

VANDERBILT  UNIVERSITY
MEDICAL CENTER

Policy: Protection of Minors

Category	Operations
Policy Number	OP 20-10.29
Effective Date	May 2016
Approval Date	May 2016
Supersedes	New

Applicable to

VUMC

Team Members Performing

All faculty & staff
 Faculty & staff providing direct patient care or contact
 MD
 House Staff
 APRN/PA
 RN
 LPN
 Other: Volunteers

Responsible Committee

<input checked="" type="checkbox"/> Administrative Operations Committee	<input type="checkbox"/> Pharmacy, Therapeutics, and Diagnostics Committee
<input type="checkbox"/> Clinical Operations Committee	<input type="checkbox"/> Health Record Executive Committee
<input type="checkbox"/> Clinical Practice Committee	<input type="checkbox"/> Information Privacy and Security Executive Committee
<input type="checkbox"/> Quality Steering Committee	<input type="checkbox"/> Medical Center Safety Committee
<input type="checkbox"/> Infection Prevention Executive Committee	

Content Experts

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I. Purpose:

To establish administrative procedures for Vanderbilt University Medical Center (VUMC) programs and workforce members (as defined in section III.A) interacting with minors.

II. Policy:

VUMC is dedicated to the welfare and safety of minors who visit VUMC facilities, participate in VUMC programs, and are entrusted to VUMC's care.

To promote the protection of minors, faculty, staff, students and volunteers who interact with minors undergo background clearance checks and complete annual compliance training. In addition, these individuals acknowledge internal and external reporting requirements and agree to abide by the policy.

VUMC programs, as defined below are centrally registered and a risk evaluation occurs at initial creation and at regular intervals.

III. Definitions:

- A. Minor: VUMC patient, visitor, or program participant aged less than 18 years.
- B. Operations: VUMC patient care activities where interaction is related to inpatient, acute, follow-up, and/or routine treatment of a minor.
- C. Programs: VUMC non-patient care interactions where supervision is expected and minor is not receiving examination or treatment related to a medical condition. Programs may be year-round or time delineated. Programs may include but are not limited to the following: camps, research, facility tours, observational experiences, child care, VUMC development and fundraising events regardless of physical locations.
- D. Workforce Member: Any individual performing work for or on behalf of VUMC and under the direct supervision or control of VUMC, including but not limited to:
 - 1. Full-time and part-time staff, faculty, and house staff, including community physicians and visiting house staff;
 - 2. Temporary or contract workers;
 - 3. Students and trainees, including but not limited to:
 - a. Medical, nursing, and allied health professional students;
 - b. Student internship/externship programs (medical and nursing);
 - c. Student apprenticeships; and
 - d. Visiting students.
 - 4. Volunteers; and
 - 5. Vendor and business associates who, on behalf of VUMC, furnish, or otherwise authorize the furnishing of health care items or services, perform billing or coding functions, or are involved in monitoring of health care provided by VUMC, including new hires.

IV. Protection of Minors Standards of Conduct:

All workforce members are required to adhere to VUMC's Standards of Conduct. Workforce members in programs who interact with minors on behalf of Vanderbilt should also follow these additional guidelines for behavior:

- A. Do not spend time alone with a minor away from others. If one-on-one interaction is required, meet in open, well-lit rooms or spaces with windows observable by other adults from the program.
- B. Do not engage in any sexual actions, make sexual comments, tell sexual jokes, or share or view sexually explicit material with or within the vicinity of minors.
- C. Do not touch minors in a manner that a reasonable person could interpret as inappropriate.
- D. Do not shower, bathe, or undress with or in the presence of a minor.
- E. Do not engage in any abusive conduct of any kind toward, or in the presence of, a minor, including but not limited to verbal abuse, hitting, punching, poking, or restraining, except as required to protect a minor or others from harm. All incidents involving such conduct, whether or not required to protect a minor or others from harm, must be documented and disclosed promptly to the Program Director and the minor's parent/guardian.
- F. Be aware of the impact of your words and language on minors.
- G. Do not use, possess, or be under the influence of alcohol or illegal drugs while on duty or when responsible for a minor's welfare.
- H. Do not meet with minors outside of established times for program activities. Any exceptions require parental authorization and must include more than one adult from the program.
- I. Do not engage or converse with minors through email, text messages, social networking websites, or other forms of social media at any time except and unless there is an educational or programmatic purpose and the content of the communications is consistent with the mission of the program and VUMC.
- J. When transporting minors in a program, more than one adult from the program must be present in the vehicle, except when multiple minors will be in the vehicle at all times through the transportation. Avoid using personal vehicles if possible.
- K. Do not tell children "this is just between the two of us" or use similar language that encourages Minors to keep secrets from their parent/guardians.

