

NEW HEALTH PRACTITIONOR'S EMPLOYEE
ACKNOWLEDGEMENT FORM
AND
CURRENT HEALTH PRACTITIONOR EDUCATION FORM
CONCERNING
ABUSE REPORTING REQUIREMENTS

CHILD ABUSE REPORTING REQUIREMENTS

California Penal Code § 11166.5 requires health practitioners, as a prerequisite to employment, to sign a statement provided to them by their employer, prior to commencing employment, indicating the health practitioner's knowledge of the child abuse reporting provisions of Penal Code § 11166.5, as set forth in summary form below, and the health practitioner will comply with those provisions. The Joint Commission also requires that the Hospital have a plan possible victims of abuse. This form is intended to serve both purposes.

A. **Summary of Penal Code § Duty to Report Child Abuse**

A health practitioner who has knowledge of or knowledge of or observes a child, in his or her professional capacity or within the space of his or her employment, whom he or she knows or *reasonably suspects* has been a victim of *child abuse*, must report the known or suspected instance of *child abuse* to a child protective agency as soon as practicably possible by telephone and must prepare and send a written report within 36 hours of receiving the information concerning of receiving the information concerning such incident.

This applies even in a case where the child has died, regardless of whether the suspected abuse was a factor contributing to death and even if the suspected abuse was not discovered until during an autopsy.

A health practitioner may report, but is not legally required to report, other types a suspected abuse, such as mental abuse.

The Child Abuse Policy sets forth the procedures and the requirements of the report and should be consulted upon suspicion of physical abuse, prior to making the report.

A health practitioner who reports known or suspected child in immune from civil and criminal liability for making such a report. The identity of the reporter will be kept confidential. Failure to make such a report is a misdemeanor, punishable by confinement in a county jail for a term to exceed six months, by a fine of not more than one thousand dollars (\$1,000), or both imprisonment and a fine.

B. **Definitions**

"*Child*" means any person under 18 years of age.

"*Child abuse*" means physical abuse, which is inflicted by other than accidental means on a child by another person. This includes, but is limited to, sexual abuse, willful cruelty or unjustifiable punishment or unlawful corporal punishment.

"*Health Practitioner*" includes a physician, surgeon, psychiatrist, psychologist, dentist, resident, intern, podiatrist, chiropractor, licensed nurse, dental hygienist, optometrist or any other person currently licensed under Division 2 of the Business and Professions Code, a marriage, family and child counselor or intern, an emergency medical technician I or II paramedic, or other person certified under Division 2.5 the Health and Safety Code, a psychological assistant, a coroner, a medical examiner, or other persons performing autopsies and other types of practitioners which are not relevant to Stanford.

"*Reasonable suspicion*" means it is objectively reasonable for a person to be suspicious, based on the facts that could cause a reasonable person in a like position, drawing upon his or her training and experience, when appropriate, to suspect child abuse.

II. DEPENDENT ADULT AND ELDER ABUSE REPORTING REQUIREMENTS

California Welfare & Institution Code § 15632 requires health practitioners, as a prerequisite to employment, to sign a statement provided to them by their employer, prior to commencing employment, indicating the health practitioner's knowledge of the dependent adult and elder abuse reporting provisions of Cal. Welf. & Inst. Code § 15630, as set forth in summary form below, and that the health practitioner will comply with those provisions. The Joint Commission also requires that the Hospital have a plan of education of appropriate staff about intended to serve both purposes.

A. Summary of Cal. Welf. & Inst. Code § 15630, Duty to Report Dependent Adult and Elder Abuse

A *health practitioner* is required to report physical abuse of *elders and dependent adults*. A *health practitioner* must report physical abuse under any one of the following circumstances:

1. The *health practitioner* has observed an incident that reasonably appears to be a physical abuse.
2. The *health practitioner* observes a physical injury where the nature of the injury, its location on the body, or the repetition of the injury, clearly indicates physical abuse has occurred.
3. The *elder or dependent adult* tells the *health practitioner* that her or she has experienced the behavior constituting physical abuse.

A report must be made by the *health practitioner* immediately or as soon as possible, by telephone to either the long-term care ombudsman coordinator to a local law enforcement agency when abuse is alleged to have occurred in a long-term care facility, or to either the county adult protective services agency or to local law enforcement agency when abuse is alleged to have occurred elsewhere. A written report, provided by the *health Practitioner*, must follow within two (2) working days. The Department Adult and Elder Abuse Policy sets forth the procedures and the requirements of the report and should be consulted upon suspicion of physical abuse, prior to making the report.

A *health practitioner* may, but is not legally required to, report other types of abuse, such as neglect, intimidation, fiduciary abuse, abandonment, isolation or other treatment that results in physical-harm, pain or mental suffering.

A *health practitioner* who reports abuse is immune from civil or criminal liability for making such a report if the report is a misdemeanor, punishable by confinement in a county jail for a term not to exceed six months, by a fine of not more than one thousand dollars (\$1,000), or both imprisonment and a fine.

B. Definitions

"*Dependent Adults*": mean any resident of California between ages 18 and 64 who has physical or mental limitations which restrict his or her ability to carry out normal activities or to protect his or her rights, including, but not limited to, persons with physical or developmental disabilities admitted as an inpatient to a 24-hour health facility.

"*Elders*" means any resident of California 65 years of age or older.

"*Health Practitioner*" includes a physician, surgeon, psychiatrist, psychologist, dentist, resident, intern, podiatrist, chiropractor, licensed nurse, dental hygienist, optometrist or any other person currently licensed under Division 2 of the Business and Professions Code, a marriage, family and child counselor or intern, an emergency medical technician I or II paramedic, or other person certified under Division 2.5 of the Health and Safety Code, a psychological assistant, registered pursuant to § 2913 of the Business & Professions Code, a marriage, family and child counselor trainee, unlicensed marriage, family and child counselor intern, state or county public health or social service employee, a coroner, or a religious practitioner who diagnoses, examines or treats elders or dependent adults."

OTHER INJURY REPORTING REQUIREMENTS

The Joint Commission requires that the Hospital have a plan of education of appropriate staff about criteria for identifying and the procedures for handling possible victims of abuse. This form is intended to accomplish that purpose.

A. Summary of Penal Code § 11160 Duty to Report Abuse

California Penal Code § 11160 requires *health practitioners* to immediately report patients that the *health practitioner* has knowledge of or observes in his or her professional capacity or within the scope of his or her employment, whom he or she knows or *reasonably suspects* is a person described as either of the following:

1. Any person suffering from any wound or other injury inflicted by his or her own act or inflicted by another where the injury is by means of a knife, firearm or other deadly weapon.

This patient's injuries should be reported pursuant to the requirements set forth in the Reporting of Injuries Policy if the abuser is not a spouse or spouse equivalent.

2. Any person suffering from any wound or other physical injury inflicted upon the person where the injury is the result of assaultive or abusive conduct.

This patient's injuries should be reported pursuant to the Domestic Violence Policy or the Reporting of Injuries Policy if the abuser is not a spouse or spouse equivalent.

The telephonic report to the local law enforcement agency is required immediately and a written report must be prepared and sent within two working days of receiving the information.

The reporting requirements apply even if the patient has died, regardless of whether or not the injury caused by the abuse conduct was a factor contributing to death and regardless of whether the abusive conduct was not discovered until during an autopsy.

The above indicated policies set forth the procedures and the requirements of the report and should be consulted upon suspicion of physical abuse, prior to making the report.

A violation of this request is a misdemeanor, punishable by imprisonment in a county jail not exceeding six months or by a fine not exceeding one thousand dollars (\$1,000) or by both a fine and imprisonment. A health practitioner who makes a report pursuant to these requirements is immune from civil or criminal liability as a result of making the report. The reports are kept confidential.

B. Definitions

"Health Practitioner" includes a physician, surgeon, psychiatrist, psychologist, dentist, resident, intern, podiatrist, chiropractor, licensed nurse, dental hygienist, optometrist or any other person currently licensed under Division 2 of the Business and Professions Code, a marriage, family and child counselor or intern, an emergency medical technician I or II paramedic, or other person certified under Division 2.5 the Health and Safety Code, a psychological assistant, a coroner, a medical examiner, or other persons performing autopsies and other types of practitioners which are not relevant to Stanford.

**REPORTING REQUIREMENTS FOR NEGLECT OF ABUSE OF
PERSONS IN HEALTH OR COMMUNITY CARE FACILITIES**

The Joint Commission requires that the Hospital have plan of education of appropriate staff about criteria for identifying and the procedures. This form is intended to accomplish that purpose.

A. **Summary of Penal Code § 11161.8 Duty to Report Abuse**

Every person firm or corporation conducting any hospital or managing or in charge of the hospital

Or any ward or part of the hospital must report any patient transferred from a *health facility* or *community care facility* who exhibits a physical injury or condition, which, in the opinion of the admitting physician, reasonably appears to be the result of neglect or abuse. Any physician and surgeon who has under his or her charge or care any patient exhibiting a physical injury or which condition reasonable appears to be the result of neglect or abuse must make a report.

The report must be made by telephone and in writing within 36 hours to both the local police authority having jurisdiction and the county health department.

Any registered nurse, licensed vocational nurse, or licensed clinical social worker employed by the hospital may make a report of a patient exhibiting a physical injury or condition, which reasonably appears to be the result of neglect of abuse, but is not legally required to do so.

The Facilities Abuse Reporting Policy sets forth the procedures and the requirements of the report and should be consulted upon suspicion of abuse, prior to making the report.

Persons making such reports will be immune from civil or criminal liability as a result of making any such report. A violation of this requirement is a misdemeanor, punishable by imprisonment in a county jail not exceeding six month, or by a fine not exceeding one thousand dollars (\$1,000), or by both a fine and imprisonment. The reports are kept confidential.

B. **Definitions**

"Community care facility" means any facility that is maintained and operated to provided to provide nonmusical residential care, day treatment, adult day care, or foster family agency services for children, adults or children and adults, including, but not limited to, physically handicapped, mentally impaired, incompetent persons, and abused or neglected children, and includes, foster family homes, small family homes, social rehabilitation facilities, community treatment facilities, full service adoption agencies, noncustodial adoption agencies, as set forth in H&S § 1502.

"Health facility" means any facility organized, maintained and operated for the diagnosis, care, prevention and treatment of human illness, physical or mental, including convalescence and rehabilitation, and including care during and after pregnancy to which persons are admitted for a 24-hour stay or longer and includes general acute care hospitals, special hospitals, intermediate care facility for developmentally disabled-nursing, congregate living health facilities, intermediate care facilities, special hospitals, intermediate care facility, correctional treatment center, or nursing facility, as set forth in H&S § 1250.