POLICY

High Peaks Hospice (HPH) is a mandatory reporting agency, regarding suspected abuse or neglect, if any HPH team member witnesses or suspects abuse or neglect of a HPH patient or other individual it is mandatory that the team member inform their supervisor and appropriate action as outlined below definitions.

1. Adults 18 years of age or older:
   A. Neglect is the failure to supply an individual with necessary food, shelter, clothing, health care, or supervision.
   B. Abuse occurs with the intentional and non-therapeutic infliction of pain or injury or any persistent course of action, which produces mental or emotional distress and/or deprivation of entitlement due them, and/or wasting of their resources.

2. Children less than 18 years of age:
   A. Neglect is the failure of the child’s parent(s) or other person(s) legally responsible for the child’s care to exercise a minimum of care by:
      1) Lack of food, clothing, shelter, and/or medical or surgical care
      2) Lack of supervision or abandonment
      3) Excessive corporal punishment or risk of harm
      4) Excessive use of drugs or alcohol
   B. Abuse occurs when the parent(s) or other person(s) legally responsible for the child’s care:
      1) Inflicts or allows to be inflicted upon a child serious physical injury or
      2) Creates or allows to be created a substantial risk of physical injury or
      3) Commits or allows to be committed against a child a sexual offense.

PROCEDURE

1. When a HPH team member suspects a patient or an individual is experiencing either neglect or abuse, the matter is to be reported immediately to a HPH Patient Care Coordinator (PCC).

2. The PCC will consult with a HPH social worker (SW). The PCC will make an assessment that will be made based on the attached maltreatment indicators to determine the need for intervention and appropriate action will be made.

3. Action based on the age and mental competency of the victim of the suspected abuse and/or neglect will be as follows:
A. If the victim of the suspected abuse and/or neglect is under 18 years of age:
   1) The patient’s primary physician will be informed.
   2) The child abuse hotline (1-800-635-1522) for mandatory reporters and/or police will be called.
   3) A written report (DSS-2221-A) will be completed within 48 hours by the HPH SW and will be mailed to the child protective office at the local county’s Department of Social Services.
   4) All involved HPH staff will be responsible for documenting all assessments, attempted interventions, and reports made to regulatory authorities in the patient’s clinical record.

B. If the victim of abuse/neglect is an adult over 18 years of age but is unable to make competent decisions:
   1) The patient’s primary physician will be informed.
   2) The HPH SW will attempt to implement with family/caregivers a wide range of interventions to end the abuse/neglect.
   3) After all attempts at interventions to end the abuse/neglect with the family and/or caregivers are refused and/or fail, the adult protective office of the local county’s Department of Social Services will be contacted via phone by the HPH SW. (NYS Attorney General Crimes Victim Division Ph# 800-771-7755)
   4) All involved HPH staff will be responsible for documenting all assessments attempted interventions and reports made to the regulatory authorities in the patient’s clinical record.

C. If the HPH SW in conjunction with other team members working with the identified patient/family determines there is reasonable evidence of abuse and/or neglect and the victim of the abuse and/or neglect is an adult competent to make their own decisions:
   1) The patient’s physician will be informed of the suspected abuse and/or neglect.
   2) The HPH SW will explore and implement a variety of appropriate interventions in an effort to identify and/or eliminate the abuse and/or neglect.
   3) All efforts at intervention will be carefully documented in patient’s clinical chart and reported to the PCC, patients, Registered Nurse (RN) case manager, and patient’s primary physician.

D. Should a HPH team member be the individual suspected of abuse or neglect, the PCC will contact the Executive Director immediately. The Department of Health will be notified and an investigation will be initiated. Disciplinary measures will be contingent on the findings of the investigation.

4. Education for Staff and volunteers:
   Annual education on this policy will be provided for all current staff and volunteers. This topic will be included in the orientations for all new staff and volunteers.

**LAST REVIEW DATE:** IDT 06/14/17, Clinical Comm 08/08/17, BOD 05/08/18
**LAST UPDATED:** Comp Coord 05/17/17, 06/26/17, 05/30/18, 07/13/18, 09/01/18
**BOARD APPROVAL:** May 8, 2018