

<b>Policy Title:</b>	<b>ELDER/DEPENDENT ADULT ABUSE, DOMESTIC/INTIMATE PARTNER VIOLENCE AND SUSPICIOUS INJURY REPORTING</b>		
<b>Category:</b>	1 - Provision of Care	<b>Policy No.:</b>	141
<b>Originally Issued:</b>	5/5/2008	<b>Update (U)/Revised (R):</b>	8/14/2017
<b>Distribution:</b>	<b>Hospital-Wide</b> <input checked="" type="checkbox"/>	<b>If not Hospital-Wide, Other:</b>	

**PURPOSE:**

To provide guidance on the procedure to report elder/dependent adult abuse, domestic/intimate partner violence and suspicious injury.

**DEFINITION(S):**

**Elder/Dependent Adult Abuse** is defined as any act of omission or commission that endangers or impairs an adult person's physical or emotional health. This includes physical abuse, mental suffering, physical neglect, abandonment, inadequate supervision, and sexual assault.

**Domestic Violence** committed against an adult or a minor who is a spouse, former spouse, cohabitant, former cohabitant, or person with whom the suspect has had a child or is having or has had a dating or engagement relationship. "Cohabitant" means two unrelated adult persons living together for a substantial period of time resulting in some permanency of relationship. Factors that may determine whether persons are cohabitating include, but are not limited to, (1) sexual relations between the parties while sharing the same living quarters, (2) sharing of income or expenses, (3) joint use or ownership of property, (4) whether the parties hold themselves out as husband and wife, (5) the continuity of the relationship, and (6) the length of the relationship.

**Intimate Partner Violence** is threatened or actual use of physical force against an intimate partner that either results in or has the potential to result in death, injury, or harm. Intimate partner violence includes physical and sexual violence, both of which are often accompanied by psychological or emotional abuse. It may also include psychological or emotional abuse that occurs without physical or sexual violence when such violence has previously been threatened or committed during the relationship. Some common terms used to describe intimate partner violence include domestic abuse, spouse abuse, domestic violence, courtship violence, battering, marital rape, and date rape. Domestic violence and intimate partner violence are terms used interchangeably.

**Assaultive and Abusive Conduct** includes murder, manslaughter, mayhem, aggravated mayhem, torture, assault with intent to commit mayhem, rape, sodomy, oral copulation, administering controlled substance or anesthetic to aid in commission of a felony, battery, sexual battery, incest, throwing any vitriol, corrosive acid, or caustic chemical with intent to injure or disfigure, assault with a stun gun or taser, assault with a deadly weapon, firearm,

---

assault weapon, or machinegun, or by means likely to produce great bodily injury, rape, spousal rape, procuring any male/female to have sex with another man/woman, abuse of spouse or cohabitant, sodomy, and/or sexual penetration. Elder abuse is an attempt to commit any crime specified above in violation of the California Penal Code.

**Suspicious Injury** includes any wound or other physical injury that either was:

- Inflicted by the injured person's own act or by another where the injury was by means of a firearm; or
- Is suspected to be the result of assaultive or abusive conduct inflicted upon the injured person.

**POLICY:**

All Olive View-UCLA Medical Center (OVMC) health care practitioners will fulfill the requirements of California law to identify and report cases of suspected elder/dependent adult abuse, domestic/intimate partner violence, and suspicious injury. Health care professionals, including medical and non-medical practitioners, shall immediately, or as soon as practically possible, make a report to the appropriate authorities by telephone and a written report within two (2) working days of receiving the information of suspected elder/dependent adult abuse, domestic/intimate partner violence, and/or suspicious injury.

Olive View-UCLA Medical Center shall make its facilities available for the identification, evaluation, treatment and medical follow-up of such cases.

**PROCEDURE:**

**Elder/Dependent Adult Abuse**

All new employees shall be asked to sign a dependent adult abuse reporting statement. For those persons covered by the reporting law, execution of the statement is a condition of employment with OVMC. Current employees will be reminded of the reporting requirements at the time of annual performance evaluations.

OVMC employees are responsible for the identification of suspected elder/dependent adult abuse, and domestic/intimate partner violence on any person who presents for care.

Employees shall report suspected elder/dependent abuse immediately by telephone to the Long-Term Care Ombudsman at 800-334-9473, if the abuse is suspected to have happened at a long-term care facility and to Adult Protective Services at 213-351-5401 for all other suspected abuse locations. Reports may also be made to the local law enforcement agency in either case. After hours telephone reports can be made to the Los Angeles Elder Abuse Hotline at 800-992-1660. Telephone reports must be followed up by a faxed Report of Suspected Elder/Dependent Adult Abuse form # SOC 341 within 36 hours to 213-738-6485.

---

Suspected elder/dependent adult abuse patients admitted to OVMC from other health facilities as defined by Health and Safety Code 1250 shall be reported to Health Facilities Division because of licensure considerations.

**Domestic/Intimate Partner Violence**

Employees shall report suspected domestic/intimate partner violence, physical assault, rape, sexual molestation, or suspected involvement of a firearm in causing an injury in any person who presents for care. A report shall be made immediately, or as soon as practically possible, to the Sheriff by telephone by contacting (818) 364-3409, after a suspected incident is identified. The report to the Sheriff's Department shall include the name of the injured person, the injured person's whereabouts, and the identity of any person the injured person alleges inflicted the injury. The Sheriff will make the official report if indicated and will also provide the patient with referral information to seek further assistance. A referral to Clinical Social Work shall also be initiated for further follow-up.

OVMC shall provide emergency care and ongoing inpatient treatment that will ensure the adult's physical well-being. Follow-up activities by the reporting health care professional shall include a determination that mechanisms exist which ensure the health and safety of the adult and any dependent children.

Any health care provider who makes a domestic/intimate partner violence report in good faith is covered by civil and criminal immunity. Health care practitioners cannot apply the "privilege to refuse to disclose" in relationship to any reports filed.

Where appropriate and available, the emotional and social well-being of the adult shall also be addressed until long-term intervention programs have been identified and appropriately implemented.

**ATTACHMENTS/FORMS:**

None

**REFERENCE(S)/AUTHORITY:**

DHS Policy & Procedure 321.001. Chapter 946, Statutes of 1998

California Welfare and Institutions Code, Section 9380, 9386, 12251, 15610, 15620 and 15621

DHS Policy No. 295, Elder/Dependent Adult Abuse

**APPROVED BY:**

Judith Maass (Chief Executive Officer)  
Paula Siler (Chief Nursing Officer)  
Shannon Thyne (Chief Medical Officer)