



**HOLY CROSS**  
H O S P I T A L

## Acknowledgement Form

I \_\_\_\_\_ (Print Name)  
Agency Staff Nurse

have reviewed and understood the Abuse & Neglect and  
role in patient care at Holy Cross Hospital.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Policy Title: ABUSE AND NEGLECT

Policy #: HP-A-2

Originating Department: QUALITY AND RESOURCE MANAGEMENT

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Current Revision Date: 7/15/2010

Supersedes Date: 3/5/2007

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**Purpose:** It is the goal and objective of Holy Cross Hospital to report to the proper authorities any suspicion of abuse and neglect.

**Distribution/Scope:** Organization Wide

## I. CHILD ABUSE AND NEGLECT

In compliance with the Illinois Abused and Neglected Child Reporting Act, Holy Cross Hospital will report all suspected abuse and neglect cases to the Illinois Department of Children and Family Services.

### A. Definitions

1. "Child" means any person under the age of 18 years.
2. "Abused child" means a child whose parent or immediate family member, or any person responsible for the child's welfare, or any adult individual residing in the same home of the child:
  - a) Inflicts, causes to be inflicted, or allows to be inflicted upon such child by other than accidental means any of the following:  
A serious physical injury; death; disfigurement; impairment of physical or emotional health; or loss of impairment of any bodily function;
  - b) Creates a substantial risk of physical injury to such child by other than accidental means which would be likely to cause death or serious disfigurement or impairment of any bodily function;
  - c) Commits or allows to be committed a sex offense against such child.
  - d) Commits or allows to be committed an act or acts of torture upon such child; or
  - e) Inflicts excessive corporal punishment.
3. "Neglected child" means any child who is not receiving the proper or necessary nourishment or medically indicated treatment including food or care not provided safely on the basis of the present or anticipated mental or physical impairment as determined by a physician acting alone or in consultation with other physicians or otherwise is not receiving the proper or necessary support or medical care recognized under State law as necessary for a child's well being, including adequate food, clothing and shelter; or who is abandoned by his or her parents or other person responsible for the child's welfare without a proper plan of care, or who is a newborn infant whose blood or urine contains any amount of controlled substance with exception of a controlled substance present in the newborn infant which is the result of medical treatment administered to the mother or the newborn infant. A child shall not be considered neglected for the sole reason that the child's parent or other person responsible for his or her welfare has left the child in the care of an adult relative for any period of time. A child shall not be considered neglected or abused for the sole reason that such child's parent or other person responsible for his or her welfare depends upon spiritual means through prayer alone for the treatment or care of disease or remedial care. A child shall not be considered neglected or abused solely because the child is not attending school.

4. "Person responsible for the child's welfare" means the child's parent; guardian; foster parent; any other person responsible for the child's care at the time of the alleged abuse or neglect; or any other person responsible for the child's welfare in a public or private residential agency or institution.

#### **B. Death of Child**

Any person required to report under this Act, who has reasonable cause to suspect that a child has died as a result of abuse or neglect shall also immediately report the suspicion.

#### **C. Diagnostic Indicators**

Child abuse / neglect should be considered in the following situations:

1. Circumstances
  - a) Abandonment by parent or guardian
  - b) Failure to receive medical care
  - c) Failure to receive education
  - d) Death occurring under circumstances that raises a suspicion of abuse or neglect.
2. General Appearance
  - a) Failure to thrive
  - b) Malnutrition
  - c) Inadequate clothing for the weather
  - d) Ragged clothing
  - e) Unclean body, nails or hair
3. Presumptive evidence of physical abuse
  - a) Skeletal fracture in the absence of history of trauma, or injuries in which the degree of trauma is out of proportion to the history;
  - b) Bruises, welts or contusions and
  - c) Record of frequent injuries, evidence of multiple healed injuries (scars).
4. Behavior of child
  - a) Shy, withdrawn, or passive, especially in presence of the suspected abuser;
  - b) Fearful of the suspected abuser.
5. Behavior of parents
  - a) Aggressive, hostile, or evasive when questioned about circumstances of the child's injuries.
  - b) Apathetic or unresponsive to child's condition;
  - c) Appears overwhelmed by problems of life and emotional response to the incident;
  - d) Desire to remove the child without treatment and
  - e) Past DCFS involvement.

