



**Vice President and Chief Executive Officer of the Medical Center**

**MEDICAL CENTER POLICY NO. 0213**

- A. SUBJECT: Abuse, Neglect or Exploitation of Patients
- B. EFFECTIVE DATE: July 1, 2013 (R)
- C. POLICY:

The University of Virginia Medical Center shall, to the best of its ability, protect patients from abuse, neglect or exploitation from anyone, including health care practitioners, staff, students, volunteers, other patients, visitors or family members. The Medical Center will investigate all alleged, observed or suspected cases of patient abuse, neglect or exploitation that occur in any of its facilities.

Any written or verbal complaint by a patient, patient's family member, or other person on behalf of a patient regarding abuse or neglect occurring at the Medical Center shall be considered a grievance and shall be managed as described below and as described in [Medical Center Policy No. 0070 "Patient Concerns and Grievances"](#).

D. DEFINITIONS

Definitions (from the Virginia Code) for Purposes of Mandatory Reporting to the Department of Social Services:

*"Adult"* means any person 60 years of age or older, or any person 18 years of age or older who is incapacitated and who resides in the Commonwealth; provided, however, "adult" may include qualifying nonresidents who are temporarily in the Commonwealth and who are in need of temporary or emergency protective services.

*"Emergency"* means that an adult is living in conditions that present a clear and substantial risk of death or immediate and serious physical harm to himself or others.

*"Adult abuse"* means the willful infliction of physical pain, injury or mental anguish, or unreasonable confinement of an incapacitated adult.

*"Adult exploitation"* means the illegal use of an incapacitated adult or his resources for another's profit or advantage. Examples of exploitation are acquiring a patient's resources through the use of the patient's mental or physical incapacity; the disposition of the incapacitated person's property by a second party to the advantage of the second party and to the detriment of the incapacitated person; misuse of funds' acquiring an advantage through threats to withhold needed support or care unless certain conditions are met; persuading an incapacitated adult to perform services including sexual acts to which the adult lacks the capacity to consent.

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*“Adult neglect”* means that an incapacitated adult is living under such circumstances that he is not able to provide for himself or is not being provided services necessary to maintain his physical and mental health and that the failure to receive such necessary services impairs or threatens to impair his well-being. Neglect includes the failure of persons who are responsible for care giving to seek needed medical care or to follow medically prescribed treatment for an adult or the failure of an adult to obtain such care for himself; the lack of food necessary to prevent physical injury including the availability of necessary special diets; lack of shelter; lack of clothing; inadequate supervision by a caregiver and an adult who is self-neglecting by not meeting his own basic needs because of mental or physical impairments. However, no adult shall be considered neglected solely on the basis that such adult is receiving religious nonmedical treatment or religious nonmedical nursing care in lieu of medical care, provided that such treatment or care is performed in good faith and in accordance with the religious practices of the adult and there is a written or oral expression of consent by that adult.

*“Abused or neglected child”* means any child less than 18 years of age:

