

The Columbus Coalition Against Family Violence

Hospital Emergency Department Family Violence Screening Protocol



This document was prepared in partnership with the



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SECTION I: OVERVIEW

Purpose. This protocol describes methods of conducting initial family violence (FV) screening by healthcare providers in the Emergency Department (ED.) All patients who present to the Emergency Department for care shall receive a FV screening.

Introduction. Family Violence is an epidemic. ED personnel may be the first, and sometimes only, professionals that care for victims of family violence. Healthcare providers may see a variety of health issues associated with violent behavior. Victims often seek medical attention for:

- Injuries directly resulting from violence such as bruises, gun shot wounds, stab wounds, burns, and fractures
- Treatment for health problems related to the perpetrator’s abusive behavior such as sexually transmitted diseases and muscle pain
- Difficulty managing health problems, i.e. asthma, diabetes, migraines that seem unrelated to family violence

Early screening and intervention for family violence can greatly reduce the morbidity and mortality of victims. By screening for family violence, healthcare providers will:

- Promote the safety of victims and their families
- Serve as advocates on behalf of victims
- Increase intervention for victims of family violence to break the cycle of abuse
- Minimize repetitive ED visits that are related to family violence
- Reduce the risk of personal injury through early intervention
- Meet the JCAHO requirements for screening

Definition and Prevalence. The term “**family violence**” has been used to describe acts of violence between family members, including adult and adolescent partners; between a parent and a child (including adult children); between caretakers or partners against elders; and siblings.¹

Family can refer to a range of relationships among people, regardless of blood ties or legal or religious definitions. For the purposes of this document the term **family** may refer to any of the following relationships:²

- Traditional nuclear families (married partners with children)
- Extended families (several generations or groups related by blood or marriage)

¹ “National Consensus Guidelines,” The Family Violence Prevention Fund, 2002.

² Violence and the Family,” American Psychological Association, 1996.

- Step-families (“blended” families)
- Intimate partners who may or may not be married
- Former intimate partners
- Families of choice; that is families created by people who choose to consider themselves a family
- Families who live apart
- Families without children
- Gay and lesbian families
- Individuals not related by blood or marriage but who have assumed a family relationship

Family violence is virtually impossible to measure due to the numerous victims that do not seek medical treatment. Estimates are that anywhere from 960,000 to 3.9 million FV incidents occur each year.³

LEGAL CONSIDERATIONS

There are several areas of the Ohio Revised Code (ORC) that ED personnel must follow regarding family violence reporting requirements. It is not the intent of this document to totally educate Emergency Department personnel on all of the laws that could be relevant to a situation, but to summarize relevant Ohio laws. See **Attachment A**.

Joint Commission On Accreditation of Healthcare Organizations

Since 1992, the Joint Commission Accreditation of Healthcare Organizations (JCAHO) has required that all accredited hospitals implement policies and procedures to identify, treat and refer victims of abuse and violence. Standard Patient Education (PE) 1.8 states: *Possible victims of abuse are identified using criteria developed by the hospital.*

SECTION II: ROUTINE SCREENING OF ADULTS BY HOSPITAL ED STAFF

CONFIDENTIALITY, SAFETY AND SECURITY. The confidentiality, safety and security of the patient are a priority. The FV screening questions must be asked under the following conditions:

- When there is privacy with the patient. A partner, friend or family member may appear supportive, but in fact may be the perpetrator.
- Away from children, if children are accompanying the patient. The child may disclose information to the batterer putting both the victim and child in future danger.

³ US Department of Justice Statistics, 2001.

- With a professional interpreter if needed. ***Never*** use a friend or family member as an interpreter when asking the screening questions. They may be the perpetrator or share information with the perpetrator.

ASSESSMENT. The initial assessment of the patient should be brief and focused on the presenting injuries/complaints. This should include general appearance, demeanor and chief complaint. A more thorough assessment should be completed once the patient has been placed in a private room. Assess the patient and observe for things such as signs/symptoms of injuries, lack of appropriate clothing for the weather, or need of sanitary hygiene. Determine and treat injuries. **Triage is generally not the appropriate place to thoroughly screen patients for family violence.**

Once the patient has been placed in a private room then the nurse/physician can complete the FV screening.

