HACKETTSTOWN REGIONAL MEDICAL CENTER
ADMINISTRATIVE POLICIES
RECOGNITION OF CHILD/ADULT ABUSE/NEGLECT/DOMESTIC VIOLENCE/SEXUAL ASSAULT

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Effective Date: 02/96 **Policy No: PC03**
Cross Referenced: **Origin: Nursing Department**
Reviewed Date: 6/97, 5/00, 7/01, 7/02, 12/04, 9/07, 2/10 **Authority: Chief Nursing Officer**
Revised Date: July 2014 **Page: 1 of 14**

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SCOPE
All hospital staff members and Physicians

PURPOSE
To provide guidelines for the identification, management, and follow-up of all patients who are possible victims of abuse or neglect.

DEFINITIONS
Refer to Page 9

POLICY
Physicians, nurses, clinical case managers, clergy and all employees, who in the performance of their duties have direct contact with patients and their families, shall assess patients for possible abuse or neglect using hospital approved guidelines.

Patients who are suspected victims of abuse, neglect or violence, regardless of age, will be provided with care and support in order to protect that patient from further physical or emotional injury, neglect or exploitation. High risk groups for abuse include the elderly, children and the handicapped.

PROCEDURE
A. Identification
1. Patients who are possible victims of abuse or neglect may be a child or an adult that has experienced physical assault or neglect, emotional abuse, neglect, or sexual molestation and domestic violence.

B. In house Referral
1. Any staff member who has cause to suspect that a patient is a possible victim of abuse, neglect, or exploitation shall report his/her concerns to the nurse caring for the patient or to his/her immediate supervisor. The nurse caring for the patient or the immediate supervisor should notify the physician and report the abuse, neglect or exploitation to case management, or on the weekend the Administrative Supervisor, who will then contact the appropriate agency. (Refer to tables on pages 5 & 6)
2. The referral should include information such as:
   a. Patient's name, DOB, address.
   b. Physician.
   c. Unit or department where the patient was receiving treatment.

d. Details concerning the reason that a patient may be a possible victim of abuse or neglect.

3. Law enforcement should only be contacted with patient consent. If the patient consents to law enforcement involvement, a designated Social Work staff member or employee of HRMC will contact local precinct or "911" to initiate filing of report. HRMC Security should be informed that police will be attending hospital ED/unit.

C. Responsibilities of Nurses and/or Providers

1. If patient is seen initially in the Emergency Department, he or she is evaluated and treated for all physical injuries as well as other medical problems presented. If indicated, psychiatric consultation should be requested in the usual way.
2. The physician shall document a concise history, which includes the injury, data, times and evidence of the injury or endangered condition.
3. Assessment and Identification:
   a. The registered nurse will do an initial assessment and document the patient's physical and psychological condition, details of injury or presiding condition.
   b. Note whether patient is well nourished, clean and adequately and appropriately dressed for environment.
   c. Observe interactions of patient and accompanying spouse, significant other, friends or family members.
   d. Observe attitudes of companions. Look for over-concern / lack of concern, defensiveness, anger, criticism of medical care, and if patient is being seen in the Emergency Department, companion's desire to leave the Emergency Department prematurely.
   e. If patient is being seen in the Emergency Department or as an inpatient, hospital staff should, in a non-threatening manner, instruct the accompanying individual(s) to wait in a separate area.
   f. Under no circumstances should the suspected abuser or neglectful person be present during an interview.
   g. Interview should be held in as much privacy as possible to allow for open discussion of incident or pattern.
   h. Assure confidentiality.
   i. Include questions about the family circumstances and living situation.
   j. History of injury and other physical symptoms should be obtained.
   k. Psychological History with particular attention to Depression, Suicidal Ideation, gestures, or attempts

l. Document Substance abuse: Alcohol, Illicit, Over-the-counter, Prescription Medication

4. All Child Protective Agency discharges will have a STAT dictation with discharge.

D. Child Abuse or Neglect, Suspected or Actual Victims of:

1. The Patient, age I7 years and under, who is a victim of suspected abuse or neglect will receive physical and psychosocial care to ensure immediate treatment, as well as appropriate referrals to best ensure protection from imminent and/or future abuse or neglect.
2. If the victim is a child below the age of 18, a report must be made to Division of Child Protection and Permanency (DCPP) - please refer to Section G on Page 4.
3. All patients seen in the Emergency Department with abuse/neglect will be treated according to the Emergency Department protocols.
4. New Jersey State Law maintains voluntary reporting and offers immunity to the reporter who makes a referral in good faith. The law mandates a 72-hour response to investigate reports. The law does not require adult protective service programs to report back to referents or to discuss the action being taken. The law supports the administrative procedures that have been in place previously but it also makes available protective service orders to assist in an investigation and stabilizing the situation for an at-risk vulnerable adult.
5. Education will be provided annually for all appropriate staff regarding the identification criteria and the reporting of victims of abuse/neglect.

