



LOMA LINDA
UNIVERSITY
MEDICAL CENTER

LOMA LINDA UNIVERSITY MEDICAL CENTER

OPERATING POLICY

CATEGORY:	CLINICAL MANAGEMENT	CODE:	M-75
SUBJECT:	VICTIMS OF DEPENDENT ADULT/ ELDER ABUSE/EXPLOITATION	EFFECTIVE:	01/2017
		REPLACES:	02/2014
		PAGE:	1 of 6

Related Policies:

[Victims of Adult/Spouse/Partner Abuse and/or Physical Assault/Exploitation \(M-105\)](#)

[Adult Victims of Rape or Other Sexual Assaultive or Abusive Conduct \(M-108\)](#)

DEFINITIONS:

Abuse:

The willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm or pain or mental anguish, or deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being.

Care Custodian:

An administrator or employee of a 24-hour health facility or a home health agency.

Dependent Adult:

Any person between the ages of 18 and 64 who has physical or mental limitations that restrict his or her ability to carry out normal activities or to protect his or her rights, including persons who have physical or developmental disabilities or whose physical or mental abilities have diminished because of age.

Elder:

A person of 65 years or older.

Health Practitioner:

A physician, surgeon, psychiatrist, psychologist, dentist, resident, intern, podiatrist, chiropractor, advanced practice provider, licensed nurse, social worker and MFCC and trainee or intern, any emergency medical technician I or II, paramedic, or psychological assistant, coroner, or a religious practitioner who diagnoses, examines or treats abused victims. All are mandated reporters of dependent adult/elder abuse.

Law Enforcement Agency:

A city police or county sheriff's department or a county probation department.

Mental Abuse:

Abuse that includes, but is not limited to, humiliation, harassment, threats of punishment or deprivation.

Neglect:

CATEGORY: CLINICAL MANAGEMENT

CODE: M-75

SUBJECT: VICTIMS OF DEPENDENT ADULT/
ELDER ABUSE/EXPLOITATION

PAGE: 2 of 6

A lack of care in one or more areas (e.g., absence of frequent monitoring for a patient known to be incontinent, resulting in being left to lie in urine or feces.)

Physical Abuse:

Abuse that includes hitting, slapping, pinching, kicking, etc., it also includes controlling behavior through corporal punishment.

Reasonably Suspect:

To entertain a suspicion, based upon facts that could cause a reasonable person in like position, drawing when appropriate from his training and experience, to suspect abuse.

Sexual Abuse:

Sexual assault or sexual exploitation.

Verbal Abuse:

Any use of oral, written or gestured language that willfully includes disparaging and derogatory terms to patients or to families, or within their hearing distance, regardless of their age, ability to comprehend, or disability.

Exploitation:

Taking advantage of another for one's own advantage or benefit.

1. All adult patients shall be screened for abuse/neglect/exploitation upon admission as part of the initial assessment.
2. All medical staff and employees shall be constantly alert to the possibility of dependent adult/elder abuse and be trained to recognize the physical, behavioral, and situational indicators that may suggest abuse or neglect (reference attached guidelines M-75.A.) Forms of reportable abuse shall include:
 - 2.1 Verbal abuse
 - 2.2 Physical abuse, which may be indicated by any of the following:
 - a. Incident(s) that reasonably appear to be physical abuse
 - b. Observed physical injury where the nature of the injury, its location on the body, or the repetition of injury clearly indicates that physical abuse has occurred
 - c. The dependent adult or elder reports or complains of abuse
 - 2.3 Psychological/emotional/mental abuse
 - 2.4 Financial abuse

CATEGORY: CLINICAL MANAGEMENT

CODE: M-75

SUBJECT: VICTIMS OF DEPENDENT ADULT/
ELDER ABUSE/EXPLOITATION

PAGE: 3 of 6

2.5 Neglect

2.6 Abandonment

2.7 Involuntary seclusion

2.8 Sexual abuse

NOTE: All health practitioners are mandated by law to report dependent adult/elder abuse. Failure to report physical abuse of a dependent adult or elder is a misdemeanor punishable by a fine and/or imprisonment. Reporting of physical abuse is protected from civil or criminal liability unless it can be proven that a false report was made or that the reporter should have known that the report was false.

3. Suspected dependent adult/elder abuse shall be reported immediately to the Social Work Department (or designee in outpatient areas), which will direct/assist with the documentation and reporting processes.

4. All incidents of suspected dependent adult/elder abuse shall, after assessment, be reported to APS and/or the law enforcement agency of the county in which the patient resides or where the offense occurred.

5. The social worker shall gather the following information:

5.1 The name, address, telephone number and occupation of the person reporting (unless this information is not legally required)

5.2 The name, age, and address of the victim

5.3 The date, time, and place of the incident

5.4 Other details, including the reporter's observations and beliefs concerning the incident

5.5 The current location and condition of the victim

5.6 Any statement from the victim relating to the incident

5.7 The names and addresses of the individuals believed to have knowledge of or to be responsible for the incident and their connection to the victim, if known, and

5.8 Any other information requested by the protective services agency.

6. The social worker shall take responsibility for reporting the suspected abuse by

CATEGORY: CLINICAL MANAGEMENT

CODE: M-75

SUBJECT: VICTIMS OF DEPENDENT ADULT/
ELDER ABUSE/EXPLOITATION

PAGE: 4 of 6

- 6.1 Making a telephone report to the designated APS agency and/or law enforcement agency and, immediately thereafter,
- 6.2 Making a written report on form #SOC 341 and sending it within two working days of receiving information about the incident of abuse.
7. Suspected victims of dependent adult/elder abuse shall be examined in the Emergency Department or on the patient care units for physical injury and/or forensic exam if such is needed.
 - 7.1 In patient care areas other than the ED, the social worker assigned to the area shall be contacted for assistance with reporting activities and for psychosocial counseling of the victim.
 - 7.2 Consent from the adult patient/guardian shall be obtained prior to exam for:
 - a. Patient understanding of requirement for LLUMC to report abuse to APS and/or appropriate law enforcement authorities
 - b. Sexual assault exam and collection of evidence

NOTE: Sexual assault exams are usually performed by a contracted agency.

 - c. Obtaining photographs
 - d. Information pertaining to crime victim compensation.

NOTE: Home health care personnel in the home environment shall call 911 if the dependent adult/elder is believed to be in imminent danger. An event reporting form shall be completed within 12 hours for patients in the home care setting.
8. Evidence collection shall be done only by physicians or nurses who are competent in the performance of forensic examinations.
 - 8.1 Evidence collected shall be retained by the person who collects it or placed in a locked cupboard or refrigerator to maintain proper chain of custody until transferred to law enforcement personnel.

NOTE: Documentation of training for evidence collection and chain of custody shall be placed in employee files.
 - 8.2 Determination of need for photographs by LLUMC personnel for medical record documentation shall be at the discretion of the forensic examiner.

CATEGORY:	CLINICAL MANAGEMENT	CODE:	M-75
SUBJECT:	VICTIMS OF DEPENDENT ADULT/ ELDER ABUSE/EXPLOITATION	PAGE:	5 of 6

9. Patients/guardians may be informed of LLUMC’s legal obligation to report the incident.

9.1 Upon patient consent, incidents of sexual assault shall be reported to:

- a. Law enforcement agency
- b. Rape crisis center.

NOTE: Significant signs/symptoms of abuse must be reported to the appropriate agencies. It is the patient’s choice whether or not to cooperate with these agencies in an investigation.

9.2 The dependent adult/elder shall be given the right to refuse investigation after the health care provider has submitted the mandatory report to the appropriate agency.

10. The medical record shall include documentation of the following:

- 10.1 Physical examination
- 10.2 Interventions
- 10.3 Referrals given
- 10.4 Reporting to authorities
- 10.5 Copy of ED report to Adult Protective Services
- 10.6 Follow-up care

11. The results of all investigations shall be reported to officials in accordance with state law (including to the State Licensing and Certification Agency) within 5 working days of knowledge of the incident.

12. Patients who need protective services shall be provided with resources to help the family and the courts determine the patient’s needs for such services. A list of names, addresses and telephone numbers of pertinent state client advocacy groups shall be maintained by the Social Work department and offered to the patient.

NOTE: In the University Hospital, lists are maintained in the Social Work Department, in the Administrative Supervisor’s Office, and in the Emergency Department. At East Campus, lists are maintained in the Social Work Department, in Urgent Care, and in the Administrative Supervisor’s office. HSH contacts the EC Social Work Department for the information.

Reference CHA chart “[Assault and Abuse Reporting Requirements](#)”

APPROVED: Hospital Executive Leadership, LLUMC Chief Executive Officer, LLUMC Medical Staff President and Chair of MSEC, Janet Kroetz



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GUIDELINES

CATEGORY:	CLINICAL MANAGEMENT	CODE:	M-75.A
SUBJECT:	ASSESSMENT INDICATORS	EFFECTIVE:	01/2017
		REPLACES:	02/2014
		PAGE:	1 of 2

PHYSICAL INDICATORS OF ABUSE

Physical

- Fractures, lacerations, bruises that cannot be explained, or explanations which are improbable, given the extent of the injury
- Burns (cigarette, rope, scalding water, iron, radiator)
- Facial injuries (black eyes, broken jaw, broken nose, bloody or swollen lips) with implausible or nonexistent explanations
- Subdural hematomas, long-bone fractures, fractures in different stages of healing
- Pattern of bruising (e.g., parallel or circular bruises) or bruises in different stages of discoloration, indicating repeated trauma over time

Neglect

- Failure to maintain normal weight
- Malnutrition or poorly balanced diet (bloated stomach, extreme thinness, dry, flaking skin, pallor, fainting)
- Inappropriate dress for weather
- Extremely offensive body odor
- Dirty, unkempt
- Unattended medical conditions (e.g., infected minor burns, skin infections)

Sexual Abuse

- Bruising around genital area
- Swelling or discharge from vagina/penis
- Tearing around genital area, including rectum
- Visible lesions around mouth or genitals
- Complaint of lower abdominal pain
- Painful urination, defecation

CATEGORY: CLINICAL MANAGEMENT

CODE: M-75.A

SUBJECT: ASSESSMENT INDICATORS

PAGE: 2 of 2

BEHAVIORAL INDICATORS OF ABUSE

- Statement by dependent adult/elder
- Hostile or aggressive behavior toward others
- Extreme fear or withdrawn behavior around others
- Self-destructive behaviors-minors
- Destructive behaviors
- Verbally abuse
- Out-of-control behavior (seems angry, panics, easily agitated)

Sexual Abuse

- Hostile or aggressive
- Fearful or withdrawn
- Self-destructive (self-mutilates)-minors
- Eating disorders-minors
- Alcoholism/drug abuse
- Running away-minors
- Statement by dependent adult
- Tearful or cries when questioned

Neglect

- Clingy or indiscriminate attachment-minors
- Isolates self
- Seems depressed or passive

Emotional Abuse/Exploitation

- Lacks self-esteem; puts self down constantly
- Seeks approval to an extreme-minors
- Seems unable to be autonomous (e.g., makes few choices, fears rejection)-dependent adult
- Hostile, verbally abusive, provocative