



MULTNOMAH COUNTY OREGON
HEALTH DEPARTMENT ADMINISTRATIVE GUIDELINES

SECTION: Legal	NUMBER: LEG.01.02 PREVIOUS NUMBER: 501(3)
CHAPTER: General	ORIGINATED: 08/79 LAST REVIEW DATE: 11/05
TITLE: Reporting Suspected Child Abuse Cases	
APPROVED BY:	CONTACT PERSON/S: Carol Ford
PAGE 1 OF 7	# Attachments: 3
Applies to: All personnel	

A. POLICY STATEMENT

According to ORS 419B.010, "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 in the manner required in ORS 419B.015."

Also, according to ORS 419B.025, "Anyone participating in good faith in the making of a report of child abuse and who has reasonable grounds for the making thereof shall have immunity from any liability, civil or criminal, that might otherwise be incurred or imposed with respect to the making or content of such report. Any such participant shall have the same immunity with respect to participating in any judicial proceeding resulting from such report."

Any staff person having reasonable cause to believe that a child has suffered abuse is responsible for immediately reporting their concern to the Department of Human Services (DHS). A report must be made regardless of how much time has elapsed since the reported abuse. If there is doubt that a report has been made and it is not possible to verify the reporting, report the alleged abuse.

The responsibility to report is present twenty-four hours a day, seven days a week, and includes non-work hours.

While confidentiality and HIPPA rules apply ORS 419B.050 and ORS 419B.020 allow some exceptions. ORS § 419B.050 and ORS 419B.020, are attached.

ORS § 419B.050 (1) reads "Upon notice by a law enforcement agency, the Department of Human Services, a member agency of a county multidisciplinary child abuse team or a member of a county multidisciplinary child abuse team that a child abuse investigation is being conducted under ORS 419B.020, a health care provider must permit the law enforcement agency, the department, the member agency of the county multidisciplinary

child abuse team or the member of the county multidisciplinary child abuse team to inspect and copy medical records, including, but not limited to, prenatal and birth records, of the child involved in the investigation without the consent of the child, or the parent or guardian of the child. A health care provider who in good faith disclosed medical records under this section is not civilly or criminally liable for the disclosure.

B. DEFINITIONS (also see ORS 419B.005 attached):

Abuse:

1. Any assault, as defined in ORS chapter 163, 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. Current evidence of injuries is not required for young children (24 months or younger) who are at risk of bodily injury. Past observed abuse may be enough for an assessment by DHS. DHS will be interested in the following risk factors:
 - age of child
 - placement of injury
 - caretaker's history of abuse
 - history of domestic violence
 - drug and alcohol issues
 - alleged offender access to child
 - isolation/social supports
 - other stressors
2. Any mental injury to a child, which includes 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.
3. Rape of a child, which includes but is not limited to rape, sodomy, unlawful sexual penetration, and incest.
4. Sexual contact between two parties when one party is under 12 years old.
5. When both actors are at least 12 years of age and at least one is under 18 and they are unmarried, report when one of the following exists:
 - a. force, lack of consent (including inability to consent because of mental defect, mental incapacitation or physical helplessness);
 - b. there is a family relationship between the actors (family relationship is defined by blood, marriage, legal guardianship, and membership in same household, e.g., foster care families, "common-law" marriage households);
 - c. the age difference between the actors is three years or greater; **or**
 - d. an object other than a penis, mouth, hand, or finger has been used to penetrate the vagina, anus, or penis of a child under age 14.
6. Sexual exploitation, including but not limited to:
 - a. 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.

- b. Allowing, permitting, encouraging, or hiring a child to engage in prostitution.
7. Negligent treatment or maltreatment of a child, including but not limited to the failure to provide adequate food, clothing, shelter, or medical care.
8. Threatened harm to a child, which means subjecting a child to a substantial risk of harm to the child's health or welfare. Threatened harm includes but is not limited to domestic violence witnessed by the child.
9. Public Law 99-401 permits reporting only when there is danger of harm to the child and does not permit reporting merely because a parent has abused alcohol or other drugs.
10. Permitting a person under 18 years of age to enter or remain in a place where methamphetamines are being manufactured.
11. 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

Child: An unmarried person who is under 18 years of age.

