SUSPECTED CHILD ABUSE AND NEGLECT

This summary is intended to provide only minimal information. For detailed procedures and information see the *Family Violence Policy and Procedures; Suspected Child Abuse and Neglect (Red Book)* that is available at all nursing stations, clinics and in the emergency room. It can also be found online on CHILD.

Management of child abuse and neglect at Children’s is based on individual clinician evaluation and interdisciplinary management. With any injury, think not only what is the injury, but also how it occurred. As with meningitis, make and document a dual diagnosis of illness and etiology. Diagnosis of abuse or neglect is based on injuries inconsistent with history or known accidental mechanisms. Document thoroughly and precisely in writing, drawings, photos and appropriate labs and x-rays. Use the SCAN consultants for questions of appropriate evaluation. Statements of patient and caretakers should be carefully recorded. Document questions asked, responses and emotional content of the interactions.

If a child is in “imminent danger,” clinicians can take physical custody of the child for 72 hours by placing a “medical hold”. An immediate report should be made to CPS and/or law enforcement, if this option is used. Security or the police may need to enforce your custody order. Use this sparingly. (See *Child Abuse and Neglect Policy and Protocols; Medical Hold Protocol*).

Resources available to clinicians include the following:

- **SCAN (suspected child abuse and neglect) Consultants** are available to clinicians 24 hours a day, seven days a week when requested by the resident or attending. They can be reached during weekdays by calling 206-987-2194 and during evenings and weekends, through the hospital operator. These consultants can be used for questions of diagnosis or procedure.

- **Social Work** should be consulted 24/7 on all cases of suspected abuse or neglect. During weekdays, Social Work can be reached by calling 206-987-2760; after hours and on weekends, contact the hospital operator.

- **The Children’s Protection Team** is a hospital-based multi-disciplinary advisory group in the area of child maltreatment. They will aid in family interaction, liaison with agencies including law enforcement and Child Protective Services (CPS) and complex, difficult-to-determine situations. There are two types of cases that must be brought to the team as soon as possible. These are:
  - Concerns of an allegation of child maltreatment by a Children’s staff member
  - Concerns of Pediatric Condition Falsification (Munchausen Syndrome by Proxy)
  During weekdays the team can be accessed through the Children’s Protection Program by calling 206-987-2194. After hours and on weekends, contact the hospital operator and request a SCAN Consultant. (Please see attached list for team membership)

- **Sexual assault cases** should be managed according to the *Sexual Assault Child or Adolescent Protocols contained in the Suspected Child Abuse and Neglect Policy and Protocols*. Sexual Assault Specialists are available to provide consultation 24 hours a day, seven days a week. To request a consult:
  - During weekdays, contact the Children’s Protection Program at 206-987-2194

*(Suspected Child Abuse and Neglect 2003 – C. Jenkins, Med)*
- After hours and on weekends, contact the Children’s operator and request a sexual assault attending for a phone consultation

If subpoenas are received, do not go to court as indicated. Contact the attorney listed on the subpoena, a SCAN Consultant and the hospital attorney to find out what is really needed of you.
Child (<12y.o.) arrives in ED with report of sexual abuse

Register Patient

Initial SW consultation and crisis intervention

Medical Screening Exam

Did last contact happen within 96 hours?

No

Rule out other medical conditions e.g. UTI, rash

Yes

Report as indicated to CPS/Law enforcement

Consider consult with Sexual Assault MD; weekdays call CPP @ 72194; evening and weekends via hospital operator

Thorough medical exam

consider medical photography when visible injury is present

Complete Sexual Assault Report and Black Border forms

Fiu plan developed by MD, SW and family; includes counseling referrals and followup medical care

D/C after final consult with SW

Consider Forensic specimen collection

Note:
1. Forensics unlikely to be positive if > 24 hours since assault.
2. If child has bathed, skin forensics not indicated.
3. Clothing can be excellent source of evidence
4. If collecting evidence, contact law enforcement
5. If evidence is not picked up within 12 hours, call CPP @ 72194

Key:
S.A.=Sexual Assault
CPS=Child Protective Services
BBF=Black Border form
CPP=Children’s Protection Program
Adolescent/adult (>12) in ED

Adolescent/Adult patient arrives in ED with report of sexual assault

Register Patient

Initial SW evaluation and crisis intervention

Consult hospital policies if there are any questions about consent

Contact CPS/Law enforcement

MD verifies patient's assent to examination

Consider consult with Sexual Assault MD, weekdays call CPP @ 72194; evenings and weekends via hospital operator

Medical Hx and Exam

Pregnancy test
- LCR chlamydia
- LCR GC
- Consider HIV
- Consider tox screen

Yes

did the assault happen within the last 96 hours?