E. Adult Abuse or Neglect, suspected or Actual Victims Living in the Community

1. Referrals of Adults age of 18 and older are made to the Division of Aging & Disability Services, Adult Protective Services in the County the individual resides.
2. The Adult Protective Services Program **only** has the authority to take action on behalf of individuals age 18 and older who reside in a **"community setting"**.
3. If the person being referred is "mentally competent", or has capacity, and abuse, neglect and/or exploitation is suspected, this is a criminal matter and the patient will be instructed to contact the police department within the home jurisdiction. Note: The person who is mentally competent has a right to choose the state of their own living environment. Adult Protective Services adheres to the philosophy that: "**Until you have lost the ability to make rational decisions, you retain the right to make dumb ones – it's the law"**.
4. Law enforcement officials may (and do) contact the Division of Aging & Disability Services for assistance in providing support series and other assistance.
5. The nurse in consultation with the patient's physician shall refer the patient to case management or to social services who will contact Adult Protective Services in the Count

the individual resides.

F. Adult Abuse or Neglect, Suspected or Actual Victims Living in an Institutional Setting

1. **Adult Protective Services has NO authority or jurisdiction over individuals placed in a hospital, health care facility, or other facility licensed by or under contract with a NJ State Department or agency.**
2. Adult Protective Services cannot be a component of a discharge plan from a hospital, nursing facility, or other licensed setting.
3. The nurse and or physician will contact Case Management or Social Service to refer a patient to the office of **The NJ Ombudsman of the Institutionalized Elderly** regarding the abuse, neglect or exploitation of an individual resident in a facility licensed by or under contract with a NJ State Department or Agency: **877-582-6995**.

G. Photographs:

1. When an adult patient is admitted to the Emergency Department or to an inpatient unit and if requested or consented to by patient, color instant photographs illustrating existing lesions shall be taken by nursing staff with a hospital designated camera.
2. A written release shall be signed by the patient.
3. A witness should be present and along with staff member taking photograph should sign and record the patient name and date directly on the photograph. The photograph will be kept with the patient medical record.

H. Chain of Custody:

In the event of a crime or perceived crime a "chain of custody" for collection of evidence must be maintained in order to preserve the integrity of the evidence. This means there is continual tracking and documentation of evidence from the time of collection until it is presented in the courtroom

1. If the evidence is a foreign body/object, place in a dry container (specimen container, denture cup, etc.) and label with the patient's name
2. If the evidence is a piece of clothing, place in the paper bag the Security Officer will bring with him/her. DO NOT PLACE IN A PLASTIC BAG
3. The evidence collected must be placed in a secured location and access to the evidence controlled by **one** person until it is delivered directly to the Security Officer.
4. The Security Officer will place the evidence collected by the staff in the evidence bag and seal the bag.

5. The nursing staff shall provide the officer the name of the patient from whom the evidence was retrieved and verify whether the item has been in her/his possession from the time of removal from the patient.
6. Each nurse who assists in the evidence collection process must sign the "Evidence card" supplied by the Security Officer. Nursing staff involved in evidence collection process must remain on the patient care unit he/she has signed this card.
7. The nurse should document in the patient care record a list of item(s) given to the Security Officer and the name of the person that collected items(s).

I. Important Phone Numbers: Reporting of abuse, neglect or violence:

1. Child (anyone less than 18 years)

- Suspected cases of abuse/neglect must be reported to the New Jersey Division of Child Protection and Permanency (DCPP). All reports are to be called to a central reporting Hotline. The **Hotline Number** is **877-NJ Abuse (or) 877-652-2873 (TTY/TTD for the deaf – 800-835-5510)**
- Reports of abuse/neglect are **not** to be reported directly to the county offices.
- At the time of call, the DCPP worker will advise you of an action plan. This plan may range from releasing patient without follow up through arriving at the hospital to take immediate emergency custody of the child. In some circumstances DCPP personnel may request that the hospital place a child on a "hospital hold" as a protective measure.
- The physician or the Administrator-on-Call may initiate a "hospital hold" in the event that they disagree with the stated plan due to the gravity of the presenting problem.
- Anytime a child is placed on a protective "hospital hold," follow "Protective Custody Law" Letter G(2) of this policy. Additionally, Patient Care Review/Social Services Staff must be notified. Complete the form attached to this policy and place it in the patient's medical record.