Some characteristics of adult abuse may include:

- Patient (or other concerned individual) expresses fear or reports abuse
- Multiple or severe bruises, cuts, or burns
- Injuries in several stages of healing
- Patient explanation of injuries are not consistent with type of injury
- Delay in seeking medical attention
- Patient being extremely withdrawn or non-responsive patient
- Person accompanying patient answers questions
- Person with patient is reluctant to leave
- Sleep deprivation
- Vague somatic symptoms
- Patient concerned about time frames (“How long will this take?” “I have to be home by 4:00.” etc.)
- Unexplained venereal disease or genital infections
- Unexplained vaginal or anal bleeding
- Patient with broken eyeglasses or frames

Some characteristics of adult neglect may include:

- Patient (or other concerned individual) reports neglect
- Patient wandering
- Patient declines medical treatment
- Patient having inability to care for self
- Patient with untreated medical condition
- Patient with untreated bedsores
- Poor personal hygiene
- Desertion of a patient at a hospital, nursing facility, or other public location

COMMUNICATION. Effective communication is essential to achieving a FV screen in the Emergency Department. When communicating with a patient:

- Provide a professional interpreter if necessary
- The patient's partner, family, children or friends may not be used in screening for family violence
- Use direct questions that are specific and easily understood
- Verbalize that the patient's answers will not be discussed with the perpetrator

Start with an opening statement such as: "In addition to your health problems, we are asking **all** patients that we see about the possibility of abuse since family violence is so common. I would like to ask you some simple questions."

- "Have you ever felt like you had to be careful of what you said or did to avoid his/her anger?"
- "Does your partner or any family member control you?"
- "Have you ever felt threatened or afraid of your partner, family member or caregiver?"
- "Have you ever been shoved, kicked, hit, or otherwise hurt by your partner or caregiver?"

If the patient acknowledges a history of FV and the scenario is conducive to further questioning, the following questions may be asked. Document objectively and in the patient's own words (use quotes whenever possible).

- "When did this happen?"
- "Can you tell me more about it?"
- "Has this ever happened before?"
- "How likely do you think this could happen again?"
- "Do you have any children? Are they safe?"

If the patient is being seen for an injury or other symptom related to an acute battering event, ask in detail what happened. Ask specifically:

- When this abusive episode started
- Who inflicted the injuries (get the name and relationship)
- Whether there have been prior incidents
- To describe current and prior patterns of abuse
- If the abuse is increasing in frequency or severity
- If there is a history of drug or alcohol abuse
- If there are any weapons involved

ACTION/INTERVENTION (*Refer to the Hospital Adult Algorithm*)

Patient identifies self as victim of abuse. For patients who identify themselves as abused.

- Validate the patient's feelings.
- Let the victim know that they are safe and not responsible for the violence.
- Express concern and assess the patient's safety. For example, "Will you be safe if you return home today?"
- Obtain a Social Services consult.
- Notify local Adult Protective Services if the patient is elderly and dependent on the care of the alleged perpetrator (ORC 5101.60, Attachment A).
- Notify the Ohio Department of Health Long-Term Care Ombudsman at 1-800-342-0553 if elder adult is a patient in an extended care facility.
- Call Law Enforcement if:
 - Patient requests law enforcement be notified
 - There is evidence of significant physical violence (ORC 2901.01, appendix A)
 - Gunshot wound
 - Stab wound
 - Significant burn
- Give report to the primary RN/MD. Document the name of the person to whom the report was given.
- Document findings objectively.
- Proceed with hospital protocol regarding care of the adult patient seen for domestic violence.
- Document completion of FV screen.

Patient denies being a victim of abuse, but abuse is still suspected. In some instances patients deny abuse but signs and symptoms indicate that abuse has likely taken place. These signs and symptoms may include:

- Physical marks, fractures or burns consistent with abuse
- Injuries/chief complaints not consistent with the story
- A reported abuse incident by the victim, family member or neighbor

If the patient denies abuse but identifying factors exist indicating that abuse is most likely occurring or has taken place:

- Obtain a Social Services consult.
- Inform primary RN/MD of concerns.
- Notify local Job and Family Services at 614-462-4348 if the patient is elderly and incapacitated (ORC 5101.60, appendix A). Relay concerns for the patient's safety at home. (Notify Ohio Department of Health Long-Term Care Ombudsman at 1-800-342-0553 if patient residing in long-term care facility.)
- Offer the patient community resource information if it is safe for the patient to take at this time.
- Proceed with hospital protocol regarding care of the adult domestic violence patient.

Giving written information to the patient may be useful, but consider that:

- It may place the patient in jeopardy if discovered by the perpetrator.
- A simple wallet size card with emergency information, which the patient can hide, may prove most helpful.

Patient denies being a victim and abuse is not suspected. Document in the patient's chart that the family violence screen was completed and the patient's response to the screening questions.

Family Violence Screen was unable to be done due to a cognitive barrier. For patients on whom a FV screen cannot be reliably conducted due to a cognitive barrier:

- Give report to primary RN/MD and document to whom report was given
- Obtain a Social Services consult if suspicious for family violence
- Proceed with hospital protocol regarding the care of family violence patients

DOCUMENTATION. Thorough documentation is essential when screening patients for domestic violence. Authentication of records by the court system is achievable when documentation is precise and complete. When documenting always include:

- How the patient arrived to the emergency department; if by medic, the name of medic giving report
- Any pertinent details given by EMS
- General appearance of the patient
- Patient's state of mind (nervous, scared, no affect, crying, etc.) This makes info admissible in court
- Patient's account of what occurred in quotes
- Was a weapon involved
- Who patient stated inflicted injuries (name of person patient identifies as assailant)
- Description of injuries in detail including:
 - Type of injury
 - Size
 - Location
 - How patient states the injury occurred
 - Photograph when applicable with appropriate consent form signed
- Name of primary Nurse/MD to whom report was given
- Name of Social Worker given referral
- If Law Enforcement agency notified include name of officer and badge number.
- If Adult Protective Services, Ombudsman, or Child Protective Services notified, name of agency and person who was contacted

SECTION III: ROUTINE SCREENING OF PEDIATRIC PATIENTS

CONFIDENTIALITY, SAFETY AND SECURITY. The confidentiality, safety and security of the child are a priority. Screening must include:

- Providing a professional interpreter if needed
- Letting the child know they are safe
- Screening the child in private if the child's age and condition allows
- Notifying Law Enforcement and/or local Children's Services agency immediately if abuse, neglect, or sexual assault is suspected
- Notifying Social Worker immediately

Children should *never* be questioned about abuse or neglect in front of anyone unless the child indicates someone else harmed him or her and the healthcare provider is positive that the person is not present.

ASSESSMENT. Assess the patient for injuries. Determine and treat injuries. Observe the patient for things such as:

- Lack of food
- Lack of clothing
- Need of sanitary hygiene provided by a caregiver

Physical abuse should be considered based upon the following:

- No history given for the injury
- Child verbalizes history of abuse
- History incompatible with the injury
- History of "doctor shopping"
- Conflicting histories
- History incompatible with the age and developmental stage of the child
- Presence of old and new injuries
- Injuries to protected surfaces, including the genitalia
- Child appears to be self-splinting an arm, chest, leg, or is not using an arm or not ambulating as appropriate for age
- Geometric or symmetrical bruises in the shape of a belt buckle or rod
- Specific burn patterns such as immersion, cigarette or grate
- A burn to the non-exploratory surface of the hand, genitalia, inner thigh, or on multiple planes of body
- Parents or caregiver delay seeking medical care
- History of numerous Emergency Department visits due to injuries such as ingestions, burns, fractures, etc.
- Child appears frightened of caregiver (rare)
- Vague somatic symptoms

Child sexual abuse, including sexual assault and rape, must be suspected in the following cases:

- A finding of a sexually transmitted disease (elicit sexual activity history from teens)
- Child verbalizes history of sexual abuse or assault
- Genital or anal trauma
- Inappropriate sexual behavior depending on the child's age
- Pregnancy depending on child's age and her history of sexual activity

The physical indicators of child neglect may include the following:

- Lack of adequate supervision, care and protection
- Lack of adequate clothing appropriate for the weather
- Lack of adequate hygiene
- Lack of adequate nutrition
- Lack of a safe, warm sanitary shelter
- Inadequate medical care
- Sleep deprivation

Psychological or emotional maltreatment (a repeated pattern of damaging interactions between guardian(s) and child that becomes typical of the relationship) occurs when a person conveys to a child that he or she is worthless, flawed, unloved, unwanted, endangered or only of value in meeting another's needs.

If severe and/or repetitious, the following behaviors may constitute psychological/emotional maltreatment:

- Spurning (belittling, degrading, shaming, ignoring, or ridiculing a child; singling out a child to criticize or punish; and humiliating a child in public)
- Terrorizing (committing life-threatening acts; making child feel unsafe; threatening or perpetrating violence against a child or child's loved ones)
- Exploiting or corrupting that encourages a child to develop inappropriate behaviors (modeling, permitting, or encouraging antisocial or developmentally inappropriate behavior; encouraging or coercing abandonment of developmentally appropriate autonomy; restricting or interfering with cognitive development).
- Rejecting (avoiding or pushing away)
- Isolating (confining, placing unreasonable limitations on freedom of movement or social interactions)
- Unreliable or inconsistent parenting (contradictory and ambivalent demands)
- Neglecting mental health, medical, and educational needs (ignoring, preventing, or failing to provide treatments or services for emotional, behavioral, physical, or educational needs or problems)
- Witnessing intimate partner violence (domestic violence)⁴

⁴ Pediatrics Vol. 109 No. 4. *The Psychological Maltreatment of Children—Technical Report*. April 2002.
JAA Revised 7/03

COMMUNICATION. Effective communication is essential when conducting a FV screen in the field. When communicating with a child:

- Provide a professional interpreter if necessary
- Use direct, “open-ended” questions that are specific to the presenting injury or illness and easily understood if the child’s age and condition allows. Ask the child:
 - “What happened?”
 - “When did it happen?”
 - “Where were you?”
 - “Who did this?” (Only if child gives history of maltreatment; If child does not give a history, “Who did this” could be a leading question.)

The parent or guardian must also be interviewed regarding the origin of the injury(ies). Include the date, time, witnesses to events and details of the injury in the ED medical record.

