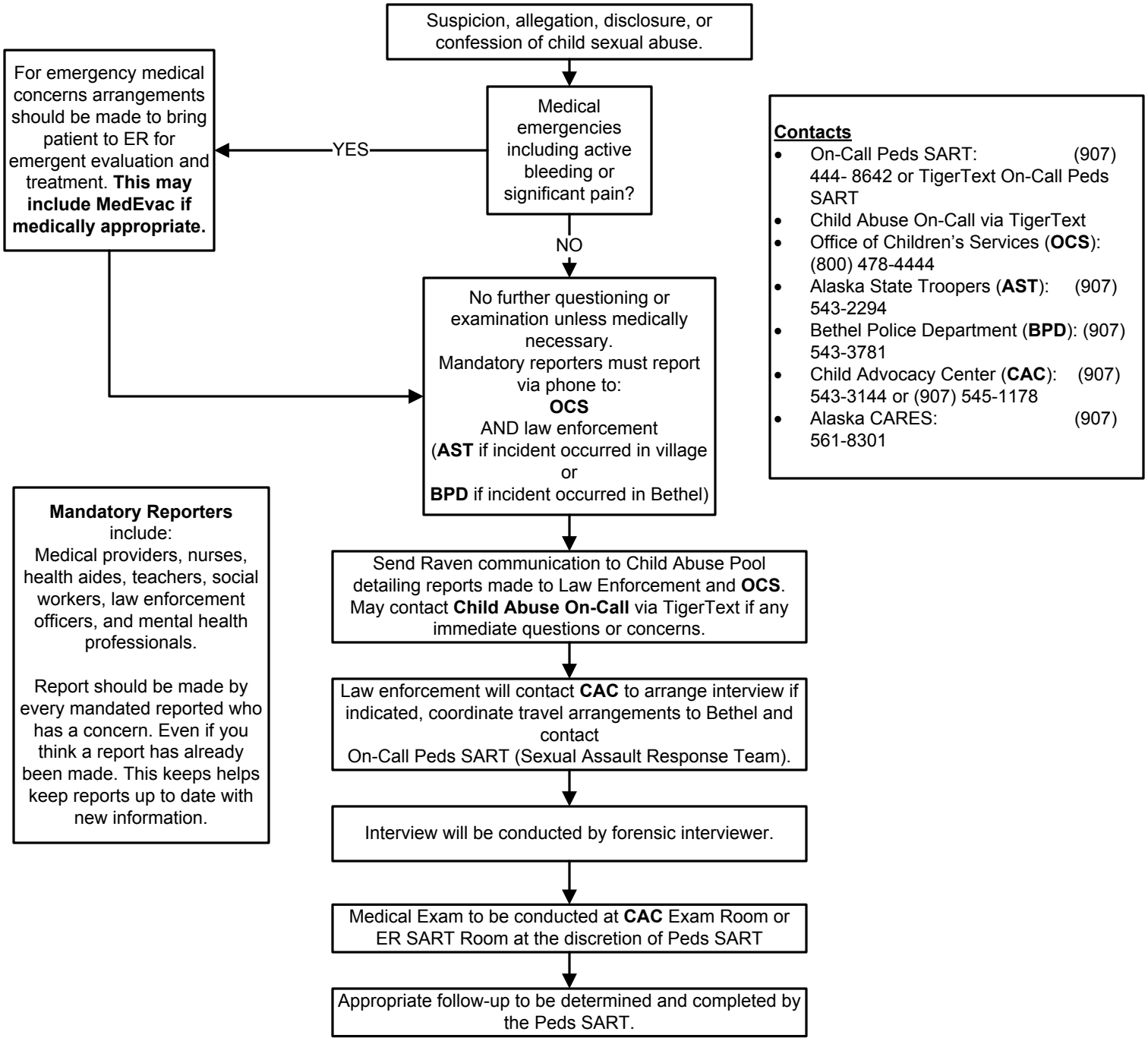
Yukon-Kuskokwim HEALTH CORPORATION

Suspected Child Sexual Abuse Procedure

MSEC Approved 6/5/19



Contacts

- On-Call Peds SART: (907) 444- 8642 or TigerText On-Call Peds SART
- Child Abuse On-Call via TigerText
- Office of Children's Services (**OCS**): (800) 478-4444
- Alaska State Troopers (**AST**): (907) 543-2294
- Bethel Police Department (**BPD**): (907) 543-3781
- Child Advocacy Center (**CAC**): (907) 543-3144 or (907) 545-1178
- Alaska CARES: (907) 561-8301

Mandatory Reporters include:
Medical providers, nurses, health aides, teachers, social workers, law enforcement officers, and mental health professionals.

Report should be made by every mandated reported who has a concern. Even if you think a report has already been made. This keeps helps keep reports up to date with new information.