2. Report of Action and Taking Protective Custody of a Child *(72-hour hold)*

N.J. Statute Title 9: Juvenile and Domestic Relations Court 9:6-8.17 to 9:6-8.21 authorizes a physician or hospital director to take a child into protective custody for up to a period of **three court days** when the child has suffered serious physical injury and the most probable inference from the medical and factual information supplied is that the injury was not accidental and the suspected perpetrator is the person into whose custody the child would normally be returned. This protective custody "hospital hold" gives temporary legal custody of the child to the hospital or doctor. Upon initiating the "hospital hold", the hospital is required by law to immediately refer the situation to DCPP. The "hospital" hold does **not** give DCPP legal custody of the child. The child may only be removed from the hospital by DCPP personnel with I.D. identifying them as such and with a copy of the court order granting the agency temporary guardianship.
Any physician, director of a hospital, or his designee may initiate the "hospital hold".

3. Elder Abuse/Vulnerable Adult Abuse/Neglect reported to:		
Warren County Welfare Board	1 Shotwell Drive Belvidere, NJ 07823	908-475-6301
Warren County Adult Protective Services	165 County Rte. 519 Belvidere, NJ 07823	908-475-6591 Attn: Division of Aging & Disability Services, Adult Protective Service
Sussex County Adult Protective Services	Sussex County Welfare Board and/or Protective Services 83 Spring St. Newton, NJ 07860	973-383-3600
Morris County Board of Social Services	Board of Social Services PO Box 900 Morristown, NJ 07963	**973-326-7800** Adult Protective Services 973-326-7282
Hunterdon County Board of Social Services	6 Gaunt Place Flemington, NJ 08822 Attn: Adult Protective Services	908-788-1300
Institutionalized: Elder Abuse/Vulnerable Adult Abuse/Neglect report to:		
Institutionalized (Licensed Facility, nursing home) adult or vulnerable adult abuse is reported to:	Ombudsman Office for the Institutionalized, Elderly, N.J.	877-582-6995
Domestic abuse/violence victims are reported to the police jurisdiction in which the assault occurred if the patient agrees to report, and the following resources are given to the patient:		
Domestic Abuse & Rape Center (DARC) of Warren County	(Victim must be 13 years old or older) *Must still notify DCPP if patient is 13-17 yrs. old	Monday - Friday, 8:30 am - 4:30 pm 908-453-4121 **24-hour Hotline 908-453-4181**
Shelter, Counseling – Batterer's Service	Warren	908-453-4121
Domestic Abuse	P.O. Box 805	973-579-2386

Services, Inc. (Sussex)	Newton, NJ 07860	**Hotline 973-875-1211**
Shelter, Counseling – Batterer's Service	Sussex	973-875-1211
Domestic Violence Hotline –		**1-800-572-7233**
Sexual Assault, Abuse or Incest Victims are reported to:		
Warren County Prosecutor's office		908-475-6275 Ask for detective-on-call for sex crimes/child abuse unit.
Morris County Prosecutors Office		Monday-Friday 8:30 am – 4:30 pm 973-285-6200 Ask for sex crimes/child abuse. **After hours 973-285-2900**

651 Willow Grove Street
Hackettstown, NJ 07840
908-852-6800 • www.hrmcnj.org

TO: _____

FROM: _____

DATE: _____

Pursuant to N.J. Statute Title 9: Juvenile and Domestic Relations Court 9:6-8.17 to 9:6-8.21 a physician, hospital administrator or/or their designee is authorized take a child into protective custody for up to a period of 72- hours or three court days.

Under these provisions, Hackettstown Regional Medical Center has initiated protective custody on the following individual:

_____ starting _____ through _____
(Name) (Date) (Date)

_____
(Signature)

Definitions:

Domestic violence	Domestic violence is a pattern of coercive behavior including the physical, sexual and psychological abuse of one family member by another. The most frequent victims of domestic violence are women,

	children, and elderly family members. Domestic violence affects people from all religious, racial, ethnic and socioeconomic groups. While most domestic violence cases appear first in the Emergency Department, they can also be identified on medical floors and in outpatient services where patterns of injury or coercion may appear over time.
Elder abuse	Elder abuse is a pattern of coercive behavior including the physical, sexual and psychological abuse of one family member over 60 years of age by another family member. Elder neglect exists when a person over 60 years of age, who, because of physical or mental impairment, is unable to meet his or her basic needs, including adequate food, clothing, shelter, or medical care. These individuals may be in need of protection from actual or threatened harm, neglect and/or hazards caused by the actions or inaction of either themselves or others. Many individuals presenting in this way require psychiatric evaluation. Elder abuse and neglect affects people from all religious, racial, ethnic and socioeconomic groups. While most cases of elder abuse or neglect appear first in the Emergency Department, they can also be identified on medical floors and in outpatient areas.
Vulnerable Adult abuse or neglect	Adult abuse or neglect exists when a person, age 18 through 59, who, because of physical or mental impairment, is unable to meet his or her basic needs, including adequate food, clothing, shelter, or medical care. These individuals may be in need of protection from actual or threatened harm, neglect and/or hazards caused by the actions or inaction of either themselves or others. Many individuals presenting in this way require psychiatric evaluation. Adult abuse and neglect affects people from all religious, racial, ethnic and socioeconomic groups. While most cases of adult abuse or neglect appear first in the Emergency Department they can also be identified on medical floors and in outpatient services. Adult abuse and neglect can be present in those situations where the identified patient is a resident of an institution or local residential facility.
Neglected Child	A neglected child is defined as a child less than 18 years of age, whose physical, mental or emotional condition has been impaired or is in imminent danger of becoming impaired as a result of the failure of the child's parent or other persons legally responsible for the child's care to exercise a minimum degree of care: (a) in supplying the child with adequate food, clothing, shelter or education in accordance with education law, or medical, or dental, optometric or surgical care, though financially able to do so or offered financial or other reasonable means to do so; or (b) in providing the child with proper supervision or guardianship, by unreasonably inflicting or allowing to be inflicted harm, or a substantial risk thereof, including the infliction of excessive corporal punishment; or by misusing a drug or drugs; or by, misusing alcoholic beverages to the extent that he loses self-control of his actions, or by any other acts of a similarly serious nature requiring the aid of the court; provided, however, that where the respondent is voluntarily and regularly participating in a rehabilitative program, evidence that the respondent has repeatedly misused a drug or drugs or alcoholic beverages to the extent that he loses self-control of his actions shall not establish that the child is a neglected child in the absence of evidence establishing that the child's physical, mental or emotional condition has been impaired or is in imminent danger of becoming Impaired as act forth in paragraph (1) of this subdivision; or: Who has been abandoned in accordance with the definition and other criteria set forth in subdivision five of section 3 84-b of the Social Services Law by his parents or other person legally responsible for his care. Child abuse and neglect is reflected in all religious, racial, ethnic and socioeconomic groups. While most cases of child abuse or neglect appear first in the Emergency Department they can also be identified on medical floors and in outpatient services.

Hospital Criteria for Recognition of Abuse or Neglect, Possible Indications of Abuse

Possible victims of abuse or neglect may be identified, but not limited to, using established hospital-approved criteria that address physical assault, emotional abuse, physical neglect, child abuse, rape, sexual molestation, or elder abuse.

Type of Abuse	Evidenced by:	Age Category
Physical assault	Physical appearance altered. There is usually a physical injury resulting from punching, beating, kicking, biting, burning, or shaking.	Neonate to older adult
Emotional abuse	Acts or omissions by parents or other caregivers that have caused or could cause serious behavior, cognitive, emotional, or mental disorder.	Neonate to older adult
Physical neglect	Refusal of or delay in seeking health care or abandonment. These physical indicators include skin or bone injuries or evidence of lack of attention manifested in conditions such as malnutrition or inappropriate clothing.	Neonate to older adult
Child abuse	Child's physical appearance is altered. There are physical signs of injury resulting from punching, beating, kicking, biting, burning or shaking. Physical signs include: • Unexplained bruises or welts • Unexplained fractures, lacerations or abrasions • Behavioral signs of physical abuse include: • Wariness of adult contacts • Fear of parents/guardians in going home • Overly compliant, passive or withdrawn Signs of neglect include: Abandonment Unattended physical problems or needs Constant lack of supervision Hunger Poor hygiene Inappropriate dress Munchausen Syndrome by Proxy: • Persistent or recurrent illnesses for which a cause cannot be found. • Discrepancies between the history and clinical findings. Symptoms and signs that do not occur when a child is separated from the	Under 18 years of age

