FLOYD MEDICAL CENTER
POLICY AND PROCEDURE MANUAL
PATIENT CARE SERVICES

TITLE: Abuse/Neglect	**Policy No.: PCS-01-006**
Purpose: To identify possible patients who may have been abused and/or neglected and to refer these patients to the appropriate agency and provide follow-up	**Developed Date:** **Review Date:** 01/03, 7/08, 2/14, 12/16 **Revised Date:** 09/97, 1/98, 11/98, 6/00, 5/09, 6/11, 9/18 **Review Responsibility:** Executive VP Chief of Patient Services/CNO, Nursing Leadership, Director of Emergency Care Center, Legal Counsel
Reference Standards: PC.01.02.09	

Policy

Floyd Medical Center recognizes that abuse and neglect affects many people regardless of race, ethnicity, class, sexual and gender identity, religious affiliation, age, immigration status and ability. Patients presenting to our facility who may be victims of abuse or neglect will be screened for possible signs and symptoms. If present the patient will receive appropriate care and treatment. The appropriate referral agencies will be contacted (to include law enforcement agencies as required). Patients will also receive referral information as appropriate.

Guiding Principles

- Routinely screening patients who may be victims of abuse or neglect
- Assessing the safety of the patient is a priority
- Documentation of abuse or neglect
- Discussing options and resources
- Being an advocate for the patient and giving referral information
- Treating medical and mental health problems
- Providing for follow-up care

Screening

Patient safety is a priority. If abuse or neglect is suspected, screening should be:

- Conducted face to face, as part of the healthcare assessment
- Included as part of the written or computer based health assessment questions
- Direct and non-judgmental, using language that is culturally/linguistically appropriate
- Conducted in private, except with children under 3 years of age
- Patients should be informed of any reporting requirements
- Assisted by trained interpreters that are not related or known to the patient

Screening should not occur if:

- The privacy of the patient assessment cannot be obtained
- The patient's safety is at risk
- If an appropriate interpreter cannot be found

If screening does not occur (either due to safety concerns or patient denial):

- It should be documented in the patient's medical record
- A follow-up referral should be given
- Written information about abuse or neglect should be available in locations that can be easily accessed by the patient (bathrooms, waiting areas, treatment rooms)
- The patient should be encouraged to return if any further problems or advise caregiver of any new information during hospital stay

Possible barriers to screening
Potential barriers for patients seeking help that the healthcare worker should be aware of:

- Cultural or religious constraints
- Language
- Financial dependence
- Medical dependence or disability
- Social stigma

Possible signs and symptoms:
Pain is a common presenting symptom. It can be due to direct injury (even if there are no visible signs) or from the stress of living in an abusive relationship (such as: persistent headaches, chest, back, abdominal, and pelvic pain). Other signs and symptoms may be from stress, anxiety, or depression.

Common injury sites: head, neck, face, areas usually covered by clothing, eye and ear trauma, hearing loss, soft tissue injuries, depression, or anxiety.

Other manifestations of abuse include:

- Injuries which do not fit the provided explanation
- Injuries in various stages of healing and/or to multiple sites
- Injuries that are not presented in a timely manner
- Complaints of injury without evidence of physical trauma

Framing Questions
Questions should be posed in a way to encourage communication. Here are some examples of indirect questions:

- We now know that domestic violence is a very common problem. About 20% of women in this country are abused by their partners. Has this ever happened to you?
- Because violence is so common in people's lives we've begun to ask about it routinely. Has this ever occurred to you?
- Have you been under stress lately? Any problems at home?

Direct questions:

- Are you afraid at home?
- Are you in a relationship in which you have been hurt or threatened?
- Have you been hit, kicked, or punched by someone close to you?
- I notice you have a number of bruises; did someone do this to you?

The ***Domestic Violence*** Screening form located in the Cerner AdHoc folder should be used during Cerner uptime and the ***Domestic Violence Flow Sheet (678-253)*** used during Cerner downtime when abuse or neglect is suspected.

When abuse is not acknowledged, let the patient know you are concerned and offer referral numbers. Encourage the patient to return if any future problems or to let the caregiver know of any further information during the patient's visit/stay.

