

## Example of a Policy

**SUBJECT:** Abuse, Neglect, and Violence – Identification and Intervention for Care and Treatment of Patients Who May be Victims/Survivors

**POLICY:**

- A. Dignity Health is committed to assisting in the identification of patients who may be victims of abuse, neglect, or violence, delivering high-quality care and services that reflect principles of a trauma-informed approach, and assisting with referrals or access to public and private community agencies that can provide or arrange for additional assessment or care.
- B. Dignity Health is committed to protecting patients while under its care and service.
  - 1. Dignity Health strictly prohibits any form of mistreatment against a patient by staff, physicians, volunteers, contract employees, visitors, and other patients.
  - 2. Any allegations, observations, or suspicions of abuse, neglect, or violence, including misappropriation of property, against a patient who is under Dignity Health's care and service will be investigated.

**AFFECTED DEPARTMENTS:** All Clinical Departments

**PROCEDURE:**

- A. Assess or reassess the patient for risk factors and observable signs or symptoms (verbal/nonverbal indicators) of abuse, neglect, or violence upon admission or entry into the facility and with change in condition. The medical well-being of the patient always comes first.
- B. Document risk factors and observable signs or symptoms in the clinical record, the admission documentation, and/or – for a change in condition/status – in the ad-hoc form. Document additional information, including all wounds, injuries, and patient statements.
- C. For patient exhibiting risk factors or signs/symptoms of abuse, neglect, or violence, make a referral to Social Work. Evaluate the need to make a referral to a Chaplain or other support personnel to provide professional emotional or spiritual support.
- D. Provide the patient with abuse, neglect, or violence education, including contact information for hotlines or community agencies, and ask if the patient requires assistance. (See ATTACHMENT: PEARR Tool: Trauma-Informed Approach to Victim Assistance in Health Care Settings).
- E. If the patient accepts/requests assistance with accessing public or private community agencies, then document the patient's consent and which agencies were contacted.
- F. If the patient accepts/requests a Sexual Assault Forensic Exam (SAFE) (aka SART exam, rape kit, Sexual Assault Evidence Kit or SAEK), then the patient must be medically cleared before transport to the Sexual Assault Response Team Center (aka SART center).
  - 1. Notify law enforcement in the jurisdiction where the crime occurred. The responding law enforcement agency will take the patient's statements and determine whether or not to order an evidentiary exam. If law enforcement orders the exam, then the law enforcement agency will arrange for transport of the patient, per the patient's consent, to the appropriate SART Center.
    - a. If the patient accepts/requests a SART exam, then law enforcement must be notified regardless of reporting requirements. However, the Violence Against Women Act (VAWA) allows for a SART exam to be completed even if a victim declines to provide statements or to make a report with law enforcement.
  - 2. Preserve evidence as much as possible; for example

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- a. Discourage the patient from washing, eating, or drinking.
  - b. If the patient must urinate, then collect the sample in two separate containers. Document the following in writing on each container:
    - 1) time,
    - 2) date, and
    - 3) initials of person collecting the sample. Per the patient's approval, provide the second container to law enforcement for a potential toxicology screening, especially if there is concern that it was a drug-facilitated sexual assault.
  - c. Be careful when removing clothing. Package each item of clothing into a separate paper bag, if possible.
  - d. Do not clean the victim's genitalia or perform a catheterization or speculum examination (unless there is heavy vaginal bleeding).
  3. Medication for pregnancy prevention and sexually transmitted infection (STI) prophylaxis, as well as a referral for HIV post-exposure prophylaxis (PEP), will be provided at the SART Center after the exam as applicable.
  4. For questions or concerns, call the appropriate SART Center.
- G. Report safety concerns (e.g., potential abuser is on-site or may arrive on-site) to Security and Nurse Shift Manager/Shift Administrator/Supervisor.
- H. Report allegations, observations, and suspicions of abuse, neglect, or violence to Nurse Shift Manager/Shift Administrator/Supervisor, Social Work, and/or Patient Safety Officer.
- I. Report allegations, observations, and suspicions of abuse, neglect, or violence to authorities/agencies as required or permitted by law or regulation.
- J. If there are concerns regarding procedural steps, particularly a variance or breakdown in policies or procedures, notify the Nurse Shift Manager/Shift Administrator/Supervisor, or notify someone in a higher chain of command, and complete an event report. This includes a lack of response or negative response from private or public community agencies.
- K. Contact Nurse Shift Manager/Shift Administrator/Supervisor or Employee Assistance Program (EAP) for concerns regarding secondary trauma, as needed.
- L. Add or edit contact information for community agencies. (See ATTACHMENT: PEARR Tool: Trauma-Informed Approach to Victim Assistance in Health Care Settings).

### TRAINING AND EDUCATION

- A. During Orientation and Re-Orientation, educate staff, physicians, volunteers, and contract employees; this includes but is not limited to:
1. Risk factors for and signs/symptoms (verbal/nonverbal indicators) of abuse, neglect, or violence and follow-up procedures for patients who may be victims/survivors, e.g., trauma-informed approach to patient care, PEARR Tool.
  2. Best practice guidelines regarding documentation of wounds, injuries, and patient statements.
  3. Process for patients requesting SART exam.

### DEFINITIONS:

**Abuse:** The Centers for Medicare and Medicaid Services (CMS) defines abuse as “the willful infliction of injury, unreasonable confinement, intimidation, or punishment, with resulting physical harm, pain, or mental anguish.”<sup>1</sup> Per CMS, this includes “staff neglect or indifference to infliction of injury or intimidation of one patient by another.”<sup>1</sup>

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**Community agencies:** private and public community agencies refers to any agency that can provide continued assessment and care to patients who may be victims of abuse, neglect, or violence. This includes county welfare agencies, law enforcement agencies, victim advocacy agencies, and agencies that provide direct services to victims/survivors of abuse, neglect, or violence.

**Neglect:** CMS defines neglect as “the failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness.”<sup>2</sup>

**PEARR Tool:** The “PEARR Tool” offers guidance to social workers, nurses, and other health care professionals on how to provide trauma-informed assistance to patients who are at high-risk of, or who are exhibiting signs or symptoms of, abuse, neglect, or violence. The PEARR Tool is based on a universal education approach, which focuses on educating patients about abuse, neglect, or violence prior to, or lieu of, screening patients with questions. The goal is to have an informative and normalizing, yet developmentally-appropriate, conversation with patients in order to create a context for them to share their own experiences.

**Secondary trauma:** Secondary traumatic stress disorder, or compassion fatigue, is a natural but disruptive by-product of working with traumatized clients. Many types of professionals, such as physicians, psychotherapists, human service workers, and emergency workers, are vulnerable to developing this type of stress, though only a subset of such workers experience it.<sup>3</sup>

**Sexual Assault Forensic Exam (SAFE):** Sexual Assault Forensic Examiners (SAFEs) and Sexual Assault Examiners (SAEs) are health care professionals who have been instructed and trained to complete a SAFE. A SAFE may also be referred to as a “rape kit” or sexual assault evidence kit (SAEK).<sup>4</sup> A SAFE, SANE, SAE, Forensic Nurse Examiner (FNE) are all trained to complete a Sexual Assault Forensic Exam, and provide support and referrals as needed. They can be a nurse, nurse practitioner, physician, or a physician assistant. They all perform exams and testify as expert witnesses when needed.

**Sexual Assault and Response Team (SART):** SART is a community-based team that coordinates the response to victims of sexual assault. The team may be comprised of sexual assault nurse examiners (SANEs), hospital personnel, victim advocates, law enforcement, prosecutors, judges, and any other professionals with a specific interest in assisting victims of sexual assault. A SANE is a Registered Nurse who has received special training so that they can provide comprehensive care to sexual assault victims. In addition, they may provide expert testimony if a case goes to trial.<sup>5</sup> A SAFE, SANE, SAE, Forensic Nurse Examiner (FNE) are all trained to complete a Sexual Assault Forensic Exam, and provide support and referrals as needed. They can be a nurse, nurse practitioner, physician, or a physician assistant. They all perform exams and testify as expert witnesses when needed.

**Trauma-Informed Approach:** A trauma-informed approach includes an “understanding of trauma and an awareness of the impact it can have across settings, services, and populations.”<sup>7</sup> This includes understanding how trauma can impact patients and the professionals attempting to assist them. As described by the Substance Abuse and Mental Health Services Administration (SAMHSA), the guiding principles of a trauma-informed approach are safety; trustworthiness and transparency; peer support and mutual

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self-help; collaboration and mutuality; empowerment, voice, and choice; and cultural, historical, and gender issues.<sup>7</sup>

**Violence:** The World Health Organization (WHO) defines violence to include “neglect and all types of physical, sexual, and psychological abuse”.<sup>8</sup> Violent acts include, but are not limited to, physical or sexual assault, sexual molestation, rape, human trafficking (e.g., sex and labor trafficking), harassment, stalking, kidnapping/ abduction, shootings, corporal punishment, and involuntary seclusion.

Violent acts can be committed against a patient either before, during, or after the person’s visit to a Dignity Health facility. Also, any person can be a perpetrator, including staff, physicians, volunteers, contract employees, family members/visitors, and/or other patients.

### REFERENCES:

A-0145 (Rev. 37, Issued: 10-17-08; Effective/Implementation Date: 10-17-08) §482.13(c)(3) - The patient has the right to be free from all forms of abuse or harassment. Interpretive Guidelines §482.13(c)(3)

Rape Abuse Neglect Incest National Network (RAINN). *What is a SANE/SART*, <https://www.rainn.org/articles/what-sanesart>

Rape Abuse Neglect Incest National Network (RAINN). *What is a Rape Kit*, <https://www.rainn.org/articles/what-sanesart>

Substance Abuse and Mental Health Services Administration, *Key Terms: Definitions*, SAMHSA News, Spring 2014, Volume 22, Number 2, [https://www.samhsa.gov/samhsaNewsLetter/Volume\\_22\\_Number\\_2/trauma\\_tip/key\\_terms.html](https://www.samhsa.gov/samhsaNewsLetter/Volume_22_Number_2/trauma_tip/key_terms.html)

The Joint Commission. [https://www.jointcommission.org/datetime\\_tjc/identifying\\_human\\_trafficking\\_victimsamong\\_your\\_patients/](https://www.jointcommission.org/datetime_tjc/identifying_human_trafficking_victimsamong_your_patients/)

World Health Organization, *World report on violence and health*, [http://www.who.int/violence\\_injury\\_prevention/violence/world\\_report/en/full\\_en.pdf](http://www.who.int/violence_injury_prevention/violence/world_report/en/full_en.pdf) (accessed March 10, 2018)

U.S. Department of Health and Human Services, Administration for Children and Families, Secondary Traumatic Stress, <https://www.acf.hhs.gov/trauma-toolkit/secondary-traumatic-stress>

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