HH 575: Detection of Abuse and Neglect

WAC: 246-335-525 Personnel, Contractor and Volunteer Policies

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Policy Statement:

Washington State law requires that all suspected abuse or neglect of children and dependent or vulnerable adults are reported to appropriate authorities to prevent further abuse and to safeguard the patient. All personnel must be constantly alert for any signs of abuse and neglect of their patients. Any employee who has reasonable cause to believe that a child or dependent or vulnerable adult has suffered abuse, exploitation, neglect, abandonment, or is otherwise in need of protective services must report these concerns immediately to the appropriate agency and the Director of Clinical Services.

Definitions:

- 1) Vulnerable adult: Vulnerable adults include a person:
 - a. Sixty years of age and older who has the functional, mental, and physical inability to care for himself or herself
 - b. Found incapacitated under Chapter 11.88 RCW
 - c. Who has a developmental disability under Chapter 71 A 10 RCW
 - d. Admitted to any facility; or
 - e. Receiving services from home health, hospice, or home care agencies licensed or required to be licensed under Chapter 7.127 RCW; or
 - f. Receiving services from an individual provider.
- 2) Abandonment: Means action or inaction by a person or entity with a duty of care for a vulnerable adult that leaves the vulnerable person without the means or ability to obtain necessary food, clothing, shelter, or healthcare.
- 3) Abuse: The willful action or inaction that inflicts injury, unreasonable confinement, intimidation, or punishment on a vulnerable adult. In instances of abuse of a vulnerable adult who is unable to express or demonstrate physical harm, pain, or mental harm, the abuse is presumed to cause physical harm, pain, or mental anguish. Abuse includes sexual abuse, mental abuse, and exploitation of a vulnerable adult, with the following meaning:
- 4) Sexual mistreatment: Means any form of nonconsensual sexual contact. Sexual mistreatment includes, but is not limited to unwanted touching, rape, sodomy, sexual coercion, nudity, sexually explicit photographing, and sexual harassment. Sexual abuse includes any sexual contact between a staff person, who is also a patient or patient of a facility, or a staff person of a program authorized under 71A.12RCW, and a vulnerable adult living in that facility or receiving service from a program authorized under chapter 71A.12RCW, whether or not it is consensual.

- 5) Physical Abuse: Means the willful action of inflicting bodily injury or physical mistreatment. Physical abuse includes, but is not limited to, striking with or without an object, slapping, pinching, choking, kicking, shoving, prodding, or the use of chemical restraints or physical restraints unless the restraints are consistent with licensing requirements, and includes restraints that are otherwise being used appropriately.
- 6) Exploitation: Means the illegal or improper use of a frail elder or vulnerable adult or that person's income or resources, including trust funds, for another person's profit or advantage.
- 7) Neglect: Means a pattern of conduct or inaction by a person or entity with a duty of care for a frail elder or vulnerable adult that results in the deprivation of care necessary to maintain the vulnerable person's physical or mental health; this may include "self-neglect" which means the failure to provide for oneself the goods or services necessary to avoid physical harm, emotional harm, or medical harm. This definition excludes a person who is competent to make a voluntary decision to live his or her life in a manner which may threaten his or her safety or well-being.

Person or Entity with a duty of Care includes, but is not limited to, the following:

- 1) A guardian appointed under Chapter 11.88 RCW
- 2) A person or entity providing the basic necessities of life to frail elders, vulnerable adults, or children where:
 - a) The person or entity is employed by or on behalf of the frail elder, vulnerable adult, or child
 - b) The person or entity voluntarily agrees to provide, or had been providing, the basic necessities of life to the frail or vulnerable adult or child on a continuing basis.

Procedure:

- 1) All agency staff are considered to be "mandatory reporters" and therefore they must contact APS, CPS, or law enforcement prior to contacting agency supervisory staff.
- 2) Personnel, contractors, and volunteers must contact DSHS, by using their on-line reporting system, immediately with any suspicion of abuse and neglect.
- 3) Notify the Director of Clinical Services of any reports to APS, CPS or law enforcement, and signs of possible abuse, neglect, exploitation, or abandonment.
- 4) Signs of abuse or neglect in children:
 - a) Bruises, injuries, burns
 - b) Abnormal development
 - c) Speech problems
 - d) Not in school
 - e) Underweight or malnutrition

- f) Emotional/psychological instability of mother or father
- g) A series of partners in the home
- h) Vague and/or inconsistent description of injury
- 5) Signs of abuse or neglect of adults:
 - a) Bruises, injuries, burns
 - b) A time lag between the incident of accident or injury and the time when patient seeks medical attention
 - c) Inconsistency between description of how an injury occurred and the physical findings
 - d) A series of previous unexplained findings
 - e) "Doctor hopping"
- 6) When the patient is under the age of eighteen (18) years:
 - a) A report is made to the Regional Children's Protective Services section of DSHS, or to the Police Department
- 7) When the patient is a dependent or vulnerable adult:
 - a) Hanford Home Health will immediately report suspected abuse or neglect to Adult Protective Services or the Police Department.
- 8) Any evidence of abuse, neglect, exploitation or abandonment and actions taken regarding these incidents will be completely documented in the patient care record.