Documentation
When documenting suspected abuse, be objective and factual. For example: don't state "patient has been battered". It would be better stated "patient states - has been struck on the upper forearm with a bat". Carefully evaluate and describe appearance of patient and any injuries. Include the type, number, size, and location of injuries using a body map on ***Domestic Violence Flow Sheet (678-253)***

Document names of agencies contacted and staff that respond (to include law enforcement).
Also note any referrals given to the patient on ***The Care of the Adult or Child Abuse/Neglect/Sexual Assault Patient*** located in the Cerner AdHoc folder for Cerner uptime and forms (678-058 and/or 678-059) for Cerner downtime.

Sexual Assault
If it is suspected that the patient has been sexually assaulted, refer to the ***Sexual Assault Exam and Forensic Evidence Collection Policy*** (PCS-01-007) for proper care of the patient.

Collection of evidence and photographs
If pictures are to be taken for placement in the patient's medical record, use an instant camera, have the patient sign the ***Consent to Photograph, Audio Record, or Video Record*** form (981-001) prior to taking photographs; document the date, time and patients name and medical record number on the bottom of the photograph.

Referral Sources
A list of private and public community agencies that provide or arrange for evaluation and care of victims of abuse is maintained. Referrals are made as appropriate. See final page for list of agencies.

Staff Education
Staff should be trained during initial orientation and annually.
Training should include:

- Recognition of potential signs and symptoms
- How to screen, assess, intervene, support, and document appropriately
- Physical and mental consequences of abuse
- Information on where employees in abusive relationships can access assistance

Language Barriers
If a language barrier is present, it is important to utilize a qualified interpreter (in person interpreter, video remote interpreting ~ NexTalk or the Pacific Interpreters Language Line).

Geriatric Considerations

Abuse or neglect of the geriatric patient can be difficult to detect. Victims tend to be isolated and maybe reluctant to report abuse that is frequently caused by the caregiver. Elder abuse can involve physical, emotional, verbal, financial, and sexual components. Neglect is much harder to define or detect. It is defined as the failure of a caretaker to provide the goods or services that are necessary to avoid physical harm, mental anguish, or mental illness. Patients who are dehydrated, malnourished, have poor hygiene, are inappropriately dressed, or have received medications improperly should be further assessed for neglect.

Pediatric Considerations

Recognition of child maltreatment is often difficult. It can generally be categorized into four major types:

1. **Physical abuse:** any inflicted injury to a child by a care giver.
2. **Sexual abuse:** any sexual contact between a child and an adult or an older child.
3. **Emotional or psychological abuse:** a pattern of demeaning behavior toward the child.
4. **Neglect:** acts of omission and failure to meet a child's basic needs, including food, clothing, medical care, education affecting cognitive development, a safe environment, or emotional nurturing, affection, and attention.

The observation of child and caregiver interactions and thoughtful evaluation of historical data and physical findings are critical to the identification of the potentially maltreated child.

Risk Factors

Many things can lead to child maltreatment. The following are factors that place a child at risk and the caregiver at increased risk for becoming abusive.

Child	Caregiver
♦ Prematurity ♦ Prenatal drug exposure ♦ Developmental disability ♦ Physical disability ♦ Chronic illness ♦ Product of multiple births ♦ Product of unwanted pregnancy	♦ Substance abuse ♦ Childhood history of maltreatment ♦ Unmet emotional needs ♦ Belief in use of corporal punishment ♦ Rigid expectations regarding the child's behavior ♦ Negative/unrealistic expectations of the child ♦ Lack of parenting knowledge ♦ Single parent ♦ Social isolation ♦ Psychological distress ♦ Low self-esteem ♦ Extreme poverty ♦ Acute and chronic stressors

Evaluating child maltreatment

When evaluating the child, if they are verbal, try to interview the child alone. Use open-ended, non-leading questions. If two caregivers are present, it is useful to interview each one separately. The following questions should be considered:

- Does the mechanism of injury match the history given?
- Do the child's developmental abilities match with the history of injury?
- Was there a delay in seeking medical treatment?
- Are there any patterned or unusual marks on the child's body?
- Are there injuries in multiple stages of healing and/or multiple injury sites?
- Is the caregiver's response appropriate to the child's condition?
- Does the child have any pre-existing medical conditions (bleeding or bone disorders) that could explain the current injuries?
- Are there any inconsistencies in the history?
- Has the child been treated before for unexplained or suspicious injuries?
- Has the caregiver bypassed hospitals closer to home in seeking care?
- What is the child's state of cleanliness, nutritional status, and general appearance?

