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**General Operating Policy: Newberg School-Based Health Center  
Reporting of Child Maltreatment/Abuse**

**Purpose**

When mandated by Oregon state law, Providence staff, including all Newberg School-Based Health Center (SBHC) staff, are required to report all incidents of suspected abuse for children, persons 65 and older, and people with disabilities under the age of 65. This is in accordance with ORS 419B.005-419B.050, ORS 430.735(12)(i), and ORS 441.630(6)(i). Any “public or private official” (this includes licensed practical nurses, registered nurses, nurse practitioners, physicians and all SBHC employees) who has reasonable cause to believe that any of these protected individuals with whom the official has come in contact has suffered abuse of any kind, shall immediately report that concern to the Department of Human Services (DHS)/Child Welfare or a Law Enforcement Agency. Acting in the best interest of the patient, Providence staff will report any situation of potential harm of SBHC patients to the appropriate state authority.

**Definitions**

**Abuse**

Definition from CMS State Operations Manual: Abuse is defined as the willful infliction of injury, unreasonable confinement, intimidation, or punishment, with resulting physical harm, pain, or mental anguish. This includes staff neglect or indifference to infliction of injury or intimidation of one patient by another. Neglect, for the purpose of this requirement, is considered a form of abuse and is defined as the failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness.

**Child Abuse**

Definition: ORS 419B.005-4195B.050

- a. "Abuse means any assault of a child and any physical injury to a child which has been caused by other than accidental means, including any injury which appears to be at variance with the explanation given of the injury."
- b. "Medical providers" are caregivers who assess and treat patients and are mandatory reporters of abuse.
- c. "Medical-forensic examiner" caregivers with specialized training who conduct forensic examinations.
- d. "Any mental injury to a child, which shall include only observable and substantial impairment of the child's mental or psychological ability to function caused by cruelty to the child, with due regard to the culture of the child."
- e. "Rape of a child, which includes but is not limited to rape, sodomy, unlawful sexual penetration and incest."
- f. "Sexual exploitation, including but not limited to contributing to the sexual delinquency of a minor and any other conduct which allows, employs, authorizes, permits, induces or encourages a child to engage in the performing for people to observe or the photographing, filming, tape recording or other exhibition which in whole or in part, depicts sexual conduct or contact. Allowing, permitting, encouraging or hiring a child to engage in prostitution."
- g. "Negligent treatment or maltreatment of a child, including but not limited to the failure to provide adequate food, clothing, and shelter or medical care that is likely to endanger the health or welfare of the child."
- h. "Threatened harm to a child, which means subjecting a child to a substantial risk of harm to the child's health or welfare."
- i. "Buying or selling a person under 18 years of age."
- j. "Child" means an unmarried person under 18 years of age.
- k. Unlawful exposure to a controlled substance, as defined in ORS 475.005, that subjects a child to a substantial risk of harm to the child's health or safety.

Department of Human Services Child Protective Services (DHS CPS)

Child Protective Services is a state agency within the Department of Human Services which provides a spectrum of human services to individuals, families, and communities.

Reference <http://www.oregon.gov/DHS/CHILDREN/CHILD-ABUSE/Pages/index.aspx>

Protective custody order ("Court Hold", "DHS Hold")

This authorizes DHS to immediately place a child in protective custody. Typically a protective service worker must obtain a court order. The worker can file a petition for the court order as soon as the decision is made to place the child in protective custody. A copy of the court order needs to be delivered to the hospital by the worker or a copy may be faxed. A hearing must then be set within 24 hours or the next working day.

#### Police Hold

The police can immediately place a child in protective custody. This occurs only in emergent situations or where there is a threat of harm to the child. An example would be a parent who is perceived to be a threat by harm or neglect to a child attempting to leave the hospital before a protective custody order is in place.

#### Requirements: Duty to Report: ORS 419B.010-419B.040

"Any public or private official having reasonable cause to believe that any child with whom the official comes in contact has suffered abuse, or that any person with whom the official comes in contact has abused a child shall immediately report or cause a report to be made....to the local office of the Department of Human Services, to the designee of the department or to a law enforcement agency" Those "public or private officials" include physicians, dentist, school employee, licensed practical nurse or registered nurse, peace officer, psychologist, psychiatrist, clergyman, licensed clinical social workers, chiropractors, counselors and firefighters. In the case of abuse of a child, the privileges created in ORS 40.230 to 40.255, including the psychotherapist-patient privilege, the physician-patient privilege, the privileges extended to nurses and to registered clinical social workers and the husband-wife privilege, shall not be a ground for excluding evidence regarding a child's abuse. A report is not an already established fact, but rather the request for assessment into the condition of the child.

