Administrative Policy Number: 1.01

TITLE: VICTIMS OF DEPENDENT ADULT/ELDER ABUSE, CHILD ABUSE, ASSAULTIVE AND ABUSIVE CONDUCT, AND RAPE/SEXUAL ASSAULT

PURPOSE

The purpose of this policy is to delineate the procedures for mandated reporting of abuse to local law enforcement officials in accordance with California law. In the event questions arise concerning the reporting obligations described below, the relevant statutes should be reviewed and advice sought as necessary from the City Attorney.

STATEMENT OF POLICY

It is the policy of San Francisco General Hospital and Trauma Center (SFGH) and the Primary Care Clinics that:

1. Staff report reasonable suspicions of abuse to local law enforcement officials in accordance with California law; specifically the suspicion of elder/dependent adult abuse (California Welfare and Institutions Code Section 15600-15659), child abuse (California Penal Code Section 11164-11174.3), assaultive and abusive conduct (California Penal Code Section 11160-11163), and rape/sexual assault (11 CCR 920 et seq).

1. The facility ensures that all staff are informed about reporting requirements during general orientation and unit-specific sessions and that consultation is provided about reporting requirements and intervention strategies.

1. Although abuse reporting is mandated by law, only necessary information should be disclosed and then only to the parties authorized by law to receive such information. Caution must be taken to otherwise protect the patient's expectation of privacy and confidentiality.

PROCEDURE

1. GENERAL

   A. CONFIDENTIALITY CONSIDERATIONS

      1. Medical information should be disclosed only to the extent necessary regarding the current episode of suspected abuse. Psychiatric and substance abuse information may require stricter procedures prior to release. The SFGH Risk Manager (415-206-6600) or University of California at San Francisco (UCSF) Risk Manager (415-206-6052) should be contacted if there are any questions regarding disclosures of information.

      2. Reports of abuse are confidential and may be disclosed only as described herein.
3. Persons who are trained and qualified to serve on multidisciplinary teams may disclose to one another information and records that are relevant to the prevention, identification, or treatment of abuse.

B. DUTY TO REPORT

State statute and hospital policy require the reporting of instances of abuse. Failure to report may result in criminal liability, civil liability, and/or disciplinary action of individual employees.

C. WHEN TWO OR MORE PERSONS ARE AWARE OF THE SAME INSTANCE OF ABUSE

1. If two or more persons are aware of the same instance of abuse, they may select, by mutual agreement, a single person to be responsible for making the telephone report and making and signing the written report.

2. If one of these persons knows that the designated person has failed to report, that person must thereafter make the report.

3. Supervisors and/or administrators should be apprised of the incident of abuse. In such cases, the supervisor and/or administrator must respect the patient's right to confidentiality, but cannot impede or inhibit the reporting process, and cannot discipline the reporter for making the report.

D. MEDICAL RECORDS

1. Documentation of known or suspected abuse should be maintained in the medical record and should include at least the following:
   a. Any comments by the patient regarding the abuse and the name of any person suspected of inflicting the abuse, wound, physical injury, or assaultive or abusive conduct upon the person;
   b. All known aspects of the social situation of the suspected victim and his/her parents, siblings, family members and/or other individuals suspected to have been involved in the abuse, including involvement with substance abuse or mental health issues.
c. A map of the patient's body showing and identifying injuries and bruises at the time the health care services are provided;

d. A copy of all applicable law enforcement reporting forms; filed about the individual;

e. a safety assessment of the victim and, if applicable, his/her children; and

f. the referrals that were made; and

g. security procedures implemented to provide a safe environment for the patient, other patients, visitors, and staff.

1. ABUSE OF ELDERS AND DEPENDENT ADULTS

A. GENERAL

The Elder Abuse and Dependent Adult Protection Act (Welfare and Institutions Code Sections 15600-15659) imposes mandatory reporting requirements for abuse of elders and dependent adults. The reporting requirements for elders and dependent adults are identical. Abuse of an elder or dependent adult is a criminal act.

B. DEFINITIONS

1. **Abuse** includes physical abuse, neglect, financial abuse, abandonment, isolation, abduction, or other treatment with resulting physical harm or pain or mental suffering, or the deprivation by a care custodian of goods or services that are necessary to avoid physical harm or mental suffering.

2. **Serious Bodily Injury** – An injury involving extreme physical pain, substantial risk of death, or protracted loss or impairment of function of a bodily member, organ, or of mental faculty, or requiring medical intervention, including, but not limited to, hospitalization, surgery, or physical limitation.