V. Procedure:

- A. VUMC workforce members complete annual compliance training on the Protection of Minors. Contracted vendors and Affiliates as defined in Sec III D(5) will follow procedure as prescribed in the contract regarding training requirements under this section. “
- B. All VUMC workforce members undergo criminal background clearance through the VUMC Office of Human Resources (OHR) or other approved vendor prior to hire, appointment, and/or placement with a minor in any VUMC facility, program, center, clinic, project, or research lab. Background clearance rechecks for workforce members follow OHR and departmental policy.
- C. Programs (as defined above in section III.D) register through the Protection of Minors web application at least 2 weeks prior to the event to meet the requirements of this policy.
- D. Research studies that include minors complete approved IRB proposals meeting Human Research Protection Program protocol and are in compliance with this policy.
- E. Program Execution of Forms: Parent/guardian consent for a minor to participate and release of liability for program participation is required for applicable activities under this policy.
- F. Parent Notification of Reporting Provision: Release and participation agreements (or an another appropriate program resource) in applicable programs provide parents/guardians with a protection of minors provision which describes VUMC’s obligation under mandatory child abuse reporting provisions and a resource number for reporting concerns.
- G. Reporting Suspicions of Abuse or Inappropriate Behavior:
 - 1. All VUMC workforce members are mandatory reporters for suspicion of child abuse.
 - 2. Reference policy Identification and Reporting of Suspected Abuse and/or Neglect – Child for reporting procedures for allegations and suspicions of child abuse for minors under VUMC operational care through disclosure, observation or identification.
Note: Any allegation that child abuse occurred while the child was a patient, under care, participating in a program, or in a VUMC facility, should immediately be reported to VUPD and to the Office of Risk and Insurance Management, in addition to other stated procedures.

3. If abuse is suspected, both internal and external reporting procedures are required and are as follows:
 - a. Internal Reporting:
 - i. In an operational patient care setting: Any person including physicians, nurses, and hospital personnel who has a reasonable cause to suspect a child has been a victim of abuse and/or neglect shall report these concerns immediately to the child's attending physician and Social Work as required in policy, Identification and Reporting of Suspected Abuse and/or Neglect – Child. The appropriate Social Worker will work with the concerned party and/or attending physician to verify that Child Protective Services is contacted in a timely fashion.
 - ii. In a program non-patient care setting: Any person representing VUMC in a program as described in this policy who has a reasonable cause to suspect a child has been a victim of abuse or neglect is responsible to report these concerns immediately to the program director and the VUMC Office of Risk and Insurance Management.
 - b. External Reporting:
 - i. For minor children who live in the state of Tennessee, the report is made to the statewide hotline of the Department of Children's Services, 1-877-237-0026. Law enforcement in the appropriate jurisdiction may also be notified, including VUPD at 615-322-2745.
 - ii. Mandatory reporting under Tennessee Law states the following: "Any person who has knowledge of or is called upon to render aid to any child who is suffering from or has sustained any wound, injury, disability, or physical or mental condition shall report such harm immediately if the harm is of such a nature as to reasonably indicate that it has been caused by brutality, abuse, or neglect, or that, on basis of available information, reasonably appears to have been caused by brutality, abuse, or neglect.
 - iii. The reporting requirement is based on "reasonable" belief; absolute certainty about abuse or neglect is not required and should not be the standard for deciding to make a report.
 - iv. Failure to report is a violation of the law and a Class A Misdemeanor. Those who report and act in good

faith are immune from criminal or civil liability which may result.

- c. In both cases above, a report to the Office of Risk and Insurance Management shall be completed.

- H. Inappropriate conduct by VUMC workforce members while interacting with minors in any VUMC setting is addressed immediately by a supervisor and a consultation regarding progressive discipline with the Office of Human Resources or the Office of Faculty Affairs or other appropriate office providing oversight is conducted when appropriate.
- I. Workforce members exhibiting unprofessional behavior which negatively contributes to the safety and well-being of minors at VUMC are at risk for disciplinary action, up to and including suspension and/or termination.

VI. Endorsement:

Operations Policy Committee February 2016

Medical Center Medical Board April 2016

VII. Approval:

Marilyn Dubree MSN, RN, NE-BC 5/31/16
Executive Chief Nursing Officer

C. Wright Pinson MBA, MD 5/31/16
Deputy Vice Chancellor for Health Affairs
Senior Associate Dean for Clinical Affairs
CEO of the Vanderbilt Health System

VIII. References

Comprehensive Accreditation Manual for Hospitals (CAMH). (2016). Retrieved from Eskind Digital Library (search word “CAMH” then select “Accreditation Requirements”) <http://www.mc.vanderbilt.edu/diglib/>

Care, Treatment and Services Standard CTS.02.02.05 The organization identifies individuals served who may have experienced trauma, abuse, neglect, or exploitation.

Human Resources Management Standard HRM.01.02.01 (nbr4) The organization obtains a criminal background check on the job applicant as required by law and regulation or organization policy. Criminal background checks are documented.

Human Resources Management Standard HRM.01.05.01 Staff Participate in Education and Training

Tenn. Code Ann. (2016). § 37-1-403 Reporting of brutality, abuse, neglect or child sexual abuse.

Tenn. Code Ann. (2016). § 37-1-605 Reports of known or suspected child sexual abuse.

Tenn. Code Ann. (2016). § 68-11-211 Reporting incidents of abuse, neglect and misappropriation -- Reporting specific incidents that might result in a disruption in the delivery of health care services -- Confidentiality.

VUMC Policy Manual. (2016). Retrieved from <https://vanderbilt.policytech.com>

Clinical Operations:

OP 10-40.28 [Responding to Law Enforcement Requests for Access to Patients and Patient Information](#)

OP 20-10.25 [Identification and Reporting of Adult Abuse, Neglect, and/or Exploitation](#)

OP 20-10.27 [Domestic Violence/Abuse: Identification and Reporting](#)

OP 20-10.28 [Reporting Cases of Injury Caused by Violent Crime\(s\)](#)

OP 20-10.26 [Identification and Reporting of Abuse and/or Neglect - Child](#)