



## CLINICAL POLICY

### Abuse and Neglect: Identification, Assessment and Response

**A. EFFECTIVE DATE:**

December 20, 2021

**B. PURPOSE:**

To provide guidance on identifying and addressing circumstances in which a patient is suspected of having been subject to physical or emotional abuse and/or neglect, exploitation, abandonment, domestic violence, sexual abuse, or other factors creating high risk of such harm.

In this policy, "abuse and neglect" will be broadly used to represent all the forms of abuse and neglect found in Appendix D. This appendix can be consulted if clarification is needed.

This policy supersedes the following existing policies:

- HAM policy 08-085 Abuse: Child
- HAM policy 08-086 Abuse: Elderly

**C. POLICY:**

1. All employees, including members of UConn Public Safety, whether mandated reporter or not, must immediately report any suspicion of abuse or neglect, regardless of age or vulnerability, to their immediate supervisor in person or by phone. The immediate supervisor of the reporting employee will immediately notify the head of the clinical area, where the alleged incident occurred, for immediate escalation. Clinical leaders include:

- a. John Dempsey Hospital- Chief Operating Officer or designee
- b. University Medical Group- Chief Operating Officer or designee
- c. School of Medicine- Dean of the School of Medicine or designee
- d. School of Dental Medicine- Dean School of Dental Medicine or designee
- e. Graduate School – Dean of the School of Medicine or designee
- f. Research - VP of Research or designee

2. In circumstances where an abuse or neglect event is actively occurring during a patient's encounter at UConn Health, the first priority is to ensure patient safety. The reporter should immediately notify the supervisor of the clinical area in which the suspected abuse or neglect is occurring. They should also contact the police if there is concern for immediate physical harm, including threats of physical harm.

3. Once the patient is safe, mandated reporters should follow the procedures outlined under

section G of this policy. The **UConn Health Patient Complaints and Grievances** policy should be consulted for additional required actions.

4. The clinical leader who receives a report of an allegation of abuse or neglect shall immediately review the incident details and conduct an initial assessment of the incident to determine whether there is sufficient information to warrant placing the employee on administrative leave to protect the safety and wellbeing of patients, other individuals and/or the integrity of the investigation. If so, the clinical leader will request that the VP of Human Resources or the Executive Director of Labor Relations immediately place the employee on administrative leave. Following the immediate review and initial assessment, the clinical leader will immediately assemble an Abuse and Neglect Assessment Team to determine the appropriate action steps. The Assessment Team includes the following individuals, as necessary:

- a. Clinical leader of clinical unit/area
- b. Administrative leader of clinical unit/area
- c. Deputy Chief of Police or designee
- d. VP Patient Experience or designee
- e. VP of Human Resources or designee
- f. Executive Director of Labor Relations or designee
- g. Senior Director of Accreditation and Regulatory Readiness or designee
- h. Chief Medical Officer or designee
- i. Counselor from the Office of General Counsel

If the assessment by the clinical leader determines that significant patient safety is at risk, the clinical leader can work with HR to place the staff member on administrative leave pending further review.

5. Any member of the Abuse and Neglect Assessment Team who receive a report of an allegation of abuse or neglect through any means shall assemble the Assessment Team.

6. In inpatient and Emergency Department areas, the social worker shall assess all referred cases of suspected abuse or neglect and, in consultation with other members of the team, initiate the appropriate oral and written report to the State of Connecticut and any local agencies where the patient resides.

7. Any mandated reporter (an abbreviated list of qualifying occupations may be found in Appendix A) shall report, or cause a report to be made, to the designated adult/child protective agency, patients who meet the statutory definition for reporting in item #11 and:

- a. when suspected of being abused, neglected, exploited, abandoned,
- b. when in a condition which is a result of such abuse, or
- c. when identified as being at high risk of such harm.

Such reports are made in the appropriately mandated timeframes using all available information. All mandated reporters will be informed of the existence of this policy. All mandated reporters are strongly encouraged to seek guidance from Social Work.

- For Children & Newborns: a verbal report to DCF is required within 12 hours. A written report is required within 48 hours.
- For Adults: No mandatory reporting is required for physical assault or sexual assault/rape of an adult (age 18 and over) whether the perpetrator is known to the

patient or not. The patient will be asked if she/he wishes to report the incident to the police. Patients will not be charged for the cost of a sexual assault evaluation and report.

- For Vulnerable Adults: a verbal report to the Abuse Investigation Division within the Department of Development Services is required within 72 hours. For patients living in nursing homes, a written report must be submitted to the Connecticut Department of Social Services within 72 hours.
- For Elder Adults: a verbal and written report to the Connecticut Department of Social Services are required within 72 hours. For patients living in nursing homes, a written report must be submitted to the Connecticut Department of Social Services within 72 hours.

8. In cases of suspected abuse or neglect, the reports to state and/or local agencies identified in Paragraph 10 above are mandatory for the following patients:

- a. child from birth up to the age of eighteen years,
- b. vulnerable adult from 18 through 59 years old who is incapacitated due to developmental delay, mental illness, or incompetence,
- c. nursing home resident, regardless of age, and
- d. elderly person 60 years of age or older.

9. Reports of suspected abuse or neglect are a notable exception to the rights of privacy covered by HIPAA laws, as well as the "minimum necessary" disclosure standard followed in other circumstances. No authorization or release of information form is needed to report suspected abuse or neglect, or a newborn at high risk of abuse. Such reports must be documented as specified in UConn Health's 2003-18 Accounting of Disclosures of Protected Health Information policy in the electronic medical record. Connecticut legislation provides immunity from civil or criminal liability to people who make required reports in good faith. Information released to State and community agencies shall be logged as outlined in UConn Health's 2003-18 Accounting of Disclosures of Protected Health Information policy in the electronic medical record. Forms authorizing release(s) of information shall be scanned into the electronic medical record.

10. In an ambulatory setting, the health care team is responsible for the identification of any suspicion of abuse or neglect in their patients. Mandated reporters are strongly encouraged to seek guidance from Social Work.

11. All qualifying burns require immediate reporting by telephone to the local fire marshal in the community where the patient was injured. See Appendix D. A written report is required within 48 hours after the patient has been seen in accordance with CGS Sec. 19a-510a. The completed written report should be addressed to the Office of Education and Data Management, 165 Capitol Avenue, Room 431, Hartford, CT, 06106. If you have questions, please call the Office of Education and Data Management at 1-860-713- 5522.

Written report (as of 5/11/18): <http://portal.ct.gov/-/media/DAS/OEDM/Burn-Injury/Burn-Injury-Reporting-Form.pdf?la=en>

**D. SCOPE:**

This policy applies to all UConn Health locations.

**E. DEFINITION:**

- **Adults-** Any person between 18 and 59 years of age, or is less than 18 years old, but has been legally emancipated.
- **Children & Newborns at High Risk of Abuse-** Any person less than eighteen years of age who has not been legally emancipated. An infant who is identified to be at high risk of abuse or neglect due to their own special needs and/or their caregiver's condition or behavior.
- **DCF –** CT Department of Children and Families
- **Vulnerable Adults-** any person between from 18 through 59 years old who is incapacitated due to intellectual disability or developmental delay. Includes nursing home residents, regardless of age.
  - **Persons with Disabilities (CT)-** a person who has intellectual disability, is at least the age of 18 and under age of sixty, is substantially unable to protect himself or herself from abuse, or any individual who receives services from the Department of Social Services Division of Autism Spectrum Disorder Services. Includes nursing home residents, regardless of age.
- **Elder Adults-** any person 60 years of age or older. Includes nursing home residents, regardless of age.

**F. MATERIAL (S) NEEDED:**

None

**G. PROCEDURE FOR MANDATED REPORTING:**

**CHILDREN & NEWBORNS AT HIGH RISK OF ABUSE**

1. When a child (including a newborn) is perceived to be in imminent danger, a safe environment is established through the joint efforts of hospital/clinic staff and the DCF. When no other plan for the safety of the child is available, a "96-hour hold" may be considered by the physician to keep the child in the custody of the hospital, in accordance with Connecticut General Statutes, Section 17a-101f. The physician is strongly encouraged to seek guidance from Social Work.

In cases when an infant purported to be 30 days or younger is voluntarily surrendered by the infant's parent or someone indicating he/she has been asked by the infant's parent(s) to bring the infant to the hospital for purposes of voluntary surrender, or, the mother of an infant wishes to voluntarily surrender physical custody of the infant while the mother is in the hospital to give birth to the infant, staff shall defer to the Safe Haven in Labor & Delivery and OB-GYN policy.

2. All members of the health care team are mandated to report all cases of suspected child abuse or neglect, including high-risk newborns, to the Connecticut Department of Children and Families (DCF) at 1-860-550-6515 or 1-800-842-2288 (see Appendix B for additional Protective Services Access Numbers), and/or the child protection agencies of other states when applicable. An oral report must be submitted as soon as practical, but always within 12 hours of having reasonable cause to suspect abuse, neglect, or exploitation. It must be followed within 48 hours by a written report, using the "DCF-136" form, [http://www.ct.gov/oec/lib/oec/licensing/childcare/dcf 136.pdf](http://www.ct.gov/oec/lib/oec/licensing/childcare/dcf%20136.pdf), in accordance with Connecticut

General Statutes, Sections 17a-10la, 17a-10lk and 17a-103, 17a-103b.

3. Following the initial report of abuse or neglect, subsequent updates regarding a child's medical condition shall only be provided to the Connecticut Department of Children & Families (or any other parties) with a release of information from the patient's parent or guardian. If additional incidents of abuse or neglect are disclosed, discovered, or suspected while providing care to this child, a new report must be submitted to the Department of Children & Families detailing these additional circumstances of abuse.

