**Abuse and Neglect: Child and Adult**

***SAMPLE Policy for Colorado Emergency Departments***

**Purpose:** to provide guidance for identifying, addressing, and reporting known or suspected abuse or neglect.

**Personnel:** all clinical staff, all medical staff providers (MDs, DOs, NPs, PAs)

**Definitions:**

|  |  |
| --- | --- |
| **Adult** | An individual who is eighteen (18) years of age and older |
| **At-Risk Adult** | An individual eighteen (18) years of age or older who is susceptible to mistreatment, self-neglect, or exploitation because the individual is unable to perform or obtain services necessary for his/her/their health, safety, or welfare or lacks sufficient understanding or capacity to make or communicate responsible decisions concerning his/her/their person or affairs |
| **Child** | An individual who is less than eighteen (18) years of age  Also known as a minor |

**General Information**

1. This policy applies to both child and adult patients and visitors who are suspected victims of physical assault, rape, sexual molestation, and other forms of abuse (e.g., neglect, medical child abuse, ingestions, trafficking, etc.).
2. This policy refers to all known or suspected abuse, including allegations of child abuse by hospital staff.
3. \*\*\* Hospital uses the criteria of suspected child abuse as defined in the Colorado Child Protection Act of 1987, C.R.S. § 19-3-301 *et see* (the “Act”). Act defines “child abuse or neglect” as an act or omission which threatens the health or welfare of a child. This includes a child who:
   1. Exhibits evidence of skin bruising, bleeding, malnutrition, failure to thrive (FTT), burns, fracture of any bone, subdural hematoma, soft tissue swelling, or death and either:
      1. Such condition or death is not justifiably explained; or
      2. The history given concerning such condition is at variance with the degree or type of such condition or death; or
      3. The circumstances indicate that such condition may not be the product of an accidental occurrence.
   2. Is subjected to sexual assault or molestation, sexual exploitation, or prostitution.
   3. Needs services because the child’s parent(s), legal guardian or legal custodian fails to take the same actions to provide adequate food, clothing, shelter, medical care, or supervision a prudent parent takes.
   4. Is living in an environment that is dangerous to his/her/their welfare.
   5. Tests positive at birth for either a Schedule I controlled substance or a Schedule II controlled substance, unless the child tests positive for a Schedule II controlled substance because of the mother’s lawful intake of such substance as prescribed by a provider.
      1. Note: Schedule I and Schedule II Controlled Substances are as defined in the Colorado State Statute: section 18-18-203, C.R.S. Contact Pharmacy for more information.
4. \*\*\* Hospital uses criteria of at-risk adult as defined by Colorado State Statute C.R.S. 26-3.101. Any person over the age of eighteen (18) who is susceptible to abuse or neglect because they are unable to obtain services for their own health, safety or welfare.
5. It is not required to report suspected abuse of adults eighteen (18) to sixty-nine (69) who are not classified as “at risk” under the above statute. Refer such persons to abuse prevention resources.

**Policy**

1. Child abuse and Neglect Reporting:
   1. When possible, the report should be made prior to patient discharge from the hospital.
   2. Families should be notified that a report is being made unless there is a concern about imminent risk of harm to patient, parent, staff, or employee.
   3. A report should be made to the county department of human services (child protective services, social services) in which the child resides **and** to local law enforcement agency in which the suspected abuse occurred.
   4. Report must be made by certain individuals who have a reasonable knowledge or suspicion that a child has been or is being subjected to child abuse (reference C. R. S. 19-8-304). Persons required to report (see table for examples – not exhaustive list):

|  |  |
| --- | --- |
| * Physician, Surgeon (including those in training * Child Health Associate/Physician Assistant * Nurse Practitioner * Dentist * Emergency Medical Service providers * Osteopath * Optometrist * Chiropractor * Podiatrist * Physical Therapist * Clergy * Registered Dietician | * Psychologist * Registered Nurse * Licensed Practical Nurse * Hospital personnel engaged in:   + Admissions,   + Care and or treatment of patients * Mental Health Professional * Licensed Professional Counselors * Dental hygienist * Pharmacist * Licensed Marriage Counselor * Family Therapist * Registered Psychotherapist * Social Worker |

