CONNECTICUT VALLEY HOSPITAL
OPERATIONAL PROCEDURE MANUAL

SECTION II:	ORGANIZATION FOCUSED FUNCTIONS
CHAPTER 5:	Improving Organizational Performance
PROCEDURE 5.9:	**Assessment and Reporting of Victims of Abuse, Neglect or Exploitation**
REVISED:	08/13/09; 01/11/10; 07/21/10; 2/26/16; 08/07/17; 10/18/17; 03/12/18;12/26/18
Governing Body Approval:	07/22/10; 3/10/16; 10/19/17; 03/20/18*(electronic vote)*; 12/27/18

PURPOSE: To delineate staff responsibility for reporting verbal, physical, sexual or emotional patient abuse and the process to meet that responsibility.

SCOPE: All CVH Staff

POLICY:

The Connecticut Department of Mental Health and Addiction Services (DMHAS) and Connecticut Valley Hospital (CVH) have a zero tolerance policy for the abuse, neglect or exploitation of patients. Every patient has a right to be free from verbal, physical, sexual, and emotional abuse, neglect and exploitation. CVH, in collaboration with DMHAS Human Resources and DMHAS Public Safety, work collaboratively to ensure that every allegation of abuse, neglect or exploitation is immediately reported and thoroughly investigated. All CVH employees involved in, witness to or made aware of alleged abuse, neglect, or exploitation of patients must report this immediately to their supervisor and complete an incident report by the end of the shift when the alleged violation occurred or was discovered. Immediate reporting ensures the protection of our patients, and the immediate initiation of the investigation of events leading to the report. Failure to report incidents of abuse, neglect or exploitation in accordance with this policy may result in disciplinary action. Licensed or certified individuals who fail to report abuse, neglect, or exploitation may also be subject to State of Connecticut regulatory sanctions or penalty. CVH also has an obligation to report abuse, neglect and exploitation of special populations (e.g. children, elderly and persons with developmental disabilities) to other agencies.

Definitions:

Abuse: Intentional maltreatment of an individual that may cause physical or psychological injury.

Physical Abuse - includes hitting, slapping, pinching, or kicking. Also includes controlling behavioral through punishment.

Sexual Abuse - includes sexual harassment, coercion, and assault.

Verbal Abuse - refers to any oral, written, or gestured language that includes disparaging derogatory terms towards patients or to describe patients.

Neglect - includes, failure to provide proper care to an individual who is unable to care for him/herself. Neglect may exist in one or more of the following five functions: physical, nutritional, medical, emotional, and safety.

Exploitation - An unjust or improper advantage or use of another person or their property for one's own advantage (e.g., using a victim's financial means for another's gain).

Elder - Any patient sixty years of age or older.

Precursors of Abuse – Factors which place patients at increased risk.

- Impaired Communication (Inability to verbalize effectively or alternate language)
- Debilitating Physical Condition(s)
- Social Isolation
- Poor Mental Health
- History of Domestic Violence
- Staff feeling unable to cope with care demands.

PROCEDURE:

I. Staff Vigilance and Reporting (All Staff):

Staff vigilance is essential to ensuring CVH's commitment to the protection of patients. Staff must be familiar with the precursors, the signs, and the symptoms of abuse, neglect and exploitation to fulfill their responsibility as patient advocates and designated reporters. The chart below provides specific examples of signs and symptoms of abuse.

Signs and Symptoms of Specific Types of Abuse, Neglect, and Exploitation

Physical Abuse	• Unexplained injuries such as burns, bruises, cuts, dislocations, fractures, lacerations, punctures, scars, sprains, or welts • Injury patterns-i.e. symmetrical on body, multiple surface areas, size/shape of familiar objects (i.e. hand/fingers, cord, or belt) • Injuries in various stages of healing • Broken eyeglasses or frames
Verbal & Emotional Abuse	• Disparaging, derogatory, insulting, demeaning or vulgar comments directed at a patient • Harassment of patient • Threats of punishment • Threats of deprivation • Intimidation through yelling, swearing • Habitual blaming or scapegoating
Sexual Abuse	• Sexual contact regardless of consent • Showing pornographic material or other sexual harassment • Bruises around breasts or genitals, and unexplained vaginal or anal bleeding may be indicative of sexual assault. • Unexplained venereal disease or genital infections • Eliciting sex
Neglect by Caregivers or Self-Neglect	▪ Failing to assist in personal hygiene ▪ Failing to take the patient to the toilet when required ▪ Untreated physical problems, such as bed sores ▪ Being left in soiled bedding or clothing ▪ Unsuitable clothing or covering for the weather

Financial Exploitation	• Withdrawals from the patient's accounts for personal gain • Items or cash missing from the patient's living area • Financial activity the patient couldn't have done • Unnecessary services, goods, or subscriptions

While the above signs/symptoms are not conclusive evidence of abuse, neglect, or exploitation a staff member noticing them should consider them in the context of all available information. If this evaluation creates a reasonable cause to suspect abuse, neglect, or exploitation is occurring the staff member must immediately report it to his/her supervisor and complete an Incident Report Form (CVH 494) by the end of the shift when the alleged violation occurred or was discovered. Addendum B must be completed within 3 business days and Addendum C must be completed within 7 business days.