#### Definitions: Abuse means one or more of the following:

- a. Any physical injury caused by other than accidental means, or which appears to be at variance with the explanation given of the injury.
- b. Neglect which leads to physical harm through withholding of services necessary to maintain health and well-being.

- c. Abandonment, including desertion or willful forsaking of an elderly person or the withdrawal or neglect of duties and obligations owed an elderly person by a caretaker or other person.
- d. Willful infliction of physical pain or injury.
- e. Sexual abuse means non-consensual sexual contact or behavior that includes, but is not limited to, sexual harassment, inappropriate or unwanted sexual comments, and threats. These activities are considered non-consensual if a person does not make, or is incapable of making, an informed choice.
- f. Financial Exploitation which includes the illegal or improper use, by means including but not limited to deceit, coercion, fraud, or undue influence, of the resources (including medications) of an elderly person.
- g. Although not always encompassed under mandatory reporting, bullying, harassment, intimidation, or coercion by another individual, including but not limited to peers, parents, and school district staff.

"Elderly person" means any person 65 years of age or older.

Requirements: Any public or private official having reasonable cause to believe that any person 65 years of age or older with whom the official comes in contact, while acting in an official capacity, has suffered abuse, or that any person with whom the official comes in contact while acting in an official capacity has abused a person 65 years of age or older shall make an oral report " immediately by telephone or otherwise to the Department of Human Services, the designee of the department or a law enforcement agency."

Abuse of Mentally Ill or Developmentally Disabled Persons as required by ORS 430.735-430.765

Definition: Abuse means one or more of the following:

- a. "Abandonment" means desertion by a caregiver or other individual;
- b. Death of an adult caused by other than accidental or natural means or occurring in unusual circumstances;
- c. Financial exploitation which includes: (A) Wrongfully taking the assets, funds, or property belonging to or intended for the use of a person with a developmental disability; (B) Alarming a person by conveying a threat to wrongfully take or appropriate money or

- property of the person if the person would reasonably believe that the threat conveyed would be carried out; (C) Misappropriating, misusing, or transferring without authorization any money from any account held jointly or singly by a person with a developmental disability; or (D) Failing to use the income or assets of a person with a developmental disability effectively for the support and maintenance of the person;
- d. Neglect which includes: (A) Withholding services necessary to maintain the health and well-being of an adult which leads to physical harm or significant mental injury to an adult "Services" include but are not limited to the provision of food, clothing, medicine, housing, medical services, assistance with bathing or personal hygiene, or any other services essential to the well-being of an adult; (B) Failure to provide the care, supervision, or services necessary to maintain the physical and mental health of a person with a developmental disability that results in actual harm or creates a significant risk of physical harm or significant emotional harm to the person with a developmental disability. Such failure may occur whether due to passive or active neglect, or through negligent omission or negligent treatment; or (C) Failure of a caregiver to make a reasonable effort to protect a person with a developmental disability from abuse.
  - e. Any physical injury caused by other than accidental means, or that appears to be at variance with the explanation given of the injury.
  - f. Willful infliction of physical pain or injury.
  - g. Restraint which means (A) A wrongful use of a physical or chemical restraint upon a person with a developmental disability, excluding an act of restraint prescribed by a licensed physician and any treatment team activities that are consistent with an approved treatment plan or in connection with a court order; or (B) Involuntary seclusion of a person with a developmental disability for the convenience of a caregiver or to discipline the person. Involuntary seclusion includes placing restrictions on an individual's freedom of movement by restriction to an area of the facility, residence, or program, or restriction from access to ordinarily accessible areas of the facility, residence, or program, unless agreed to by the Individual Support Plan (ISP) team and included in an approved Behavior Support Plan (BSP). Involuntary seclusion may also include confinement in a home setting.
  - h. "Sexual abuse" means: (A) Sexual contact with a no consenting adult or with an adult considered incapable of consenting to a sexual act under ORS 163.315; or (B) Sexual harassment, sexual exploitation, or inappropriate exposure to sexually explicit material or language. Sexual harassment or exploitation includes but is not limited to any sexual

contact between an employee of a facility or community program, provider, or other caregiver and an adult. For situations other than those involving an employee, provider, or other caregiver of an adult, sexual harassment or exploitation means unwelcome physical contact including requests for sexual favors and other physical conduct directed toward an adult; (C) Any sexual contact between an employee of a facility or paid caregiver and an adult served by the facility or caregiver; (D) Any sexual contact that is achieved through force, trickery, threat, or coercion; or (E) As defined in ORS 163.305 "sexual contact means any touching of sexual or other intimate parts of a person or causing such person to touch sexual or other intimate parts of the act, or for the purpose of arousing or gratifying the sexual desire of either party.