This guideline is designed for the general use of most patients but may need to be adapted to meet the special needs of a specific patient as determined by the medical practitioner.

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Suspected Child Physical Abuse Procedure

MSEC 8

Suspicion, allegation, disclosure, or confession of child physical abuse. **Please see Indicators of Abuse AND Injuries Suggestive of Abuse**

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Treat any acute issues as medically appropriate. If patient is in village and stable please arrange to have patient sent to ER via next commercial flight. If unstable then activate MedEvac.

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Mandatory reporters must report via phone to: **OCS** AND law enforcement (**AST** if incident occurred in village or **BPD** if incident occurred in Bethel)

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Complete Non-Accidental Trauma (NAT) Work-up

- Skeletal Survey .(See Box)
- CT Head if <6 months, symptomatic, or evidence of Closed Head Injury
- Laboratory Testing for Occult Injuries (See Box)
- Take photos of any injury visible on exam, especially bruising. Take a photograph of the injury at a distance, followed up by a close-up photo to establish relative size and landmarks.

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Send RAVEN communication to Child Abuse Pool detailing reports made to Law Enforcement and **OCS**. May contact **Child Abuse On-Call** via TigerText if any questions or concerns.

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If unable to reach a discharge plan with OCS that YOU think is safe, then consider admission for safety and TigerText **Child Abuse On-Call** to help reach a safe discharge plan.

Indicators of Abuse: History

- No/vague explanation of significant injury
- Important details of explanation change dramatically
- Explanation of injury is inconsistent with the child's physical and/or developmental capabilities
- Injury occurred as a result of inadequate supervision
- Delay in seeking medical care without reasonable explanation
- Children with injuries resulting from family/ domestic violence incident
- Previous history of inflicted injury
- Inappropriate caretaker behavior that places child at risk

Indicators of Abuse: Physical Exam

Bruising

- Bruising in infants < 6months of age or non-ambulatory infants
- Bruising in unusual locations in any age child: ear pinna, neck, under chin, torso, buttock
- Pattern Bruises: loop marks, hand print, subgaleal hematoma due to hair pulling

Bite Marks

- Semi-circular/oval pattern
- May have associated bruising

Burns

- Pattern contact burns
- Cigarette burns
- Stocking/glove pattern
- Mirror image burns on extremities
- Symmetrical burns on buttock
- Immersion burns

Facial Injury

- Unexplained torn frenulum in non-ambulatory child
- Unexplained oral injury
- Ear injury

Injuries Suggestive of Abuse

Skeletal

- Rib fractures
- Multiple fractures
- Long bone fractures in < 6 months
- Any fracture (including femur) in non-ambulatory child
- Scapular fracture
- Sternum fracture
- Fractures of hands and feet

Head

- Subdural hematoma with or without skull fracture
- Unexplained intracranial injury (Note: Infants with intracranial injuries frequently have no or non-specific symptoms)

Poisoning

- Any illegal drug exposure, prescribed controlled substance, ethanol or marijuana

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Laboratory Testing for Occult Injuries

All Patients ≤ 7 years or >7 if clinically indicated

- CBC
- CMP
- Amylase/Lipase
- UA

Fractures

- Above labs and Magnesium & Phosphorus

Bruising or Intracranial Hemorrhage

- Above labs plus PT/PTT
- If patient needs blood, obtain vWF (von Willebrand) antigen and activity, Factor VII and IX

Altered Mental Status/Drug Ingestion

- Urine Drug Screen
- Ethanol level
- Tylenol level
- Aspirin level

Obtain Skeletal Survey For:

Children 0-24 months if concerns for child abuse or any of the following are present:

- History of confessed abuse
- Injury occurred during domestic violence
- Report of impact from toy/object causing fracture
- Delay in seeking care >24 hours in child with signs of distress
- Additional injuries unrelated to chief complaint (i.e. bruising, burns)
- No history of trauma to explain fracture, However, it is not necessary to get **skeletal survey** in ambulatory patients >12 months with distal buckle fracture of radius/ulna or distal spiral or buckle fracture of the tibia/ fibula

ALL children 0-11 months with any type of fracture except the following:

- Distal radial/ulna fracture or spiral fracture of the tibia/fibula (Toddler fracture) in a cruising child > 9 months with history of fall
- Linear, unilateral skull fracture in child >6 months with history of significant fall (fall from height > 3 feet or fall with caregiver landing on child)
- Clavicle fracture likely attributed to birth (acute fracture in infants <22 days old or healing fracture in infant <30 days old)

Children 0-24 months with any of the following fractures:

- Rib fracture
- Complex or ping pong skull fracture
- Humeral fracture with epiphyseal separation attributed to short fall (< 3 feet)
- Femur diaphyseal fracture attributed to fall from any height