II. Immediate Care of the Patient(s) (Completed by Registered Nurses and Physicians):

1. The patient should be moved to a physically safe location. This may require the removal of another patient, visitor, or staff suspected of involvement in abuse, neglect, or exploitation.
2. A registered nurse and Physician must complete a thorough physical assessment of the patient, including evaluation of the presence of any psychological effects, such as trauma. Any history of previous trauma should be considered in this assessment. The assessments results should be clearly documented in a progress note.
3. If the patient requires emergency medical care, the Physician arranges transfer to an acute care medical-surgical hospital's emergency department. If a forensic medical examination is required, the examining Physician will arrange this evaluation with the acute care medical-surgical hospital's emergency department.
4. For allegations of physical, ~~or~~ sexual abuse, or exploitation an assessment of possible victimization should be completed and documented for all patients with a similar clinical symptom profile of the alleged victim on the same unit. The purpose of this assessment is based on reasoning that a certain clinical presentation can increase the likelihood of victimization by other members of the unit community. This assessment is intended to ensure the identification of victimization and the sustained overall safety of the milieu.

III. Phase One Investigation; data collection is completed by the RN Supervisor and/or Unit Director under the guidance of Division Director/designee:

For all allegations of physical or sexual abuse, the RN Supervisor and/or Unit Director will immediately remove the alleged violator(s) from patient care pending the outcome of the Phase One investigation (see Procedure 5.8 Patient Safety Event and Incident Management).

1) The Division Director/designee is responsible for approving the removal of the alleged violator(s) from direct contact with patients as indicated as soon as the violator(s) are identified as such and communicating this to the Facility Human Resources Office.

2) For all allegations of verbal abuse, the alleged violator(s) will be removed from having contact with the alleged victim pending the outcome of a Phase One investigatory process (see Procedure 5.8 Patient Safety Event and Incident Management).

3) For all allegations of neglect or exploitation the alleged violator(s) may be removed from patient care pending the outcome of the Phase One investigation (see Procedure 5.8 Patient Safety Event and Incident Management).

4) The RN supervisor and/or unit director, or manager on duty, who is made aware of an allegation of abuse, neglect or exploitation, initiates the first phase of the facility's investigation process which must include the collection of witness statements, oral notification to the Division Director/designee, notification of the Public Safety Division (assigned Police Lieutenant or designee) and completion of the MHAS-20 Work Rule Violation Form (see Procedure 8.27: Reporting Alleged Violations of Policies, Procedures, Regulations or Work Rules), and the DMHAS Critical Incident Submission form (DMHAS-601) for all allegations of abuse, neglect or exploitation.

5) The RN supervisor and/or unit director, or manager ensures that the incident report (CVH-494) is completed and obtains as many witness statements as possible prior to the end of the shift. The RN supervisor and/or unit director will document as much as possible about the probable chain of events, by studying physical features and objects, as well as the names and placement of all involved persons, witnesses, victim, etc. at the time of the incident on the Incident Report. The incident report and witness statements are submitted to the Division Director's office by the end of the shift for review, along with the MHAS-20 and the DMHAS Critical Incident Submission form (DMHAS-601).

6) Investigations may be closed at the completion of Phase One after consultation with the Director of Labor Relations to review the data collected during Phase One of the investigation.
    i. The Chair of the Investigation Review Committee (IRC) will maintain the Incident Report Form (CVH 494), witness statements, MHAS-20 Work Rule Violation Form, MHAS-20 and the DMHAS Critical Incident Submission form (DMHAS -601), along with any other evidenced gathered.

IV. Phase Two Investigation (Completed by DMHAS Labor Relations in concert with the assigned CVH Manager)

A. The Division Director/designee will notify Labor Relations of all incidents involving allegations of abuse, neglect or exploitation as specified in Commissioner's Policy AC230/D19 Reporting Alleged Violations of DMHAS Policies, Procedures, Regulations or Work Rules.

B. Labor Relations is responsible for conducting an investigation to determine the validity of the allegation.

(See Procedure 5.8: Patient Safety Event and Incident Management)

V. Reporting to External Agencies (Social Workers/other designated Licensed Professionals):

1) The team social worker is the designated reporter to external agencies for the three special populations, to which the facility has reporting obligation. The special populations are:
   a. a child under the age of 18
   b. an individual 60 years of age or older
   c. clients of the Department of Developmental Disabilities

2) In the absence of the social worker the team will designate another licensed professional to complete the reporting process.

3) The RN Supervisor and/or unit director and Division Director/designee informs the designated reporter of the need to report suspected abuse. The Division Director notifies the Chief Operating Officer (COO). The COO/CEO reports incidents to the Office of the Commissioner (OOC) as necessary.