3. **Mental suffering** includes fear, agitation, confusion, severe depression, or other forms of serious emotional distress that is brought about by forms of intimidating behavior, threats, harassment, or deceptive acts performed with malicious intent.

4. **Elders** are persons 65 years of age or older.

5. **"Dependent Adults"** are persons between the ages of 18 and 64 with physical or mental limitations such as physical
or developmental disabilities or age-diminished physical or mental abilities that restrict his or her ability to carry out normal activities or to protect his or her rights. The law also expressly includes any person between the ages of 18 and 64 who is admitted as an inpatient in an acute care hospital or other 24-hour health facility.

6. "Mandated Reporters" include physicians and surgeons, psychiatrists, psychologists, clergy, care custodians, dentists, residents, interns, podiatrists, licensed nurses, licensed clinical social workers, and all other administrators, supervisory and licensed staff of a public facility that provides care or services for elder or dependent adults.

C. WHEN TO REPORT

1. Per statute, mandated reporters must report if, in his/her professional capacity or within the scope of his/her employment, he/she
   a. has observed or has knowledge of an incident that reasonably appears to be physical abuse, abandonment, isolation, financial abuse, or neglect; or
   b. is told by an elder or dependent adult that he or she has experienced behavior constituting physical abuse, abandonment, isolation, financial abuse, or neglect; or
   c. reasonably suspects abuse.

2. A person who is not a mandated reporter who knows or reasonably suspects that an elder or dependent adult has been the victim of abuse may report that abuse.

D. WHEN REPORTING IS NOT REQUIRED

1. A mandated reporter need not report an incident where all of the following conditions exist.
   a. The mandated reporter has been told by an elder or dependent adult that he or she has experienced behavior constituting physical abuse, abandonment, isolation, financial abuse, or neglect;
b. The mandated reporter is not aware of any independent evidence that corroborates the statement that the abuse has occurred;

c. The elder or dependent adult has been diagnosed with a mental illness, defect, dementia, or incapacity, or is the subject of a court-ordered conservatorship because of a mental illness, defect, dementia, or incapacity; and

d. The mandated reporter reasonably believes that the abuse did not occur.

E. HOW TO REPORT

1. TELEPHONE REPORT

a. A telephone report must be made immediately or as soon as possible after receiving the information concerning the incident.

b. The reporter should call the Department of Aging and Adult Services, Adult Protective Services Reporting Hotline (415) 355-6700.

c. If the reporter connects to an answering machine/voicemail, the reporter should leave his/her name, the patient's name, his/her telephone number, and a convenient time to call. A report is not considered to have been filed until the information is given directly to an intake person.

d. The reporter should be prepared to provide the intake person with the following information:

1. His/her name (this is not required if the person is not a mandated reporter);

2. The name and age of the elder or dependent adult;
3. The present location of the elder or dependent adult;

4. The names and addresses of family members or any other person responsible for the elder's or dependent adult's care;

5. The nature and extent of the elder's or dependent's adult's condition;

6. The date of the incident;

7. Any other information requested by Adult Protective Services, including information that led the reporter to suspect elder or dependent adult abuse.

2. WRITTEN REPORT
   
a. A written report must be sent within two working days of reporting the information concerning the incident.

   b. The written report must be made by completing the Report of Suspected Dependent Adult/Elder Abuse Form (See Appendix A). No other document satisfies the statutory requirement for making a written report.
c. The written report should be mailed to the City and County of San Francisco, Department of Aging and Adult Services, Adult Protective Services, P.O. Box 7988, San Francisco, CA 94120. Alternatively, it may be faxed to (415) 355-6750 with a cover sheet addressed to Adult Protective Services.

F. SKILLED NURSING FACILITIES (MHRF AND 4A)

1. If the suspicion of abuse involves a resident in a SNF, the Administrator On Duty/Hospital Supervisor (AOD/HS) and SFGH Risk Manager should be notified immediately.

2. See Skilled Nursing Facility Policy #1.07 Skilled Nursing Facility Abuse Prevention and Prohibition Program regarding allegations of abuse pertaining to SFGH SNF residents.

3. If the incident of abuse pertains to a resident of an external skilled nursing facility, the mandated reporter must call the Long-Term Care Ombudsman Office at 415-751-9788 to report the abuse and complete the State of California (SOC) Form 341 "Report of Suspected Dependent Adult/Elder Abuse" and fax the report to the Long-Term Care Ombudsman Office at 415-751-9789.

