

PATIENT RESTRICTED

Coalinga State Hospital

OPERATING MANUAL

SECTION - HUMAN RESOURCES
ADMINISTRATIVE DIRECTIVE NO. 976
(Replaces A.D. No. 976 dated 5/1/07)

Effective Date: May 17, 2007

SUBJECT: DUTY TO WARN, INFORM, AND REPORT ABUSE AND SERIOUS THREATS

I. PURPOSE

It is the purpose of this Administrative Directive to ensure all patients at Coalinga State Hospital (CSH) are safe from Child, Elder and Dependent Adult Abuse; and their responsibilities in reporting any incident immediately.

II. AUTHORITY

By Order of the Hospital Executive Director, Department of Mental Health, consistent with the authority provided by Government Code Section (Special Orders No. 701.01 and 702.01). Child Abuse - Penal Code Section 11166.5 (Statute 1985, Chapter 1718), and Elder and Dependent Adult Abuse - Welfare and Institutions Code Section 15600 (with Assembly Bill 1780 and Special Bill 2199). Assembly Bill 685 (Chapter 209, Statutes of 1997); Tarasoff Decision - Civil Code Section 43.92, Special Order 721.01, Duty to Warn for Serious Threats of Physical Violence, Welfare and Institutions Code Section 5328(r).

III. POLICY

In order to comply with requirements of state laws, the hospital shall make all employees aware of the requirements to report abuse of children, abuse of elder and dependent adults, and any serious threat of physical violence against an identified person.

IV. METHOD

- A. Upon commencing employment, new employees will sign the Dependent Adult Abuse Reporting Requirement Receipt and Acknowledgement Form (MH 5411) and the Child Abuse Reporting Requirement Form (MH 3017). These forms will be provided by CSH during New Employee Orientation.
- B. This procedure will alert all new employees, hired under the applicable classifications, that they have a responsibility to report incidents as described in this policy. The signed statement (form) will be maintained in the employee's training file. The obligation to report is not restricted to staff who have signed the form; it applies to all staff.

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V. GENERAL

The identity of all persons who report under this directive shall be confidential as defined in the Welfare and Institutions Code Section 15633. Completion of the Report of Suspected Dependent Adult/Elder Abuse form (SOC 341) in no way replaces or diminishes staff responsibility to report cases of suspected abuse as Special Incident Report (SIR) through normal hospital channels (Special Order 701.01).

VI. CHILD ABUSE

A. Definition:

1. "Child" means any person residing in this state, 17 years of age or younger.
2. Child abuse refers to sexual abuse or exploitation, physical injury which is inflicted by other than accidental means, and a variety of other forms of abuse which are or were committed against a person prior to the person's eighteenth birthday. For further definition refer to Sections 11165, 11165.6 et seq. of the Penal Code.

B. Reporting:

1. All clinical staff must report any observed or (as defined in the Welfare and Institutions Code Section 15631(a) and (b)) suspected case of child abuse as soon as possible by telephoning the local Child Protective Agency of the county in which the alleged or suspected abuse probably occurred, Department of Police Services (DPS), and the SSI. In the absence of the SSI, the Chief of Police is automatically designated as the contact person (Designee). The telephone report is to include the name of the person making the report, the name and present location of the victim, the nature and extent of the injury, and other information requested by the Child Protection Agency.
2. Within 36 hours, the reporting staff will follow-up the phone call by sending a completed Suspected Child Abuse Report (SS 8572) to the Child Protection Agency.
3. Form SS 8572 is available in the Nurse of the Day's (NOD) office, DPS office and Program Units and distributed as follows:
 - a. Original - Child Protection Agency.
 - b. Copy returned to the SSI/Designee.
 - c. Two copies shall be made by the reporter; one to be retained by the reporting staff; and one attached to the SIR.

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4. There is no statute of limitation on the requirement to report. Child abuse which occurred in the past and which has not previously been reported must be reported in the same manner as recent cases.
5. The hospital employment classifications that are mandated to report suspected child abuse are: Physician and surgeon, psychiatrist, psychologist, optometrist, resident, intern, psychiatric social worker, rehabilitation therapist, teacher, dentist podiatrist, dental hygienist, dietitian, pharmacist, speech pathologist, audiologist, chaplain, registered nurse, vocational nurse, psychiatric technician and all related classifications.

VII. DEPENDENT ADULT AND ELDER ABUSE

A. Definitions:

1. "Dependent adult" means any person residing in this state who has physical or mental limitations that restrict his or her ability to carry out normal activities or to protect his or her rights including, but not limited to, persons who have physical or developmental disabilities or whose physical or mental abilities have diminished because of age.
2. "Dependent adult" includes any person between the ages of 18 and 64 who is admitted as an in-patient to a 24-hour health facility, as defined in Sections 1250, 1250.2, and 1250.3 of the Health and Safety Code.
3. "Elder" means any person residing in this state, 65 years of age or older.

B. Abuse of an Elder or Dependent Adult:

1. Abuse of an elder or dependent adult means physical abuse, neglect, intimidation, cruel punishment, financial abuse, abandonment, or other treatment with resulting harm or pain, mental suffering, or sexual activity.
2. Physical abuse is defined as: Intentional and unlawful attempt or use of force or violence against an Individual by anyone. This also includes unreasonable physical constraints, unauthorized use of physical or chemical restraints, medication or isolation. Some examples of physical abuse would be: assault, battery, sodomy, rape, restraining an Individual for punishment. For further definition, refer to the Welfare and Institutions Code, Section 15610.

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3. "Sexual activity" is defined in this legislation as follows: Sexual intercourse, sodomy, oral copulation, penetration of the genital or anal openings of another person by a foreign object, substance, instrument or device, for the purpose of sexual arousal, gratification, or abuse. Consent by a confined person to sexual activity is forbidden and is not a defense to a criminal prosecution for violation of this section. This section does not apply to sexual activity between consenting adults that occurs during an overnight conjugal visit that takes place pursuant to a court order or with the written approval of an authorized representative of the public entity that operates or contracts for the operation of the detention facility where the conjugal visit takes place.
4. "Financial Abuse" is defined as a situation in which one or both of the following apply: A person, including but not limited to, one who has the care or custody of, or who stands in a position of trust to an elder or dependent adult, takes, secretes, or appropriates their money or property to any wrongful use or with the intent to defraud.

C. Reporting:

1. All staff, who, in their professional capacity, or within the scope of their employment, have observed or have knowledge of an incident that reasonably appears to be physical abuse, abandonment, isolation, financial abuse, or neglect, or is told by an elder or dependent adult that he has experienced any of the above conditions, or reasonably suspects that abuse has occurred, is required to report. Staff will complete SOC 341 and notify the Comm Center who will then contact SSI/DPS staff to respond. At this time, the staff member will also complete a SIR describing the incident and actions taken.
2. SOC 341 is available in the NOD office, DPS office and Program Units. Upon completion, SOC 341 shall be submitted to the office of the SSI/Designee and distributed as follows:
 - a. Original goes to the SSI/Designee who will then forward to the appropriate authority.
 - b. Copy shall be retained by the SSI/Designee.
 - c. Copy shall be attached to the original SIR.
3. The SSI/Designee shall follow-up with an internal investigation and act as liaison with the outside agency. Notification of the SSI/Designee completes mandated reporting requirements for all staff in a state mental hospital. It is the responsibility of the SSI/Designee to ensure that further action is taken as needed.

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VIII. TARASOFF - CIVIL CODE SECTION 43.92

A. Definition:

Any psychotherapist has a duty, whenever there is a serious threat of physical violence toward an identified person, to warn that person and to inform the local law enforcement agency.

B. Reporting:

1. Any employee who becomes aware of a threat of physical violence against a reasonably identified victim, shall notify the Communications Center and document this information with an Interdisciplinary (ID) note in the Individual's chart and discuss the threat with the treatment team. The treatment team shall make a determination about the seriousness of the threat.
2. If the treatment team determines that the threatening Individual does pose a serious danger, the reporting person shall forward a memo to the Program Director that notes details relating to the threat (Individual, potential victim, nature, date and content of threat).
3. The Program Director will review the memo and forward it to the Medical Director.
4. Upon receipt of the memo, the Medical Director will send the appropriate notification letter to the persons who have been threatened, and a copy of the letter to the local Police Department in that area, and make entry on Page 2A face sheet.
 - a. The memo authorizing the Tarasoff action, a copy of the actual notification letter, and all subsequent correspondence regarding the warning, will be retained by Health Information Management Department (HIMD) in a locked confidential file until all required actions have been taken and the Individual is no longer hospitalized at CSH. All documentation regarding Tarasoff actions will then be placed in a confidential envelope and filed in the Individual's clinical record.
 - b. HIMD will prepare a dated/signed "Confirmation Memo" which will verify that the notification letter has been mailed to the threatened individual. The threatened individual's address/telephone number will not appear on the Confirmation Memo. Copies of the Confirmation Memo shall be made by HIMD and shall be sent to: (1) the Individual's clinical record, (2) the Program Director, and (3) the reporting person.

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- c. Immediately prior to CSH discharge, discharge from court, transfer, or in the event of an escape, the HIMD staff shall check the 2A face sheet to determine if the threatened individual responded to the Tarasoff Warning by returning a completed "Change in Custody Notification" Form. If this form is on file, HIMD will attempt to notify (verbally and in writing) the threatened person of the release date. No other Individual's information shall be released to the threatened party by the HIMD staff.
 - d. The Social Worker should include a description of the threat in the discharge summary and should alert community agencies such as parole and Conditional Outpatient Release Program about the threat.
5. The Program Director and treatment staff will seek assistance from the DPS or local law enforcement agencies to obtain mailing addresses of the person who has been threatened. In the event that a letter is returned undeliverable, it shall be forwarded to the Program Director or Social Worker for follow-up.
6. If the treatment team or people at other reviewing levels do not concur that the threat is serious and do not recommend completion of this warning protocol, the reporting person may proceed with the warning protocol if she or he continues to think there is serious danger of violence. In such instances, the reporting person shall communicate by memo with the Medical Director, via the Program Director. The Medical Director may authorize HIMD to proceed with the notification paperwork as described in Section 4 above. This protocol will allow the hospital to monitor and coordinate the notification process.
7. If a threat is made after normal working hours and it is necessary to make an immediate warning, e.g. in the event of an escape or imminent discharge, the reporting employee shall telephone the person who has been threatened and the law enforcement agency in that person's area. The Executive Officer of Day shall be consulted before this phone call is made. The phone call should be followed up by written communication as in Section D above. The threat and subsequent activity should be documented and discussed with the treatment team at the first opportunity.

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IX. SERIOUS THREATS

A. Individuals:

1. Any employee who becomes aware of a serious threat of physical violence by an Individual against another Individual shall notify the interdisciplinary team of the Individual at risk as soon as possible. The decision whether to notify the Individual who has been threatened will be made by the Wellness and Recovery Team (W&R Team) on a case-by-case basis.
2. All serious threats towards Individuals and any subsequent deliberations and actions should be documented in the interdisciplinary notes and reviewed at the next W&R Team meeting. Program Management should be notified.

B. Patient Visitors:

Any employee who becomes aware of a threat of violence by an Individual against a visitor shall notify the Communication Center, document this information with a note in the Individual's chart, and discuss the threat with the W&R Team. The Program Director should also be notified. Whether or not a decision is made to deny the Individual the right to visit, the visitor should be advised of the threat both verbally and with a notification letter.

C. Employees:

1. **Staff Member Threat:** Any employee who becomes aware of a serious threat of physical violence by an Individual against a staff member shall report the threat to his or her supervisor as soon as is practical. The supervisor shall advise the person at risk, the person's supervisor, and the DPS Watch Commander.
2. **Personal Threat:** Any employee who is personally threatened with serious physical violence by an Individual shall notify the DPS Watch Commander as soon as possible.
3. **Documentation of Threats:** All serious threats by currently hospitalized Individuals towards employees and any subsequent deliberations and actions should be documented in the ID notes and reviewed at the next W&R Team meeting. Program Management should be notified.
4. **Change in Custody Notification:** If an Individual threatens a CSH employee, that employee may choose to complete a "Change of Custody Notification" Form by contacting the HIMD. If this form is on file, attempts will be made to notify the staff member when the threatening Individual is scheduled to be released from CSH due to a change in custody (e.g., direct hospital discharge, release by the court, transfer to another state hospital, or return to the Department of Corrections and Rehabilitation).

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5. **Serious Threats by Patients who leave the Hospital and Return:**
Employees may request to be notified of the readmission to the hospital of an Individual who has attacked that employee or made a demonstrable threat to the employee during a previous hospitalization. The request should be made in writing to the Director of HIMD, who will ensure that the notification request is flagged in the Department's files. HIMD will implement the procedures for notifying the employee if the Individual is readmitted.



BEN MCLAIN
Executive Director (Acting)