LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER
- SHREVEPORT

SUSPECTED VICTIMS OF ABUSE AND NEGLECT
(PATIENTS PRESENTING TO LSUHSC)

Purpose:
To establish guidelines for all hospital personnel to follow in the provision of treatment and mandatory reporting related to victims of suspected abuse, neglect, rape/sexual molestation and domestic violence.

Definitions:
Abuse - is defined as the “infliction of physical or mental injury on an individual by other parties, including but not limited to such means as sexual abuse, exploitation, or extortion of funds or other things of value, to such an extent that his/her health, self-determination, or emotional well being is endangered.” (R.S. 14:403.2).

Neglect - is defined as the refusal or failure of a parent or caretaker to supply the individual with necessary food, clothing, shelter, care, treatment, or counseling for any injury, illness, or condition of the individual, as a result of which the individual's physical, mental or emotional health is substantially threatened or impaired.

Domestic Violence - is “abuse committed against an adult or a fully emancipated minor who is a spouse, former spouse, co-habitant, former co-habitant or a person with whom the suspect has had a dating or engagement relationship.”

Internal Abuse and Neglect - is defined as abuse or neglect that occurs while the patient is under the hospital’s care.

Abuse Policy:
A. If one or more of the following criteria are present, abuse/neglect should be suspected. Signs of abuse are not, however, limited to the examples given. High risk groups for abuse include the elderly, children and the handicapped.

1. Abuse/neglect as evidenced by:
   a. Discrepancies between history and injury and/or
   b. Inconsistencies in the history in conjunction with criteria listed below.

2. Physical assault, (abuse) as evidenced by:
   a. unusual or unexplained bruising
   b. fractures
   c. burns
   d. repeated injuries
   e. head injuries, particularly in infants
   f. retinal hemorrhages in infants

3. Rape/Sexual Molestation, as evidenced by:
a. bleeding, bruising or trauma to genitalia
b. history of sexual assault as reported by patient
c. repeated UTI unrelated to other causes
d. pregnancy or sexually transmitted diseases in the infants and children
e. sexual knowledge that exceeds the level of maturity
f. abnormal mental status

4. Emotional or psychological abuse, as evidence by:
   a. withdrawn or excessively aggressive behavior
   b. inappropriate parent/child interaction
c. depression
d. conduct disorder
e. suicidility

5. Neglect of Elders/Children
   a. lack of personal hygiene and/or appropriate clothing
   b. malnourished/dehydrated
c. failure to thrive (height, weight and head circumference less than 5th percentile; plateau in the growth curve; or loss of two standard deviations on the growth chart.)
d. lack of medical care
e. over/under medicated
f. lack of immunizations
g. lack of heat and/or running water

6. Domestic Abuse
   a. unusual or unexplained bruising
   b. fractures
c. burns
d. repeated injuries
e. head/face injuries
f. ingestions
g. non-substantiated complaints and/or delays in obtaining care
h. third-party or object blamed for injury
i. alleged self-injury

B. Reporting

1. A Licensed Healthcare Professional shall notify the appropriate authorities immediately and LSUHSC-S Social Services (57075) of all cases of suspected abuse/neglect. A Licensed Healthcare Professional shall notify LSUHSC-S Social Services of the suspected case(s) the next working day for reports that occur after hours. Outside Caddo/Bossier Parish: contact Case Management or Social Services for appropriate CPA numbers. Child abuse should be reported to CPA in the jurisdiction where it occurred.

2. Appropriate authorities are listed below:
   **CHILD** (0-18 years old)
   Caddo Parish Office of Community Services
   Child Protection Agency 676-7622
   1525 Fairfield Avenue (Hotline Number)
   Shreveport, Louisiana 71101-4388
Management for all Suspected Abuse/Neglect Cases (excludes Sexual Assault Cases)

a. All cases suspected of abuse/neglect shall be seen by the appropriate senior resident.

b. If no evidence of abuse/neglect, the physician shall document the findings in the patient’s medical record.

c. If suspicion of abuse/neglect, the physician shall manage immediate medical needs:
   1). The physician shall record a concise history which includes the alleged cause of the injury, dates, times and evidence of injury or endangered condition.
   2). The physician shall record why the findings represent suspected abuse/neglect and any concerns regarding the patient’s safety.
   3). If the licensed Healthcare Professional has concerns for the patient’s safety, they may admit the patient for safety reasons.
   4). To obtain photographs, contact medical communications (55275) from 7:30 a.m. – 5:00 p.m., Monday – Friday. Consents are required to take photographs except when the Child Protection Agency is involved and has requested pictures.
5). For **adults**, records shall be released only upon consent of the patient or guardian or by a court subpoena. For **children**, refer to management of suspected child abuse/neglect. (Section 5).

4. Management for Suspected Rape/Sexual Assault for anyone 17 or older. (See attached Caddo Parish Algorithm for Adolescent/Adult Sexual Assault)
   a. With patient consent, call the Victim Advocate (Advocacy) 318-227-7900. The referral shall be documented on the patient’s medical record by the healthcare provider who makes the call.
   b. If the patient wants the police notified an MD or licensed healthcare professional shall notify the appropriate authority in the parish where the alleged assault occurred.
   c. The original EMS Treatment Record shall remain on the patient’s medical record.

5. Management of Suspected Sexual Assault of anyone 16 and younger. (See attached Caddo Parish Pediatric Sexual Assault Algorithm)
   a. An MD or licensed healthcare professional shall notify the appropriate law enforcement agency of any sexual assault involving a victim **16 yrs and younger** and any victim who is physically or mentally incapable of making an intelligent decision.
   b. An MD or licensed healthcare professional shall notify Office of Community Services (OCS) which handles child protection investigations on any sexual assault involving a victim **16 yrs and younger**.
   c. After completion of the Coroner’s office algorithm (above) and stabilization by Pediatric emergency services, all cases **14 yrs and younger** shall be referred to the CARA Center during Monday-Friday between 8:00 a.m. – 4:30 p.m. and to on call pediatrician for the CARA center after hours.

6. Management of Suspected Child Abuse/Neglect (0-18 yrs old) (Excluding Sexual Assault)
   a. Consultation of the SCAN Team is recommended for evaluation of suspected child abuse/neglect (refer to criteria previously listed). They are available during Monday-Friday between 8:00 a.m.-4:30 p.m. (SCAN means Suspected Child Abuse/Neglect). Contact the on-call pediatrician or CARA Center (681-7676).
   b. If the SCAN Team is not consulted, the appropriate senior resident must examine the child. Skeletal survey should be performed as indicated.
   c. For children, obtain skull, chest, and long bone x-rays (scan series #4212). Repeat in 10-14 days, if possible. Ophthalmology consult and CT of head should be performed as indicated.
   d. To obtain photographs, contact Medical Communications (55275) from 7:30 a.m.- 5:00 p.m., Monday- Friday. After a report of suspected child abuse/neglect is made to the Child Protection Agency all persons shall cooperate fully with investigative procedures. If questions about photographs and consents in child abuse/neglect cases, contact legal affairs (55406) or social services (57075) during the day and the house manager (55150) after hours.
   e. The physician, PA, RN or social worker shall report all cases of known or suspected child abuse by telephone to the Department of Social Services (57075) and The Office of Community Services 676-7622, followed by a written report within 5 days to the Child Protection Agency. Form OPS-CPI-2 shall be completed to the CPA as well. (As required by law).
f. The parents and/or guardian of the client shall be informed by the reporting party that the suspected injury has been reported, as required by law, to the appropriate protection agency. All CPA discharges must have a stat dictation with discharge.
g. Any child admitted who is a ward of the state must have a consent obtained through the appropriate judge in the respective parish. Foster care workers should be contacted to determine who may give informed consent.

7. Management of Suspected Violence
   a. At the request of the patient if domestic violence is suspected, a licensed healthcare professional may contact the appropriate law enforcement on patients 18 yrs and older.
   b. The information conveyed includes the patient’s name, whereabouts, injuries and the identity of the person who the patient alleges assaulted him/her.
   c. A Licensed Healthcare Professional shall contact Social Services.
   d. Social Services shall submit written documentation of suspected domestic violence to the local law enforcement agency on the next business day.
   e. With patient consent, a referral shall be made to Providence House Crisis Center 698-7273 by licensed Healthcare Professional or social services. The referral shall be documented on the patient’s medical record by the licensed healthcare provider who made the referral.

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Administrator

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Date

6/19/13

Clinical Board Approved: 11/21/00, 8/19/03, 11/21/06, 8/18/09, 5/20/11, 6/18/13
Written: 7/82
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