G. PHOTOGRAPHING OF SUSPECTED ABUSE

Photographs of a suspected victim of Elder or Dependent Adult abuse may be taken at the direction of a mandated reporter for the sole purposes of assisting the investigating agency and preserving documentation for the justification for reporting the abuse. The patient's consent to photograph is not required under these circumstances.

H. CONFIDENTIALITY OF REPORTS

Information relevant to the incident of elder or dependent adult abuse may be given to an investigator from an adult protective services agency, a local law enforcement agency, the office of the district attorney, the office of the public guardian, the probate court, the bureau of MediCal fraud, or an investigator of the Department of Consumer Affairs Division of Investigation who is investigating the known or suspected case of elder or dependent adult abuse.

I. DETENTION OF ENDANGERED ADULTS
1. Under certain circumstances, a physician may delay the release of an endangered adult, whether or not medical treatment is required by the adult, until
   a. A local law enforcement agency takes custody of the endangered adult;
   b. It is determined by the responding agency that the adult is not an endangered adult; or
   c. The responding agency takes other appropriate action to ensure the safety of the endangered adult.

2. If a physician determines that an adult is endangered and should be detained, he/she should contact the Administrator On Duty/Hospital Supervisor (AOD/HS) and SFGH or UCSF Risk Management.

1. CHILD ABUSE

   A. GENERAL

   The California Penal Code imposes mandatory reporting requirements for the reasonable suspicion of child abuse. Abuse of a child is a criminal act.

   B. DEFINITIONS

   1. "Child" means a person under the age of 18.

   2. "Child Abuse" means:

      a. Child abuse is any act of omission or commission that endangers or impairs a child's physical or emotional health and development. It is the act rather than the degree of injury that determines the intervention by medical professionals.

      b. Physical abuse means a physical injury which is inflicted by other than accidental means on a child by another person;

      c. "Sexual Abuse" means sexual assault or exploitation including rape, rape-in-concert, statutory rape, incest, sodomy, lewd or lascivious acts upon a child, oral copulation, sexual penetration, child molestation, and intentional masturbation in the presence of a child. "Sexual exploitation" includes
preparing, selling, or distributing pornographic materials involving children; employing a minor to perform in pornography; and employing or coercing a child to engage in prostitution.

d. "Neglect" includes both actions and failures to act which lead to harm or threatened harm of a child's health and/or well-being. Neglect can be severe or general and may include failure to thrive, lack of supervision, and inadequate provision of basic needs (i.e. shelter, hygiene, medical care).

e. Willful cruelty or unjustifiable punishment means a situation where a person willfully causes or permits a child to suffer, or inflicts upon a child, unjustifiable physical pain or mental suffering, or having the care and custody of the child, willfully causes or permits the child to be placed in a situation where the child's person or health is endangered;

f. Unlawful corporal punishment or injury means a situation where a person willfully inflicts upon a child cruel or inhuman corporal punishment or injury resulting in a traumatic condition.

3. Child Abuse does not mean a mutual affray among minors nor an injury caused by a peace officer's reasonable and necessary force used while acting within the course and scope of the officer's employment as a peace officer.

4. "Reasonably Suspects" means that it is objectively reasonable for a person to entertain such a suspicion, based upon facts that could cause a reasonable person in a like position, drawing when appropriate from his/her training and experience, to suspect child abuse.

5. "Mandated Reporters" include physicians, psychiatrists, dentists, residents, interns, podiatrists, licensed nurses, any person who performs autopsies, and any other person who is licensed under Business and Professions Code section 500 et seq.

C. EVALUATING A REASONABLE SUSPICION OF CHILD ABUSE
1. If there is a reasonable suspicion of child abuse, in any form, call the Department of Human Services Hotline at 415-558-2650 to report suspected child abuse.

2. If a reasonable suspicion of sexual abuse, call the Child and Adolescent Sexual Abuse Resource Center (CASARC) at 414-206-8386 after making a referral to the DHS hotline. A CASARC physician is available at all times for emergency evaluation of sexual abuse and evidence collection.

