminal liability as a result of making this report.
Child neglect includes failure to protect a child from severe malnutrition, threat of physical injury or medically-diagnosed non-organic failure to thrive.

Child abuse should be reported if an observation is made that a minor has had physical injury or injuries which appear to have been inflected upon him/her by other than accidental means by any person, or where the minor has been sexually molested or has contracted a venereal disease.

It is the responsibility of the licensed employee, who observes the suspected abuse, to initiate the reporting process by contacting Children and Family Services by phone. A written referral will also be given to the Social Worker who will ensure that sufficient follow-up has taken place and the written report completed.

Emergency Department patients- Any licensed employee suspecting child abuse or neglect of any patient coming into the Emergency Department or being admitted to the hospital should call Children and Family Services immediately. A 24-hour emergency response hotline is available for Child Protective Service referrals at the following number:

1-800-25ABUSE

VI. DOCUMENTATION

For suspected physical or sexual abuse, the “Medical Report-Suspected Child Abuse Form” is filled out and completed by the Emergency Department nurse and/or physician. A copy of this form is kept with the Emergency Department record; the original is sent to the Department of Children and Family Services. A copy shall also be sent to the hospital social worker.

For all other suspected abuse, the “Suspected Child Abuse Report” form is completed by the Emergency Department staff (if they suspect/abuse) or Charge Nurse (if the abuse is suspected after admission). Place a copy of this form on the patient’s medical record, forward a copy to Social Services and mail original to Department of Children and Family Services.

If the physician feels the child should not be released into the custody of the parents until sufficient investigation has been made, the physician will sign a form which will be provided by the CFS worker. The child then becomes a ward of the court until such time a hearing can be held and a decision made. The hospital becomes the shelter home until the child is released to the CFS social worker assigned to the case.

Under "Reason for Referral," the following explanation will indicate which reason should be circled:

Lack of proper parental care and control;

Parents not providing basics, i.e., food, clothing, warmth;

Child dangerous to him/herself and/or others, i.e., mental problems;

Home unfit for child: depravity, sexual or physical abuse.

All facts must be stated clearly; this form will be standing along in a court hearing and should not depend on any attached reports.

The entire report should be attached to the patient's medical record.

One copy will be retained by the hospital as a permanent document on the medical record.

Two copies will be taken by the CFS Social Worker.

It is very important that this form is on the patient's medical record.

Social Services shall be notified of protective custody determination by the Emergency Department staff, if the patient is admitted, or by the floor/pediatric nursing staff, if the form was issued while the child was an inpatient.