1. Whose parents or other person responsible for his care creates or inflicts, threatens to create or inflict, or allows to be created or inflicted upon such child a physical or mental injury by other than accidental means, or creates a substantial risk of death, disfigurement, or impairment of bodily or mental functions, including but not limited to, a child who is with his parent or other person responsible for his care either (i) during the manufacture or attempted manufacture of a schedule I or II controlled substance, or (ii) during the unlawful sale of such substance by that child's parents or other person responsible for his care, where such manufacture, or attempted manufacture or unlawful sale would constitute a felony violation of Virginia Code §18.2-248;
2. Whose parents or other person responsible for his care neglects or refuses to provide care necessary for his health. However, no child who in good faith is under treatment solely by spiritual means through prayer in accordance with the tenets and practices of a recognized church or religious denomination shall for that reason alone be considered to be an abused or neglected child. Further, a decision by parents who have legal authority for the child or, in the absence of parents with legal authority for the child, any person with legal authority for the child, who refuses a particular medical treatment for a child with a life-threatening condition shall not be deemed a refusal to provide necessary care if (i) such decision is made jointly by the parents or other person with legal authority and the child; (ii) the child has reached 14 years of age and is sufficiently mature to have an informed opinion on the subject of his medical treatment; (iii) the parents or other person with legal authority and the child have considered alternative treatment options; and (iv) the parents or other person with legal authority and the child believe in good faith that such decision is in the child's best interest. Nothing in this subdivision shall be construed to limit the provisions of Virginia Code §16.1-278.4;
3. Whose parents or other person responsible for his care abandons such child;
4. Whose parents or other person responsible for his care commits or allows to be committed any act of sexual exploitation or any sexual act upon a child in violation of the law;
5. Who is without parental care or guardianship caused by the unreasonable absence or the mental or physical incapacity of the child's parent, guardian, legal custodian or other person standing in loco parentis; or
6. Whose parents or other person responsible for his care creates a substantial risk of physical or mental injury by knowingly leaving the child alone in the same dwelling, including an apartment

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as defined in Virginia Code §55-79.2, with a person to whom the child is not related by blood or marriage and who the parent or other person responsible for his care knows has been convicted of an offense against a minor for which registration is required as a violent sexual offender pursuant to Virginia Code §9.1-902;

7. For whom a health care provider within six weeks of the birth of a child finds that the results of toxicology studies of the child indicate the presence of a controlled substance not prescribed for the mother; or a finding made by a health care provider within six weeks of the birth of a child that the child was born dependent on a controlled substance which was not prescribed for the mother, and the child has demonstrated withdrawal symptoms; or a diagnosis made by a health care provider at any time following a child's birth that the child has an illness, disease or condition which, to a reasonable degree of medical certainty, is attributable to *in utero* exposure to a controlled substance which was not prescribed for the mother or the child; or a diagnosis made by a health care provider at any time following a child's birth that the child has a fetal alcohol spectrum disorder attributable to *in utero* exposure to alcohol. When a "reason to suspect" abuse or neglect is based upon this requirement, such fact shall be included in the report along with the facts relied upon by the person making the report.

"*Incapacitated person*" means: any adult who is impaired by reason of mental illness, mental retardation, physical illness or disability, advanced age or other causes to the extent that the adult lacks sufficient understanding or capacity to make, communicate or carry out responsible decisions concerning his or her well-being.

#### E. PROCEDURE:

##### 1. Screening for Abuse and Neglect

Screening for abuse and neglect is performed on all patients as part of their initial assessment. The health care professional performing the initial assessment and any other health care professional with whom the patient has contact carries out screening. Refer to the criteria and procedures for screening found in the Department of Social Work Policy & Clinical Guidelines manual at <https://www.healthsystem.virginia.edu/intranet/socialwork/policies/adult-abuse-policy.pdf>

##### 2. Reporting of Suspected Abuse, Neglect or Exploitation

- a. The Medical Center utilizes the social worker as the lead professional when there is a cause to suspect abuse, neglect or exploitation. All cases of suspected adult or child abuse, neglect or exploitation are promptly referred to the assigned area social worker, University of Virginia Child Protection Services Coordinator, University of Virginia Adult Protection Services Coordinator, or the social work director.
- b. Virginia law<sup>1</sup> requires that certain individuals designated as "mandated reporters" who have reason to suspect that a child is an abused or neglected child, shall report the matter as soon as possible, but no longer than 24 hours after having such reason to suspect, to the child protective services agency in the county or city in which the child resides or in which the abuse or neglect is believed to have occurred. Included in those designated by law as "mandated reporters" are any person licensed, certified or registered by Virginia's health

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<sup>1</sup> Virginia Code § 63.2-1509

