

Mary Greeley Medical Center

Administrative Operational Policy

Child/Dependent Adult Abuse Identification and Reporting

POLICY:

In compliance with the Child and Dependent Adult Abuse Reporting, Investigation and Rehabilitation sections of Iowa Code Sections 232.67-232.70, 235B, and 235E, all suspected child and dependent adult abuse shall be reported according to the following procedure.

PURPOSE:

Mary Greeley Medical Center will assure that any incidents of abuse, neglect, or harassment are reported, analyzed, and the appropriate corrective, remedial or disciplinary, action occurs in accordance with applicable local, state, or federal law.

DEFINITIONS:

Definitions for Child Abuse:

1. Child --- any person under the age of eighteen years.
2. Child Abuse:
 - a. Any non-accidental physical injury, or history of, suffered by a child as the result of the acts or omissions of a person responsible for the care of the child.
 - b. Any mental injury to a child's intellectual or psychological capacity as evidenced by an observable and substantial impairment (diagnosed and confirmed by a licensed physician or qualified mental health professional) in the child's ability to function within the child's normal range of performance and behavior as the result of the acts or omissions of a person responsible for the care of the child.
 - c. The commission of a sexual offense with or to a child.
 - d. The failure, on the part of a person responsible for the care of a child, to provide for adequate food, shelter, clothing or other care necessary for the child's health and welfare when financially able to do so or when offered financial or other reasonable means to do so.
 - e. An illegal drug is present in a child's body as a direct and foreseeable consequence of the acts or omissions of the person responsible for the care of the child.
 - f. The person responsible for the care of a child, in the presence of a child, unlawfully uses, possesses, manufactures, or distributes a dangerous substance (or knowingly allows another person to use, possess, manufacture, distributes a dangerous substance in the presence of a child).
 - g. The commission of bestiality in the presence of a child by a person who resides in a home with the child.
 - h. A person who is responsible for the care of a child knowingly allowing another person custody of, control over, or unsupervised access to a child under the age of

fourteen or a child with a physical or mental disability, after knowing the other person is required to register or is on the sex offender registry. This does not apply to a child living with a parent/guardian who is a registered sex offender or whose parent/guardian is married to a registered sex offender.

- i. The person responsible for the care of the child has knowingly allowed the child access to obscene material or has knowingly disseminated or exhibited such material to a child.
- j. The recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a child for the purpose of sexual activity.

3. Person responsible for the care of a child:

- a. A parent, guardian, or foster parent.
- b. A relative or any other person with whom the child resides and who assumes care or supervision of the child, without reference to the length of time or continuity of such residence.
- c. An employee or agent of any public or private facility providing care for a child, including an institution, hospital, health care facility, group home, mental health center, residential treatment center, shelter care facility, detention center, or child care facility.
- d. Any person providing care for a child, but with whom the child does not reside, without reference to the duration of the care.

Definitions for Dependent Adult Abuse:

1. Dependent adult --- Is a person 18 years of age or older whose ability to perform the normal activities of daily living or to provide his/her own care or his/her protection is impaired (either temporarily or permanently).
2. Dependent adult abuse occurs from the acts or omissions of the caretaker, where dependent adult suffers:
 - a. Physical injury or unreasonable confinement, unreasonable punishment, or assault
 - b. Commission of a sexual offense to or with a dependent adult
 - c. Exploitation of physical or financial resources (such as funds, assets, medication, or property)
 - d. Neglect (deprivation of minimum of food, shelter, clothing, supervision, physical or mental health care, or other necessary care). This may be result of omission of acts of dependent adult himself/herself.
 - e. Sexual exploitation of a resident within a healthcare facility or program.
 - f. Personal degradation where there was a willful act or statement by a caretaker intended to shame, degrade, humiliate, or harm the personal dignity.
3. Caretaker --- A person who is a staff member of a facility or program who provides care, protection or services to a dependent adult voluntarily, by contract, through employment, or by order of the court.

Child/dependent adult abuse does not include any of the following:

- a. Circumstances in which a dependent adult declines medical treatment if the dependent adult holds a belief or to be an adherent of a religion whose views and practices call for reliance on spiritual means in place of reliance on medical treatment.
- b. A parent or guardian legitimately practicing religious beliefs who does not provide specified medical treatment for a child for that reason alone shall not be considered abusing the child; however, this provision shall not preclude a court from ordering that medical service be provided to the child where the child's health requires it.
- c. The withholding or withdrawing of health care from a dependent adult who, in the opinion of a licensed physician, is terminally ill, when the withholding or withdrawing of health care is done at the request of the dependent adult or at the request of the dependent adult's next of kin or guardian.

PROCEDURE:

A. Alleged or Suspected Abuse from an External Source that is Not a Healthcare Facility

1. All patients at Mary Greeley Medical Center, including children, will be assessed regarding abuse issues as part of the general assessment criteria for admission.
2. Any physician or hospital employee who examines, attends, or treats a child/dependent adult that he/she reasonably suspects has been abused according to the definition contained herein shall report both orally and in writing to the Iowa Department of Human Services ("DHS"). Hospital staff should suspect abuse if risk indicators occur or the patient answers yes to the question, "Have you ever been threatened, hurt, or made to feel afraid by a family member or someone important to you?"
3. Orally report the suspected abuse by telephoning DHS immediately, **within 24 hours, following discovery of the suspected abuse.** Document in the medical record the first name of the person to whom you made the report and the time the oral information was reported. For both child/dependent adult abuse reporting from an external source that is not a healthcare facility, call the number listed below. This number is available on a 24-hour-a day, seven-day a-week basis.

DHS: 1-800-362-2178

4. The same person who makes the oral telephone report must also complete a written report **within 48 hours after making the oral report.** Use the linked DHS form at the end of the policy for this written report. The written report should be sent to the same DHS office where the oral report was reported/registered.
5. Both oral and written reports should contain as much of the following information as possible. If known, provide:
 - a. The names and home address of the child/dependent adult, relatives, caretakers, or other persons believed to be responsible for the child/dependent adult care.
 - b. The present location of the child/dependent adult, if not the same as the caregiver's or other person's home address.
 - c. The age of the child/dependent adult.

- d. The reason the adult is believed to be dependent.
 - e. The nature and extent of the injuries of the child/dependent adult, including any evidence of previous injuries.
 - f. The names, ages, and condition of other children or adults in the same home.
 - g. Any other information that might be relevant in establishing the cause of injury to the child/dependent adult, the identity of the person or persons responsible for the suspected abuse, or in providing assistance to the child/dependent adult.
 - h. The name and address of the person making the report.
 - i. In the written report, provide the name of the DHS intake worker to whom the initial oral report was made, as well as the date and time the report the oral report was given.
 - j. Date and sign the written report.
 - k. Should photographs and/or x-rays be taken of the areas of trauma visible on the child/dependent adult, these shall be maintained as part of the medical record. It shall be noted in the Suspected Child/Dependent Adult Abuse Report that these have been taken.
6. Document in the medical record that a written report was sent and to whom it was sent.
 7. If the person making the report has reason to believe that immediate protection for a child/dependent adult is advisable, that person shall also make an oral report to an appropriate law enforcement agency. You should call 911 if you feel the person is in immediate danger.

B. Alleged or Suspected Abuse by Mary Greeley Medical Center Staff/Contract Staff/Provider While on Duty at Mary Greeley Medical Center

Anytime there is alleged or suspected abuse involving Mary Greeley Medical Center staff/contract staff/provider while on duty, the following steps must occur:

1. Any employee who witnesses or suspects a healthcare staff member/contract staff/provider has abused a patient (including allegations of abuse by patient/family) shall report their suspicions immediately to the person in charge during that shift – Department Director and/or Department Manager and/or House Manager. This report must be person to person – no voicemails, texts, or emails shall be used.
2. The following are consulted immediately:
 - a. **Quality Management/Risk Management:** to assist in data collection, track occurrences, and assist in reporting mechanisms to appropriate regulatory agencies
 - b. **Administrator On-Call and Nursing Administration, if appropriate:** to keep apprised of investigation and alleged incidents
 - c. **Human Resources:** to advise regarding action plan for involved employees. Refer to the “Employee Guide to Code of Conduct” and Human Resources Policy “Corrective Action”.
3. The manager or person in charge on the shift shall immediately remove staff member/contract staff/provider from Mary Greeley Medical Center’s premises to ensure there is no further contact between any and all patients and the alleged abuser until Iowa Department of Human Services (DHS) or Iowa Department of Inspections, Appeals, and Licensing (DIAL) completes the alleged abuse investigation and makes a final determination. This may include a suspension with or without pay until the

investigation is complete. Results of the investigation may lead to disciplinary action or termination.

4. **For alleged or suspected child abuse by Mary Greeley Medical Center staff while on duty at Mary Greeley Medical Center**, the manager or person in charge on the shift shall immediately, within 24 hours following the discovery (including report from employee) make an oral report to:

DHS by calling 1-800-362-2178

5. **For alleged or suspected dependent adult abuse by Mary Greeley Medical Center staff while on duty at Mary Greeley Medical Center**, the manager or person in charge on the shift shall immediately, within 24 hours following discovery (including report from employee), make an oral report to:

DIAL by calling 1-877-686-0027

6. **For alleged or suspected child abuse by Mary Greeley Medical Center staff while on duty at Mary Greeley Medical Center**, the manager or person in charge on the shift who makes the oral report must also make a subsequent written report to DHS within 5 days of making the oral report. Use the linked DHS form at the end of the policy for this written report.

For alleged or suspected dependent adult abuse by Mary Greeley Medical Center staff while on duty at Mary Greeley Medical Center, the manager or person in charge on the shift who makes the oral report must also make a subsequent written report to DIAL within 48 hours of making the oral report. Use the DIAL Health Facilities Division web portal for this written report.

7. An investigation by the Executive Quality Director, manager, director, or house manager occurs **within 5 days of alleged/suspected abuse report** to substantiate the alleged incidents and ascertain the appropriate course of action based on the facts surrounding the situation. **The manager will interview all staff present and other staff working that shift. Non nursing staff, visitors, and volunteers present may also be interviewed. These interviews will be in private. If possible, two managers may be present — one to ask open ended questions and the other to record. Following the individual interviews, the person(s) being interviewed will document what they saw and/or heard. These documents will be signed and dated.**
8. **For alleged or suspected dependent adult abuse by Mary Greeley Medical Center staff while on duty at Mary Greeley Medical Center**, the manager who conducts the investigation, must submit the investigation documents to DIAL within 5 days of making the oral report using the DIAL Health Facilities Division web portal.
9. Both oral and written reports should contain as much of the following information as possible. If known, provide:
 - a. The names and home address of the child/dependent adult, relatives, caretakers, or other persons believed to be responsible for the child/dependent adult care.
 - b. The present location of the child/dependent adult, if not the same as the caregiver's or other person's home address.
 - c. The age of the child/dependent adult.

- d. The reason the adult is believed to be dependent.
 - e. The nature and extent of the injuries of the child/dependent adult, including any evidence of previous injuries.
 - f. The names, ages, and condition of other children or adults in the same home.
 - g. Any other information that might be relevant in establishing the cause of injury to the child/dependent adult, the identity of the person or persons responsible for the suspected abuse, or in providing assistance to the child/dependent adult.
 - h. The name and address of the person making the report.
 - i. In the written report, provide the name of the DHS intake worker to whom the initial oral report was made, as well as the date and time the report the oral report was given.
 - j. Date and sign the written report.
 - k. Should photographs and/or x-rays be taken of the areas of trauma visible on the child/dependent adult, these shall be maintained as part of the medical record. It shall be noted in the Suspected Child/Dependent Adult Abuse Report that these have been taken.
10. Document in the medical record that a written report was sent and to whom it was sent.
 11. If the person making the report has reason to believe that immediate protection for a child/dependent adult is advisable, that person shall also make an oral report to an appropriate law enforcement agency. You should call 911 if you feel the person is in immediate danger.

C. Alleged or Suspected Abuse in an External Healthcare Facility (That is Not Mary Greeley Medical Center):

1. All patients at Mary Greeley Medical Center, including children, will be assessed regarding abuse issues as part of the general assessment criteria for admission.
2. Any physician or hospital employee who examines, attends, or treats a child/dependent adult that he/she reasonably suspects has been abused according to the definition contained herein by an external healthcare facility, shall report both orally and in writing to the Iowa Department of Human Services (“DHS”) for child abuse and the Iowa Department of Inspections, Appeals, and Licensing (DIAL) for dependent adult abuse. Hospital staff should suspect abuse if risk indicators occur or the patient answers yes to the question, "Have you ever been threatened, hurt, or made to feel afraid by someone important to you?"
3. **For alleged or suspected child abuse by an external healthcare facility**, the Mary Greeley Medical Center staff member shall immediately, within 24 hours of the discovery, make an oral report to:

DHS by calling 1-800-362-2178

4. **For alleged or suspected dependent adult abuse by an external healthcare facility**, the manager or person in charge on the shift shall immediately, within 24 hours of the discovery, make an oral report to:

DIAL by calling 1-877-686-0027

5. The same person who makes the oral telephone report must also complete a written report form **within 48 hours after making the oral report to DHS and within 5 days to DIAL**. Use the linked DHS form at the end of the policy for the written report for alleged or suspected child abuse by an external healthcare facility. Use the DIAL website information at the end of the policy for access to the written (e-mail) report for alleged or suspected dependent adult abuse by an external facility. The written report should be sent to the same DHS or DIAL office where the oral report was reported/registered.
6. Both oral and written reports should contain as much of the following information as possible. If known, provide:
 - a. The names and home address of the child/dependent adult, relatives, caretakers, or other persons believed to be responsible for the child/dependent adult care.
 - b. The present location of the child/dependent adult, if not the same as the caregiver's or other person's home address.
 - c. The age of the child/dependent adult.
 - d. The reason the adult is believed to be dependent.
 - e. The nature and extent of the injuries of the child/dependent adult, including any evidence of previous injuries.
 - f. The names, ages, and condition of other children or adults in the same home.
 - g. Any other information that might be relevant in establishing the cause of injury to the child/dependent adult, the identity of the person or persons responsible for the suspected abuse, or in providing assistance to the child/dependent adult.
 - h. The name and address of the person making the report.
 - i. In the written report, provide the name of the DHS intake worker to whom the initial oral report was made, as well as the date and time the report the oral report was given.
 - j. Date and sign the written report.
 - k. Should photographs and/or x-rays be taken of the areas of trauma visible on the child/dependent adult, these shall be maintained as part of the medical record. It shall be noted in the Suspected Child/Dependent Adult Abuse Report that these have been taken.
7. Document in the medical record that a written report was sent and to whom it was sent.
8. If the person making the report has reason to believe that immediate protection for a child/dependent adult is advisable, that person shall also make an oral report to an appropriate law enforcement agency. You should call 911 if you feel the person is in immediate danger.

[Iowa Department of Human Services Report of Suspected Child Abuse Report Form](#)
[Iowa Department of Human Services Suspected Dependent Adult Abuse Report Form](#)

Iowa Department of Inspections, Appeals, and Licensing (DIAL) website: <https://dia.iowa.gov> --
- go to DIA's homepage --- under Complaints section, click on "File a Complaint" --- pick the
appropriate type of complaint to be filed --- complete electronic form and click submit.

IMMUNITY

A person participating in good faith in the making of a suspected child/dependent adult abuse report according to the law or aiding and assisting in an investigation of a child/dependent

adult abuse report shall have immunity from any liability (civil or criminal) which might otherwise be incurred or imposed. Mandated reporters who knowingly and willfully fail to report a suspected child/dependent adult abuse are guilty of a simple misdemeanor. Additionally, a mandatory reporter who knowingly fails to report a suspected case of child/dependent adult abuse is civilly liable for the damages caused by such failure.

New: 10/1973

Review Date(s): 6/1990, 8/2011, 7/2018, 4/2021

Revision Date(s): 12/1995, 5/1996, 2/1999, 5/2001, 3/2002, 8/2002, 6/2004, 5/2005, 12/2005, 3/2006, 4/2008, 1/2010, 12/2011, 8/2015, 5/2021, 5/2022, 6/2022, 11/2023, 1/2024