**D. Procedure to be followed if child abuse or neglect is reasonably suspected.**

1. Begin treatment of injuries or medical problems as necessary;
2. The Physician, Nurse, or Social Worker should immediately report the case to the Illinois Department of Children and Family Services (800-252-2873) 24- hour number and provide a verbal report. The name of the person accepting the call and time of the call should be documented in the medical record;
3. The reporter should fill out a Suspected Abuse Notice Form. Instructions for completion are on the reverse side of the form. A copy of the form should be attached to the medical record. The original will be mailed to the Illinois Department of Children and Family Services: 8100 McCormick Bld., Skokie, IL 60076. A copy must be mailed to the Springfield address located on the form.
4. **Photographs and X-rays**  
The taking of photographs of the traumatized area, as well as any x-ray not already ordered, may be authorized by anyone who is an investigator for the Illinois Department of Children and Family Services. These pictures may be taken regardless of parental consent, and will be at the expense of the Illinois Department of Children and Family Services.
5. If a child is triaged in the Emergency Department but leaves prior to treatment the health care professional will make a referral to DCFS only in those cases where there is some basis for the present or anticipated mental or physical impairment of the child. Routine referrals to DCFS will not be made for those parents seeking treatment with a primary care physician or alternate facility.
6. If the child requires inpatient care for treatment of injuries or condition, this should be explained to the parents, and an attempt made to secure their consent.  
In the absence of parental consent (only one parent's consent is required), a child may still be taken into the hospital under temporary protective custody.
7. **Procedure for taking child into the Hospital's protective custody:**  
A physician treating the child may take protective custody if the following circumstance exists:
  - a) There is reason to believe that the circumstance or conditions of the child are such that continuing in the current place of residence, or in the care and custody of the person responsible for the child's welfare, presents an imminent danger to that child's life or health;
  - b) There is not time to apply for a court order under the Juvenile Court Act for temporary custody of the child.

**E. Temporary Protective Custody**

1. The person taking or retaining a child in temporary protective custody shall immediately make every reasonable effort to notify the person responsible for the child's welfare and shall immediately notify the Department of Children and Family Services (800-252-2873). The Department then initiates legal proceedings within 48 hours for the continued temporary custody of the child.
2. The Administrator on call must be notified of the child being taken into custody. The time custody was taken should be documented in the medical record as well as the person who was notified at DCFS. A referral should be made to Social Service. Any child taken into DCFS custody or with an investigation pending will not be discharged until clearance is obtained by the DCFS investigative unit.

**F. Immunity from Liability**

1. There need not be concrete proof of abuse or neglect in order to file a report with the Illinois Department of Children and Family Services. However, the person making the report should be acting in good faith, on the basis of reasonable suspicion.
2. The Law states that any person, institution or agency, under this Act, participating in good faith in the making of a report or in the investigation of such a report, or in the taking of photographs and x-rays, or in the retaining of a child in temporary protective custody shall have immunity from any liability, civil, criminal or that otherwise might result by reason of such actions. For the purpose of any proceedings, civil or criminal, the good faith of any persons required to report, or permitted to report, cases of suspected child abuse or neglect under this Act, shall be presumed. This means that even if the investigations by the Illinois Department of Children and Family Services ultimately fail to demonstrate any proof of child abuse, no lawsuit may be instituted against the Hospital or its personnel.

**II. DOMESTIC VIOLENCE**

Holy Cross Hospital will provide an assessment, timely counseling and referrals to victims of domestic violence in all areas of care delivery.

- Domestic violence is defined for these purposes as the physical, emotional, or sexual abuse of an individual by their current or former spouse or intimate partner.
- Indicators of domestic violence may include but are not limited to the following:
  - Multiple bruises, fractures, bite marks, injuries in various stages of healing
  - Unexplained or inconsistent injuries
  - Destruction of personal property, abuse to pets, frequent intimidation
  - Controlling financial access
- Any patient who acknowledges recent abuse will be examined for evidence of abuse.
- Any and all findings of abuse (i.e., bruises, fractures, abrasions) will be documented in the patient's medical record.

An initial assessment will be provided which will include an intervention based on the patients needs and the appropriate actions to be taken. This will include:

1. Determining if the patient needs emergency lodging for themselves and any dependents
  - If housing is indicated options will be explored including friends and relatives.
  - If there is no available resource then shelter will be located from the referral list or Department of Human Services (311).
  - If there are children which are not being cared for then the Department of Children and Family Services will be notified to assist (1-800-252- 2873).
2. The police will be notified of the occurrence and all patients will be encouraged to file a police report and if necessary someone will remain with the patient until this is completed. If the patient refuses, services will still be provided.
3. All patients will be provided with referrals to access legal assistance and information related to an Order of Protection.
4. All patients will be provided with information related to Crime Victim's Compensation and provided with information of how to access this program.
5. The intervention will be documented in the patient's medical record.
6. Visitor restrictions will be discussed with the patient in order to provide a safe environment.

7. A written referral list will be made available to all Domestic Violence victims. Referral lists will also be made available in the Emergency Department waiting area for use as an educational resource.
8. If necessary a Social Worker will be consulted for additional support and assistance for the patient.

### III. VULNERABLE ADULT / ELDER ABUSE AND NEGLECT

Holy Cross Hospital will assess and intervene on behalf of any patient alleged to be a victim of vulnerable adult/elder abuse or neglect.

Vulnerable Adults/Elder Abuse is defined as

- Adults age 60 and over
- Adult who has been defined as incapacitated (lacking decisional capacity by the courts)
- Adults who have a developmental disability
- Adults admitted to any facility
- Adults receiving home health, hospice or other home care services
- Adults receiving services from an individual provider

Physically or mentally dependent patients will be assessed for any issues which may be related to abuse, including physical, emotional, sexual and financial abuse and neglect.

During the assessment the following areas will be explored:

1. Physical Abuse - Behavior causing physical pain or injury to the vulnerable person. This may be identified by unexplained bruises, lacerations, abrasions, head injuries, unexplained fractures, sprains and burns.
2. Sexual Abuse - The forced touching, fondling or any other sexual activity with vulnerable person against their will. Trauma to genitalia.
3. Emotional Abuse - Verbal assaults, threats or maltreatment, harassment or intimidation toward vulnerable person.
4. Confinement - Restraining or isolating vulnerable person for other than a medical reason.
5. Passive Neglect - A caretaker's failure to provide or refusal to provide the vulnerable adult with food, clothing, shelter or medical care. Possible indications may include malnutrition, dehydration, medications given improperly, worsening decubiti, inappropriate or soiled clothing and poor hygiene.
6. Willful deprivation - Willfully denying a person of medication, medical care, shelter, food or physical assistance; exposing that person to the risk of physical, mental or emotional harm. The exception is when the dependent person has expressed an intent to forego such medical care or treatment.
7. Financial Exploitation - The misuse or withholding of vulnerable person's resources by another person to the disadvantage of the dependent person and/or profit of the person.

Certain risk factors will be considered during the assessment, these include:

1. Alcohol, drug abuse and/or mental illness among caregivers;
2. Severe external stress in the caregiver (loss of job, illness, etc.);
3. Caregiver expresses feeling of being forced to care for the patient;
4. The caregiver is without sufficient funds or dependent on the patient for housing and financial support;
5. Increasing care needs of the patient and
6. Inadequate or unsafe housing.