- i. "Adult" means a person who is mentally ill or developmentally disabled or blind, who is 18 years of age or older who: (A) Has a developmental disability and is currently receiving services from a community program or facility or was previously determined eligible for services as an adult by a community program or facility; or (B) Has a mental illness and is receiving services from a community program or facility.
- j. Requirements: Mandatory reporting is required for suspected abused mentally ill and developmentally disabled adults. Mandatory reporters are doctors, nurses, social workers and any staff involved in the care of patients. Psychiatrists, psychologists, clergy and attorneys are mandatory reporters, but do not have to report information given from communications that are privileged.

## Domestic Violence

1. Domestic violence is a pattern of coercive behavior used by adults or adolescents to control another person. It involves a physical assault or a threat of a physical assault. One or more abusive tactics such as sexual abuse, economic control, destruction of pets and/or property, isolation and emotional abuse almost always accompanies domestic violence.
2. Intimate partners include: spouses/former spouses; domestic partners/former domestic partners; person living together/formerly living together; persons engaged/formerly engaged; persons dating/formerly dating or two people who have a child in common.

## Procedure

1. To assist medical providers in identification of abuse of a child, refer to Attachment A. For any child that has suspicious physical injury, there are specific requirements for handling of these cases that must be met by medical–forensic examiners, law enforcement and Department of Human Services (DHS).
2. Indications for DHS involvement can be identified based on information obtained on the medical history, or current indications during the SBHC visit.
3. Staff will immediately report the suspicions to the local office of the Department of Human Services or to a law enforcement agency.
4. If a student or staff member is in immediate danger by a suspected abuser, staff will call 9-1-1 and notify the Newberg School Resource Officer by radio.
5. When police are likely to be coming to the SBHC site for an investigation or interview with the victim, staff will assist in finding a private and safe space for the investigation to be conducted.
6. If abuse is suspected or reported in a situation which mandatory reporting does not apply, staff should provide the victim crisis hotline numbers, shelters, and information to access other types of support. This information should be provided to the victim in writing.

<b>Phone numbers for abuse reporting:</b>	
Report abuse or neglect of any child OR adult in Oregon to DHS	(855) 503-SAFE (7233)
Yamhill County DHS/CW	(503) 472-4634 Fax (503) 472-3815 Toll Free (800) 822-3903
Northwest Senior & Abuse Services	(800) 846-9165 (503) 434-7460
Newberg-Dundee Police Dept	(503) 554-7885
Yamhill County Sheriff Hotline:	(503) 434-7506 (503) 378-6704

7. Document clearly the physical, emotional, and cognitive status of the child. Documentation should be objective, describing bruises, welts, burns, fractures and any interpersonal communication between the child and caregiver.

8. Document smart phrase to limit the external viewing of documentation that may cause additional harm to patient.
9. The medical providers may, within fourteen days, refer children under five years of age for a screening for early intervention services or early childhood special education. This referral may not indicate the child is subject to a child abuse investigation.
10. It is the responsibility of the medical providers to ascertain if there is a reasonable belief to suspect neglect or abuse. It is not the medical provider's responsibility to decide whether or not there was actual abuse or neglect, nor who abused the patient. Refrain from accusatory statements, when obtaining information from the child or the person responsible for the care of the child, gather factual information as appropriate.

### **Stakeholders**

Providence Oregon Medical Group – Access Strategies

Providence Behavioral Health Services

Newberg Public Schools

Oregon Health Authority, Oregon School Based Health Centers

Yamhill County Public Health

### **List Cross-References**

PH&S Oregon Region, General Operating Policy: Abuse Identification and Intervention (195.00, PolicyStat ID: 7867708)

## **APPENDIX A: Factors to Consider in Evaluation of Suspected Child Abuse**

- Evidence of bruises in various stages of healing, especially old and new bruises.
- Bruises, burns or welts in the shape of an object used to inflict injury.
- Injuries not compatible with the child's ability at that age.
- Immersion burns on ankles, buttocks and so on.
- Injuries that do not match with the report mechanism of injury.
- Bald patches where the hair has been pulled from the scalp.
- Bruises to the face, neck, back, chest, buttocks and thighs.
- Evidence of history of old fractures and the presence of spiral type fractures twisting of extremity.
- Injuries that appear in patterns, such as from cigarette burns or teeth marks that suggest nonaccidental infliction; rope marks or burns may be present.
- Injuries to the mouth in infants that may result from force during feedings.
- Undernourished and uncared for appearance.
- Signs of abdominal distention in infants.
- Poor hygiene, inappropriate dress.
- Withdrawn, apathetic behavior.
- The child appears fearful, but submits to treatment and does not cry.
- The child has been abandoned or left unattended for long periods.
- Delay in seeking treatment for the injury.
- Parent's story may be inconsistent over time, and the parent is evasive regarding details of the accident.
- Parental reaction may include anger and hostility at the child, each other, or health care providers.
- Other indicators may be identified.
- Suspected/documented violence in home.