1. Injuries associated with child abuse and neglect, consider further medical workup and reporting to the appropriate authorities:
   1. Head trauma
      1. All unexplained or poorly explained head injuries in children 0-2 years of age
      2. Skull fractures in non-mobile children if concerning mechanism reported (for example – short fall with significant injury, injury attributed to sibling or pet in home, etc.)
   2. Fractures
      1. All unexplained or poorly explained fractures in children who are non-ambulatory with a history of normal growth and development
      2. Children with more than one (1) fracture except for a documented trauma (e.g., motor vehicle crash)
   3. Skin injuries
      1. Burns
         1. Symmetric, mirror image burns, especially “glove” or “stocking” pattern
         2. Pattern injury burn (iron, cigarette, or other object)
         3. Burns in non-ambulatory children without reasonable explanation
         4. Immersion pattern burns
         5. Burns without reasonable explanation
      2. Bruising
         1. Consider TEN-4-FACES-P:
            1. **T**orso, **E**ar or **N**eck bruising on any child 0-4 years of age
            2. ANY bruising on an infant 0-4 months of age
            3. Injuries to the **F**renulum, **A**uricles, **C**heeks, **E**yes, **S**cleral hemorrhage
            4. **P**atterned type bruising
   4. Torso injuries
      1. Unexplained or poorly explained abdominal or thoracic injuries
   5. Sexual abuse/sexual assault
      1. Acute rape, forced intercourse
      2. Adult use of a child or adolescent for sexual stimulation or gratification (inappropriate sexual contact)
      3. Molestation including fondling the genitals or breasts of a child
      4. Molestation including asking a child to fondle or masturbate adult’s genitals
      5. Sexual intercourse includes vaginal assault, oral assault, or anal assault
      6. Exposure or children to sexual acts or pornography
      7. Human sexual trafficking
         1. Trafficking for sexual purposes, prostitution, sex tourism
         2. Youth engaging in “survival sex”
         3. Youth engaging in sexual acts for money
      8. Labor trafficking
         1. Debt bondage
         2. Forced labor
         3. Involuntary child labor
   6. Other types of abuse/maltreatment
      1. Abandoned children
      2. Starvation
      3. Exposure
      4. Medical neglect causing medical complication or injury or death
      5. Ingestions – alcohol, other substances except for accidental ingestions (clinician’s judgement)
      6. Suspected medical child abuse
      7. Neglect either of care or supervision
      8. Infant deaths whose initial workup is not consistent with sudden unexplained infant death syndrome (SUIDS)
      9. Concerns for trafficking, either sexual trafficking or labor trafficking

**Procedure**

1. Triage
   1. Complete history and screening exam
   2. Triage status of urgent
   3. For a child with multiple or serious injuries the triage nurse should notify ED provider immediately and room patient for evaluation
2. Medical Evaluation
   1. Generally medical history including history of present illness, past medical history, behavior and development history, prior injuries/traumas, social history, and review of systems
   2. Gowned physical examination
      1. General physical state, vital signs
      2. Head to toe examination with particular attention to TEN-4-FACES-P (see above)
   3. Diagnostic testing
      1. Physical abuse
         1. Obtain non-contrast head CT emergently if concerns for head trauma
         2. Consider skeletal survey if child stable
            1. 0-2 years of age with any concerns of abuse
            2. Infant with evidence of injury (skull fracture, abnormal neuroimaging)
            3. Note – skeletal survey includes complete set of radiographic images to document each region of child’s skeleton. Please see American College of Radiology and American Academy of Pediatrics guidelines for details.
         3. Coagulation studies – if abnormal consider expanded hematology screening (Please see American Academy of Pediatrics guideline for details), blood count, type and cross
         4. LFTs – if either AST or ALT is greater than 80 please obtain **contrasted** CT abdomen
         5. Consider urine drug screening
         6. For patient with concern of skeletal dysplasia disorder (e.g. osteogenesis imperfecta) testing should be done in consultation with child abuse pediatrics team and/or pediatric genetics team.
      2. Sexual abuse
         1. Acute sexual assaults in **prepubertal** children (generally 0-13 years) occurring within 48-72 hours prior to ED visit or hospitalization.
            1. Consider type of contact and hygiene activities (bathing, urinating, etc.) to determine need for forensic evidence kit collection
         2. Acute sexual assault in **pubertal** children (generally 13 and older) occurring within 120 hours prior to ED visit or hospitalization.
            1. Complete forensic evidence kit collection
         3. At risk of exposure (body fluid contact with mucosal surface) obtain labs
            1. Hepatitis B antigen
            2. Hepatitis C antibody
            3. GC/CT urine PCR
            4. HIV 1 and 2 antibody
            5. Urine pregnancy test
            6. Rapid plasma regain (RPR)
            7. Trichomonas urine PCR
            8. If starting antiretrovirals for HIV order CBC and CMP for baseline labs
         4. Post exposure medications per Forensic Nursing Team at \*\*\* Hospital
         5. Consider consultation with pediatric ID specialist or CPT to determine need to STI prophylaxis and/or pregnancy if no FNE team/SANE team at \*\*\* Hospital
   4. Disposition
      1. Admission for child with serious, multiple or life-threatening injuries, or for whom no safe placement is available emergently.
      2. DHS and/or Law Enforcement make disposition plans for safe placement.
      3. Discharge follow up care needs close communication with DHS and or Law Enforcement agency.

**Additional information:**

* <https://www.coloradocwts.com/mandated-reporter-training>
* Colorado Child Protection Act of 1987, C.R.S. 19-3-301(2013)
* Colorado At-Risk Adult C.R.S. 26-3-1-101 (2013)
* CDC website for updated STI treatment guidelines
* American Academy of Pediatrics:
  + <https://pediatrics.aappublications.org/content/131/4/e1314.short>
  + <https://pediatrics.aappublications.org/content/135/5/e1337>
* American College of Radiology:
  + <https://www.acr.org/-/media/ACR/Files/Practice-Parameters/skeletal-survey.pdf?la=en>