SPECIAL POPULATION	REPORTED TO	REPORTED BY	VERBAL WRITTEN REPORTS	TIME REQUIREMENT
Suspected child abuse, neglect or imminent risk or abuse (<18 years old)	Department of Children & Families	Team Social Worker	Verbal 1-800-842-2288 ========== Written – DCF Form-136 http://www.ct.gov/dcf/lib/dcf/policy/pdf/dcf-136-Fillable.pdf	Written within 48 hours of call to hotline.
Suspected elderly abuse (≥ 60 years old)	Department of Social Service	Team Social Worker	Verbal 1-888-385-4225 ========== Written – DSS Form W-675 http://portal.ct.gov/-/media/Departments-and-Agencies/DSS/Social-Work-Services/W-675.pdf?la=en	Verbal within 5 calendar days followed by written report.
Suspected abuse of clients of the Department of Developmental Disabilities	Department of Developmental Services	Team Social Worker	Verbal 1-844-878-8923	Verbal within 5 working days A written report is only provided if requested.

Reporting Suspected Child Abuse

While CVH does not directly serve children, reporting is required when we suspect that a child under the age of 18 has been abused, neglected, or exploited or is at imminent risk.

A. The designated reporter contacts the Department of Children and Families (DCF) hotline in consultation with the Division Director and Social Work Discipline Chair. Designated reporters are under no legal obligation to inform parents or alleged perpetrators of a DCF report, and in cases of abuse, should not talk with parents before DCF investigates the allegations as this may place the child(ren) at greater risk.

B. The social worker/designated reporter should have the following information available to report:
   1. Name and Address of Child(ren) and Parents/Caregivers
   2. Age and Gender of Child(ren)
   3. Nature and Extent of Injury/Maltreatment/Neglect
   4. Approximate Date and Time of Event
   5. Circumstances which led to knowledge of event
   6. Previous Abuse History (if known)
   7. Name of Suspected Perpetrator
   8. Actions taken to protect child

C. Within 48 hours of the initial call to the DCF hotline, the reporter completes a DCF Form-136 and mails it to DCF at: ***505 Hudson Street, Hartford, Connecticut 06106***.

   The form can be obtained at:
   http://www.ct.gov/dcf/lib/dcf/policy/forms/DCF-136_Rev_05_2015.pdf

D. The DCF abuse unit determines whether there is probable cause to investigate the allegation based on information gathered,

Reporting Suspected Abuse of the Elderly

Suspected abuse, neglect or exploitation involving an individual 60 years of age or older is reported to the Department of Social Services (DSS).

A. The designated reporter contacts the DSS Central Office, Elderly Protective Services in consultation with the Division Director and Social Work Discipline Chair within 5 calendar days of learning of the suspected abuse.

B. The reporter sends a subsequent written report on DSS Form W-675 to the State of Connecticut, DSS, ***Elderly Protective Services Unit, 25 Sigourney Street, Hartford, Connecticut 06106-5033.***

   The form can be obtained at:
   www.ct.gov/dss/lib/dss/pdfs/W675rev1206pt.pdf

Reporting Alleged Abuse of Persons with Developmental Disabilities

Suspected abuse, neglect or exploitation involving individuals who are clients of the Department of Developmental Disabilities is reported to Department of Developmental Services (DDS).

A. The designated reporter contacts the Department of Developmental Services in consultation with the Division Director and Social Work Discipline Chair within 5 working days of learning of the suspected abuse.

B. The designated reporter should have the following information available to report:

   1. Name and Address of Alleged Victim
   2. Evidence Supporting Diagnosis of Intellectual Developmental Disability
   3. Nature and Extent of Injury/Maltreatment/Neglect

C. Designated reporters only send a written report if requested by DDS, providing the specific information requested within five additional calendar days. There is no report form.

Confidentiality and Immunity from Prosecution

Designated reporters identify themselves when making a report to DCF, but may request anonymity from the alleged perpetrator. Under these circumstances DCF will only release the reporter's identity if required by law and to parties involved in the investigation process (i.e. law enforcement, state attorney).

Immunity from civil or criminal liability is granted to people who make good faith reports. Immunity is also granted to people who in good faith have not reported. However, failure to report could result in fines and potential lawsuits for damages if further injury is caused to the child because of failure to act. The identity of any person who fails to report may be disclosed to the appropriate law enforcement agency and to the perpetrator of the alleged abuse.

Intentional false reporting of abuse or neglect is a criminal offense, and if DCF suspects or knows that a reporter has made a false report both law enforcement and the alleged perpetrator will be notified.

Employers may not discharge, discriminate or retaliate against an employee for making a good faith report or testifying in an abuse or neglect proceeding.

There is also statutory protection for good faith reporting of elderly abuse. Any person who makes any report, or who testifies in any administrative or judicial proceeding arising from such report shall be immune from any civil or criminal liability on account of such report or testimony. A reporter is exempt from liability for perjury, unless such person acted in bad faith or with malicious purpose.