	environment/caretaker • Unusual symptoms, signs, or medical course that does not make clinical sense. • A differential diagnosis consisting of disorders less common than Munchausen Syndrome by Proxy • Persistent failure of a child to tolerate or respond to medical therapy • A parent who appears to be less concerned than the physician and who may even spend time comforting hospital staff • Repeated hospitalizations and vigorous medical evaluations of mother or child without a definitive medical diagnosis • A parent who is constantly at the child's bedside, excessively praises the staff, becomes overly attached to the staff, or becomes highly involved in the care of other patients • A parent who welcomes medical tests of the child, even when the procedures are painful to the child	
Rape or sexual molestation	Rape or sexual abuse may not be identified by physical indicators. Often the first sign is when the victim tells a trusted person that he or she has been sexually abused or seeks medical attention. Signs of sexual abuse may be evidenced by: • Sexually transmitted diseases • Pregnancy • Vaginal or oral bleeding or discharge • Difficulty in walking or sitting • Torn, stained or bloody underclothing	Neonate to older adult
Elder abuse/ Vulnerable Adult	The National Center on Elder Abuse lists the following indicators as important clues to, but not necessarily signifying possible abuse: • Bruises, burns, or cuts • Dehydrated or malnourished appearance • Signs of confinement (tied to furniture, locked in room) • Anxiety, confusion, withdrawal, or depression • Lack of cleanliness, grooming	Adult over 18 years of age

	• Sudden bank account withdrawals or closings • Over medication or over sedation • Expressions of shame, embarrassment, and fear	

Type of Abuse	**Evidenced by:**	**Age Category**
Domestic violence	Telltale markings are usually evidenced by physical abuse: black eyes, bruises, strange marks, broken bones, or other injuries. The patient may also: Be in a relationship with someone who hurts her/him or has threatened to hurt her/him. Report feeling afraid of spouse (or other relationship). Report that spouse (or other relationship) abuses alcohol, drugs, anti-social/criminal behavior, compulsive gambling, enjoyment of violent films, mistreatment of pets, and over-involvement with weapons. Report that spouse (or other relationship) is dominating, "over protective," makes decisions for her/him, has erratic mood swings, exhibits any physical violence (hitting walls, etc.), or tries to control her/him. Have a spouse (or other relationship) who does not leave the patient alone at any time, speaks for the patient, and/or makes decisions for the patient. Blame self for partner's violence and/or minimize the injury. Report a history of chronic pain without objective evidence, sleep and appetite disturbances, chronic fatigue, chronic headaches, and chronic pelvic pain. Less tangible is psychological abuse. Victims of psychological abuse may experience high incidence of depression and suicidal ideas, possibly even attempting suicide. Victims turn to abusing substance; have chronic fatigue, anxiety, nightmares or sleeping and eating disorders. Reports feeling afraid of spouse	Neonate to older adult
General observations	Injury that is inconsistent with patient's or caregiver's account of what has happened. • Patient reports being mistreated. • Patient presents as being malnourished or dehydrated with no medical etiology. • Financial Exploitation • Being left dirty or un bathed • Unsuitable clothing or covering for the weather	Neonate to older adult

	• Caregiver's refusal to allow you to see the elderly patient alone. • Assessments reveal the patient's physical, social or psychological needs are not met by the patient and/or caregivers. • Patient expresses feeling "unsafe" in his/her home. • Patient states that he/she has been touched in a manner that made the patient feel uncomfortable. • Evidence of neglect by caregiver, such as chronic poor hygiene or decubitus lesions.	

Follow Up Questions
When there is a concern about the potential for abuse, nurse and/or social worker should screen for the various types of abuse with specific questions for the patient. Examples include:

A. "Has anyone at home ever hurt you?"
B. "Has anyone ever touched you without your consent?"
C. "Has anyone ever made you do things you didn't want to do?"
D. "Has anyone taken anything that was yours without asking?"
E. "Has anyone ever scolded or threatened you?"
F. "Have you ever signed a document that you didn't understand?"
G. "Are you afraid of anyone at home?"
H. "Are you alone a lot?"
I. "Has anyone ever failed to help you take care of yourself when you needed help?"

Any questions answered affirmatively should be followed up to determine how and when the mistreatment occurs, who perpetrates it, and how the patient feels about and copes with it.

References:
2013 Joint Commission on Accreditation of Healthcare Organizations; PC.01.02.07; RI.01.06.03,EP3.
The National Aging Resource Center of Elder Abuse
Child Welfare and Adoption Reform Act
National Committee on the Prevention of Child Abuse
Department of Public Safety
National Woman's Abuse Prevention Project

ADDENDUMS

Approved at July 2014 President's Council Meeting
month / year Committee Name

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