

## WHITING FORENSIC HOSPITAL OPERATIONAL PROCEDURE MANUAL

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| <b>SECTION II:</b>              | <b>ORGANIZATION FOCUSED FUNCTIONS</b>  |
| <b>CHAPTER 5:</b>               | Improving Organizational Performance   |
| <b>PROCEDURE 5.9:</b>           | <b>Assessment and Reporting of Victims of Abuse, Neglect or Exploitation</b> |
| <b>Governing Body Approval:</b> | April 30, 2018   |
| <b>REVISED:</b>                 | June 5, 2018   |

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

**SCOPE:** All WFH Staff

### **POLICY:**

The Connecticut Department of Mental Health and Addiction Services (DMHAS) and Whiting Forensic Hospital (WFH) 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. WFH, in collaboration with DMHAS Human Resources and DMHAS Public Safety, work collaboratively to ensure that every allegation of abuse, neglect or exploitation (ANE) is immediately reported and thoroughly investigated. All WFH 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 ANE in accordance with this policy may result in disciplinary action. Licensed or certified individuals who fail to report ANE may also be subject to State of Connecticut regulatory sanctions or penalty. WFH also has an obligation to report ANE 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 WFH'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                        | <ul style="list-style-type: none"><li>• Unexplained injuries such as burns, bruises, cuts, dislocations, fractures, lacerations, punctures, scars, sprains, or welts</li><li>• Injury patterns-i.e. symmetrical on body, multiple surface areas, size/shape of familiar objects (i.e. hand/fingers, cord, or belt)</li><li>• Injuries in various stages of healing</li><li>• Broken eyeglasses or frames</li></ul> |
| Verbal & Emotional Abuse              | <ul style="list-style-type: none"><li>• Disparaging, derogatory, insulting, demeaning or vulgar comments directed at a patient</li><li>• Harassment of patient</li><li>• Threats of punishment</li><li>• Threats of deprivation</li><li>• Intimidation through yelling, swearing</li><li>• Habitual blaming or scapegoating</li></ul>  |
| Sexual Abuse                          | <ul style="list-style-type: none"><li>• Sexual contact regardless of consent</li><li>• Showing pornographic material or other sexual harassment</li><li>• Bruises around breasts or genitals, and unexplained vaginal or anal bleeding may be indicative of sexual assault.</li><li>• Unexplained venereal disease or genital infections</li><li>• Eliciting sex</li></ul>   |
| Neglect by Caregivers or Self-Neglect | <ul style="list-style-type: none"><li>▪ Failing to assist in personal hygiene</li><li>▪ Failing to take the patient to the toilet when required</li><li>▪ Untreated physical problems, such as bed sores</li><li>▪ Being left in soiled bedding or clothing</li><li>▪ Unsuitable clothing or covering for the weather</li></ul>  |
| Financial Exploitation                | <ul style="list-style-type: none"><li>• Withdrawals from the patient's accounts for personal gain</li></ul>  |

|  |  |
|--|--|
|  | <ul style="list-style-type: none"> <li>• Items or cash missing from the patient's living area</li> <li>• Financial activity the patient couldn't have done</li> <li>• Unnecessary services, goods, or subscriptions</li> </ul> |
|--|--|

While the above signs/symptoms are not conclusive evidence of ANE, a staff member noticing them should consider them in the context of all available information. If this evaluation creates a reasonable cause to suspect ANE is occurring, the staff member must immediately report it to his/her supervisor and complete an Incident Report Form (WFH 494) by the end of the shift when the alleged violation occurred or was discovered. The procedures involved in reporting, reviewing and investigating allegations of ANE are addressed in Policy 5.8 Patient Safety Event and Incident Management.

## **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. In addition, the Registered Nurse should complete the Injury Assessment/Reassessment form WFH-635 for any reported physical abuse.
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 that result in temporary reassignment to a non-patient care area (see OP&P 5.8 Patient Safety Event and Incident Management), 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 absence of victimization and the sustained overall safety of the milieu.

## **III. 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 Services

- 2) In the absence of the social worker, the team will designate another licensed professional to complete the reporting process.
- 3) The COO/CEO reports incidents to the Office of the Commissioner (OOC) as necessary.

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

## **Reporting Suspected Child Abuse**

While WFH 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 CEO, COO, CMO, and/or Director of Social Services. 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](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 CEO, COO, CMO, and/or Director of Social Services 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](http://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 Services (DDS) is reported to DDS.

- A. The designated reporter contacts the Department of Developmental Services in consultation with the ChairCEO, COO, CMO, and/or Director of Social Services 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 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.