Conditions that are confused with child maltreatment

When evaluating the child it is important to take into consideration any cultural or religious practices that could mimic child maltreatment. Southeast Asian groups, for example, use a number of methods that result in patterned lesions or blemishes on the skin. Coining and cupping are two such practices that are used for a variety of ailments.

In some ethnic groups, normal skin pigmentations have also been frequently confused with bruising. Mongolian spots are bluish gray areas of pigmentation that may be present in African-American, Asian, Latino, and Native American infants. These areas are typically found over the sacral area and buttocks but may also be located on the legs, shoulders, and upper arms. They usually fade by adulthood.

Please refer to the ***Cultural Diversity Resources*** provided in the on Green link.

Diagnostic procedures for suspected child maltreatment

Based on history and physical assessment, one or more of the following diagnostic procedures may be indicated:

- Radiological screening for fractures or evidence of physical restraint
- Metabolic screening for nutritional, electrolyte, or endocrine abnormality
- Toxicology screening or drug levels for indications of over/under medication or illegal drugs
- Hematology screening for coagulation defect when abnormal bleeding or bruising has been documented
- CT scan for changes in neurological status or in presence of head trauma
- Gynecological exam to rule out venereal disease from sexual assault

State Reporting Requirements

ATTACHMENT A
(Copied – part of Official Code of Georgia Annotated)

Chapter 7

PARENT AND CHILD RELATIONSHIP GENERALLY (Only relevant parts of Statute are included)

§19-7-5, Reports by physicians, treating personnel, institutions and others as to child abuse; failure to report suspected child abuse

a) The purpose of this Code section is to provide for the protection of children. It is intended that mandatory reporting will cause the protective services of the state to be brought to bear on the situation in an effort to prevent abuses, to protect and enhance the welfare of these children, and to preserve family life whenever possible. This Code section shall be liberally construed so as to carry out the purposes thereof.

b) As used in this Code section, the term:

   1) (Portion of statute intentionally omitted)
   2) "Abused" means subjected to child abuse.
   3) "Child" means any person under 18 years of age.
   4) "Child Abuse" means:
      A. Physical injury or death inflicted upon a child by a parent or caretaker thereof by other than accidental means; provided, however, physical forms of discipline may be used as long as there is no physical injury to the child;
      B. Neglect or exploitation of a child by a parent or caretaker thereof;
      C. Endangering a child;
      D. Sexual abuse of a child; or
      E. Sexual exploitation of a child.
      However, no child who in good faith is being treated solely by spiritual means through prayer in accordance with the tenets and practices of a recognized church or religious denomination by a duly accredited practitioner thereof shall, for that reason alone, be considered to be an abused child.

   5) (Portion of statute intentionally omitted)
   6) (Portion of statute intentionally omitted)
   6.1) (Portion of statute intentionally omitted)
   7) (Portion of statute intentionally omitted)
   8) (Portion of statute intentionally omitted)
   9) (Portion of statute intentionally omitted)
   10) "Sexual abuse" means a person's employing, using, persuading, inducing, enticing, or coercing any minor who is not such person's spouse to engage in any act which involves:
      A. Sexual intercourse, including genital-genital, oral-genital, anal-genital, or oral-anal, whether between persons of the same or opposite sex;
      B. Bestiality;
      C. Masturbation;
      D. Lewd exhibition of the genitals or pubic area of any person;
      E. Flagellation or torture by or upon a person who is nude;

F. Condition of being fettered, bound, or otherwise physically restrained on the part of a person who is nude;
G. Physical contact in an act of apparent sexual stimulation or gratification with any person's clothed or unclothed genitals, pubic area, or buttocks or with a female's clothed or unclothed breasts;
H. Defecation or urination for the purpose of sexual stimulation;
I. Penetration of the vagina or rectum by any object except when done as part of a recognized medical procedure; or
J. Any act described by subsection (c) of Code Section 16-5-46.