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- regulatory boards, any professional staff person employed by the Medical Center, and certified emergency medical services personnel and any law enforcement officer. Any person other than “mandated reporters” may also report suspected abuse or neglect or exploitation of a child to Child Protective Services.
- c. Virginia law<sup>2</sup> requires that certain individuals designated as “mandated reporters” immediately report suspected abuse, neglect or exploitation of incapacitated adults to Adult Protective Services. Included in those designated by law as “mandated reporters” are any person licensed, certified or registered by Virginia’s health regulatory boards, any mental health services provider whether or not that individual is licensed or certified, certified emergency medical services personnel, any law enforcement officer and any person working with adults in an administrative, supportive or direct care capacity. Any person other than “mandated reporters” may also report suspected abuse, neglect or exploitation of incapacitated adults to Adult Protective Services.
  - d. The social worker shall collaborate with other health care professionals in the assessment and reporting of the suspicion to the appropriate Department of Social Services agency. Definitions of abuse, neglect and exploitation for the purposes of reporting to the Department of Social Services is found in Section D. Reporting of abuse, neglect or exploitation as required by Virginia law shall be coordinated through the social work department and shall comply with the requirements of [Medical Center Policy No. 0092 “Release of Patients’ Protected Health Information”](#) and the tracking requirements of [Medical Center Policy No. 0256 “Accounting of Disclosures of Protected Health Information”](#).
  - e. Certain categories of abuse or neglect may not be reportable without patient consent/ authorization, such as physical assault, rape, or domestic abuse if the suspected victim of such abuse or neglect is an adult who is not incapacitated. Other categories of abuse may be reportable to law enforcement agencies, such as assault involving a gun, knife, razor or other weapon ([See Medical Center Policy No. 0220 “Interaction with Law Enforcement Authorities”](#)). The social work professional shall collaborate as needed with the appropriate health care professionals, Patient Safety/Risk Management, and the General Counsel’s Office to ensure that the appropriate reporting, if indicated, occurs.
  - f. When abuse, neglect or exploitation is suspected, all practitioners and staff members shall take immediate steps to assess and respond to the patient’s immediate care needs, which may include physical and psychological care. Documentation in the patient’s record shall include the basis for the suspicion, a description of the reporting that was done and all patient assessments and interventions performed. Completion of the Social Work Suspected Child Abuse and Neglect or Social Work Suspected Adult Abuse and Neglect Report shall be completed in the patient’s medical record.
  - g. When reports of child abuse or neglect are required by Virginia law, protected health information concerning the possible victim of such abuse or neglect may be released without written authorization or without providing an opportunity to agree or object provided such disclosure is limited to the requirements of Virginia law.
  - h. When reports of adult abuse, neglect or exploitation are required by Virginia law, protected health information concerning the possible victim of such abuse, neglect or exploitation may

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<sup>2</sup> Virginia Code § 63.2-1606

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be released to Adult Protective Services without the authorization of the patient if such disclosure is limited to the requirements of Virginia law and is necessary to prevent serious harm to the individual. The individual who is the subject of the report, or his/her personal representative, must be informed of the disclosure except if:

- i. informing the individual would place the individual at risk of serious harm; or
  - ii. because of the individual's incapacity, a personal representative would have to be informed and there is a reasonable belief that the personal representative is responsible for the abuse, neglect or exploitation and that informing the personal representative would not be in the individual's best interest.
3. Allegations, Observations and Suspected Cases of Abuse, Neglect or Exploitation Occurring on Medical Center Property – Reporting and Investigating
- a. All allegations, observations and suspected cases of abuse, neglect or exploitation occurring on Medical Center property shall be promptly reported to the Office of Patient Safety and Risk Management. The Nursing Supervisor should be notified after-hours.
  - b. The Office of Patient Safety Risk Management (Nursing Supervisor after hours) shall evaluate the case and determine the need to notify appropriate authorities based on their assessment and as required by law. This evaluation and reporting by Patient Safety/Risk Management does not preclude any staff member or physician from reporting suspected criminal activity directly to the appropriate law enforcement agency.
  - c. If the allegation involves sexual assault or abuse, the Forensic Nurse Examiner (FNE) may be contacted at the direction of law enforcement. The FNE on call can be reached through the page operator. The UVA Forensic Nurse Examiner Team shall collect evidence for law enforcement and/or child protective services in instances of suspected child abuse and neglect or suspected abuse or neglect of incapacitated adults. Evidence collection, including photography, requires neither parental consent nor consent from the incapacitated adult or surrogate decision maker.
  - d. The Office of Patient Safety and Risk Management shall promptly initiate and conduct an objective internal investigation of the situation, in conjunction with the area Manager, Administrator, and Social Worker. If a staff member is suspected of committing the abuse, a representative from the Human Resources Department shall also participate in the investigation. Executive Management shall be included in the investigation oversight *via* the Risk Manager.
  - e. Staff/area managers shall immediately protect the patient from abuse or neglect during the course of the investigation. Interventions that shall be used where appropriate, including room changes, notification of family, staffing adjustments, security assessment and access control. (See [Medical Center Policy No. 0050 "Patient Visitation"](#), [Medical Center Policy No. 0150 "Requests for Restriction of Patient Information"](#), [Medical Center Policy No. 0172 "Responding to Behavioral/Security Emergencies"](#), [Medical Center Policy No. 0175 "Threat Assessment at the Medical Center"](#), [Medical Center Policy No. 0176 "Access Control to Medical Center Facilities"](#)).

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- f. The parent(s)/legal guardian of a minor or incapacitated adult patient shall be notified by the attending physician or designee as soon as possible of any alleged abuse/neglect that occurs at the Medical Center.
- g. If an allegation of abuse or neglect is made against a staff member, the staff member shall be immediately removed from further contact with the patient and the allegation and results of investigation shall be documented in the Manager's supervisory files. Executive Management shall exercise one of the following options:
  - i. Reassignment of the staff member to duties that do not involve patient contact;
  - ii. Placing the staff member on administrative leave as provided in [Medical Center Human Resources Policy No. 600 "Leaves of Absence"](#) or
  - iii. Placing the staff member on suspension as provided in [Medical Center Human Resources Policy No. 701 "Employee Standards of Performance and Conduct"](#).

The staff member may be shifted from one status to another during the investigation, but shall not be returned to duties involving patient contact until a final Executive Management decision is made based on internal investigation.

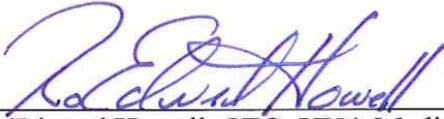
- h. If an allegation of abuse or neglect is made against a physician, the residency program director or the department chair shall be notified and the physician shall be immediately removed from further contact with the patient and, if indicated, removed from providing direct patient care.
- i. If the investigation confirms abuse or neglect of a patient by a staff member or physician, Executive Management shall ensure that appropriate corrective, remedial and disciplinary action occurs in conformity with applicable Medical Center policies, State, Federal, and local laws.
- j. If a patient is suspected of committing abuse, that patient shall be monitored during the investigation, and, if abuse is confirmed, through the remainder of the inpatient stay to prevent further abuse to others, and his/her physician shall be notified.
- k. If the alleged abuser is a visitor (including care partner), he/she shall be restricted from the hospital premises; the patient's other visitors may also be restricted, depending on the circumstances. ([See Medical Center Policy No. 0050 "Patient Visitation"](#).)
- l. All allegations of abuse or neglect received from patients or their representatives shall be responded to in writing once the investigation has been completed. If the investigation is not completed within 7 days the patient or their representative shall be informed in writing that the investigation is underway and will be completed as soon as possible, but no later than 30 days from the receipt of the allegation ([see Medical Center Policy 0070 "Patient Concerns and Grievances"](#)).
- m. Cases of abuse or neglect allegations shall be reported through the Patient Safety Committee by the Office of Patient Safety for a review of systems and key processes applicable to the allegation.
- n. A checklist which summarizes responsibilities of practitioners, departments and offices in connection with implementing this policy is available in Attachment A to this Policy.