ACTION, INTERVENTION AND DOCUMENTATION. (*Refer to Hospital Pediatric Algorithm*)

- **If child’s assessment is not consistent with the indicators of maltreatment**⁵

Document completion of FV screen on the patient’s ED record and the child’s response.

- **If child’s assessment is questionable or consistent for the indicators of maltreatment**⁶

- Document patient’s assessment in detail.
- Use child’s terminology when writing their statement (in quotes if possible).
- Document child’s parent/caregiver’s response to interview as to the origin of injuries (use quotes if possible).
- Notify Social Worker immediately.
- Notify Law Enforcement or local Children’s Services as soon as possible, and before discharge of patient. Local Children’s Services agency will determine if it is safe for the child to return home.
- Document the following:
 - Law Enforcement or Children’s Services agency that was notified
 - The name(s) of the person(s) to whom the report was given at local Children’s Services or Law Enforcement
 - If the child discloses, document who they state the perpetrator was

⁵ Child maltreatment can be defined as physical abuse, neglect, sexual abuse, and emotional abuse/neglect.

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- Document the disclosure process if the child gives a history of maltreatment
- .
- Document completion of the FV screen
- Give report to primary RN/MD.
- Proceed with hospital protocol regarding the care of the child consistent with or suspicious of indicators of maltreatment.

For more information about this protocol, contact the Central Ohio Trauma System Domestic Abuse Coordinator at 614-240-7419 extension 5.

Personal Safety Plan

KEEP THIS INFORMATION IN A SAFE PLACE WHERE THE BATTERER CANNOT FIND IT!

1. Important phone numbers:

Police: 911 or _____
Adult Protective Services 462-4348 (M-F 9 a.m.-5 p.m.); 462-4356 (voice mail evenings/weekends)
Buckeye Region Anti-violence Organization (BRAVO) 1-866-86-BRAVO
CHOICES Domestic Violence Hotline 614-224-4663
CHOICES Domestic Violence Shelter 614-224-4663
FirstLink Hotline (A Community Referral Agency for Franklin County) 614-221-CALL
Franklin County Children Services 614-229-7000
National Domestic Violence Hotline 1-800-799-7233
Ohio Domestic Violence Network 24-Hour Information Line 1-800-934-9840
Columbus City Prosecutor's Office 614-645-6232
My attorney _____ Phone _____
Suicide Prevention Hotline 614-221-5445
Columbus Area Rape Treatment Center 614-267-7020
Other: _____

2. I can call these friends or relatives in an emergency:

Name: _____ Phone: _____
Name: _____ Phone: _____

3. These neighbors will call the police if they hear something suspicious:

Name: _____ Phone: _____
Name: _____ Phone: _____

4. I can go to these places if I have to leave my home in a hurry:

Name: _____ Phone: _____
Address: _____
Name: _____ Phone: _____
Address: _____

5. Items to Take when Leaving:

My birth certificate	My children's birth certificates
My social security card	Bank account information
Welfare identification	Passports or green cards
Drivers license or State ID	Insurance papers
Important phone numbers	Keys to car, house, etc.
Extra money	Medications
Extra change of clothes for my children & me	

Many of these items can be hidden in a safe place ahead of time.

Safety Measures While In An Abusive Relationship

- 1. Memorize phone numbers of friends or family members to call in an emergency.**
- 2. Develop a safety plan and keep it hidden from the batterer.**
- 3. Open your own bank account or start a hidden emergency fund.**
- 4. Stay in touch with friends.**
- 5. Rehearse your escape plan until you and your children know it by heart.**
- 6. Devise a code word to use with children, family, friends & neighbors when you need help from the police.**
- 7. Know where you can go if you need to leave home quickly.**
- 8. Teach your child(ren) how to dial 9-1-1.**

Safety Measures After You Have Left The Relationship

- 1. Change the locks if you remain in your home and the batterer has left.**
- 2. Install as many security features in your home as possible.** This may include peepholes, deadbolt locks, and a security system, outside lights, smoke detectors, fire extinguishers and getting a dog.
- 3. Inform your neighbors that the batterer no longer lives with you.** Ask them to call law enforcement if they see the batterer or suspicious activity around your house.
- 4. Obtain a protection order.** Keep a copy of the order with you at all times. Take a copy to your neighborhood police station so they are aware of the situation.
- 5. Make sure that your child's teacher(s), principal, day care provider(s) know who has permission to pick up your child(ren).** Ask them to call law enforcement if your partner or someone else attempts to pick them up. **Give a copy of your protection order to the school, daycare, babysitter, etc.**
- 6. Teach your children how to make a collect call if your partner should abduct them.**
- 7. Teach your children how to call 911 if you (or they) are being abused.**
- 8. Let your supervisor and co-workers know about the situation and to warn you if they see anything suspicious.** Give a copy of your protection order to your employer.
- 9. Most important....Get counseling!** You can attend workshops or join support groups. Do whatever you need to form a supportive network. **Remember the abuse is NOT your fault!**

**WE WISH TO THANK THE FOLLOWING ORGANIZATIONS FOR
THEIR PARTICIPATION IN PRODUCING THIS PROTOCOL:**

Action Ohio
Franklin County Adult Protective Services
Asian-American Community Services
Berger Hospital
Buckeye Region Anti-Violence Organization
Central Ohio Area Agency On Aging
Central Ohio Fire Chiefs Association
Central Ohio Trauma System
Children's Hospital
Choices
Columbus City Prosecutor's Office
Columbus Division of Fire
Columbus Health Department
Columbus Police Department
Columbus Urban League
Coshocton County Medical Hospital
Doctor's Hospital
Fairfield Medical Center
Franklin County Fire Chiefs Association
Franklin County Health Department
Franklin County Prosecutor's Office
Franklin Township Fire Department
Genoa Township Fire Department
Grady Memorial Hospital
Grandview Heights Fire Department
Grant Medical Center
Hilliard Police Department
Licking Memorial Hospital
Madison County Hospital
Morrow County Hospital
Mt Carmel East Hospital
Mt Carmel St. Ann's Hospital
Mt Carmel West Hospital
Norwich Township Fire Department
Ohio Domestic Violence Network
Riverside Methodist Hospital
Sexual Assault Response Network of Central Ohio
The Ohio State University Medical Center
University Hospitals East
Upper Arlington Division of Fire
Washington Township Fire Department

SIGNATURES OF ACCEPTANCE

Berger Health System
Circleville, Ohio _____ / Date _____
Larry Thornhill
President & CEO

Children’s Hospital
Columbus, Ohio _____ / Date _____
Keith Goodwin
President & Chief Operating Officer

Coshocton County Memorial Hospital
Coshocton, Ohio _____ / Date _____
Greg Nowak
President & CEO

Doctors Hospital West
Columbus, Ohio _____ / Date _____
Kreg Gruber
Senior Operating Officer

Fairfield Medical Center
Lancaster, Ohio _____ / Date _____
Mina Ubbing
President & CEO

Grady Memorial Hospital
Delaware, Ohio _____ / Date _____
Everett Weber
President & CEO

Grant Medical Center
Columbus, Ohio _____ / Date _____
Robert E. Falcone, MD, FACS
Chief Operating Officer

Licking Memorial Hospital
Newark, Ohio _____ / Date _____
Debbie Young, RN, MS
Vice President of Patient Care Services

Madison County Hospital
London, Ohio _____ / Date _____
Fred L. Kolb
President & CEO

Memorial Hospital of Union County
Marysville, Ohio _____ / Date _____
Daniel Boggs
President & CEO

Morrow County Hospital
Mt. Gilead, Ohio _____ / Date _____
Cheryl Herbert
President & CEO

Mount Carmel East
Columbus, Ohio _____ / Date _____
Ronald Whiteside
Chief Operating Officer

Mount Carmel St. Ann's
Westerville, Ohio _____ / Date _____
Kirk Hummer
Chief Operating Officer

Mount Carmel West
Columbus, Ohio _____ / Date _____
Scott Whalen
Chief Operating Officer

The OSU Hospitals East
Columbus, Ohio _____ / Date _____
Larry Anstein
Chief Operating Officer

The OSU Medical Center
Columbus, Ohio _____ / Date _____
Kamilla Sigafos
President & CEO

Riverside Methodist Hospital
Columbus, Ohio _____ / Date _____
Bruce Hagen
Chief Operating Officer

Central Ohio Trauma System
Columbus, Ohio _____ / Date _____
Jonathan I. Groner, MD
President

Attachment A

OHIO REVISED CODE (ORC)

The following are laws that ED personnel should be aware of in relation to family violence incidents:

ORC § 2919.25 Domestic violence.

- a. No person shall knowingly cause physical harm to a family or household member.
- b. No person shall recklessly cause serious physical harm to a family or household member.
- c. No person, by threat of force, shall knowingly cause a family or household member to believe that the offender will cause imminent physical harm to the family or household member.

ORC § 2921.22 Failure to report a crime or knowledge of a death or burn injury.

- (A) No person, knowing that a **felony** has been or is being committed, shall knowingly fail to report such information to law enforcement authorities.
- (B) No physician, limited practitioner, nurse, or person giving aid to a sick or injured person, shall negligently fail to report to law enforcement authorities any **gunshot or stab wound** treated or observed by him, or any serious physical harm to persons that he knows or has reasonable cause to believe resulted from an offense of violence.
- (E)(1) As used in this division, "burn injury," means any of the following:
 - (a) Second or third degree burns;
 - (b) Any burns to the upper respiratory tract or laryngeal edema due to the inhalation of superheated air;
 - (c) Any burn injury or wound that may result in death.

ORC § 2901.01 Definition of "serious physical harm".

