

**Rhode Island Hospital  
Standard Practice  
Instruction Manual**

**Subject:**  
Policy and Procedure  
For Reporting and  
Managing Child Abuse  
And Medical Neglect

**File Under:**  
Administration  
Admin-77

**Issuing Department:**  
Risk Management

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**Page 1 of 5**

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Rhode Island Hospital is committed to providing comprehensive care for all children, especially those children who are most vulnerable, including children who suffer from physical, sexual, or emotional abuse; factitious disorders (Munchausen Syndrome by Proxy); failure to thrive; secondary victims of domestic violence or from neglect (including medical neglect). Rhode Island State Law requires the reporting to the Department for Children, Youth and their Families (DCYF) and to the appropriate police department in the city or town where the alleged incident took place any suspicion that a child under the age of eighteen (18) is being physically or psychologically abused or neglected. Medical neglect should also be reported to DCYF. Any hospital employee who has reason to believe that child or youth has been abused or neglected should make the fact known to a physician, nurse, social worker or the Child Protection Team (CPT).

The law provides that persons making such a report to DCYF are immune from liability, even if they are not physicians. The law also grants the physician treating such a child or youth the right to admit the child to the hospital for up to 72 hours with or without the consent of the parent or guardian. A further stay can only be granted against parental wishes by order of the Family Court.

The following procedure has been developed to assist in meeting RIH's legal obligations and the needs of these patients and their families.

**A. Physician Responsibilities**

1. Verbal reports of the suspicion of injuries inflicted by other than accidental means, of neglect, of failure to thrive, or of sexual molestation are made by the physician to the CANTS (Child Abuse and Neglect Tracking System) Unit of the Department for Children, Youth and Families (1-800-RI-CHILD), and to the police department in the town or city where the alleged incident took place. Medical neglect based on religious grounds only needs to be reported to DCYF. If the patient is admitted, the hospital Security Department (444-5221),

the Pediatric Nursing Department (444-5581 or 444-5925, or if necessary page the Assistant Director of Pediatric Nursing) and the Child Protection Team should be notified. These reports should be made immediately, and should include:

- a. Name, address and age of child
  - b. Name and address of child's parents, or the person having care or custody of the child
  - c. Nature and extent of the child's suspected maltreatment
  - d. Evidence of previous abuse, its nature and extent
  - e. Information, if available, which the physician believes may be helpful in determining the cause of the child's possible abuse
  - f. Location of the child (e.g., Hasbro Children's Hospital unit, Emergency Department, Pediatric Clinic area).
2. Physician should consult with the Child Protection Team (444-3996) any time a PRE is filed on an inpatient.
  3. A written report (Physician's report of Examination or PRE – See Appendix B) confirming the oral report and containing the information set forth in I.A.1. should be prepared by the physician immediately. The PRE form provided by DCYF is used. Forms are available in the Emergency Department, on Hasbro Children's Hospital units and in the Pediatric Clinic area. The physician completing this form should inform the family of his/her actions. The original report should be given to the CANTS worker responding to the hospital. Under NO circumstances should reports be mailed; any report not picked up by a CANTS worker should be sent to the Child Protection Team office. The yellow copy of the PRE should be placed in the child's medical record.
  4. Other documentation – The physician should obtain for the medical record photographs, drawings, x-rays, and clotting studies or other laboratory tests he or she believes are needed. If photographs are taken, they should include a whole picture to identify the child and then selected close-ups of particular injuries. A standard centimeter ruler should be labeled in permanent ink with the name of the child, the date of the photographs, and the photographer's name. These photographs should be affixed to the special report section of the medical record. Parental permission is NOT required for these photographs.

#### B. Nurse Responsibilities

1. If the child is admitted, the physician's verbal report is relayed to the primary nurse receiving the admission from the Emergency Department or Pediatric Clinic nurse.
2. The primary nurse in charge of the patient reports to the Unit Secretary for entry into the patient profile whenever a report has been submitted to DCYF, the physician's intent to keep the child in the hospital with or without parental permission for 72 hours, the possible arrival of a detention order, possible intervention by the police, and/or other pertinent information about the child's family.

### C. Child Protection Team Information

The Child Protection Team (CPT) provides consultation on cases of suspected child maltreatment, including physical abuse, sexual abuse, emotional abuse, neglect, medical neglect, failure to thrive, factitious disorders, and secondary victims of domestic violence. A 24-hour a day consultation service is available for physicians, social workers, and other professionals concerned about the safety of a child. The Child Protection Team should be notified of any cases of suspected abuse and neglect of a patient, particularly when a PRE is filed. The Child Protection Team will, in turn, make a referral to the Department of Clinical Social Work for follow through with any identified psychosocial issues requiring clinical intervention.

The Child Protection Team is comprised of pediatricians with special training and expertise in the field of child maltreatment as well as a multidisciplinary team of hospital personnel and community representatives. Physicians meet weekly with representatives from select community agencies to review complex child abuse cases, to offer medical advice, and to coordinate services to victims and their families. The multidisciplinary team includes representatives from the Department of Children, Youth, and Families, Attorney General's Office, Children's Advocacy Center, and state and local police departments. Other community agencies, including home nursing agencies, schools other hospitals or clinics, and private social service agencies, also participate on the team depending on their involvement in a particular case. All Child Protection Team consults are subject to review with the multidisciplinary team.

For consultation during regular business hours, please contact the Child Protection Team office at 444-3996. After hours and weekends, please contact the page operator and request the Child Protection physician on-call.

### D. Hospital Security Responsibilities

The Security Department (444-5221) shall be informed immediately of all admissions of abused or neglected children or youth. The Security Department may help coordinate activities with the local police departments. Hospital Security shall assist the medical/nursing staff when the safety of a child is threatened, and they may contact the police department to assist them in protecting a child or maintaining order. This should be a last resort which should be implemented in conjunction with the medical/nursing staff and the Director of Security or designee.

### E. Protection of the Child

When a child or youth is identified as possibly having been abused or neglected and DCYF report of the patient is completed, there may be a need to have the child placed out of the home for his or her protection. The decision on the best placement of the child or youth is a complicated one and cannot be readily standardized. Visitation of children on 72-hour holds needs to be individualized (see Appendix C for Visitation Guidelines).

#### F. Reports on Already Hospitalized Patient

When a patient in the hospital is suspected of having been abused or neglected, the reporting procedure should be similar to that previously described. Already hospitalized patients should be discussed with the CPT as soon as the suspicion of abuse or neglect is reached.

#### G. Reporting the Residents of Other States

When a child who is a resident of another state is suspected of being abused or neglected, reports should be made to the state agency and police in the state/town in which the abuse occurred. The CPT can assist the physician in coordination of such report.

#### H. Reporting the Death of Child

Should a child suspected of being abused or neglected die during the hospitalization, the attending physician in collaboration with CPT physician should immediately inform DCYF and the police department in the community in which the incident occurred, as well as the Rhode Island Medical Examiner. Documentation of these notifications should be made in the medical record (indicating the date and time).

#### I. Court Ordered Detention

The Family Court may place the patient in the custody of DCYF by granting an ex parte petition. When this is granted for any hospitalized patient, an authorized copy should be placed in the medical record. At times when this is granted verbally by a Family Court judge, a notation should be promptly included in the medical record and should include the name of the judge.

#### J. Follow-up

Even if no court hearing is scheduled, DCYF has the responsibility for supervising the follow-up of these patients and their families.

### II. MEDICAL NEGLECT

Since the Rhode Island law requires physicians to report instances of medical neglect resulting from the refusal to consent to life-saving medical treatment, the physician must use his or her judgement to determine that the child's condition is life-threatening or will become life-threatening without treatment. An example of this is a parent's refusal to authorize blood transfusions when the physician feels that the transfusion is needed. The physician should contact the Child Protection Team and should also contact DCYF. Once DCYF has become involved, the DCYF caseworker can obtain a court order for treatment. However, if treatment is needed to prevent a life-threatening condition, the physician should order the treatment even if there is no consent.

If the parents or guardian refuse to consent to treatment on religious grounds, DCYF does not consider the parent or guardian to be negligent. The police do not have to be notified in these cases. However, DCYF should still be notified, as they can be helpful in getting a court order for the needed treatment. For further information on handling refusal of blood and blood products, see the policy on the Bloodless Medicine and Surgery Program, Section I Page 87.

There are some exceptions to the reporting requirement on medical neglect. The physician or person who has knowledge of the withholding of life-saving of medical treatment does not have to report to DCYF if the following circumstances exist:

1. The child is chronically and irreversible comatose;
2. The provision of treatment would merely prolong dying, would not be effective in correcting all of the child's life threatening conditions, or would otherwise be futile in terms of the physical survival of the child; or
3. The provision of treatment would be virtually futile in terms of the survival of the child and the treatment itself under such circumstances would be inhumane,
4. A child's parents and physician decide to discontinue the use of life-support systems for a child who is terminally ill where, in the opinion of the child's physician, the child has no reasonable chance of recovery from the terminal illness despite every appropriate medical treatment to correct the condition.

Please note that nutrition, hydration and routine medication must be provided to all children even in other treatment is not medically indicated. Therefore, if the physician knows that a physician or other caregiver knows that a parent is withholding nutrition, hydration or routine medication from a child, they must report that withholding as an incident of medical neglect. No caregiver should agree to or participate in the withholding of nutrition, hydration or routine medication.

### III. COURT APPEARANCES

All staff members should make themselves available to the family court when they are issued a subpoena. The hospital Health Information Services may also be subpoenaed to appear at court with the original and copies of the medical record.

### IV. CONFIDENTIALITY

Rhode Island Hospital policy and the Rhode Island law on the confidentiality of healthcare information should always be followed. The general intent of the policy and law is that health information should not be disclosed without authorization from the patient or the patient's authorized representative. A healthcare provider does not need authorization to contact law enforcement personnel or appropriate child protection agencies if the healthcare provider believes that the child has been physically or psychologically abused. No one else should receive confidential healthcare information without the authorization of the child's parent or guardian, or with a valid subpoena or a court order. Any questions regarding confidentiality should be referred to the Risk Management Department.