3. For all other forms of child abuse, please contact the on-call Pediatric Attending, after making DHS referral, regardless of whether child is in the Emergency Department, Pediatric Clinic, or Pediatric Ward. To obtain the number for the on-call Pediatric Attending, please call 415-206-8838.
   a. The conditions surrounding the incident should be appropriately documented on appropriate forms (see Procedure second I.D.).
   b. When there is a reasonable suspicion of child abuse, a physician or dentist or their agents, at their direction, may take skeletal x-rays of a child without the consent of the child's parent or guardian, but only for the purpose of diagnosing the case as one of possible child abuse and determining the extent of such child abuse.

4. Photographs of a suspected victim of physical or sexual abuse may be taken at the direction of a mandated reporter for the sole purpose of assisting the investigating agency and preserving documentation for the justification for reporting the abuse. In such circumstances, the consent of the parent or guardian is not necessary.

5. Maternal Substance Abuse
   a. A positive toxicology screen for a mother or infant at the time of an infant's delivery is not in and of itself a sufficient basis for reporting child abuse or neglect. However, any indication of maternal substance abuse during pregnancy or at delivery requires an assessment of the mother's and infant's needs. If there are other factors obtained during the assessment that indicate a risk to
the child, then a report should be made to Child Protective Services.

b. If maternal substance abuse is one of the primary underlying reasons for the child abuse report, the report should be made to Child Protective Services only and not to law enforcement.

D. WHEN TO REPORT

1. Per statute, a mandated reporter must report if he/she has knowledge of or observes a child in his/her professional capacity or within the scope of his/her employment whom he/she knows or reasonably suspects has been the victim of abuse.

2. This reporting requirement applies even if the child has expired, regardless of whether the possible abuse was a factor contributing to the child's death and even if the suspected child abuse was discovered during an autopsy.

3. A person who is not a mandated reporter may make a report if he/she has knowledge of or observes a child whom he/she knows or reasonably suspects has been a victim of child abuse.

E. HOW TO REPORT

1. TELEPHONE REPORT

a. A telephone report must be made immediately or as soon as practically possible after receiving the information concerning the incident.

b. The reporter should call the Department of Human Services, Child Protective Services Hotline at 415 558-2650 or 800-856-5553. If there is a suspicion of child sexual abuse, the reporter should call the Child and Adolescent Sexual Abuse Resource Center (CASARC) at 415-206-8386, after reporting to the Hotline.

c. The reporter should be prepared to provide the intake person with the following information:
1. His/her name (this is not required if the person is not a mandated reporter);

2. The name of the child;

3. The present location of the child;

4. The nature and extent of the injury; and

5. Any other information requested by Child Protective Services, including information that led the reporter to suspect child abuse.

2. WRITTEN REPORT

   a. A written report must be sent to Child Protective Services within 36 hours of receiving the information concerning the incident.

   b. The written report must be made by completing the Suspected Child Abuse Form (See Appendix B).

   c. The reporter should fill out as much of the form as possible, adding any additional information that seems pertinent and carefully following the instructions printed on the back of the form.

   d. A medical professional who examines a child for physical injury or for sexual assault must complete a medical report. This report should be made on the form for Medical Report - Suspected Child Abuse (See
Appendix C) or Medical Report - Suspected Child Sexual Abuse (See Appendix D). Per statute, the Medical Report - Suspected Child Sexual Abuse Form must be used when there is evidence of child sexual abuse. When no sexual abuse is indicated, the Medical Report - Suspected Child Abuse Form should be used since it is better suited to gathering evidence of physical abuse or neglect.

F. CONFIDENTIALITY AND RELEASE OF INFORMATION

1. Information relevant to the incident of suspected child abuse might be given to an investigator from Child Protective Services who is investigating a known or suspected case of child abuse. However, the only information that may be disclosed is that which is relevant to the incident of child abuse. Medical information regarding the suspected victim or perpetrator should be disclosed only if it appears to satisfy this relevancy test and only if the information was recorded in the suspects' victim's medical record.

2. The child abuse reporting requirements supersede the psychotherapist-patient privilege with respect to the child's mental health records (not the parents' records); however, only information needed to fulfill the reporting requirements may be disclosed. The reporting law does not give Child Protective Services direct access to mental health or substance abuse records and information protected by the Lanterman-Petris-Short law on the confidentiality of substance abuse treatment records or 42 CFR on the confidentiality of substance abuse treatment records.

3. DHS requests for supporting documentation
   a. Medical and mental health records (not to include parents' records) and related information shall be released to the Department of Human Services (DHS) on a minor only if (as stated in standing orders 208 and 209 of the Superior Court in and for the City and County of San Francisco, Appendix H and Appendix I):
      1. The infant or child is subject to
proceedings before the juvenile court; or

2. An infant was born with drug and/or alcohol exposure or exhibiting the symptoms of infants born with drug and/or alcohol exposure; or

3. An infant was born with positive toxicology screenings for drugs and/or alcohol; or

4. The parents of a child in custody and control of the Department of Human Services are unavailable, unwilling or unable to sign a SFDPH Authorization for the Disclosure of Protected Health Information form.

b. Upon submission of the DPH "Request and Authorization to Disclose PHI, pursuant to Standing Orders 208 and/or 209", copies of medical records can be released to the Department of Human Services child welfare worker and/or custodian of records for the minor.

1. By the SFGH social worker, if the infant or child
is still an inpatient.

2. By the SFGH Birth Registrar in Health Information Services (415-206-8015) if the patient is discharged but still within the first 72 hours of the initial report for child abuse and neglect. The Registrar is available every day between 7:30 am and 4:00 pm.

3. By SFGH Medico-Legal Clerk in Health Information Services if the child has been discharged and the information does not need to be received within 72 hours. A faxed request should be sent to Medico-Legal Clerk at 415-206-8623, which should include the name of the child, date of birth, medical record number (if known), the signed standing order and return fax and contact information. The Clerk is available
Monday-Friday
between 7:30 am
and 9:00 pm.

c. Disclosures of protected health information
of minors should be processed and
documented in the medical record as
follows:

1. The Suspected
Child Abuse
Report form
(obtained from
DHS, form SS
8572) should be
mailed to:
Department of
Human Services,
P.O. Box 7988,
San Francisco,
California 94120,
Attention H110.
The yellow copy
remains in the
medical record.

2. For inpatients
(nursery, ward),
requests for
information from
DHS should be
accompanied by a
signed Standing
Order releasing
the information to
DHS. The
inpatient social
workers will copy
the requested
information and
forward to DHS
via mail, fax, or
courier. The
Standing Order
should be filed in
the minor's
medical record, signed by the SFGH social worker and listing the documents photocopied and provided to DHS.

3. For outpatients, requests for information contained in the medical record must be sent to Health Information Services (HIS) Registry or Medico-Legal staff, along with a signed Standing Order. HIS staff will make the copies, forward to the designated DHS staff person by mail, fax, or courier and file the Standing Order in the minor's chart, signed by the SFGH HIS staff and listing the documents photocopied and sent to DHS.

G. DETENTION OF AN ABUSED CHILD

1. Under certain circumstances, a physician may delay the release of an endangered child, whether or not medical treatment is required by the child, until:

   a. Child Protective Services take custody of the endangered child; or
b. It is determined by Child Protective Services that the child is not endangered; or

c. Child Protective Services takes other appropriate action to ensure the safety of the endangered child.

2. If a physician determines that a child is endangered and should be detained, the child should be admitted to the Pediatric Ward for evaluation of suspected non-accidental trauma.

   a. The physician or social worker should contact the San Francisco Sheriff’s Department (SFSD) at ext. 8063 if they need to request a Police Hold. SFPD booking form 1134 should be completed in duplicate with one copy staying in the medical record.

   b. The inpatient staff should notify the SFSD at ext. 64911, if worried about potential flight risk or safety concerns.

1. ASSAULTIVE AND ABUSIVE CONDUCT

   A. GENERAL

      The California Penal Code impose mandatory reporting requirements for the reasonable suspicion of assaultive or abusive conduct. Assaultive and abusive conduct may be a criminal act.

   B. DEFINITIONS

      1. "Reasonably Suspects" means that it is objectively reasonable for a person to entertain a suspicion, based upon facts that could cause a reasonable person in a like position, drawing, when appropriate, on his/her training and experience, to suspect.

      2. "Mandated Reporters" include health practitioners employed in a health facility or clinic operated by a local public health department who, in his/her professional capacity or within the scope of his/her employment, provides medical services for a patient whom he/she knows or reasonably suspects has been subjected to assaultive or abusive behavior.

   C. WHEN TO REPORT
1. Per statute, a mandated reporter must report if he/she provides medical services for a physical condition to a patient whom he/she knows or reasonably suspects is a person described as follows:

   a. Any person suffering from any wound or other physical injury inflicted by his/her own act or inflicted by another where the injury is by means of a firearm; or

   b. Any person suffering from any wound or other physical injury inflicted upon the person where the injury is the result of assaultive or abusive conduct.

2. This reporting requirement applies even if the person who suffered the wound, other injury, or assaultive or abusive conduct has expired, regardless of whether or not the wound, other injury or assaultive or abusive conduct was a factor contributing to the death and even if the evidence of the conduct of the perpetrator of the wound, other injury, or assaultive or abusive conduct was discovered during an autopsy.

D. HOW TO REPORT

1. TELEPHONE REPORT

   a. A report by telephone shall be made immediately or as soon as practically possible after receiving the information concerning the incident.

   b. The reporter should call the San Francisco Police Department at 415-553-0123.

   c. The reporter should be prepared to provide the following information:

      1. The name of the injured person;

      2. The injured person’s whereabouts;

      3. The character and extent of the person’s injuries;
4. The identity of any person the injured person alleges inflicted the wound, other injury, or assaultive or abusive conduct upon the injured person.

2. WRITTEN REPORT

   a. A written report must be sent to the San Francisco Police Department within two working days of telephone reporting of the information regarding the person.

   b. The written report should be mailed to San Francisco Police Department, 850 Bryant St., San Francisco, California 94103 (See Appendix E). Please attach all other forms to the written report.

E. CONSENT ISSUES

1. The patient should be informed that the mandated reporter has a duty to report the reasonable suspicion of assaultive or abusive conduct.

2. NOTE: A physical examination, collection of evidence, and photographing of the injuries CAN NOT occur without the patient’s consent.

F. ASSAULT OR ABUSE INFLECTED BY A SPOUSE OR PARTNER

Patients exhibiting signs of spousal or partner abuse should be advised of available crisis intervention services. Intervention services available in San Francisco are set forth in Appendix F. Safety planning with a battered patient will depend on the situation, their priorities and the options they decide with work best (See Appendix G).

1. SEXUAL ASSAULT/RAPE

   A. GENERAL

   Per statute, sexual assaults must be reported to the local law enforcement authorities by telephone and in writing. The San Francisco Trauma Recovery/Rape Treatment Center (TRC/RTC) is
the designated law enforcement agency for the City and County of San Francisco. Sexual assault/rape is a criminal act.

B. HOW TO REPORT

1. All incidents of adult (age 18 and over) cases of rape and/or sexual assault are to be reported to the TRC/RTC AT 415-437-3000.

2. Medical staff at the TRC/RTC are available 24 hours a day to provide examination, treatment, evidence collection, and to offer follow-up counseling.

3. The TRC/RCT provides follow up medical treatment and counseling services, regardless of whether legal action is to be taken.

C. CONSENT ISSUES

1. The patient should be informed that medical providers have a duty to report to the police the name and whereabouts of any persons who report they have been raped or sexually assaulted.

2. A consent must be obtained from the patient or his/her surrogate decision-maker for a medical examination and evidence collection of rape or sexual assault. If the client desires, the examination and evidence collection shall be performed at the county's expense.

3. The patient or his/her surrogate decision-maker must be informed of the right to consent to medical and surgical treatment without consenting to an examination for evidence or collection of evidence of the sexual assault or rape.

4. The patient must be informed that he/she has the right to have a sexual assault victim counselor and at least one other support person of the patient's choosing present at any medical evidentiary or physical examination.

APPENDICES:

Appendix A - Report of Suspected Dependent Adult/Elder Abuse Form
Appendix B - Suspected Child Abuse Form
Appendix C - Medical Findings - Suspected Child Abuse
Appendix D - Medical Report - Suspected Child Physical Abuse and Neglect Examination
Appendix E - " Report of Injuries by Assaultive/Abusive Conduct
Appendix F - San Francisco Intervention Services for Spousal/Partner Abuse
CROSS REFERENCES:

SFGH Administrative Policy and Procedures:

1.03 Administrator-on-Duty

1.12 Abuse Prevention/Prohibition Program

SUPERSEDES:

Abuse or Neglect: Handling of Adult and Child Victims of Alleged or Suspected Abuse or Neglect

APPROVAL

<table>
<thead>
<tr>
<th>Committee</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Administrative Forum</td>
<td>07/02/13</td>
</tr>
<tr>
<td>Medical Executive Committee</td>
<td>07/18/13</td>
</tr>
<tr>
<td>Quality Council</td>
<td>07/16/13</td>
</tr>
<tr>
<td>Executive Committee B-25 Readiness</td>
<td>1/22/16</td>
</tr>
</tbody>
</table>

Date adopted: 11/92
Reviewed: 7/06, 09/10

[END]