When there is an indication of Elder Abuse/Neglect, the Elder Abuse Hotline will be contacted at: 1-800-252- 8966 or 1-800-279-0400 after business hours and weekends.

If the older person is a Nursing Home resident then the Nursing Home Hotline will also be notified at: 1-800- 252- 4343

Discharge plans will be made in conjunction with the Department of Aging in order to ensure the safety of the elder person and guardianship pursued if indicated.

For vulnerable adults under the age of 60 the Office of Guardianship and Advocacy will be contacted at 1-866-274-8023

#### **IV. SEXUAL ABUSE/ ASSAULT**

It is the goal and objective of Holy Cross Hospital to identify and provide services to all sexual assault victims treated in the hospital and provide crisis intervention to all sexual assault victims.

Sexual Abuse is defined as:

- Sexual contact, sexual intercourse, sexual conduct, sexual penetration with a foreign object, incest, sexual assault or sodomy inflicted on, shown to or intentionally practiced in the presence of a child or dependent adult, if the child or dependent adult is present only to arouse or gratify the sexual desires of any person.
- Failure to make a reasonable effort to prevent sexual contact, sexual intercourse, sexual conduct, sexual assault or sodomy inflicted on, shown to or intentionally practiced in the presence of a child or dependent adult, if the child or dependent adult is present only to arouse or gratify the sexual desires of a person.
- Compelling or encouraging the person to engage in sexual conduct.
- Causing, permitting, encouraging or allowing the photographing, filming or depicting of the person if the other person knew or should have known that the resulting photograph, film or depiction is obscene or pornographic.
- Trauma to the penis, vulvar and/or anal region;
- Sexual manipulation of penis, vulvar and/or anal region with a foreign object;
- Diagnosis of sexually transmitted disease in children and non-sexually active adolescents.

If the patient is a child and a victim of sexual abuse, the Illinois Department of Children and Family Services must be notified. (See section on Child Abuse/Neglect).

**Sexual Assault is defined as:**


The contact between the sex organ of one person and the sex organ, mouth or anus of another person without the consent of both parties.

#### **PROCEDURE:**

1. The Emergency Department will contact the Volunteer Advocate from the Harris YWCA as soon as the alleged sexual assault victim comes into the hospital

2. In the event the Advocate is not available, the Crisis Worker or Social Worker will respond to the call.
3. The Advocate Crisis worker or Social Worker are there specifically to help her/him while she/he is at Holy Cross Hospital.
4. As the primary advocate for the patient the following should be provided to the patient:
  - A) Emotional support
  - B) Private exam room
  - C) Overview of medical exam
  - D) Police involvement, completion of police report number and location of incident
  - E) Need for follow up COUNSELING
  - F) If necessary call the Department of Human Services 744-5829 for back up support. Ask for a Rape Crisis Team to come to Holy Cross Hospital. The Department of Human Services can take the victim home and arrange for specific counseling. They can transport the victim to counseling. This is very useful for those who do not have automobiles
  - G) **"After Sexual Assault"**  
This booklet is provided by the State. It is very helpful in explaining the emotional aspects of assault to significant others. Briefly describe the highlights of the booklet to the patient and with their consent the significant others
  - H) **"How Can I Help?"** This booklet is provided by the State. It is very helpful in explaining the emotional aspects of assault to significant others. Briefly describe the highlights of the booklet to the patient and with their consent the significant others.
  - I) Arrange the discharge plan. Encourage the patient to stay with someone. Caution the patient and her relatives/friends to be aware of any significant changes in her behavior, e.g., withdrawal, nightmares, loss of appetite, frigidity, etc. These symptoms frequently occur and the patient should seek counseling when they do cause a disruption in daily functioning.

Approved: \_\_\_\_\_

  
Wayne Lerner, President/CEO

Date: \_\_\_\_\_

