

## CALIFORNIA PATIENT ABUSE AND NEGLECT REPORTING REQUIREMENTS SUMMARY

<p>For quick summary of reporting, all phone numbers and forms, and patient materials:  <a href="http://domesticabuse.stanford.edu/quick.html">http://domesticabuse.stanford.edu/quick.html</a></p> <p>These websites also contain important information and resources:  <a href="http://domesticabuse.stanford.edu">http://domesticabuse.stanford.edu</a>  <a href="http://elderabuse.stanford.edu">http://elderabuse.stanford.edu</a>  <a href="http://childabuse.stanford.edu">http://childabuse.stanford.edu</a>  <a href="http://humantraffickingmed.stanford.edu">http://humantraffickingmed.stanford.edu</a></p>	<p>For general questions or to schedule free individual or group training/education:  <a href="mailto:domesticabuse@med.stanford.edu">domesticabuse@med.stanford.edu</a>  <a href="mailto:elderabuse@med.stanford.edu">elderabuse@med.stanford.edu</a>  <a href="mailto:childabuse@med.stanford.edu">childabuse@med.stanford.edu</a></p>
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	ADULTS	ELDERS/DEPENDENT ADULTS	CHILDREN
Mandated Reporters	<p>Any health practitioner providing medical services for a <u>physical condition</u></p> <ul style="list-style-type: none"> <li>- not practitioners from psychiatry</li> <li>- not pediatrics (adult is not peds pt)</li> <li>- not SW</li> </ul>	<p>Anyone who has assumed full or intermittent responsibility for care or custody of an elder or dependent adult, whether or not that person receives compensation, including administrators, supervisors, and any licensed staff of a public or private facility that provides care or services for elder or dependent adults; also financial institutions</p>	<p>All MDs, RNs, SW, psychologists, EMTs, dentists/dental hygienists, optometrists, clergy, teachers, commercial film processors, animal control officers, persons who perform autopsies, several other categories</p>
What is reportable? <span style="background-color: yellow;">Knowledge or reasonable suspicion of:</span>	<ul style="list-style-type: none"> <li>- <u>present</u> wound or physical injury possibly caused by domestic violence or sexual assault</li> <li>- any injury from firearm or deadly weapon</li> </ul>	<ul style="list-style-type: none"> <li>- physical harm or pain, including inappropriate chemical/physical restraints or withholding meds</li> <li>- sexual abuse</li> <li>- neglect, including self neglect</li> <li>- abandonment, abduction, isolation</li> <li>- financial abuse</li> </ul>	<ul style="list-style-type: none"> <li>- non-accidental physical injury</li> <li>- sexual abuse</li> <li>- neglect</li> <li>- unlawful corporal punishment</li> <li>- willful cruelty or unjustifiable punishment; endangerment</li> <li>- abuse or neglect in out of home care</li> </ul>
Where to report	Police Dept. (PD) in city where incident occurred	<ul style="list-style-type: none"> <li>- Outside of a nursing home – PD or Adult Protective Services (APS) in county of residence</li> <li>- Inside nursing home care – PD or Ombudsman in county of nursing home</li> </ul>	PD in city where incident occurred, or Child Protective Services (CPS) in county of residence
How to report	Call ASAP and send report within 2 working days	Call ASAP and send report within 2 working days	Call ASAP and send report within 36 hours
State reporting form	CalEMA 2-920 optional forensic form CalEMA 2-502	SOC 341 optional forensic form CalEMA 2-602	SS 8572 optional forensic form CalEMA 2-900

### Acute sexual assault

- DO NOT TOUCH GENITAL AREA
- contact police who can authorize a forensic examination through the county SART (Sexual Assault Response Team) program at Valley Medical Center
- competent patients over the age of 12 can refuse this examination

## SUSPICIOUS HISTORY, BEHAVIORS, PHYSICAL FINDINGS

### History

Delay in seeking care for an injury  
Injury inconsistent with history  
Injury inconsistent with patient developmental stage or physical abilities  
History vague or keeps changing  
A part-time caregiver was present at the time of the incident  
Patient has multiple visits for injuries, vague complaints, chronic pain syndromes, depression or anxiety symptoms  
Pregnancy – late or no prenatal care  
Sudden change in behavior  
Suicide attempt or gesture  
Patient or caregiver keeps changing physicians (to hide abuse)  
Patient reports items or money stolen, being made to sign documents  
Frequent cancelled appointments or no-shows

### Condition

Poor hygiene  
Clothing in disrepair or inappropriate for weather  
Torn, stained or bloody undergarments  
Patient appliances (glasses, hearing aid) broken or missing  
Poor growth parameters in children  
Dehydration or malnutrition  
Prior injury not properly cared for; lack of compliance with appointments, meds, or treatment regimens

### Patient behavior

Seems afraid to speak in front of partner/caregiver  
Embarrassed, evasive  
Highly anxious, inappropriate emotional responses  
Withdrawn, uncommunicative, staring, rocking, sucking, biting  
Listless, passive, flat or blunted affect, overly compliant  
Angry, disruptive, agitated  
Exaggerated startle response  
Withdraws quickly to physical contact  
Difficulty walking or sitting

### Partner/caregiver behavior

Overly attentive, doesn't want to leave patient alone  
Speaks for patient  
Anger or indifference towards patient  
Intimidating to staff  
Refuses consent for reasonable further evaluation or treatment

### Soft tissue injuries (bruises, lacerations, burns, bites, scratches, punctures) to:

Head and neck, orbit  
Lips/oral cavity/frenulum  
Forearms – defensive injuries  
Trunk, breasts, buttocks  
Restraint marks on wrists, axilla, ankles, corner of lips  
Genital/rectal area  
Any pressure ulcers or contractures

### Bruises

Multiple areas, different stages of healing  
Pattern reflecting article used (hand, fingermarks, belt, looped cord)  
“Battle sign” – bruising behind ear due to gravity and hidden scalp injury

### Burns

Shape of hot object (iron, curling iron)  
Cigarette – usually multiple, 8-10 mm dia. with indurated margin  
Caustic substance  
Friction (rope, or dragging)  
Immersion - straight demarcation line without splash marks  
Taser – paired round erythematous lesions 5 cm apart

### Fractures

Any fracture in a child under age 1  
Multiple old fractures in different stages of healing  
Dislocations or fractures of extremities or face

### “Choking” (50% no immediate physical signs, but patient may have sx)

Ligature or fingermarks on neck, scratches from patient trying to remove  
Petechiae above markings, subconjunctival hemorrhage  
Patient hoarseness, dysphagia, dyspnea, nausea, ringing in ears  
Unexpected stroke in relatively young patient

### Occult injuries

Head trauma – lethargy, irritability, vomiting, convulsions  
Blunt abdominal trauma – vomiting, pain, tenderness, hematuria, shock  
Ingestion of toxic substance (purposefully or through neglect)

### Lab

Evidence of over- or under-dosing medications  
Unexpected STDs or pregnancy  
Parameters of dehydration or malnutrition