11) "Sexual exploitation" means conduct by any person who allows, permits, encourages, or requires a child to engage in:
A. Prostitution, as defined in Code section 16-6-9; or
B. Sexually explicit conduct for the purpose of producing any visual or print medium depicting such conduct, as defined in Code Section 16-12-100.

c)
1) The following persons having reasonable cause to believe that suspected child abuse has occurred shall report or cause reports of that abuse to be made as provided in the Code section:
A. Physicians licensed to practice medicine, interns, or residents;
B. Hospital or medical personnel;
C. Dentists;
D. Licensed psychologists and persons participating in internships to obtain licensing pursuant to Chapter 39 to Title 43;
E. Podiatrists;
F. Registered professional nurses or licensed practical nurses licensed pursuant to Chapter 26 or Title 43 or nurse's aides;
G. Professional counselors, social workers, or marriage and family therapists licensed pursuant to Chapter 10A of Title 43;
H. School teachers;
I. School administrators;
J. School counselors, visiting teachers, school social workers, or school psychologists certified pursuant to Chapter 2 of Title 20;
K. Child welfare agency personnel, as such agency is defined in Code Section 49-5-12;
L. Child-counseling personnel;
M. Child service organization personnel; or
N. Law enforcement personnel.

2) If a person is required to report abuse pursuant to this subsection because such person attends to a child pursuant to such person's duties as an employee of or volunteer at a hospital, school, social agency, or similar facility, such person shall notify the person in charge of such hospital, school, agency, or facility, or the designated delegate thereof, and the person so notified shall report or cause a report to be made in accordance with this Code section. An employee or volunteer who makes a report to the person designated pursuant to this paragraph shall be deemed to have fully complied with this subsection. Under no circumstances shall any person in charge of such hospital, school, agency, or facility or the designated delegate thereof, to whom such notification has been made exercise any control, restraint, or modification or make any other change to the information provided by the reporter, although each of the aforementioned persons may be consulted prior to the making of a report and may provide any additional, relevant, and necessary information when making the report.

3) When a person identified in paragraph (1) of this subsection has reasonable cause to believe that child abuse has occurred involving a person who attends to a child pursuant to such person's duties as an employee of or volunteer at a hospital, school, social agency, or similar facility, the person who received such information shall notify the person in charge of such hospital, school, agency, or facility, or the designated delegate thereof, and the person so notified shall report or cause a report to be made in accordance with this Code section. An employee or volunteer who makes a report to the person designated pursuant to this paragraph shall be deemed to have fully complied with this subsection. Under no circumstances shall any person in charge of such hospital, school, agency, or facility, or the designated delegate thereof, to whom such notification has been made exercise and control, restraint, or modification or make any other change to the information provided by the reporter, although each of the aforementioned persons may be consulted prior to making of the report and may provide and additional, relevant, and necessary information when making the report.

d) Any other person, other than one specified in subsection (c) of this Code section, who has reasonable cause to believe that suspected child abuse has occurred may report or cause reports to be made as provided in this Code section.

e) With respect to reporting required by subsection (c) of this Code section, an oral report by telephone or other oral communication or a written report by electronic submission of facsimile shall be made immediately but in no case later than 24 hours from the time there is reasonable cause to believe that suspected child abuse has occurred. When a report is being made by electronic submission or facsimile to the Division of Family and Children Services of the Department of Human Services, it shall be done in the manner specified by the division. Oral reports shall be followed by a later report in writing, if requested, to a child welfare agency providing protective services, as designated by the Division of Family and Children Services of the Department of Human Resources, or, in the absence of such agency, to an appropriate police authority or district attorney. If a report of child abuse is made to the child welfare agency or independently discovered by the agency, and the agency has reasonable cause to believe such report is true or the report contains any allegation of evidence of child abuse, then the agency shall immediately notify the appropriate police authority or district attorney. Such reports shall contain the names and addresses of the child and the child's parents or caretakers, if known, the child's age, the nature and extent of the child's injuries, including any evidence of previous injuries, and any other information that the reporting person believes might be helpful in establishing the cause of the injuries and the identity of the perpetrator. Photographs of the child's injuries to be used as documentation in support of allegations by hospital employees or volunteers, physicians, law enforcement personnel, school officials, or employees or volunteers of legally mandated public or private child protective agencies may be taken without the permission of the child's parent or guardian. Such photograph shall be made available as soon as possible to the chief welfare agency providing protective services and to the appropriate police authority.

f) Any person or persons, partnership, firm, corporation, association, hospital, or other entity participating in the making of a report or causing a report to be made to a child welfare agency providing protective services or to an appropriate police authority pursuant to this Code section or any other law or participating in any judicial proceeding or any other proceeding resulting there from shall in so doing be immune from any civil or criminal liability that might otherwise be incurred or imposed, provided such participation pursuant to this Code section or any other law is made in good faith. Any person making a report, whether required by this Code section or not, shall be immune from liability as provided in this subsection.

g) Suspected child abuse which is required to be reported by any person pursuant to this Code section shall be reported notwithstanding that the reasonable cause to believe such abuse has occurred or is occurring is based in whole or in part upon any communication to that person which is otherwise made privileged or confidential by law. (Portion of statute intentionally omitted)

h) Any person or official required by subsection (c) of this Code section to report a suspected case of child abuse who knowingly and willfully fails to do so shall be guilty of a misdemeanor. Laws 1965, p.588, §1; Laws 1968, p. 1196,§1; Laws 1973, p. 309, §1; Laws 1974, p. 438, §1; Laws 1977, p. 242, §§1-3; Laws 1978, p. 2059, §§1,2; Laws 1980, p. 921, §1; Laws 1981, p. 1034, §§ 1-3; Laws 1988, p. 1624, § 1; Laws 1990, p. 1761, § 1; Laws 1993, p. 1695, §§1, 1.1; Laws 1994, p. 97, §19; Laws 1999, p. 81, §19; Laws 2006, Act 602, § 1, eff. April 27, 2006; Laws 2009, Act 102, § 2-2, eff July 1, 2009; Laws 2009, Act 151, § 1, eff. May 5 2009; Laws 2012, Act 709, § 5-1, eff. July 1, 2012; Laws 2013, Act 33, § 19, eff. April 24, 2013; Laws 2013, Act 132, § 2-1, eff. July 1, 2013; Laws 2013, Act 127, § 4-23, eff. Jan. 1, 2014; Laws 2015, Act 134, § 1, eff. July 1, 2015; Laws 2016, Act 597, § 2 eff. July 1, 2016; Laws 2017, Act 168, § 1, eff. May 8, 2017; Laws 2017, Act 275, § 19, eff. May 9, 2017.

   A report of child abuse or information relating thereto and contained in such report, when provided to a law enforcement agency or district attorney pursuant to subsection (e) of this Code section or pursuant to Code Section 49-5-41, shall not be subject to public inspection under Article 4 of Chapter 18 of Title 50 even though such report or information is contained in or part of closed records compiled for law enforcement or prosecution purposes unless:

   1) There is a criminal or civil court proceeding which has been initiated based in whole or in part upon the facts regarding abuse which are alleged in the child abuse reports and the person or entity seeking to inspect such records provides clear and convincing evidence of such proceeding; or
   2) The superior court in the county in which is located the office of the law enforcement agency or district attorney which compiled the records containing such reports, after application for inspection and a hearing on the issue, shall permit inspection of such records by or release of information from such records to individuals or entities who are engaged in legitimate research for educational, scientific, or public purposes and who comply with the provisions of this paragraph. When those records are located in more than one county, the application may be made to the superior court of any one of such counties. A copy of any application authorized by this paragraph shall be served on the office of the law enforcement agency or district attorney which compiled the records containing such reports. In cases where the location of the records is unknown to the applicant, the application may be made to the Superior Court of Fulton County. The superior court to which an application is made shall not grant the application unless:
      A. The application includes a description of the proposed research project, including a specific statement of the information required, the purpose for which the project requires that information, and a methodology to assure the information is not arbitrarily sought;
      B. The applicant carries the burden of showing the legitimacy of the research project; and
      C. Names and addresses of individuals, other than officials, employees, or agents of agencies receiving or investigating a report of abuse which is the subject of a report, shall be deleted from any information released pursuant to this subsection unless the court determines that having the names and addresses open for review is essential to the research and the child, through his or her representative, gives permission to release the information.

§31-7-9. Reports by physicians and other personnel; immunity from liability

a) As used in this Code section, the term “medical facility” includes, without being limited to, an ambulatory surgical treatment center defined in subparagraph (C) of paragraph (4) of Code Section 31-7-1. (Portion of statute intentionally omitted

b) Any :
   1. Physician, including any doctor of medicine licensed to practice under the laws of this state;
   2. Licensed registered nurse employed by a medical facility;
   3. Security personnel employed by a medical facility; or
   4. Other personnel employed by a medical facility whose employment duties involve the care and treatment of patients therein having cause to believe that a patient has had physical injury or injuries inflicted upon him other than by accidental means shall report or cause reports to be made in accordance with this Code section.

c) An oral report shall be made immediately by telephone or otherwise and shall be followed by a report in writing, if requested, to the person in charge of the medical facility or his designated delegate. The person in charge of the medical facility or his designated delegate shall then notify the local law enforcement agency having primary jurisdiction in the area in which the medical facility is located of the contents of the report. The report shall contain the name and address of the patient, the nature and extent of the patient’s injuries, and any other information that the reporting person believes might be helpful in establishing the cause of the injuries and the identity of the perpetrator.

d) Any person or persons participating in the making of a report or causing a report to be made to the appropriate police authority pursuant to this Code section or participating in any judicial proceeding or any other proceeding resulting there from shall in so doing be immune from any civil liability that might otherwise be incurred or imposed, providing such participation pursuant to this Code section shall be in good faith. (History Code 1933, & 88-1913, enacted by Ga. L. 1980, p. 1040, & 2; Ga. L. 1982, p. 1249, && 1, 2; Ga. L. 1985, p. 898, & 1; Ga L. 2008, p. 12, § 2-13/SB 433.)

ATTACHMENT B
(Copied – part of Official Code of Georgia Annotated)

17-5-72. Forensic medical examinations

A victim shall have the right to have a forensic medical examination regardless of whether the victim participates in the criminal justice system or cooperates with law enforcement in pursuing prosecution of the underlying crime. A victim shall not be required to pay, directly or indirectly, for the cost of a forensic medical examination. The cost of a forensic medical examination shall be paid for by the Georgia Crime Victims Emergency Fund, as provided for in Chapter 15 of this title.

History Code 1981, §17-5-72, enacted by Ga. L. 486, § 3/HB 1297; Ga. L. 2011, p. 214, § 3/HB 503.

The following is a list of referral resources:

Department of Family and Children's Service (DFACS)

Floyd County	706-295-6500
Chattooga County	706-857-0817
Bartow County	770-387-3710
Polk County	770-749-2232 or 770-749-2236
Floyd County 911 (non-emergency)	706-236-4541

*When notifying DFACS or 911, you need to call the county where the incident occurred.

Police Department

Floyd County Police	706-235-7766
Rome City Police	706-238-5111
Police Department after hours and weekends	911

Others

Adult Protective Services (Floyd County)	888-774-0152
Sexual Assault Center (Rome) 24 Hour Crisis Hot Line	706-292-9024 706-802-0580
Grady Poison Control	800-222-1222
Harbor House (pediatric evaluation and counseling)	706-235-5437
National Domestic Violence Hotline	800-799-7233 (SAFE)
Willowbrooke at Floyd (Behavioral Health)	706-509-3500

FLOYD
DOMESTIC VIOLENCE FLOW SHEET

Date: _______________ Patient ID#_________

Patient Name: __________________________

Patient pregnant? ☐ Yes ☐ No

R = Routinely Screen

" Because violence is so common in peoples' lives, we've begun to ask about it routinely."