Public or Private Official: Physician, including an intern or resident; Dentist; School employee; Licensed Practical Nurse or Registered Nurse; Employee of the Department of Human Resources, a county health department, a community mental health and developmental disabilities program, a county juvenile department, a licensed child-caring agency, or an alcohol and drug treatment program; Peace officer; Psychologist; Clergy; Licensed Clinical Social Worker; Optometrist; Chiropractor; Certified provider of day care or foster care, or an employee thereof; Attorney; Naturopathic physician; Licensed professional counselor; Licensed marriage and family therapist; Firefighters and emergency medical technicians.

Following are other mandated reporters, not included in the above list:

- State Commission on Children and Families
- Child Care Division of the Employment Department
- Oregon Youth Authority
- Court Appointed Special Advocate

ODHS: Oregon Department of Human Services

CARES: Child Abuse Response Evaluation Services

C. **IMPLEMENTING PROCEDURES**

1. The staff person shall make an **ORAL REPORT** immediately by telephone or otherwise to DHS and to his or her immediate supervisor. Identify self and as being from MCHD, for example, "My name is Juan and I am calling from Multnomah County Health Department."
2. Under the conditions of suspected child abuse a report shall contain the following information, if known, except when the report is being made from the STD Program Disease Intervention Services (DIS) staff (ORS433.008). For this exception follow the procedures outlined below:

- a. Names and addresses of the child and his/her parents or other persons responsible for his/her care.
 - b. The child's age.
 - c. The nature and extent of the abuse (including any evidence of previous abuse).
 - d. The child's and caretaker's explanation given and any other information which the referent believes might be helpful in establishing the cause of the abuse, future risk, and the identity of the perpetrator.
3. Chart Documentation: document using the Child Abuse/Neglect Documentation Form (see Attachment A). **NOTE:** this form is **only** to be used for chart documentation. It is **not** a report form. (See Attachment B: Instructions for Use, Child Abuse/Neglect Documentation Form.)

- a. **Clinic procedure:** The Child Abuse/Neglect Documentation Form shall be filed under the correspondence tab. Document use of this form in progress notes.

When a report is made, add "Suspected Child Abuse Report" to the problem list of alleged victim's/victims' chart.

- b. **WIC procedure:** Child abuse is a WIC risk criterion, USDA code 901. Document in the patients electronic medical record (EMR); include back-up documentation in the Progress Notes for the visit; list as a referral.
 - c. In cases where a Health Department client chart does not exist and a report is made during working hours, managers shall ensure that completed documentation forms are kept at the worksite in a locked file system for seven years.
4. Professional staff (licensed health professionals, including physicians, nurse practitioners, physician assistants, nurses, dentists, and dental hygienists) should consult their supervisor if they are in doubt about reporting

Other professional and non-licensed Health Department staff should always consult their supervisor when making a report.

- a. In school-based clinics the designee will be the lead nurse.
 - b. If an investigation of child abuse is conducted on school premises, the school administrator shall be notified that the investigation is to take place unless the administrator is a subject of the investigation.
 - c. School based health center personnel may report directly to school police. School Administration should be informed if an officer will be appearing on campus. (Refer to SBHC policy and procedure manual for more details regarding DHS and school police.)
 - d. The staff person is required to report under ORS 419.010 if the supervisor disagrees with the employee's decision to make a report.
5. Child abuse reports, and any medical data pertinent to a report of suspected child abuse, may be provided to DHS without any authorization by the parent/other person responsible for the child. This includes, but is not limited to, prenatal and birth records of the child involved in the investigation.
6. It is important that staff are open, honest, and direct with clients in regard to their professional and legal responsibility related to child abuse reporting. When required

to make a report, staff need to assess the total home environment, including the following factors, in deciding whether or not to inform the client of the child abuse report.

- The potential that disclosure will put the child or members of the family in the household at further or increased risk of abuse
 - The potential that disclosure will place the staff person or other Department or other County personnel unknown to the staff person at risk for retaliation by the client or other persons within the household
7. If subsequent cases of child abuse are suspected, the staff has the same duty to make reports to DHS as in the case of the initial report.
8. The following guidelines have been developed as an aid to the staff conducting an STD examination of a child:
- a. During the interview:
 - i. The child implicates an individual as the abuser.
 - ii. Someone has observed the child being sexually molested and implicates an individual.
 - iii. The abuser confesses to sexually molesting the child.
 - b. Physical examination reveals:
 - i. Bruises or wounds in various stages of healing, especially in the area of the perineum.
 - ii. Unexplained tenderness or overt evidence of trauma to the mouth or perineum.
 - c. Laboratory results reveal:
 - i. A positive test result for a sexually transmitted disease.
 - ii. A young child who is positive for a sexually transmitted disease culture from any site (oral, anal, penile, vaginal, etc.)
 - d. Family members involved with the investigation:
 - i. Seem evasive.
 - ii. Refuse to cooperate in any way.
 - iii. Change or alter previous information given.
9. STD DIS procedure: Under the conditions of suspected child abuse when the suspected abuse is being reported from the MCHD STD DIS, the following decision tree and procedures will be followed:
- **Is there a likely immediate and serious risk to the child?** This would include the presence of or history of force, etc.
 - a. **If NO**, then:
 - i. A telephone report is not required.
 - ii. Complete the MCHD Child Abuse/Neglect Documentation Form (attachment A).
 - Where it requests Alleged perpetrator and current address, write, "Information is privileged."
 - Under Reporting person's name, phone, and relationship to victim: include DIS name and the "HELLO" line telephone number only.
 - iii. Fax a copy of the report form to DHS.

