

**VANDERBILT  UNIVERSITY**  
**MEDICAL CENTER**

<b>Policy:</b> Identification and Reporting of Abuse and/or Neglect - Child	Category	Clinical Operations
	Policy Number	OP 20-10.26
	Approval Date	May 2016
	Effective Date	May 2016
	Supersedes	May 2009

Applicable to		
<input checked="" type="checkbox"/> Adult Enterprise	<input checked="" type="checkbox"/> Pediatric Enterprise	<input checked="" type="checkbox"/> Behavioral Health Enterprise
Team Members Performing		
<input checked="" type="checkbox"/> All faculty & staff	<input type="checkbox"/> Faculty & staff providing direct patient care or contact	<input type="checkbox"/> MD
<input type="checkbox"/> Other:	<input checked="" type="checkbox"/> House Staff	<input type="checkbox"/> APRN/PA
	<input type="checkbox"/> RN	<input type="checkbox"/> LPN
Responsible Committee		
<input type="checkbox"/> Administrative Operations Committee	<input type="checkbox"/> Pharmacy, Therapeutics, and Diagnostics Committee	
<input checked="" 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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Julia Morris – Deputy General Counsel		
Julie Garcia – Director of Social Work, Children’s Hospital		

**I. Purpose:**

To appropriately identify and report cases of suspected child maltreatment, including child physical abuse, child sexual abuse, and neglect in accordance with Tennessee law.

Because instances of abuse are so often interrelated, consult and consider also the cross referenced policies on adult abuse, domestic violence, protection of minors, and victims of violent crime.

**II. Policy:**

- A. Vanderbilt University Medical Center (VUMC) complies with applicable state and federal laws that require any person (including physicians, nurses, and hospital personnel) to report known or suspected child abuse and/or neglect, to appropriate agencies and/or law enforcement.

- B. VUMC requires all staff, faculty, and volunteers to receive annual compliance training in the protection of minors.
- C. 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. This is in addition to following the other reporting requirements stated in this policy.

### **III. Definitions:**

- A. Child: Under age 18.
- B. Child maltreatment: Any act or series of acts of commission or omission (neglect) by a parent, relative, guardian or other caregiver that results in harm, immediate danger harm, or threat of harm to a child which results or could result in a wound, injury, disability, physical or emotional harm. Includes all forms of physical and emotional ill-treatment, sexual abuse, neglect, and exploitation.
- C. Child physical abuse: Any physical act by a caregiver that results in a child being hurt or injured. Includes hitting, shaking, burning, beating, or other forms of direct physical contact, as well as harsh physical punishment that is inappropriate for the child's age.
- D. Child sexual abuse: The involvement of adults, older children, or adolescents in sexual activities with children who cannot give appropriate consent and who do not understand the significance of what is happening to them. Under TN law, this includes also the commission of any act involving the unlawful sexual abuse, molestation, fondling or carnal knowledge of a child under thirteen (13) years of age that constitutes a criminal offense.
- E. Child neglect: Caregiver omissions that result in harm or potential harm to a child. Includes failure to provide adequate physical care (including food, clothing, and shelter), ensure appropriate medical and dental care or education, provide adequate supervision, or provide emotional support.
- F. Child Protective Services: State governmental agency that investigates allegations of child abuse and/or neglect. The investigative division of Department of Children's Services in Tennessee and the Department of Community Based Services in Kentucky.
- G. HIPAA: Health Insurance Portability and Accountability Act of 1996; federal legislation that, among other things, provides privacy standards to protect patients' medical information.

#### IV. Specific Information:

##### Evaluating and Reporting Child Maltreatment

- A. In some situations, there are indicators that child maltreatment is occurring. A partial list of potential indicators of child maltreatment includes:
1. Disclosure from patient or caregiver that child abuse and/or neglect has or may have occurred.
  2. History of injury is incompatible with the type, pattern, and/or degree of injury.
  3. History of injury is vague, changing, or not provided.
  4. Contradictory histories are provided by caregivers and/or child.
  5. History provided is not possible given the age or developmental level of child.
  6. Evidence of abnormal parent/guardian/caregiver and child interaction.
  7. Parent/guardian/caregiver is or becomes unavailable to the child and medical team for unexplained reason.
  8. Multiple injuries of differing ages are found.
  9. Delay in seeking medical care that is out of proportion to the child's injury or illness.
  10. A sexually transmitted infection is discovered in a prepubertal child.

- B. Role of the Vanderbilt Child Abuse Response and Evaluation Team (CARE):

The CARE Team, part of the Center for Child Protection & Well-Being in the Monroe Carell Jr. Children's Hospital, has the following purposes:

1. To provide consultation to faculty/staff in the evaluation and management of suspected child abuse and/or neglect.
2. To provide a procedure for interdisciplinary team review and evaluation of cases of suspected child abuse and/or neglect;
3. To provide guidelines for evaluation, documentation, management, reporting, and referral of suspected child abuse and/or neglect;
4. To provide faculty/staff education, assessment of the quality of care, and in-service opportunities on child abuse and/or neglect; and
5. To evaluate compliance with this policy.

C. VUMC Reporting Procedure:

1. Any person including physicians, nurses, and hospital personnel who has a reasonable cause to suspect a child has been a victim of child abuse and/or neglect shall report these concerns immediately to the child's attending physician and Social Work. 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.

Note: Offsite, after-hours clinics contact the local police authority.

- a. Tennessee Code Annotated (TCA) § 37-1-403 specifically states, "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 the basis of available information, reasonably appears to have been caused by brutality, abuse or neglect."
- b. For children who live in the state of Tennessee, the report shall be 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.
- c. For children who live in the state of Kentucky, the report shall be made to the Department of Community-Based Services in the county in which the child resides. Reports outside business hours are made through the statewide Child Protection Hotline at 1-877-597-2331.
- d. For children who live in other states, the appropriate agency for Child Protective Services shall be notified.
- e. 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.
- f. The physician or Social Worker may, but is not required to, tell the family that a report has been made to Child Protective Services. This decision to disclose notification should be made after consideration of the best interest of the patient.
- g. Child Protective Services has the responsibility under the law to investigate and manage the case in the community; Vanderbilt Social Work acts as case manager and information coordinator within VUMC and provides or

- assists in providing the required information to Child Protective Services.
- h. Prior to discharge, Vanderbilt Social Work inquires whether Child Protective Services has investigated and obtains recommendations from Child Protective Services regarding to whom the child should be discharged.
  2. Vanderbilt Social Work is notified in all cases of suspected child abuse or neglect, whether reported by VUMC or an outside hospital. After hours, a Social Worker is available on-call through the Vanderbilt Operator.
  3. In some cases, the health care team may be unsure if reasonable causes to suspect or report abuse and/or neglect exist. The patient's attending physician is encouraged to obtain a CARE consultation to assist in the evaluation.
  4. For cases of suspected child physical abuse and neglect, clinicians of the CARE team are available for any questions or assistance. For cases of suspected child sexual abuse, clinicians from the Our Kids Center are available for any questions or assistance. The Our Kids Center clinicians may be reached at 615-341-4911 or via <https://ourkidscenter.com/>.
  5. A decision that a case is not reportable (according to § TCA 37-1-403) may be made and the decision and reasons for the decision are documented in the chart by a physician on the basis that, after an examination and evaluation, abuse and/or neglect is no longer suspected.
  6. Any individual who disagrees with a decision that a case is not reportable and still believes the situation reasonably indicates that child abuse and/or neglect has occurred makes a report directly to Child Protective Services and informs the appropriate Vanderbilt Social Worker.
  7. Reporting suspected or known child abuse and/or neglect to Child Protective Services is a permitted disclosure of protected patient information that is logged into the VUMC disclosure tracking system. Vanderbilt Social Worker or the attending physician who notifies Child Protective Services enters the disclosure into the VUMC disclosure tracking system.

D. Other Issues:

1. Failure to report reasonable concerns about child abuse and/or neglect is a criminal offense. If further injury or harm occurs to the child, this failure may also result in legal liability.
2. No person working at VUMC shall be prevented from making a report to the appropriate investigating agency if that person has reasonable concerns about child abuse or neglect.
3. Examinations and Photographs
  - a. A medical examination of the child may be conducted without parental/guardian/caregiver consent if there are reasonable grounds to suspect abuse or neglect. Reasonable grounds include a physical injury, history from the child, or history from Child Protective Services or other adult. The exam may include laboratory studies, photographs, evidence collection and/or x-rays when indicated. Release of this information to the appropriate investigative authorities without the parent/guardian's consent is permitted by state law and HIPAA.
  - b. Investigating agencies may take photographs of the child and collect evidence without the parent or guardian's permission

E. Emergency Custody by Hospital:

Faculty/staff may take a child into legal custody of the hospital without parental/guardian consent if there is a belief that if the child is returned to the custody of his/her parent(s)/guardian/caregiver, the child's life or physical or mental health is in imminent danger.

1. The Office of General Counsel is consulted regarding the appropriateness of taking emergency custody.
2. Child Protective Services is notified immediately when this occurs.

**V. Endorsement:**

Children's Policy and Practice Committee	December 2015
Clinical Practice Committee	December 2015
Executive Policy Committee	March 2016
Medical Center Medical Board	April 2016

**VI. Approval:**

Marilyn Dubree, MSN, RN, NE-BC Executive Chief Nursing Officer	5/31/16
C. Wright Pinson, MBA, MD Deputy Vice Chancellor for Health Affairs Senior Associate Dean for Clinical Affairs CEO of the Vanderbilt Health System	5/31/16

**VII. References:**

Tenn. Code Ann. (2016). § 37-1-403, Reporting of brutality, abuse, neglect or child sexual abuse. Retrieved from <https://www.lexisnexis.com/hottopics/tncode/>.

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

Clinical Category:

[CL 30-19.05](#) Children's Hospital Administrative Notification

Information Management Category:

[OP 10-40.15](#) Use and Disclosure of Protected Patient Information

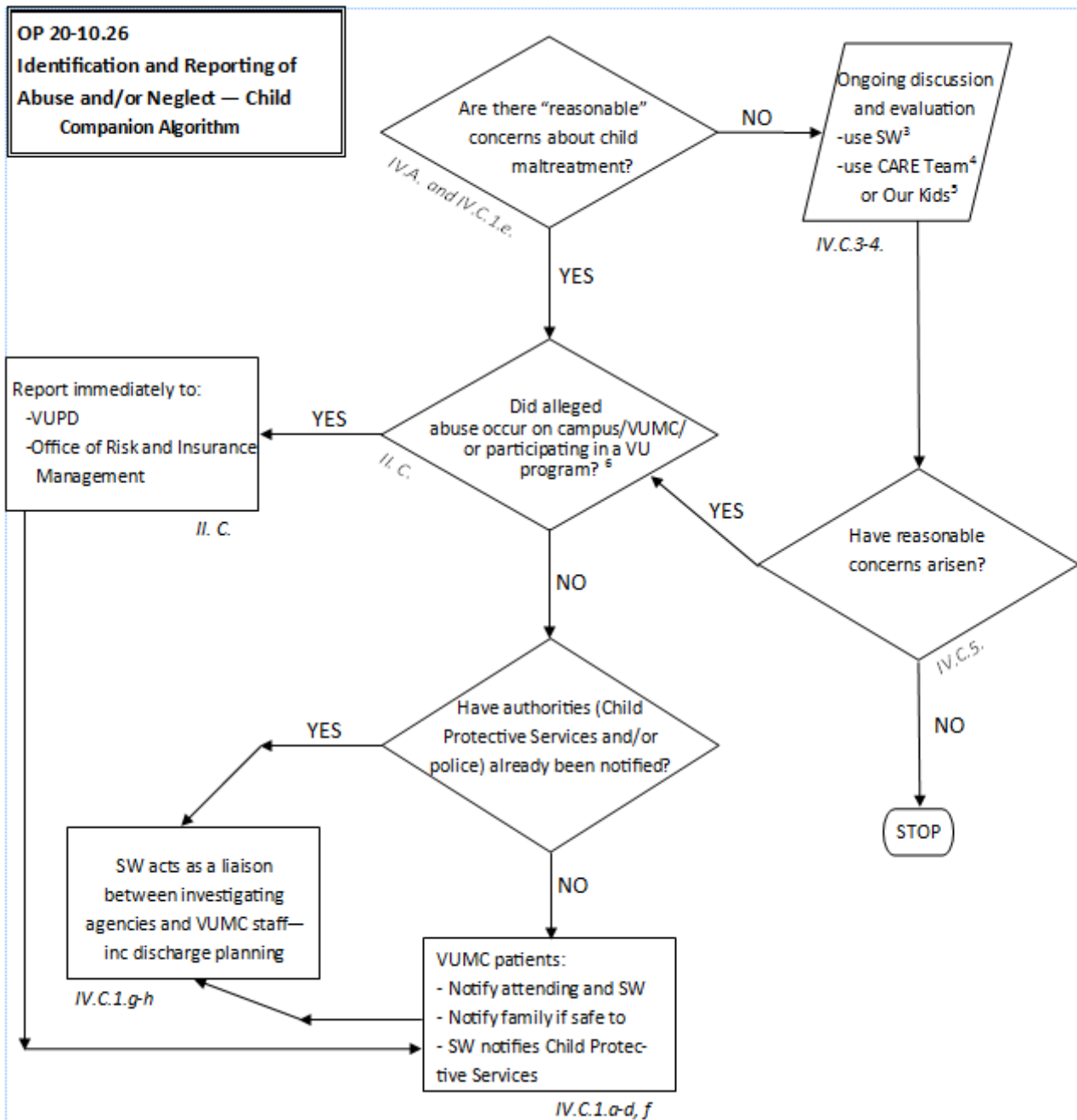
[OP 10-40.28](#) Releasing Patient Information and Coordinating Access to Patients by External Law Enforcement Officials and Investigators

Operations Category:

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

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

[OP 20-10.28](#) Identification and Reporting for Victims of Violent Crimes



**NOTES:**

1. First step always: ensure the child's immediate safety and medical needs are met
2. Reference on OP 20-10.26 listed outside of boxes above
3. SW = VUMC Social Work
4. CARE Team = Monroe Carell Jr Children's Hospital at Vanderbilt "Child Abuse Response and Evaluation Team" - see IV.B.
5. Our Kids: off-site clinic for children who may have been victims of child sexual abuse or assault
6. See Protection of Minors OP 20-10.29.