A = Ask Direct Questions

Are you afraid at home? ☐ Yes ☐ No

Are you in a relationship in which you have been hurt or threatened? ☐ Yes ☐ No

Have you ever been hit, kicked or punched by someone close to you? ☐ Yes ☐ No

Number of times in the past year: _____________

I notice you have a number of bruises; did someone do this to you? ☐ Yes ☐ No

D = Document Your Findings

***Patient's report:* Patient description of assault (use patient's own words)**

____

____

____

____

____

____

____

____

Domestic violence confirmed by patient? ☐ Yes ☐ No

If yes, name and relationship of perpetrator:

____

Domestic violence suspected. State reasons:

____

____

____

A = Assess Patient Safety

Is client afraid to go home? ☐ Yes ☐ No

Increase in severity/frequency of abuse? ☐ Yes ☐ No

Threats of homicide or suicide? ☐ Yes ☐ No

Weapons present? ☐ Yes ☐ No

Do you want police intervention? ☐ Yes ☐ No

R = Review Options and Referrals?

Need immediate shelter? ☐ Yes ☐ No

Hotline number/community resources given? ☐ Yes ☐ No

Referred to outside source? ☐ Yes ☐ No

Can patient be called at home? ☐ Yes ☐ No

If no, is there a safe number where patient can be reached? __________________________

Nurse Evaluation

____

____

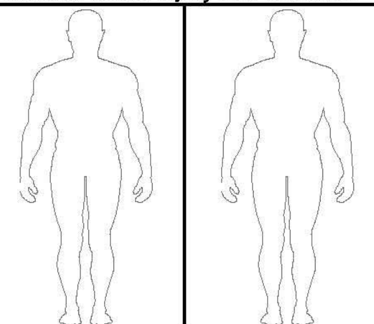
____

Nurse Signature: _________________________

CHECK PHYSICAL FINDINGS:

	Contusion	Abrasion	Laceration	Bleeding	Tenderness
Head					
Ears					
Nose					
Cheeks					
Mouth					
Neck					
Shoulders					
Arms					
Hands					
Chest					
Back					
Abdomen					
Genitals					
Buttocks					
Legs					
Feet					

Indicate where injury was observed



Patient Identification Sticker

Photos taken: ☐ Yes ☐ No

FLOYD
CARE OF THE CHILD ABUSE/SEXUAL ASSAULT PATIENT

Use this form for sexual assault ages 10 or < and abuse ages birth to 17)

Assign one nurse to the patient *when possible.*

1. Gather routine triage information (i.e., name, D.O.B., prescriptions, allergies, vital signs)
2. Document chief complaint
3. Document any visible injuries.

    • If the patient is injured physically (i.e. stab wounds, GSW, lacerations), treat the patient as you normally would a trauma patient.

    • If sexual assault and if possible, avoid undressing or any unnecessary manipulation of the patent (i.e., cleaning dried blood or placing a Foley catheter).

4. Notify law enforcement from jurisdiction where assault/abuse occurred.
   Name of agency and officer: ______________________________
   Time notified: ______________ *Time arrived:* ______________

5. Notify DFACS from county where assault/abuse occurred or through 911 if law enforcement has not done so.
   Name of DFACS worker. ______________________________
   Time notified. ______________ *Time arrived:* ______________

6. If sexual assault, notify the Sexual Assault Center (paging service: 706.802.0580) or through 911 if law enforcement has not done so.
   Name of volunteer: ______________________________
   Time notified: ______________ *Time arrived:* ______________

7. If sexual assault, the SANE will be notified by the Sexual Assault Center volunteer. If the incident doesn't require the presence of the SANE, *the Sexual Assault Center volunteer* must still be notified to be present to support the victim and family, as well as provide resources.

   Name of SANE: ______________ *Time arrived:* ______________

8. On completion of the forensic exam, law enforcement interview, DFACS interview, and medical clearance, the victim may be discharged, if appropriate.

9. Referral phone numbers provided: ☐ Yes ☐ No ☐ SAC ☐ DFACS

10. Victim discharged with ______________________________

Additional details: ______________________________

____

____

____

____

Nurse signature: ______________________________ D/C time: ______________
Date AND Time

Patient Identification

FLOYD
CARE OF THE ADULT SEXUAL ASSAULT PATIENT

(Use this form for sexual assault on ages 11 or >)

Assign one nurse to the patient *when possible.*

1. Gather routine triage information (i.e., name, D.O.B., Prescriptions, allergies, vital signs)
2. Document chief complaint (i.e., reported rape; states "I was raped")
3. Document any visible injuries.
   - If the patient is injured physically (i.e., stab wounds, GSW, lacerations), treat the patient as you normally would a trauma patient.
   - If possible, avoid undressing or any unnecessary manipulation of the patient (i.e., cleaning dried blood or placing a Foley catheter).
4. Notify law enforcement from jurisdiction where assault occurred.

   Name of agency and officer: ______________________________

   Time notified: ____________________ *Time arrived:* ____________________
5. Notify the Sexual Assault Center (paging service: 706.802.0580) or through 911 if law enforcement has not done so.

   Name of volunteer ______________________________

   Time notified: ____________________ *Time arrived:* ____________________
6. The SANE will be notified by the Sexual Assault Center volunteer. If the incident doesn't require the presence of the SANE, *the Sexual Assault Center volunteer must still be notified* to be present to support the victim and family, as well as provide resources.

   Name of SANE: ______________________________

   Time arrived: ______________________________
7. If the victim does not have any physical injuries that require medical attention, she/he may choose to go to the Sexual Assault Center for the forensic exam. However, the victim *must be medically cleared by the ER physician* and discharged from the ER before doing this.

   Victim medically cleared & discharged to Sexual Assault Center: ☐ Yes ☐ No ☐ N/A
8. On completion of the forensic exam, law enforcement interview, and& medical clearance, the victim may be discharged.
9. Referral phone numbers provided: ☐ Yes ☐ No ☐ SAC
10. Victim discharged with ______________________________

Additional details: ______________________________

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Nurse signature: ______________________________
Date AND Time

Patient Identification

Discharge time: ____________________

FLOYD
MEDICAL CENTER
CONSENT TO PHOTOGRAPH, AUDIO RECORD OR VIDEO RECORD

Name of individual being photographed, audio or video recorded:

____

I hereby give permission for photos/videos to be taken of the above-named individual. I authorize the use of the photos/videos for the following purpose(s):

- ☐ Education and training of health care professionals, administrators, or students of formal education programs for the allied health professions
- ☐ Patient and/or family education
- ☐ Publication or broadcast by the news media For external or internal publications or presentations
- ☐ Other (Describe purpose) ____

I understand that:

- ♦ "Photos/videos" includes any form of still photography, video taping, audio taping, digital imaging, or any other electronic visual and/or audio recording or broadcast media created for the purpose(s) indicated above.
- ♦ I have the right to request that the photography and/or video taping be stopped at any time during the photo/video session.
- ♦ I have the right to withdraw my consent at any time until a reasonable time before the photos/videos are used. Once the photos/videos are in use, this consent will not expire.
- ♦ My medical care will not be affected by my refusal to sign this consent.
- ♦ If these photos/videos are created for use outside of the hospital that they may not be protected by federal privacy laws.
- ♦ The photos/videos will be used and stored by (identify department/organization/individual)

  ____
- ♦ Photos/videos may also be used for the purpose(s) of diagnosis, treatment, identification, or performance improvement activities within the organization without further consent.
- ♦ If I am signing this consent AFTER photos/videos have been recorded, an explanation has been provided at the bottom of this form that explains why my consent was not sought BEFORE the photos/videos were recorded.
- ♦ I am not entitled to any compensation for the use, reuse, publishing or re-publishing of the photos/videos, and waive any right to inspect or approve the finished product or products or printed matter that may be used in connection therewith or the use to which it may be applied.
- ♦ I release Floyd from any and all claims and demands arising out of or in connection with the use of the photos/videos, including any and call claims for libel or invasion of privacy.

____

(Signature of Individual (or Personal Representative) being photographed/video taped) Date AND Time

____

(If signed by a Personal Representative, describe Authority to Act on Individual's Behalf)

For photos/videos recorded BEFORE consent was obtained, provide explanation here:

____

____

Patient Identification