

OSHA Training – August



California Mandated Reporting



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When are Health Care Providers & Health Care Workers Required to Report?

California law requires certain healthcare workers (*AKA mandated reporters*) **to report** suspected or known abuse, neglect, or injuries to patients.

Such as:

- **Child Abuse Domestic Abuse**
- **Elder & Dependent Adult Abuse**
- **Injuries due to violence (Domestic Abuse)**



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As a Mandated Reporter you are required to report if you:

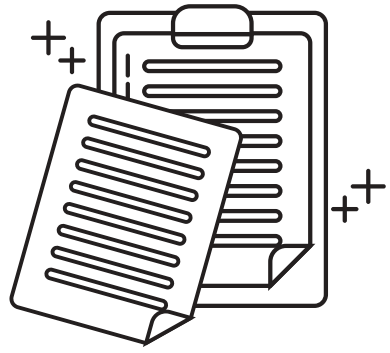
- *Witness an incident.*
- *Receive information or evidence*, whether visual or audible
- An elder or dependent adult or child *discloses an incident that appears to constitute abuse*
- *Report the known or suspected instance of abuse* by telephone or through a confidential Internet reporting tool, immediately or as soon as practically possible.



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Reporting to whom and when?



- Report to local law enforcement agency that has jurisdiction over the location in which the injury was sustained.
- A telephone report must be made immediately or as soon as practically possible, and a written report must be sent within two working days.



Who Should Report?



- **All health care providers & workers** who fall under this law are equally responsible to see that a report is made.
- **Any health practitioner**, who provides medical services for a physical condition to a patient whom he or she knows or reasonably suspects of suffering from injuries resulting from a firearm or assaultive or abusive conduct, is required to make a report.
- **When two or more providers are present** during the exam, only one needs to submit the report



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What must be included in the telephone and written report?



- The name of the injured person, if known;
- The injured person's whereabouts;
- The character and extent of the person's injuries;
- The identity of the person who allegedly inflicted the injury.
- Include any special instructions for safely contacting the patient, and address special needs, i.e. language needs, in the report.



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If I make a report, should I also document it in the medical record?

The reporting law emphasizes the ***need for documentation in the medical record***, including:

- Any comments by the injured person regarding past domestic violence or regarding the name of any person suspected of inflicting the injury;
- A map of the injured person's body showing and identifying injuries and bruises;
- A copy of the reporting form.
- Keep the report confidential; it **cannot** be accessed by friends, family or other third parties without the patient's consent.



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What if the battered patient is an elder or dependent adult?

- Elder/dependent Abuse is defined under California statute 15610.07 abuse of an **elderly person** or **a dependent adult**.
- A ***dependent adult*** is a person, regardless of whether the person lives independently, between the ages of 18 and 64 years, who has physical or mental limitations.
- **Elder/dependent adult abuse** includes physical, emotional, or sexual harm inflicted upon an older adult, their financial exploitation, or neglect of their welfare ***by people who are directly responsible for their care.***

As a mandated reporter, one must:

- **Report the known or suspected instance of abuse** by telephone or through a confidential Internet reporting tool, immediately or as soon as practically possible.



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If my patient was injured in another county, do I report to the respective law enforcement agency in which the health facility jurisdiction lies, ***or*** to the law enforcement agency in the county in which the patient was injured?

- The law states that a report must be made to "***a local law enforcement agency.***" It is generally recommended that the report be made in the jurisdiction where the patient was injured.



If the battered patient is a minor, under what law is the report made?

According to the **Child Abuse and Neglect Reporting Act (CANRA)** in California it is a crime not to report suspected child abuse to the proper authorities for professionals and laypersons who have a special working relationship of contact with children.

- Whenever the Child Abuse and Neglect Reporting Act applies, that reporting act supersedes the reporting act discussed here. Reports should be made pursuant to the Child Abuse and Neglect Reporting Act, as appropriate.



Continued...

- According to **CANRA** the reporter shall report the known or suspected child abuse to a child protective agency as soon as practically possible by telephone and shall prepare and **send a written report within 36 hours of receiving the information concerning the incident.**
- **Failure to report** an instance of child abuse *is guilty of a misdemeanor with a punishment not to exceed six months or \$1,000 or both.*



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As a healthcare provider, ***Am I required to tell patients, prior to screening for domestic violence,*** that I am mandated to make a report to local law enforcement if domestic violence is suspected?

- There is ***no legal requirement*** to inform the patient of the report.

However, ***ethically*** it would seem ***imperative to inform*** the patient of your obligation as a mandatory reporter. The patient should be aware of any actions that may be taken by the respective law enforcement agency and any documentation that is created.



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If the battered patient does not want a report to be made, must I make a report to local law enforcement?

Health practitioners are *required to report* if the terms of the law are met, made and the patient consents to a report.

- However, health practitioners should find out why the patient does not want a report made and *can* advocate on behalf of the patient's needs and concerns with the authorities.
- **FAILURE** to report is a *misdemeanor crime*.



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Reporting Resources

- **National Child Abuse Hotline:**
 - 1-800-4-A-CHILD (1-800-422-4453)
- **Orange County Child Protective Services:**
 - (714) 940-1000 or (800) 207-4464
- **LA County Dept. of Children a & Family Services**
 - **Child Protection Hotline:** (800) 540-4000
 - <https://dcfs.lacounty.gov/contact/report-child-abuse/>
- **Adult Protective Services (APS)** - agency to help elder adults (60 years and older) and dependent adults (18-59 who are disabled):
 - To report abuse, call this number 1-833-401-0832 and when prompted enter your 5-digit zip code to be connected to the Adult Protective Services in your county

***All* hotlines are 24-hour hotlines, 7 days a week.**

See Pages 224 to 235 of the OSHA Manual for, "Suspicious Injury Report"



INFORMATION DISCLOSURE

This form is for law enforcement use only and is confidential in accordance with Section 11163.2 of the Penal Code. This form shall not be disclosed except by local law enforcement agencies to those involved in the investigation of the report or the enforcement of a criminal law implicated by this report. In no case shall the person identified as a suspect be allowed access to the injured person's whereabouts. The person making this report shall not be required to disclose his/her identity to their employer (PC 11160).

Part A: PATIENT WITH SUSPICIOUS INJURY

1. PATIENT'S NAME (Last, First, Middle)	2. BIRTH DATE	3. GENDER <input type="checkbox"/> M <input type="checkbox"/> F	4. SAFE PHONE NUMBER ()
5. PATIENT'S RESIDING ADDRESS (Number and Street / Apt - NO P.O. Box)		City	State Zip
6. PATIENT SPEAKS ENGLISH <input type="checkbox"/> Y <input type="checkbox"/> N - Identify language spoken: _____		7. DATE AND TIME OF INJURY Date: _____ Time: <input type="checkbox"/> am <input type="checkbox"/> pm <input type="checkbox"/> Unknown	
8. LOCATION / ADDRESS WHERE INJURY OCCURRED, IF AVAILABLE - Check here if unknown: <input type="checkbox"/>			

9. PATIENT'S COMMENTS ABOUT THE INCIDENT - Include any identifying information about the person the patient alleges caused the injury and the names of any persons who may know about the incident.	<input type="checkbox"/> ADDITIONAL PAGES ATTACHED
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10. NAME OF SUSPECT - If identified by the patient	11. RELATIONSHIP TO PATIENT, IF ANY
12. SUSPICIOUS INJURY DESCRIPTION - Include a brief description of physical findings and the final diagnosis.	
<input type="checkbox"/> ADDITIONAL PAGES ATTACHED	

Part B: REQUIRED - AGENCIES RECEIVING PHONE AND WRITTEN REPORTS

13. LAW ENFORCEMENT AGENCY NOTIFIED BY PHONE (Mandated by PC 11160)	14. DATE AND TIME REPORTED Date: _____ Time: <input type="checkbox"/> am <input type="checkbox"/> pm	
15. NAME OF PERSON RECEIVING PHONE REPORT (First and Last)	16. JOB TITLE	17. PHONE NUMBER ()
18. LAW ENFORCEMENT AGENCY RECEIVING WRITTEN REPORT (Mandated by PC 11160)		19. AGENCY INCIDENT NUMBER

Part C: PERSON FILING REPORT

20. EMPLOYER'S NAME		21. PHONE NUMBER ()
22. EMPLOYER'S ADDRESS (Number and Street)		City State Zip
23. NAME OF HEALTH PRACTITIONER (First and Last)	24. JOB TITLE	
25. HEALTH PRACTITIONER'S SIGNATURE:		26. DATE SIGNED: