



Current Status: Active

PolicyStat ID: 4855084



Origination: 12/2017
Effective: 12/2017
Last Approved: 12/2017
Last Revised: 12/2017
Next Review: 11/2020
Owner: Molly Berkoff: Clinical Professor
Policy Area: Patient Care
Policy Tag Groups:
Applicability: UNC Medical Center

Suspected Child Abuse, Neglect, or Dependency

I. Description

This policy outlines management of suspected child abuse, neglect or dependency.

II. Rationale

Directs the caregiver in the delivery of safe, quality care, consistent with applicable legal requirements related to the reporting of abuse and neglect for juveniles. Pursuant to North Carolina law, anyone who makes a good faith report of child abuse, neglect, dependency, death by maltreatment, or recurrent illness or serious physical injury that is the result of non-accidental trauma is immune from any civil or criminal liability.

III. Policy/Procedure

A. Definitions

1. **Caretaker:** A caretaker is any person other than a parent, guardian or custodian who is responsible for the health and welfare of a juvenile in a residential setting. A person "responsible for a juvenile's health and welfare" means a:
 - a. Stepparent;
 - b. Foster parent;
 - c. Adult member of the juvenile's household;
 - d. Adult relative entrusted with the juvenile's care;
 - e. Any person such as a house parent or cottage parent who has primary responsibility for supervising a juvenile's health and welfare in a residential child care facility or residential educational facility;
 - f. Any employee or volunteer of a division, institution, or school operated by the North Carolina Department of Health and Human Services; or
 - g. Any person who has the responsibility for the care of a juvenile in a child care facility.
2. **Child Abuse:** Child abuse occurs when a parent, guardian, custodian or caretaker:
 - a. Inflicts or allows to be inflicted upon the juvenile a serious physical injury by other than accidental means; or
 - b. Creates or allows to be created a substantial risk of serious physical injury to the juvenile by other

than accidental means;

- c. Uses or allows to be used upon the juvenile cruel or grossly inappropriate procedures or grossly inappropriate devices to modify behavior;
- d. Commits, permits, or encourages the commission by, with, or upon the juvenile unlawful acts that are sexual, incestual, pornographic, exploitative, obscene, immoral, indecent, or prostitution;
- e. Creates or allows to be created serious emotional damage to the juvenile (as evidenced by a juvenile's severe anxiety, depression, withdrawal or aggressive behavior toward himself/herself or others);
- f. Encourages, directs or approves of delinquent acts involving moral turpitude committed by the juvenile; or
- g. Commits or allows human trafficking, involuntary servitude, or sexual servitude to be committed against the juvenile.

3. **Neglect:** Neglect occurs when a juvenile:

- a. Does not receive proper care, supervision, or discipline from his or her parent, guardian, custodian or caretaker; or
- b. Has been abandoned;
- c. Is not provided with necessary medical care or other remedial care recognized under state law;
- d. Lives in an environment injurious to his or her welfare; or
- e. Has been placed for care or adoption in violation of law.

Neglect may also be present when a juvenile lives in a home where another juvenile has died as a result of suspected abuse or neglect, or lives in a home where another juvenile has been subjected to abuse or neglect by an adult who regularly lives in the home.

4. **Dependency:** Dependency occurs when a juvenile is in need of assistance or placement because:

- a. He or she has no parent, guardian, or custodian responsible for his or her care or supervision; or
- b. The juvenile's parent, guardian, or custodian is unable to provide for the juvenile's care or supervision and lacks an appropriate alternative child care arrangement.

5. **Juvenile:** A juvenile is any person who has not reached his or her eighteenth birthday and who:

- a. is not married,
- b. is not legally emancipated, or
- c. is not a member of the U.S. Armed Forces.

Juveniles who are also parents remain juveniles for the purposes of this policy unless they are emancipated by marriage, court order, or military membership.

B. Policy – Reporting to DSS – Suspected Abuse, Neglect, Dependency or Death Resulting from Maltreatment

1. Pursuant to state law, anyone who suspects that any juvenile is abused, neglected or dependent (as

defined above), or has died as the result of maltreatment, regardless of whether the juvenile is a patient, must make a report to the Department of Social Services ("DSS") in the county where the juvenile resides or is found. The individual making the report should inform the health care team of the individual's concerns and that a report was made. When a group from the health care team suspects any of the above, a designated reporter should be identified and a report made without delay. The care team should also discuss issues related to patient safety and safe discharge, as appropriate.

2. Actual knowledge or diagnosis of abuse, neglect, dependency, or death resulting from maltreatment is not required prior to reporting. Information, circumstances or evidence that raises a reasonable suspicion of abuse, neglect, dependency or death resulting from maltreatment is enough to justify a report. DSS will determine the facts during its investigation.

C. Policy – Reporting to Police – Certain Wounds, Recurrent Illness or Serious Physical Injury

1. Certain injuries are required by law to be reported to police. They are:
 - a. Every case of a bullet wound, gunshot wound, powder burn or any other injury appearing to arise from or caused by the discharge of a gun or firearm;
 - b. Every case of illness apparently caused by poisoning;
 - c. Every case of a wound or injury appearing to be caused by a knife or sharp or pointed instrument if it appears if it appears to the physician/surgeon treating the case that a criminal act was involved;
 - d. Every case of a wound, injury or illness in which there is grave bodily harm or grave illness if it appears to the physician/surgeon treating the case to have resulted from a criminal act of violence;
 - e. Every case of recurrent illness or serious physical injury to a minor where the illness or injury, in a physician's professional judgment, appears to be the result of non-accidental trauma
2. In any of these cases, a report must be made to the Chapel Hill Police Department by Hospitals Police, as the designee of the UNC Hospitals President.
3. This reporting requirement **is in addition to** the duty to report to DSS abuse, neglect, dependency, or death resulting from maltreatment.

D. Procedures

1. **Assess for Concerns of Child Abuse, Neglect, or Dependency**
 - a. Health care providers should be alert to physical signs of abuse, statements regarding abuse, and the development of problematic behaviors that may signal underlying physical, sexual or emotional abuse, neglect or dependency, and should document such signs, statements, or behaviors in the medical record.
 - b. Circumstances that may signal potential abuse, neglect, or dependency include but are not limited to:
 - Suspicious bruises, bruising in non-mobile infants, skin injuries that are not consistent with the child's developmental age
 - Burns with suspicious patterns
 - Fractures in non-ambulatory children
 - Delayed/inadequate medical treatment

- Traumatized genital or rectal areas
- History of multiple injuries

2. Consider a Consult with the Beacon Child Protection Team and, Where Sexual Abuse May Be Involved, A SANE Consult

- a. UNC Hospitals' Beacon Child Protection Team ("Beacon CPT") can assist in diagnosing, managing, and providing referrals for child abuse, neglect, or dependency. However, it is not necessary to contact Beacon CPT prior to making a report to DSS. See Exhibit A for more information about Beacon consults.
- b. Prior to paging Beacon CPT, confer with the medical team, including the attending physician, to determine whether such a consult is appropriate. Beacon CPT's pager is 123-4100.
- c. In cases presenting to the Emergency Department, immediately contact the Emergency Department Charge Nurse and request a consult from the Pediatric Sexual Assault Nurse Examiner ("SANE") program, in either of the following cases:
 - i. if a prepubescent child/their caregiver discloses sexual abuse and it appears that the last assault occurred within the past 72 hours;
 - ii. if a postpubescent adolescent/their caregiver discloses sexual abuse and it appears that the last assault occurred within the past 120 hours.

After the SANE examination, consult Beacon for appropriate management and follow up.

- d. For additional information regarding whether a Beacon CPT consult is appropriate, see "Beacon Child Protection Team (CPT) Consult Service" (attached as Exhibit A to this Policy).

3. Complete All of the Following Steps When Concerns About Child Abuse, Neglect, Dependency, or Death due to Maltreatment Are Identified

- a. **Step One: Make a report to the Department of Social Services ("DSS") (or confirm that another UNCHCS staff member already made a report to DSS).**

- i. What Information Should Be Reported

When making a report to DSS, have the following information available:

- The juvenile's name, age, current location, and address
- Name and address of the juvenile's parent(s), guardian, or caretaker
- Names and ages of other juveniles in the home
- Nature and extent of any injury or condition resulting from abuse, neglect or dependency
- Any other information that might be helpful

If all of the above-described information is not available, notify DSS that those pieces of information are unknown at this time. Reporters need only enough information to explain their concerns and for DSS to be able to locate the child

- ii. What To Do If DSS Is Not Responsive

If the individual making the report ("the Reporter") has been unsuccessful at contacting DSS, he or she should document such in the patient's medical record and ensure that the attempts to

reach DSS are reflected on the Safety Considerations Form (attached as Exhibit B, or through the dot phrase .safetyform). The Reporter also should discuss the patient's situation with members of the patient's care team, including, as appropriate, the patient's attending physician, Beacon CPT, Clinical Care Management ("CCM"), and the charge nurse. The Reporter and members of the patient's health care team should determine who among them will continue to seek a response from DSS, and clearly document this decision and any ongoing efforts in the medical record. The Legal Department (available at 984-974-3041) can sometimes also assist with getting in contact with DSS.

If contact is not able to be made with DSS and the patient is in the hospital setting, but members of the patient's care team believe restrictions on visitation or discharge are appropriate, a physician can write a "Miscellaneous Nursing Order" reflecting such restrictions in order to ensure the patient's safety. The nurse or HUC should also set a "general FYI flag" in the patient's chart and, in the text, specify the restrictions set forth in the order. The restrictions should also be documented on the Safety Considerations Form (attached as Exhibit B, or through the dot phrase .safetyform). Under North Carolina law, DSS has five working days to make a determination of whether to accept a report for assessment and/or refer to local law enforcement, so it may be necessary for the patient's care team to make interim decisions regarding visitation, discharge, and safety of the patient.

- b. **Step Two: Document in the medical record that a report to DSS was made.**
 - i. Include the county to which the report was made
 - ii. Include the name and contact information of the person at DSS who received the report
- c. **Step Three: Consider whether to inform the parent/caregiver that a report to DSS was made.**
 - i. Where a report of abuse, neglect, dependency or death by maltreatment has been made, the Reporter or a member of the patient's care team may inform the patient's parent/caregiver if the allegation has been or will be reported to DSS, unless doing so could put anyone at risk for additional harm, could create a flight risk, or if DSS has instructed the Reporter not to discuss the referral with the family.
 - ii. Provide brief, factual information to the parent/caregiver.
- d. **Step Four: Hospitals Police to report any of the wounds/injuries/illnesses identified in Section II.C to the Chapel Hill Police Department, as set forth in that Section.**
 - i. The information to be reported is limited to:
 - 1. The name, age, and current location of the juvenile
 - 2. The name and current location of the parents/caregivers
 - 3. A general description of the concerns at issue
 - ii. The report to the Chapel Hill Police Department should be documented in the medical record, including the name and contact information of the person at the Chapel Hill Police Department who received the report.
 - iii. The Chapel Hill Police Department should instruct whether it is acceptable to inform the parent/caregiver that a report to the Chapel Hill Police Department was made.
- e. **Step Five: In the inpatient setting, complete the Safety Considerations Form and consider visitation and discharge issues.**

- i. The Safety Considerations Form (attached as Exhibit B, or through the dot phrase .safetyform) must be completed. Generally, CCM completes the form unless the care team otherwise agrees that someone else should complete the form.

Include all pertinent information as is known at the time. If information on the Safety Considerations Form changes, or if all information is not known immediately, those with knowledge of the changes or additional information should ensure the Safety Considerations Form is updated as changes occur or additional information is obtained. The form should be updated throughout the patient's stay, as necessary.

- ii. If the juvenile is an inpatient at UNC Hospitals when the initial report to DSS is made, the Reporter should discuss with DSS the patient's level of risk for further harm while an inpatient.

1. **Under no circumstances can UNCHCS staff assume responsibility for supervising visitation.**

2. If DSS recommends restrictions on certain visitors or on discharge, the Reporter should notify the patient's care providers of such recommendation, including the charge/assigned nurse, primary medical team, and CCM, and ensure that the recommendation is documented in the patient's medical record and on the Safety Considerations Form (attached as Exhibit B, or through the dot phrase .safetyform).

- If DSS recommends supervised visitation, the Reporter should inform the DSS Case Worker that UNCHCS staff **cannot supervise visitation**.
- To the extent DSS believes supervised visitation is necessary, **the DSS case worker must arrange for a representative of DSS or law enforcement (NOT including UNC Hospitals Police) to supervise visitation**. Alternatively, if DSS can designate a family member to supervise visitation, UNCHCS can agree to allow such supervised visitation but cannot accept responsibility for the family member's actions or that supervision will occur.
- If DSS requires supervision but is not able to arrange for anyone to supervise visitation, UNCHCS will not allow visitation to the juvenile. UNCHCS should inform the juvenile's caregiver(s) that the DSS Safety Plan prohibits unsupervised visitation, that UNCHCS cannot supervise visitation, and that they should contact the DSS Case Worker for more information or for questions. UNCHCS employees should contact Hospitals Police for assistance with individuals who refuse to leave. Consider also whether the juvenile should be placed under a pseudonym (alias) in accordance with [UNCHCS Policy, "Patient Pseudonym."](#)

3. If DSS does not suggest any restrictions on visitation or discharge because it does not believe any restrictions are necessary, because it needs to further investigate the allegations, or because the Reporter cannot reach DSS, the Reporter should document as such in the patient's medical record and on the Safety Considerations Form (Exhibit B).
4. If members of the patient's health care team believe more stringent restrictions on the patient's visitation and/or discharge are required, an attending physician from the primary team (not a consulting service, such as Beacon) may write an order reflecting such restrictions. If there is no action by DSS, the attending physician can order restrictions. However, a physician may not order restrictions that are less restrictive than DSS's recommendations.

5. Under no circumstances may a UNCHCS staff member, including a physician, unilaterally decide to retain a minor patient against a parent/guardian's wishes unless the requirements of **Section II.E** below, "Temporary Hold of a Juvenile" are met.
- f. **Step Six: The person completing the Safety Considerations Form should notify the relevant parties about the completed form, including, as appropriate:**
 - i. UNC Hospitals Police: 984-974-3686

Inform Hospitals Police of the referral to DSS and that the Safety Considerations Form has been completed. Hospitals Police will arrange to make a copy of the Safety Considerations Form. The original Safety Considerations Form should stay on the floor and should be affixed to the front of the patient's chart.
 - ii. The Assigned CCM
 - iii. The Charge Nurse on the Patient's Unit
 - iv. The Patient's Attending Physician
 - v. Beacon CPT
- g. **Step Seven: In the Inpatient Setting, nursing will place a magnet on the Patient Board in Women's and Children's Hospitals. The magnet signifies that the patient is a DSS referral and/or has a Safety Consideration Form.**
 - i. Magnets should be moved by nursing staff as the patient changes units, floors, or room assignment.
4. **Follow policies regarding appropriate photo documentation**
 - a. See [UNCHCS Policy, "Recordings of Patients, Staff and Visitors."](#)
5. **If domestic violence is noted in the history, contact the attending physician, the CCM assigned to the patient, and Beacon's Domestic Violence Program (984-974-4070, or by pager, at 888-378-0551).**

E. Temporary Hold of a Juvenile

In certain limited circumstances, a juvenile may be held for a limited period of time. Those circumstances are discussed in more detail below, but prior consultation with the Legal Department is highly recommended prior to instituting such a hold. Please also consult Exhibit C, "Quick Reference Sheet on the Temporary Hold of a Juvenile."

1. **Hold by Hospitals Police under N.C. Gen. Stat. § 7B-500 et seq.**
 - a. UNC Hospitals Police may take temporary custody of a juvenile **without** a court order if there are reasonable grounds to believe:
 - i. That the juvenile is abused, neglected, or dependent; **and**
 - ii. The juvenile would be injured or could not be taken into custody if it were first necessary to obtain a court order.
 - b. If UNC Hospitals Police takes temporary custody of a juvenile pursuant to this policy, UNC Hospitals Police shall:
 - i. Notify the juvenile's parent, guardian, custodian, or caretaker that the juvenile has been taken

- into temporary custody and advise the parent, guardian, custodian or caretaker of the right to be present with the juvenile until a determination is made as to the need for nonsecure custody;
- ii. Release the juvenile to the juvenile's parent, guardian, custodian, or caretaker if it is decided that continued custody is unnecessary; **and**
- iii. Communicate with the DSS Director for the county where the facility is located.
- c. ***UNC Hospitals Police may not take temporary custody of a juvenile pursuant to this policy for more than 12 hours (or more than 24 hours if any of the 12 hours falls on a Saturday, Sunday, or legal holiday).***

2. Hold by physician or administrator of a UNC Health Care facility under N.C. Gen. Stat. § 7B-308.

- a. A physician or administrator of a UNC Health Care facility to which a suspected abused juvenile is brought for medical diagnosis or treatment shall have the right to retain physical custody of the juvenile **for no more than 12 hours** when:
 - i. The physician who examines the juvenile certifies in writing that the juvenile should remain for medical treatment; or that, based on the medical evaluation, it is unsafe for the juvenile to return to the juvenile's parent, guardian, custodian or caretaker; **and**
 - ii. The Chief District Court Judge or his/her designee authorizes the physician or administrator to retain physical custody of the juvenile.
- b. The physician certification should be written in consultation with the Legal Department and must be:
 - i. Signed by the certifying physician;
 - ii. Include the time and date that the judicial authority to retain custody is given;
 - iii. Included in the juvenile's medical record; and
 - iv. Given (in copy format) to the juvenile's parent, guardian, custodian, or caretaker.
- c. As soon as obtaining judicial authorization to retain physical custody of the juvenile, the physician or administrator taking custody (or that person's designee) must notify the DSS Director for the county where the facility is located.

3. Under no circumstances shall a juvenile patient be retained without the consent of the juvenile's parent, legal guardian or DSS (if DSS has custody of the juvenile) in any manner or for any period of time other than as outlined in this provision.

F. Continuing Care in Cases of Suspected Abuse, Neglect, or Dependency.

Consider the following special circumstances for the provision of routine care where abuse, neglect, or dependency is suspected.

- 1. Ongoing assessment/support:
 - a. Regarding family/caregivers, staff should:
 - i. Offer non-judgmental and emotionally neutral responses regarding the allegations.
 - ii. Remain alert to inconsistencies in history and document verbatim using quotations, clearly documenting who made the statements.
 - iii. Do NOT engage in investigative questioning of family/caregivers regarding events as this could

impede any future legal investigation of the case. Families and patients may spontaneously disclose information to RN/staff, who should document appropriately as indicated above.

- iv. Beacon CPT should be consulted if further consideration of inconsistencies is needed.
- b. Regarding the juvenile patient, staff should:
 - i. Provide emotional support to the patient; verbalize assurance that s/he is safe and will be kept safe.
 - ii. Observe and document the juvenile's behavioral responses/interactional patterns with visiting adults and health team members using non-judgmental, factual and objective descriptions of the interaction(s).
 - iii. Remain alert to any indication of continuing abuse/neglect (e.g., punitive interaction, threats, new injuries, non-compliance with treatment).
 - iv. Remain alert to spontaneous statements about injuries/illness made by juveniles during routine care, document verbatim using quotations.
 - v. Again, do NOT engage in investigative questioning of the juvenile patient as this could impede any future legal investigation of the case.
 - vi. Beacon CPT should be consulted if any questioning/interview of the juvenile patient is needed.

2. Safety considerations:

- a. Provide reasonable and prudent measures to ensure patient safety, including following any supervision or visitation guidelines that have been established by DSS or the attending physician as set forth in the Safety Considerations Form.
 - b. Parents retain rights under North Carolina law, including the right to control confidentiality and the right to provide informed consent; however, UNCHCS may release certain information during an ongoing DSS investigation. If DSS seeks to speak with the care providers or to access the patient's medical records, contact the Legal Department at 984-974-3041. **UNCHCS care providers are not the custodians of the medical records and should not directly disclose medical records. See Section II.G, below.**
 - c. Law enforcement should be directed to UNC Hospitals Police for approval before being allowed to participate in any investigative activities inside UNC Hospitals. See UNCHCS [Policy, "Release of PHI to Law Enforcement Officers"](#) and UNCHCS [Policy, "Police and Investigative Activities in the Hospital."](#) See also **Section II.G**, below.
 - d. Implement the HUGS system for Pediatric acute care floors.
 - e. Place the juvenile in a room close to the nurses' station as soon as room is available.
 - f. Conduct hourly visual observation of the juvenile (5CH, 6CH, 7CH, CSSU, CICC, Bone Marrow Transplant, Child Psychiatry and Burns only).
3. Document any visitors or phone calls for the patient, including name of caller, time, and purpose of call. Consult Safety Considerations Form and/or medical team, CCM or other clinical staff before giving out information.

G. Release of Protected Health Information to DSS and Law Enforcement.

1. DSS Investigators

- a. When DSS is investigating reports of alleged juvenile abuse, neglect or dependency, physicians and the treatment team may talk to DSS investigators about the care and treatment of the juvenile as follows:
 - i. If the DSS investigator is from Orange or Chatham County DSS, no signed authorization form or other documentation is required before releasing personal health information to the DSS investigator. (Reference: June 24, 2014 Standing Order of Judge Buckner, Judicial District 15B.) However, the details surrounding the release of information and the reason for the release should be documented in the medical record by the individual releasing that information.
 - ii. If the DSS investigator is from any other county DSS, no signed authorization form is required before releasing personal health information to the DSS investigator **as long as** DSS has made a written demand for confidential information pursuant to N.C. Gen. Stat. § 7B-302(e). A copy of the demand should be maintained in the patient's medical record. Contact the Legal Department with questions.

Only the Health Information Management Department may release medical records.

- b. Once DSS has taken custody of a juvenile, and unless a court has ordered otherwise, DSS is entitled to confidential information about the juvenile pursuant to N.C. Gen. Stat. § 7B-505.1(f). For guidance as to who can **consent** for treatment of a juvenile in DSS custody, consult UNCHCS [Policy, "Authorized Representatives of Patients."](#)

2. Law Enforcement

- a. See UNCHCS [Policy, "Releases of PHI to Law Enforcement Officers,"](#) and ["Police and Investigative Activities in the Hospital."](#)
- b. Even though a matter has been reported to DSS, the physician and treatment team may not talk to any police investigator or law enforcement representative about the matter, nor may they share the juvenile's or any other patient's PHI, unless:
 - i. the police are acting as investigators for DSS and not in relation to any criminal prosecution; or
 - ii. the juvenile's or other patient's authorized representative (or the patient if he or she is an adult and has decisional capacity) signs a HIPAA-compliant authorization for the release of information to law enforcement; or
 - iii. law enforcement has obtained a court order signed by a judge compelling UNC Hospitals to release the requested information; or
 - iv. UNC Hospitals is reporting any of the wounds, injuries or illnesses required to be reported as set forth in **Section II.C** above.
- c. If a law enforcement officer presents to UNC Hospitals, verify his or her identity, and immediately refer him/her to UNC Hospitals Police. UNC Hospitals Police will seek assistance from the Legal Department to review any authorization or court order provided by law enforcement.
- d. The care provider will document in the medical record either that the law enforcement officer seeks information for the purpose of assisting DSS with its investigation and not in relation to any criminal

matter, or that an authorization or court order has been provided (once reviewed by UNC Hospitals Police and the Legal Department). Either UNC Hospitals Police, the Legal Department, or the care provider involved in the matter must send any court order or authorization to Health Information Management to be scanned into the patient's medical record.

3. Prior to testifying at any court proceeding on a claim of juvenile abuse or neglect, employees should contact the Legal Department for assistance.

Attachments:

[Exhibit A - Beacon Child Protection Team \(CPT\) Consult.docx](#)

[Exhibit B - Safety Considerations Form.docx](#)

[Exhibit C - Quick Reference Sheet on the Temporary Hold of a Juvenile.docx](#)

Applicability

UNC Medical Center

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