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4. Staff Training

The orientation of all new Medical Center employees includes information on abuse, neglect or exploitation including responsibilities to report allegations to the Manager, and information on prevention, intervention, and detection.

SIGNATURE:

  
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R. Edward Howell, CEO, UVA Medical Center

DATE:

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6/20/13

Medical Center Policy No. 0213 (R)

Approved July 11, 2000

Revised June 2001, August 2003, September, 2004, September 2005, September 2008, September 2011,  
March 2012, June 2012, June 2013

Approved by Chief Nursing Officer

Approved by Medical Center Administration

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## ATTACHMENT A - CHECKLIST FOR RESPONSE TO ALLEGATION OF ABUSE OCCURRING ON MEDICAL CENTER PROPERTY

### STAFF PERSON IDENTIFYING THE ALLEGATION

- Protect the patient from source of alleged abuse (ex. Stay with patient)
- Notify the patient's charge nurse
- Notify his/her manager
- CHARGE NURSE**
- Ensure nursing assessment/interventions for physical and psychological needs
- Notify the attending MD/and resident
  
- Notify area manager, 24 hrs/day on call coverage.
- Notify Patient Safety/Risk Management PIC 1395 (nursing supervisor after hours)
- Ensure documentation in the medical record of assessments and interventions

### AREA MANAGER (Nursing Supervisor assists after hours)

- If the allegation is made against an employee, immediately remove the employee from the involved patient
- Protect patient from potential abuse during investigation
- Notify Risk Management (Nursing supervisor after hours)
- Notify Social Worker (ED Social Worker after hours)
- Notify Administrator (or On-call Administrator)
- Ensure completion of a Quality Report
- If the allegation is made against an employee, contact Human Resources and ensure documentation of facts in supervisory files

### SOCIAL WORK

- Conduct an assessment (via joint interviews with Patient Safety/Risk Management, if feasible)
- Obtain facts from the patient/staff/family to determine if an Adult Protective Services (APS) report will be made to the Department of Social Services (DSS). In all cases involving children, a Child Protective Services {CPS} report shall be made to DSS.
- After hours, will determine if an on site assessment is indicated if allegations occur at remote site

### ATTENDING PHYSICIAN/ DESIGNATED RESIDENT

- Assess the patient for physical and psychological needs and provide interventions as needed
- Schedule a medical exam if evidence collection (Forensic Nurse Examiner exam) is not authorized by the police
- In consultation with Patient Safety/Risk Management notify patient's legal representative for minors or incapacitated adults

### AREA ADMINISTRATOR (ADMINISTRATOR ON CALL – AFTER HOURS)

- Provide oversight for response to allegation and immediate investigation per policy #213
- Notify Executive Management of allegation/actions taken/findings
- Assist manager with notification/management as needed

### RISK MANAGEMENT (NURSING SUPERVISOR – INITIAL RESPONDERS AFTER HOURS)

- Notify law enforcement for alleged criminal activity. (UPD = 924-7166, CPD = 970-3280, Albemarle County Police = 296-5880)
- Lead the thorough objective investigation of allegation, working with manager, administrator, and social work.
- Obtain facts from staff and patient/family
- If allegation is made against an employee, obtain facts from/interview staff member
- If allegation is made against an employee, ensure that Human Resources has been contacted.

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- If allegation is made against a member of the Clinical Staff, notify the Chief Medical Officer (or designee) and the Clinical Staff Office.
- If allegation is made against a Graduate Medical Education trainee, notify the Graduate Medical Education Office and the program director.
- Follow-up with Police to monitor status of their investigation
- Report to Patient Safety Committee of results of investigation and actions taken

**EXECUTIVE MANAGEMENT**

- If the allegation is made against an employee, take corrective action: a) reassignment, b) administrative leave, c) suspension without pay.
- Final determination for employee's return to work