### **VULNERABLE ADULTS**

1. All cases of suspected abuse or neglect of any person with intellectual disability, a disabled or developmentally disabled person shall be reported to the Abuse Investigation Division within the Department of Developmental Services at 1-844-878-8923, and/or the protection agencies of other involved states, as soon as practicable, but no later than 72 hours (see Appendix B for additional Protective Services Access Numbers) in accordance with Connecticut General Statutes, Section 46a-11b. As a follow-up to an oral report, the DDS PA- 6 Form, Report of Suspected Abuse or Neglect of an Adult with Intellectual Disability is to be filled out and sent by email to DDS at [dds.aid@ct.gov](mailto:dds.aid@ct.gov). Patients and caretakers do not have the right to refuse a mandated report.
2. For patients living in nursing homes or other facilities who are suspected of having been abused or neglected incidents must be reported to the Connecticut Department of Social Services, and/or the protection agencies of other states when applicable. For hospital/clinic staff, only written reports may be submitted. The written report, form W-410, <https://portal.ct.gov/-/media/Departments-and-Agencies/DSS/Social-Work%2ad-Services/ReportingForLTCinvestigations.pdf> should be faxed to 1-860-424- 5091, but may also be mailed to: CT Department of Social Services, 25 Sigourney Street 12th floor, Hartford, CT 06106-5033. The report must be submitted within 72 hours of the incident. (See Appendix B for additional Protective Services Access Numbers). Patients and caretakers do not have the right to refuse a mandated report. Patients or family members should be assisted by hospital/clinic staff in submitting a verbal report to the Connecticut Long Term Care Ombudsman at 1-866-388-1888 or 1-860-424-5200.

### **ELDER ADULTS**

1. All suspected cases of abuse or neglect must be reported to the Connecticut Department of Social Services at 1-888-385-4225 during business hours (or the office local to the patient's residence), or InfoLine 211 after-hours and on weekends (and/or the protection agencies of other involved states) as soon as practicable, but always within 72 hours (see Appendix B for additional Protective Services Access Numbers) in accordance with CGS, Section 17b-451. The oral report must be followed by completion of the written report, form W-675, <https://portal.ct.gov/-/media/Departments-and-Agencies/DSS/Common-Applications/W-675.pdf>. Patients and caretakers do not have the right to refuse a mandated report. When the patient is a resident of another state, their protective agency must also be contacted.
2. For patients living in nursing homes or other facilities who are suspected of having been abused, neglected, exploited, or abandoned must be reported to the Connecticut Department of Social Services, and/or the protection agencies of other states when applicable. For hospital/clinic staff, only written reports may be submitted. The written

report, form W-410, should be faxed to 1-860-424-5091, but may also be mailed to: CT Department of Social Services, 25 Sigourney Street 12th floor, Hartford, CT 06106-5033. The report must be submitted within 72 hours of the incident. (See Appendix B for additional Protective Services Access Numbers). Patients and caretakers do not have the right to refuse a mandated report. Patients or family members should be assisted by hospital/clinic staff in submitting a verbal report to the Connecticut Long Term Care Ombudsman at 1-866-388-1888 or 1-860-424-5200.

**H. ATTACHMENTS:**

[APPENDIX A: Mandated Reporters Commonly Employed in Hospital/Clinic Settings](#)

[APPENDIX B: Contact Information and Reporting Forms](#)

[APPENDIX C](#)

[APPENDIX D: Types of Abuse](#)

[APPENDIX E: Resources](#)

**I. ENFORCEMENT:**

Violations of this policy or associated procedures may result in appropriate disciplinary measures in accordance with University By-Laws, General Rules of Conduct for All University Employees, applicable collective bargaining agreements, the University of Connecticut Student Code, other applicable University Policies, or as outlined in any procedures document related to this policy.

**J. STAKEHOLDER APPROVALS:**

On File

**K. COMMITTEE APPROVALS:**

Medical Board and Clinical Council

**L. FINAL APPROVAL:**

- |   |                           |
|---|---------------------------|
| 1. <u>Andrew Agwunobi, MD (Signed)</u><br>Andrew Agwunobi, MD, MBA<br><b>UConn Health Chief Executive Officer</b>   | <u>12/20/2021</u><br>Date |
| 2. <u>Anne Horbatuck (Signed)</u><br>Anne D. Horbatuck, RN, BSN, MBA<br><b>Clinical Policy Committee Co-Chair</b>   | <u>12/20/2021</u><br>Date |
| 3. <u>Scott Allen, MD (Signed)</u><br>Scott Allen, MD<br><b>Clinical Policy Committee Co-Chair</b>  | <u>12/20/2021</u><br>Date |
| 4. <u>Caryl Ryan (Signed)</u><br>Caryl Ryan, MS, BSN, RN<br><b>Interim Chief Operating Officer, JDH</b><br><b>VP Quality and Patient Services &amp; Chief Nursing Officer</b> | <u>12/20/2021</u><br>Date |

**M. REVISION HISTORY :**

Date Issued: 12/20/2021

Date Revised:

Date Reviewed: