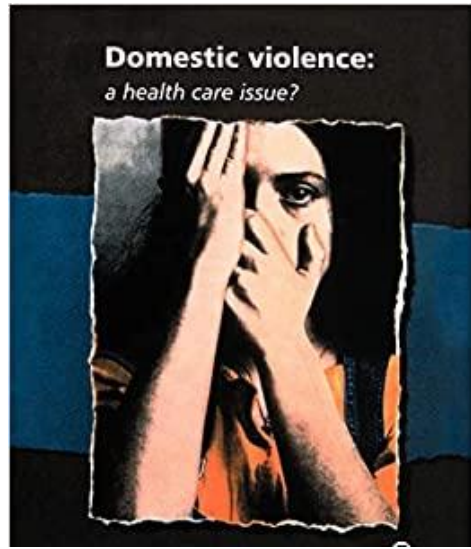


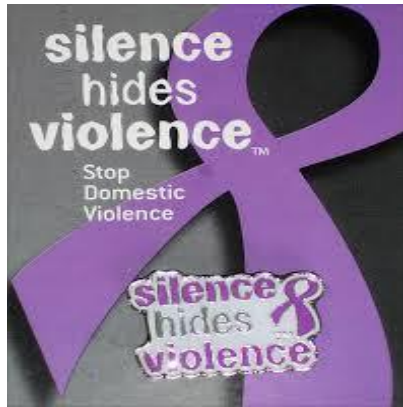
OSHA TRAINING August 2021

REPORTING

DOMESTIC VIOLENCE

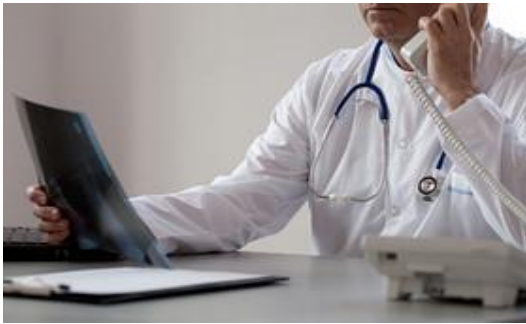


Most Common Questions and Answers on Mandatory Reporting Requirements for Health Practitioners in California



1) When are health care providers required to report?

- Health care providers are required to make a report if they provide medical services to a patient **whom they suspect** is suffering from a **physical injury due to a firearm or assaultive or abusive conduct.**



More ?s



2) To whom?

- **Local law enforcement agency that has jurisdiction over the location in which the injury was sustained.**

3) What is the time limit to report?

- A telephone report must be made immediately or as soon as practically possible, and a written report must be sent within two working days.



And More ?s



4) Who should report?

- All health care providers 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



And More ?s



5) What must be included in the telephone and written report? The report must include the following:

- 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.



And More ?s



6) 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.***



And More ?s



- 7) 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.



More ?s



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

- 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. Health practitioners may wish to consult with Child Protective Services (CPS) to determine if a CPS report should be made. Health practitioners should also consult with the appropriate local law enforcement agency(ies) to determine how the agency(ies) enforce(s) such violations.



More ?s



- 9) 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.



More ?s



- 10) 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, whether or not the patient consents to a report. However, health practitioners should find out why the patient does not want a report made, and advocate on behalf of the patient's needs and concerns with the authorities.
- 11) Are there penalties for failure to report?** It is a misdemeanor crime.

See Pages 224 to 235 of the OSHA Manual



OSHA SAFETY MANUAL

Revised 11/03/2014



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

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:



Argus Form for all Staff

ADULT/CHILD ABUSE AND DOMESTIC VIOLENCE REPORTING REQUIREMENTS

California law requires that medical practitioners, non-medical practitioners, health practitioners and child care custodians working in specified public or private facilities be informed of their duty to report suspected child abuse, suspected dependent adult abuse, and suspected domestic violence. Please read the following carefully and sign where indicated:

Section 11166 of the Penal Code requires any child care custodian, medical practitioner, non-medical care practitioner or employee of a child protective agency who has knowledge of or observes a child his or her professional capacity or within the scope of his or her employment whom he or she suspects has been the victim of a child abuse to report the known or suspected instance of child to a child protective agency immediately or as soon as practically possible by telephone and to prepare and send a written report thereof within 36 hours of receiving information concerning the incident.

Any person who fails to report an instance of child abuse which he or she knows to exist or reasonably should know to exist, as required, is guilty of misdemeanor and is punishable by confinement in the county jail for a term not to exceed six months or by a fine of not more than one thousand dollars (\$1,000) or by both.

The law also provides that a person who does not report as required, or who provides a child protective agency with access to a victim, shall not be civilly or criminally liable for doing so.

Section 15630 of the Welfare and Institutions Code requires any care custodian, health practitioner, or employee of a health facility who is in his or her professional capacity, or within the scope of his or her employment of a health facility who is in his or her professional capacity, or within the scope of his or her employment, has knowledge of or observes a dependent adult who he or she knows has been the victim of physical abuse, or who has injuries is under circumstances which are consistent with abuse, to report the known or suspected instance of physical abuse to an adult protective services, agency or a local law enforcement agency immediately, or as soon as practically possible, by telephone, and to prepare and send a written report thereof within 36 hours of receiving the information concerning the incident. Reporting is required where the dependent adult's statements indicate, or in the case of a person with developmental disabilities, where his or her statements or other corroborating evidence indicates that abuse has occurred.

Sections 11160-11163 of the California Penal Code require that any health practitioner employed in a health facility, clinic or physician's office who, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a patient whom he or she knows or reasonably suspects has suffered from any wound or injury inflicted as a result of domestic violence or spousal abuse shall immediately, or as soon as is reasonably possible, file a telephone report to the local law enforcement agency followed by a written report within two working days.

Failure to comply with these reporting requirements may lead to a fine up to \$1 ,000 and/or six months in jail.

A health practitioner who makes a report in accordance with this article shall not incur civil or criminal liability as a result of any report required or authorized by this article.

I certify that I have read and understand this statement and will comply with my obligations under the dependent adult abuse, child abuse, and domestic violence reporting laws.

Name & Job Title (Please Print)

Signature

Date