### PURPOSE

To provide guidelines for identification of suspected abuse victims for care and referral to community resources.

### POLICY

Currently, there is no mechanism for home health agencies to self-report allegations of abuse, neglect, or misappropriation to The Ohio Department of Health.

### definitions

1. *Abuse* means the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish.
2. *Verbal abuse* includes the use of oral, written or gestured language that willfully includes disparaging and derogatory terms to patients or their families, or within their hearing distance, regardless of their age, ability to comprehend, or disability.
3. *Mental abuse*includes, but is not limited to, humiliation, harassment, and threats of punishment or deprivation.
4. *Sexual abuse*includes, but is not limited to, sexual harassment, sexual coercion, or sexual assault.
5. *Physical abuse*includes, but is not limited to, hitting, slapping, pinching and kicking. It also includes controlling behavior through corporal punishment.
6. *Neglect*means failure to provide goods and services necessary to avoid physical harm or mental anguish.
7. *Misappropriation of patient property* means the deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a patient’s belongings or money without the patient’s consent.
8. *Injuries of unknown source:*An injury should be classified as an “injury of unknown source” when both of the following conditions are met:
	1. The source of the injury was not observed by any person or the source of the injury could not be explained by the patient; and
	2. The injury is suspicious because of the extent of the injury or the location of the injury (e.g., the injury is located in an area not generally vulnerable to trauma) or the number of injuries observed at one particular point in time or the incidence of injuries over time.
9. *Individual Mandated to Report*: A professional or the professional's delegate who is engaged in the care of patients, or in education, social services, law enforcement, or in any of the related occupations, who had knowledge of the abuse or neglect of a patient, or who has reasonable cause to believe that a patient is being or has been abused or neglected, or who has knowledge that a patient has sustained a physical injury that is not reasonably explained by the history of injuries provided by the caretaker or caregiver(s) of the patient.
	1. All circumstances of mistreatment, neglect, abuse, or misappropriation of patient property will be reported in accordance within the requirements of the state law.

### PROCEDURE

1. Any clinician who discovers, within the course of rendering care, any suspected abuse or neglect will immediately report such occurrences to his/her immediate supervisor. This includes:
	1. Any knowledge of abuse or neglect
	2. Any knowledge of patient self‑abuse or self‑neglect
	3. Reasonable cause to suspect abuse or neglect
	4. Reasonable cause to suspect self‑abuse or self-neglect
	5. Any knowledge that a patient has sustained an injury that is not reasonably explained by the patient’s history of injuries (injury of unknown source)
2. The clinician will submit a verbal report of the suspected abuse/neglect to the proper authorities in accordance with state law and complete an investigation, with the addition of the following information:
	1. Name of alleged perpetrator (if known)
	2. Relationship to patient, if any
	3. Information regarding suspected abuse/neglect:
3. Date of occurrence
4. Witness to occurrence, if any
5. Nature of occurrence (as indicated above)
6. Description of the abuse/neglect
7. If patient is in immediate jeopardy, the proper authorities will be contacted by the clinician immediately as required by state or local law.
8. The suspected abuse/neglect investigation report with specific information relating to the occurrence is forwarded to the Clinical Supervisor, who will:
	1. Notify the physician and referral source (as appropriate) or direct the clinician to do so
	2. Forward the information to the Executive Director/Administrator
9. The Executive Director/Administrator will:
	1. Review all reports (incident report and follow‑up investigation)
	2. Conduct any further review if necessary
	3. Document additional information
	4. Submit reports to the proper authorities
10. Reports, reviews, and investigations of suspected abuse/neglect will be held in
strictest confidence.
11. The clinician will make a referral to a community organization whenever necessary.