No

consider medical photography when visible injury present

Complete Sexual Assault Report and Black Border forms

Arrange follow up care
- Medical flu within 1-2 weeks with one of the following:
  - PCP or
  - CHRMC GYN or
  - HCSATS

Treatment:
- Emergency contraception
- Prophylactic antiflex
- Hep B vaccine

Key:
S.A.=Sexual Assault  CPS=Child Protective Services
BBF=Black Border form  CPP=Children's Protection Program
HCSATS=Harborview Center for Sexual Assault and Trauma Services
Sexual Assault Flow Sheet—Telephone Triage

Call with concern or report of sexual abuse or assault

Is there a clear report, witness or reasonable concern?

Yes

Notify Social Work

SW ensures CPS/law enforcement report is made

SW completes Black Border Form

Did last incident of abuse happen within last 96 hours?

Yes

Consult with medical provider and evaluate need for urgent vs immediate exam

Immediate or Urgent

Immediate

Review consent for care issues

Caution about not bathing and ask family to bring clothes

No

Arrange medical exam through ED or HCSATS

Encourage contact with PCP and provide counseling resources

Forensic collection not needed

Consult with medical provider and evaluate need for urgent vs immediate exam

Immediate or Urgent

Immediate

Review consent for care issues

Arrange medical exam within 1-2 weeks with PCP, CHRMC GYN clinic or HCSATS

Key Phone Numbers

- CHRMC Gyn Clinic 206-987-2049
- HCSATS (weekdays) 206-521-1800
- Harborview Operator 206-731-3000
- CHRMC ED 206-987-2222
- CHRMC CPP 206-987-2194

Key:

CPS=DSHS Child Protective Services
CPP=CHRMC Children’s Protection Program
HCSATS=Harborview Center for Sexual Assault and Trauma Services

*Immediate (last contact within 24 hours) exam
  - clear physical sx
  - clear report by child or
  - witnessed event and
  - child has not bathed

Urgent exam (last contact within 24-96 hours)
  - concerning physical sx
  - clear report by child or
  - witnessed event and
  - child has already bathed

Weekdays (8:30-5) call CPP @ 72194; After hours/weekends, call Harborview operator @ 206-731-3000 & request SAC Attending

Arrange exam within 1-2 days with CHRMC Gyn Clinic or HCSATS or CHRMC ED

Review consent for care issues

Provide counseling resources
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The Children’s Protection Team (CPT) is a service of the Children’s Protection Program. Children’s Hospital’s Children’s Protection Team (CPT) is a multi-disciplinary group of specialists in the area of child maltreatment. The team:

- Formulates hospital-wide policy regarding abuse, neglect, sexual abuse and domestic violence issues,
- Assures quality oversight of the identification, evaluation and management of child maltreatment for the medical center,
- Facilitates internal and external child maltreatment management,
  a. Concurrently reviews cases with direct care providers
  b. Acts as a bridge/ liaison between and within internal and community systems
- Provides direction for educating staff on issues pertaining to child maltreatment,
- Promotes research in child maltreatment identified through CPT processes, and,
- Provides a role in greater community prevention and advocacy.

The CPT is a resource for any questions regarding child abuse and/or neglect, including whether or not a Child Protective Service (CPS)/law enforcement referral is appropriate. The team can provide assistance in making appropriate additions or changes in the medical and social evaluations for child maltreatment, aid in collaborating with CPS, law enforcement, etc., and discuss discharge options. The team meets weekly on Tuesdays from 11:30 a.m. to 12:30 p.m. 24-hour consultation is also available. The Children’s Protection Program can be reached weekdays, 8:00 am to 4:30 pm, at 206.987.2194.

TEAM MEMBERS

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