



**STANFORD UNIVERSITY HOSPITAL**

**DEPARTMENT OF CLINICAL SOCIAL WORK**

**DEPARTMENT OF PEDIATRICS PROCEDURE**

**Guidelines For Managing Child Abuse and Neglect Cases  
At Stanford University Hospital**

When a parent or guardian brings a child to the Emergency Room or Pediatric Outpatient Clinic and the physician suspects that the child sustained non-accidental injuries, caloric deprivation, sexual abuse, or serious medical neglect, the following guidelines are recommended. There is a separate protocol for victims of rape.

1. **Hospitalize the Suspected Case:** The purpose of hospitalization is to protect the child until other evaluations regarding the safety of the home are complete. The extent of injuries is not relevant to this requirement.

The child's need for protection supersedes any other consideration. Even if the child has no medical insurance or has Medi-Cal, the child should be admitted.

The reason given to the parent for hospitalization can be that "his injuries need to be watched" or "further studies are needed." The Emergency Room is not the place to evaluate or manage these cases. It is not helpful to mention the possibility of non-accidental trauma or underfeeding, at this time. If it becomes difficult to persuade the parents of the need for admission, contact the child's own pediatrician, if there is one, or the Chief Resident for assistance. If the parents refuse hospitalization, the child can be placed in protective custody by the local police. This is rarely necessary and should not be routine procedure.

The case can be safely evaluated while the child remains in the home in a few instances (i.e., the offender was a boyfriend who is in jail or a baby-sitter who is no longer employed). Serious homicidal threats (e.g., "If I have to spend another minute with that kid, something bad is going to happen") also require admission and psychiatric consultation.

2. **Treat The Child's Injuries:** Once the child is in the hospital, the medical and surgical problems should be cared for in the usual manner. The diagnosis of physical abuse is a pediatric admission, with appropriate consultation. An orthopedic consultation is commonly needed. Ophthalmologists, neurologists, neurosurgeons are occasionally consulted.
3. **Obtain Necessary Laboratory Tests:** Every suspected abuse case should receive a radiologic bone survey (termed "trauma survey" at UCSF Stanford Health Care), especially if under 6 years old. Avoid using incriminating terms (e.g., rule out "battering") on requisitions. Sometimes the x-ray findings change a suspected case into a definite case of non-accidental trauma. If there are bruises, a history of "easy bruising," or subdermal hematomas, one should obtain a "bleeding disorder screen" (platelet count, bleeding time, partial thromboplastin and prothrombin time). If there are visible physical findings, color photographs should be obtained before they fade. Photographs

may be ordered for **chart documentation**.

4. **Elicit Detailed Facts Concerning The Injury:** A complete history should be obtained by **one** physician on the ward as to how the injury allegedly happened. (The place, the exact time, the sequence of events, people present, time lag before medical attention sought, etc.). The history should be obtained preferably with one physician interviewing the parent and another staff person present. It is important that what is said by both the physician and the parents be witnessed.
5. **Diagnosis is the pediatrician's job** -- not the psychiatrist's or social worker's. For pediatric consultation, call the Chief Resident.

Indications for consultation are:

- a. **Physical Abuse**, (i.e., unexplained or inadequately explained bruises, swelling fractures, or burns. This should also include any bruises which are inflicted in the name of discipline.)
  - b. **Sexual Abuse** (i.e., hickeys, bruising around the mouth, breasts, genitals, anus, venereal disease.)
  - c. **Medical Care Neglect** (i.e., noncompliance with therapy or not seeking medical care when the omission is life-threatening.)
  - d. **Drug or Alcohol Abuse of Young Children** (i.e., caretakers who give children alcohol or dangerous drugs with a physician's orders.)
6. **Tell Parents the Diagnosis and the Need to Report It:** Tell the parents the diagnosis and the need to report before doing so. One can state: "The child's injuries concern us because there is an inadequate explanation for them." "I am obligated by the California law to report all unexplained injuries to children." The physician should do this since the case is reported on the basis of his/her medical finding. In fact, after all diagnostic studies are completed, the physician should review in a kind way the actual case of each specific injury. This convinces the parents that we know what actually happened and permits them to turn their attention to therapy. He should be willing to discuss the general content of the report, and it may be shown to the parents if deemed wise. The report will go to Children's Protective Service or Juvenile Probation Department, depending upon the severity of the abuse and the county of the child's residence. He can add that the matter will be kept confidential (not appear in the newspapers), and that everyone's goal is to help them find better ways of dealing with their child (not to punish the parents.) If the parents remain argumentative, they can be advised to seek legal counsel.
  7. California Law required that both a telephone and written report be made within 36 hours. A phone report should be made as soon as the diagnosis of suspected child abuse is known.

**How to Report:** All counties have 24 hour Emergency Response Numbers for making referrals. This number may also be called for consultation. Below are the numbers for surrounding counties:

San Mateo County.....573-3866  
Santa Clara County.....299-2971  
Alameda County.....493-9300

For referral of any child from any other county, contact local authorities.

8. **Maintain Helping Approach to the Parents:** This is the hardest step. Feeling angry with these parents is natural, but expressing this anger is very damaging to parent cooperation. Repeated interrogation, confrontation and accusation, must be avoided. The primary physician must see or phone these parents daily. They become suspicious quite easily if communication is not optimal. If the child is brought in with multiple life threatening injuries or DOA, the parent requires an emergency psychiatric evaluation because he may be psychotic or suicidal.
  
9. **Involve the Parents in the Child's Hospital Care:** The ultimate goal is to have the parents care for their child adequately. The parents should be encouraged to visit frequently and to take over the care of their child during these times. It is especially important to include the parents when the child is going to be hospitalized for 1-2 weeks as in failure-to-thrive evaluations. The ward staff should offer help, remain supportive, compliment the parents on their efforts, and in general build their confidence in themselves as parents.
  
10. **Complete An Official Written Report Within 36 Hours:** The official medical report should be written by a physician and contain the following data:
  - a. **History** - the alleged cause of the injury (with dates and times) or malnutrition.
  - b. **Physical exam** - description of the injury (use non-technical terms like "check instead of "zygoma") or of the weight gain before and during hospitalization (in ounces per day, not the metric system.)
  - c. **Lab tests, i.e., x-rays, blood work.**
  - d. Concluding statement on why this represents non-accidental trauma or severe abuse. Also, any special concern regarding the child's safety or sexual abuse should be noted. The pediatric ward social worker has reporting forms. Reporting forms are also available in the Emergency Room.
  
11. The social worker determines overall family problems, environmental problems, the state of the marriage, how disturbed the parents are, and how likely they are to accept therapy. In severe or complex cases, or when the initial social history information is vague or inconclusive, a psychiatric evaluation is also obtained. (This helps to uncover the 10% of parents that are very dangerous because they are sociopathic or psychotic.) The pediatrician is not usually able to do this. Protective Services or the appropriate agency carry out their own home evaluation concurrently.
  
12. An interdisciplinary conference involving primary physician, primary nurse, social worker, and protective services worker should take place within three days of admission. All

evaluations should have been completed and can be discussed. Although disposition of the case is the responsibility of the agency to whom referral was made, staff can benefit from the opportunity to discuss it.

WHEN A CHILD PRESENTS IN ANY HOSPITAL SERVICE OR DEPARTMENT, AND A PHYSICIAN DETERMINES THAT THE CHILD MAY BE A VICTIM OF NEGLECT OR ABUSE, THE FOLLOWING ACTIONS SHOULD BE TAKEN:

### **CHECK LIST FOR SUSPECTED CHILD ABUSE**

1. Treat the child's injuries.
2. Document injuries in chart.
3. Whom to notify IN-HOUSE: Pediatric Chief Resident or Senior resident on call. They should notify the following:
  - a. Pediatric Chief Resident
  - b. Attending Physician
  - c. Family Pediatrician
  - d. Pediatrics Ward Social Worker
  - e. Pediatrics Ward CNC
4. Obtain necessary lab tests and photographs.
5. Elicit facts concerning the injuries.
6. Tell parents suspected diagnosis and the need to report - as required by law.
7. Take telephone call within 36 hours.

Notify appropriate child welfare agency in child's county of residence:

**24-HOUR NUMBER:**

- a. San Mateo County - 573-2866
- b. Santa Clara County - 299-2071
- c. Alameda County - 493-9300

Note the name of the person taking the referral and the date.

8. Complete written report within 36 hours, the Pediatrics Social Worker on the Pediatric Ward has reporting forms. These forms are also available in the Emergency Room. Mail written report to appropriate address:

**San Mateo County:** Children's Protective Services, Dependent Intake Unit, 225 37th Avenue, San Mateo, CA 94403.

**Santa Clara County:** Child Abuse & Neglect Screening Center, 1440 Roberts Road,



San Jose, CA 95122.

**Alameda County:** Children's Protective Services, 2300 Fairmont Drive, San Leandro, CA 94578.

9. Send copy of report to Stanford University Hospital, Care Review/Risk Management Department.



## STANFORD UNIVERSITY HOSPITAL & CLINICS CHILD ABUSE REPORTING REQUIREMENTS

Effective January 1, 1985, Stanford University Hospital is required to obtain a signed statement from certain new employees which states that the employee has knowledge of the provisions of Section 11166 of the California Penal Code which addresses Child Abuse Reporting requirements.

**Please read the following statements and sign below.**

Section 11166 of the Penal Code requires any child care custodian, medical practitioner, nonmedical practitioner, or employee of a child protective agency who has knowledge of or observes a child in his or her professional capacity or within the scope of his or her employment whom he or she knows or reasonably suspects has been the victim of a child abuse to report the known or suspected instance of child abuse to a child protective agency immediately or as soon as practically possible by telephone and to prepare and sent written report thereof within 36 hours of receiving the information concerning the incident. When two or more people jointly have knowledge of a suspected instance of child abuse, and when there is agreement among them, the telephone and written reports may be made by a member of the team selected by mutual agreement. Any member who finds that the member designated to report has failed to do so, shall then make the report.

"Child Care custodian" includes teacher, administrative officers, supervisors of child welfare and attendance, or certificated pupil personnel employees of any public or private school; administrators of a public private day camp; licensed day care workers; administrators of community care facilities licensed to care for children, headstart teachers; employees of a child care institution including, but not limited to, foster parents, group home personnel, and personnel of residential care facilities; and social workers or probation officers.

"Medical practitioner" includes physicians and surgeons, psychiatrists, psychologists, dentists, residents, interns, podiatrists, chiropractors, licensed nurses, dental hygienists, or any other person who is licensed under Division 2 (commencing with Section 500) of the Business and Professions Code.

"Nonmedical practitioner" includes state or county public health employees who treat minors for venereal disease or any other condition; coroners; paramedics; marriage, family or child counselors; and religious practitioners who diagnose, examine, or treat children.

I have received a copy of the Stanford University Hospital "Guidelines for Managing Child Abuse and Neglect Cases at Stanford University Hospital." I understand that these guidelines are also available from the Department of Clinical Social Work, and that I can obtain further information from Jane Zimmerman at extension 3-6533 or page 16296.

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**Signature**

**Date**

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**Print or Type Name**



COMPLETION OF THIS FORM IS REQUIRED OF THE STATE OF CALIFORNIA