- iv. Mail a backup copy of the report form to DHS.
 - v. Document the report.
 - o STD DIS staff will maintain a copy of the report in the DIS ACCESS database, since there is no client chart.
 - o A copy of the report will be kept until the child is 21 years old.
 - vi. If DHS determines a need for further information for follow-up with the reported victim:
 - o DHS will call the telephone number on the report and request information.
 - o STD DIS staff will notify the STD Program manager, giving the manager the SCF telephone number, and a copy of the Child Abuse/Neglect Form.
 - o STD Program manager will notify the County attorney that DHS is requesting more information, and give the attorney the information for contacting DHS, and provide the attorney any needed details from the child abuse report.
 - o The County attorney will contact DHS and determine how to initiate the subpoena process.
 - o STD Program staff will release information from the DIS database under subpoena only if and when it is deemed appropriate by the County attorney, or when ordered by the court.
- b. **If YES**, then:
- i. DIS will call DHS at 503-731-3100.
 - ii. Identify yourself as being from MCHD. Do not identify your job class or worksite. Provide the HELLO line number if a telephone number is requested.
 - iii. Provide all of the information required for the report except:
 - o Do not report the name of the perpetrator.
 - o Do not report the name of any other person who is a subject of the investigation of a reportable STD (e.g., another contact, associate, etc.).
 - o State that the information is privileged under Oregon Communicable Disease Laws (ORS 433.008), and that Health Department and DHS management will initiate a process to legally transmit relevant information to DHS.
 - iv. Complete and fax the report form to DHS.
 - o Where it requests Alleged perpetrator and current address, write, "Information is privileged."
 - o Under reporting person's name, phone, and relationship to victim: include DIS name and the "HELLO" line telephone number only.
 - v. Notify the STD Program manager that a report has been made, and provide details of the report to the manager.
 - vi. If DHS determines a need for further information for follow-up with the reported victim, the steps outlined in a. of the section on "NO...immediate and serious risk to the child" will be followed.
- c. If **UNSURE** whether there is immediate and serious risk to the child, then do the following:
- i. DIS will call DHS at 503-731-3100.
 - ii. Ask for the hotline supervisor.
- Present the case as if it were a hypothetical case. Obtain DHS opinion as to whether there is an "immediate and/or serious risk to the child." If DHS says yes, then proceed as above under If YES. If SCF says no, then proceed as above under If NO.
10. If information concerning possible child abuse is received secondhand, and no firsthand knowledge is available to the employee, the employee's best professional

judgement should be used in deciding whether to report the information to DHS. Consultation with the employee's supervisor may be advisable.

11. If a written report is needed on the parent/s (for example, progress in parenting class) the parent must sign a Release of Information (ROI). DHS may not sign for the release of a parent's record.
12. Verbal disclosures, which would not require consent, would consist of simple exchanges of information between cooperating providers within the Health Department who are actively involved in the treatment or diagnosis of the child.
13. Referring to a specialist:

Child Abuse Response Evaluation Services (CARES) Northwest performs medical evaluations and interviews for the purpose of establishing a medical diagnosis of sexual or physical abuse and/or neglect. A medical provider may consult with CARES intake staff at any time for input regarding the most appropriate approach to the evaluation of suspected child abuse.

Indications for emergent referral to CARES include:

- Suspected sexual abuse which has occurred in the last 72 hours; a history of genital or anal bleeding or evidence of ejaculation on the child. The child should not bathe or change clothing prior to the evaluation. A provider should report such abuse to 911 before referring to CARES.
- Suspected physical abuse where physical evidence of injury is present.

Children should also be referred to CARES if they have made a disclosure about sexual or physical abuse. Children may be referred to CARES for a second opinion medical exam if there are concerning physical findings but there have been no disclosures of abuse or identified risk factors for abuse. CARES will assist any provider to triage a case to determine if the evaluation should be performed within the MCHD system or at CARES. Twenty-four hour phone consultation with CARES examiners is also available to assist in the medical evaluation of suspected abuse. Between the hours of 8:00 AM and 5:00 PM, call CARES: (503) 331-2400; during all other hours, call the Emanuel Hospital operator and ask for the CARES on-call provider.

NOTE: ORS 417.640 (which granted permission to release information about a child involved in an investigation to a Court Appointed Special Advocate without an ROI) has been repealed.

Last review date: November 2005

Attachments:

- A. POR-328 Child Abuse Documentation Form
- B. Instructions for Use: Child Abuse/Neglect Documentation Form
- C. ORS 419B.005, ORS 419B.045, ORS 419B.05



If you suspect child abuse or neglect, call DHS at 503-731-3100 and make your report directly to a Hotline worker or call local law enforcement.

Today's date: _____ Reporting person's name, phone, relationship to victim: _____

Alleged Victim's name: _____ DOB: _____ I.D. NO _____

Parent or Guardian Name _____

Allegation: _____

Evidence, if any: _____

Any specific statements made by victim: _____

Alleged perpetrator and current address _____ Date of occurrence (years/s) _____

IMPORTANT: ARE THERE ANY OTHER CHILDREN AT RISK FROM THIS PERPETRATOR, AND IF SO, WHAT IS THEIR LOCATION AND IDENTITY?

COMMENTS: _____

Telephone call to DHS: YES NO Date Called: _____

Person talked to: _____

Client was informed before report was made. Yes No

If this has not happened, give reason: _____

Signature of the reporting person _____

In cases where a Health Department client record does not exist, and a report is made during working hours, managers shall ensure that completed documentation forms are kept at the worksite in a locked file system for seven years.

CHILD ABUSE/NEGLECT DOCUMENTATION FORMS

INSTRUCTIONS FOR USE:
CHILD ABUSE/NEGLECT DOCUMENTATION FORM

Instructions:

1. To be used for chart documentation of reports of child abuse or neglect
2. Complete all sections. Record "not applicable" or "none" or "unknown" rather than leave any section blank.
3. Under comment section make any notations that may clarify the situation. For example, risk factors, explaining how the cultural background of the client affects the reportable behavior, and other concerns.
4. The comment section is also to be used in circumstances where the situation is by law reportable but the indication is that all activity is consensual. In particular, it may be used to comment on the appearance of consensual sexual activity, which is nevertheless reportable because of the age difference of the participants (see B.5 under definition of abuse in above guideline).
5. Indicate on the form whether the client has been informed of the report being made.
6. Filing instructions:
 - a. **Clinic procedure:** This form should be filed under the correspondence tab. Document use of this form in progress notes.
 - b. **WIC procedure:** Child abuse is a WIC risk criterion, DP code 08. Mark as such on the WIC Risk Criteria sheet; include back-up documentation in the comments section for the visit; list as a referral on the documentation sheet.

419B.005 Definitions. As used in ORS 418.747, 418.748, 418.749 and 419B.005 to 419B.050, unless the context requires otherwise:

(1)(a) "Abuse" means:

(A) Any assault, as defined in ORS chapter 163, 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) 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.

(C) Rape of a child, which includes but is not limited to rape, sodomy, unlawful sexual penetration and incest, as those acts are defined in ORS chapter 163.

(D) Sexual abuse, as defined in ORS chapter 163.

(E) Sexual exploitation, including but not limited to:

(i) Contributing to the sexual delinquency of a minor, as defined in ORS chapter 163, 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, as defined in ORS 167.002 or described in ORS 163.665 and 163.670, sexual abuse involving a child or rape of a child, but not including any conduct which is part of any investigation conducted pursuant to ORS 419B.020 or which is designed to serve educational or other legitimate purposes; and

(ii) Allowing, permitting, encouraging or hiring a child to engage in prostitution, as defined in ORS chapter 167.

(F) Negligent treatment or maltreatment of a child, including but not limited to the failure to provide adequate food, clothing, shelter or medical care that is likely to endanger the health or welfare of the child.

(G) Threatened harm to a child, which means subjecting a child to a substantial risk of harm to the child's health or welfare.

(H) Buying or selling a person under 18 years of age as described in ORS 163.537.

(I) Permitting a person under 18 years of age to enter or remain in a place where methamphetamines are being manufactured.

(b) "Abuse" does not include reasonable discipline unless the discipline results in one of the conditions described in paragraph (a) of this subsection.

(2) "Child" means an unmarried person who is under 18 years of age.

(3) "Public or private official" means:

(a) Physician, including any intern or resident.

(b) Dentist.

(c) School employee.

(d) Licensed practical nurse or registered nurse.

(e) Employee of the Department of Human Services, State Commission on Children and Families, Child Care Division of the Employment Department, the Oregon Youth Authority, a county health department, a community mental health and developmental disabilities program, a county juvenile department, a licensed child-caring agency or an alcohol and drug treatment program.

(f) Peace officer.

(g) Psychologist.

(h) Member of the clergy.

(i) Licensed clinical social worker.

(j) Optometrist.

- (k) Chiropractor.
- (L) Certified provider of foster care, or an employee thereof.
- (m) Attorney.
- (n) Naturopathic physician.
- (o) Licensed professional counselor.
- (p) Licensed marriage and family therapist.
- (q) Firefighter or emergency medical technician.
- (r) A court appointed special advocate, as defined in ORS 419A.004.
- (s) A child care provider registered or certified under ORS 657A.030 and 657A.250 to 657A.450.
- (t) Member of the Legislative Assembly.
- (4) "Law enforcement agency" means:
 - (a) Any city or municipal police department.
 - (b) Any county sheriff's office.
 - (c) The Oregon State Police.
 - (d) A county juvenile department. [1993 c.546 §12; 1993 c.622 §1a; 1995 c.278 §50; 1995 c.766 §1; 1997 c.127 §1; 1997 c.561 §3; 1997 c.703 §3; 1997 c.873 §30; 1999 c.743 §22; 1999 c.954 §4; 2001 c.104 §148; 2003 c.191 §1]

419B.045 Investigation conducted on public school premises; notification; role of school personnel. If an investigation of a report of child abuse is conducted on public school premises, the school administrator shall first be notified that the investigation is to take place, unless the school administrator is a subject of the investigation. The school administrator or a school staff member designated by the administrator may, at the investigator's discretion, be present to facilitate the investigation. The Department of Human Services or the law enforcement agency making the investigation shall be advised of the child's disabling conditions, if any, prior to any interview with the affected child. A school administrator or staff member is not authorized to reveal anything that transpires during an investigation in which the administrator or staff member participates nor shall the information become part of the child's school records. The school administrator or staff member may testify at any subsequent trial resulting from the investigation and may be interviewed by the respective litigants prior to any such trial. [1993 c.546 §22; 2003 c.14 §225]

419B.050 Authority of health care provider to disclose information; immunity from liability. (1) Upon notice by either a law enforcement agency or the Department of Human Services that a child abuse investigation is being conducted under ORS 419B.020, a health care provider may permit the law enforcement agency or the department to inspect and copy medical records, including, but not limited to, prenatal and birth records, of the child involved in the investigation without the consent of the child, or the parent or guardian of the child. A health care provider who in good faith disclosed medical records under this section is not civilly or criminally liable for the disclosure.

(2)(a) As used in this section, "health care provider" means a person licensed by one of the following agencies, or any employee of a person licensed by one of the following agencies:

- (A) State Board of Examiners for Speech-Language Pathology and Audiology;

- (B) State Board of Chiropractic Examiners;
- (C) State Board of Clinical Social Workers;
- (D) Oregon Board of Licensed Professional Counselors and Therapists;
- (E) Oregon Board of Dentistry;
- (F) State Board of Denture Technology;
- (G) Board of Examiners of Licensed Dietitians;
- (H) State Board of Massage Therapists;
- (I) State Mortuary and Cemetery Board;
- (J) Board of Naturopathic Examiners;
- (K) Oregon State Board of Nursing;
- (L) Board of Examiners of Nursing Home Administrators;
- (M) Oregon Board of Optometry;
- (N) State Board of Pharmacy;
- (O) Board of Medical Examiners;
- (P) Occupational Therapy Licensing Board;
- (Q) Physical Therapist Licensing Board;
- (R) State Board of Psychologist Examiners; or
- (S) Board of Radiologic Technology.

(b) For the purposes of this section, "health care provider" includes a health care facility as defined in ORS 442.015 and emergency medical technicians certified by the Department of Human Services. [1997 c.873 §27; 1999 c.537 §3; 2001 c.104 §150]