- (A)(5) "Serious physical harm to persons" means any of the following:
 - (b) Any mental illness or condition of such gravity as would normally require hospitalization or prolonged psychiatric treatment;
 - (c) Any physical harm that carries a substantial risk of death;
 - (d) Any physical harm that involves some permanent incapacity, whether partial or total, or involves some temporary, substantial incapacity;

- (e) Any physical harm that involves some permanent disfigurement or that involves some temporary, serious disfigurement;
- (f) Any physical harm that involves acute pain of such duration as to result in substantial suffering or that involves any degree of prolonged or intractable pain.

OHIO REVISED CODE RELATING TO CHILDREN

ORC § 2151.421 Duty to report child abuse or neglect; investigation and follow-up procedures.

(A)(1)(a) No person described in division (A)(1)(b) of this section who is acting in an official or professional capacity and knows or suspects that a child under eighteen years of age or a mentally retarded, developmentally disabled, or physically impaired child under twenty-one years of age has suffered or faces a threat of suffering any physical or mental wound, injury, disability, or condition of a nature that reasonably indicates abuse or neglect of the child, shall fail to immediately report that knowledge or suspicion to the public children services agency or a municipal or county peace officer in the county in which the child resides or in which the abuse or neglect is occurring or has occurred.

(b) Division (A)(1)(a) of this section applies to any person who is an attorney; physician, including a hospital intern or resident; dentist; podiatrist; practitioner of a limited branch of medicine as specified in section [4731.15](#) of the Revised Code; registered nurse; licensed practical nurse; visiting nurse; other health care professional; licensed psychologist; licensed school psychologist; speech pathologist or audiologist; coroner; administrator or employee of a child day-care center; administrator or employee of a residential camp or child day camp; administrator or employee of a certified child care agency or other public or private children services agency; school teacher; school employee; school authority; person engaged in social work or the practice of professional counseling; or a person rendering spiritual treatment through prayer in accordance with the tenets of a well-recognized religion.

OHIO REVISED CODE RELATING TO MRDD INDIVIDUALS

ORC § 5123.61 Duty to report abuse, neglect, and other major unusual incidents.

(A) As used in this section:

- (1) "Law enforcement agency" means the state highway patrol, the police department of a municipal corporation, or a county sheriff.
- (2) "Abuse" has the same meaning as in section [5123.50](#) of the Revised Code, except that it includes a misappropriation, as defined in that section.

(3) "Neglect" has the same meaning as in section [5123.50](#) of the Revised Code.

(C)(1) Any person listed in division (C)(2) of this section, having reason to believe that a person with mental retardation or a developmental disability has suffered any wound, injury, disability, or condition of such a nature as to reasonably indicate abuse or neglect of that person, shall immediately report or cause reports to be made of such information to a law enforcement agency or to the county board of mental retardation and developmental disabilities, except that if the report concerns a resident of a facility operated by the department of mental retardation and developmental disabilities the report shall be made either to a law enforcement agency or to the department.

ORC § 5123.50 Definitions relating to MRDD individuals

(A) "Abuse" of MRDD individuals means all of the following:

- (1) The use of physical force that can reasonably be expected to result in physical harm or serious physical harm;
- (2) Sexual abuse;
- (3) Verbal abuse.

ORC RELATING TO ELDERLY

ORC § 5101.60 (A) Definitions of Elder abuse.

1. "Abuse" means the infliction upon an adult by self or others of injury, unreasonable confinement, intimidation, or cruel punishment with resulting physical harm, pain, or mental anguish.
2. "Adult" means any person sixty years of age or older who is handicapped by the infirmities of aging or who has physical or mental impairment which prevents the person from providing for the person's own care or protection, and who resides in an independent living arrangement.
3. "Emergency" means that the adult is living in conditions which present a substantial risk of immediate and irreparable physical harm or death to self or any other person.
4. "Exploitation" means the unlawful or improper act of caretaker using an adult or an adult's resources for monetary or personal benefit, profit, or gain.
5. "Physical harm" means bodily pain, injury, impairment, or disease suffered by an adult.

ORC § 5101.61 (A) Duty to report Elder abuse.

Any attorney, physician, osteopath, podiatrist, chiropractor, dentist, psychologist, any employee of a hospital as defined in section 3701.01 of the Ohio Revised Code, any nurse licensed under 4723 of the Revised Code, any employee of an ambulatory health facility, any employee of a home health agency, any employee of an adult care facility as defined in section 3722.01 of the Revised Code, any employee of a community alternative home as defined in section 3724.01 of the Revised Code, any employee of a nursing home, rest home or home for the aging, as defined in section 3721.01 of the Revised Code, any senior service provider, any peace officer, coroner, clergyman, any employee of a community mental health facility, and any person engaged in social work or counseling having reasonable cause to believe that an adult is being abuse, neglected or exploited, or is in a condition which is the result of abuse, neglect, or exploitation shall immediately report such belief to the county department of human services.

ORC RELATING TO INTERVIEWING/PHOTOGRAPHING

ORC § 3727.08 Protocols for interviews and photographs in domestic violence cases.

Hospitals shall adopt protocols providing for conducting an interview with the patient, for conducting one or more interviews, separate and apart from the patient, with any family member present, and for creating whenever possible a photographic record of the patient's injuries, in situations in which a doctor of medicine or osteopathic medicine, hospital intern or resident, or registered or licensed or practical nurse knows or has reasonable cause to believe that the patient has been the victim of domestic violence, as defined in section 3113.31 of the Revised Code.

JCAHO ABUSE STANDARDS PE 1.9

Standard PE 1.9:

Possible victims of abuse are identified using criteria developed by the hospital.

Intent of PE 1.9:

Victims of abuse or neglect may come to a hospital through a variety of channels. The patient may be unable or reluctant to speak of the abuse, and it may not be obvious to the casual observer. Nevertheless, hospital staff members need to know if a patient has been abused, as well as the extent and circumstances of the abuse, to give the patient appropriate care.

The hospital has objective criteria for identifying and assessing possible victims of abuse and neglect and they are used throughout the organization. Staff are to be trained in the use of these criteria.

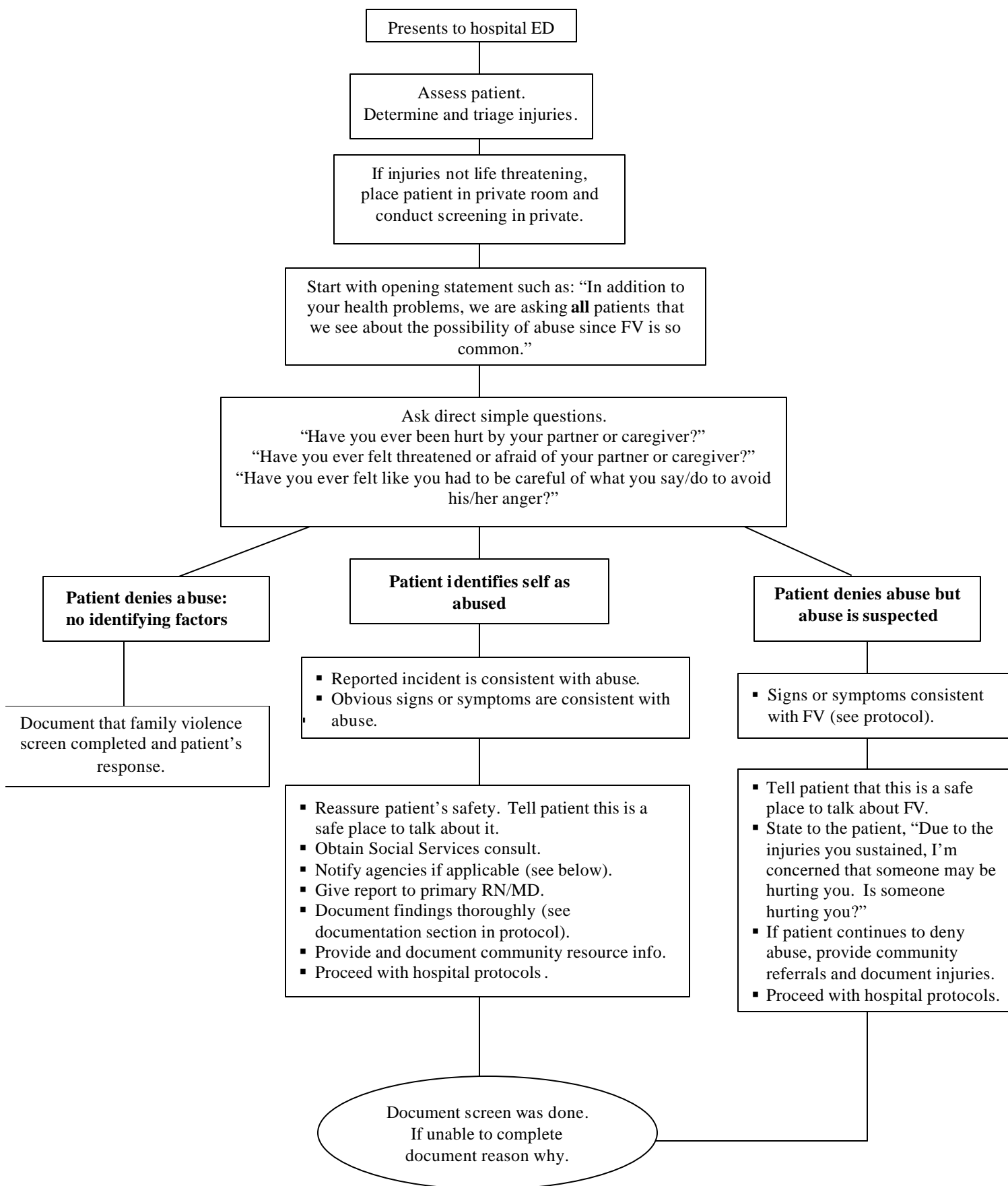
The criteria focus on observable evidence and not on allegation alone. They address at least the following situations:

- a.** Physical assault
- b.** Rape or other sexual molestation
- c.** Domestic abuse
- d.** Abuse or neglect of elders and children

When used appropriately by qualified staff members, the criteria prevent any action or question that could create false memories of abuse in the individual being assessed.

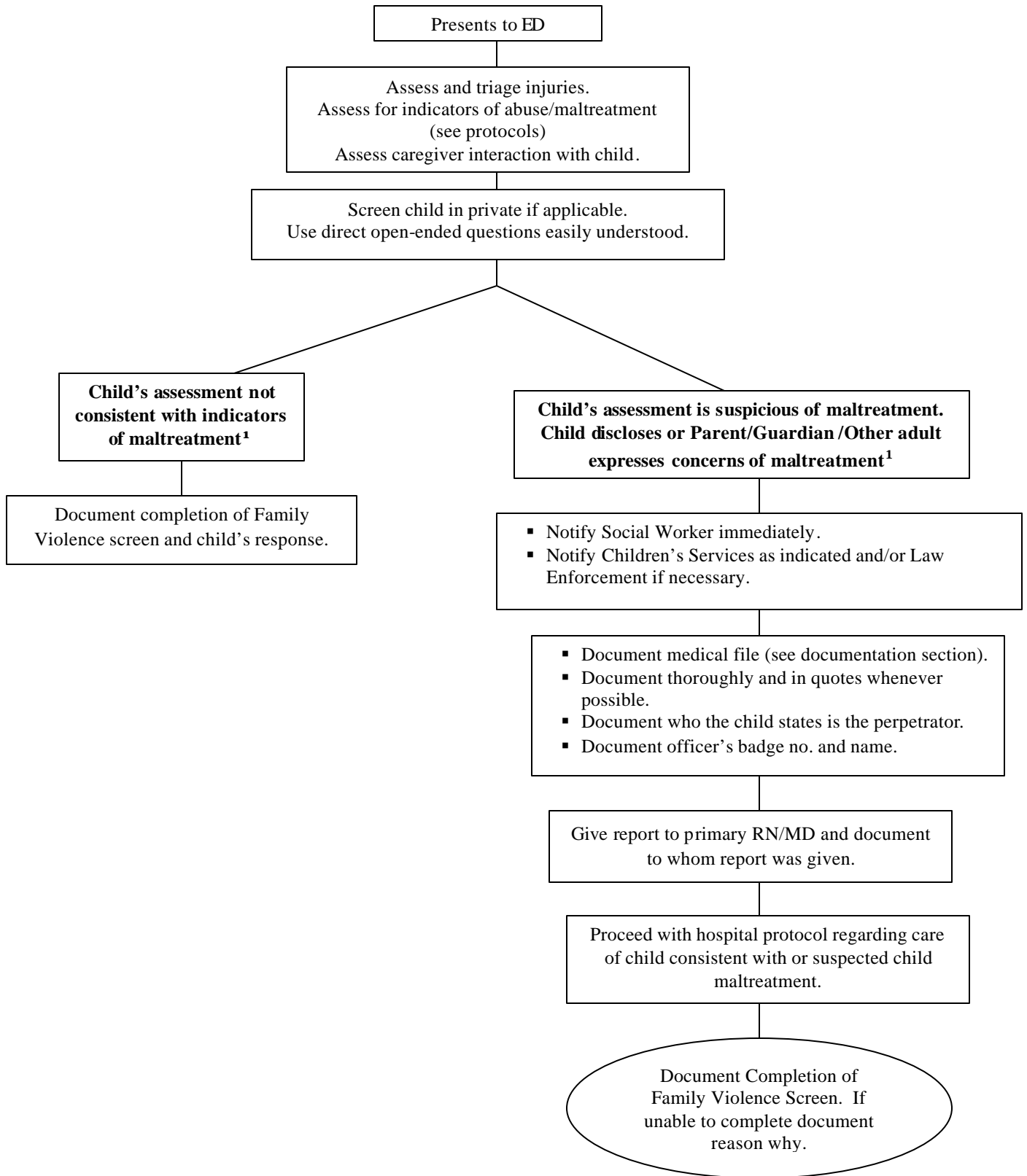
Staff members are able to make appropriate referrals for victims of abuse and neglect. To help them to do so, the hospital maintains a list of private and public community agencies that provide help for abuse victims.

Hospital *Adult* Family Violence Screening Algorithm



a). Notify Law Enforcement if patient requests, there is evidence of significant injury, gunshot wound, stab wound or significant burn..
 b). Notify Ohio Department of Health Long-Term Ombudsman (1-800-342-0553) if pt is elderly and living in an extended care facility.
 c). Notify Job and Family Services if patient is elderly and lives with caregiver or at home

Hospital *Pediatric* Family Violence Screening Algorithm



¹Refer to Hospital Family Violence Protocol for Definition of "Maltreatment."