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**ORANGE COUNTY SOCIAL SERVICES AGENCY  
CFS OPERATIONS MANUAL**

**Effective Date: October 20, 2009**  
**Revised: October 1, 2013**  
**Revised: January 13, 2016**

**Number: A-0418**

## **Medical Assessment and Consultation (MAC)**

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<b>Purpose</b>	To provide guidelines for investigation and medical consultation regarding allegations of physical abuse and severe neglect for children ages three and younger.
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<b>Approved</b>	This policy was approved by Gary Taylor, Director of CFS, on January 13, 2016. <i>Signature on file.</i>
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<b>Most Recent Revision</b>	<p>This revision of the Policy and Procedure (P&amp;P) includes:</p> <ul style="list-style-type: none"><li>• Revised policy regarding consultation with a medical child abuse expert</li><li>• Incorporation of interview guidelines into <a href="#">Attachment 1—Interview Checklist Guidelines</a></li></ul>
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<b>Background</b>	<p>Thorough investigation, medical consultation, and examination are critical tools in identifying signs of child abuse or neglect, documenting the nature and extent of injury, and determining the need for and type of treatment and intervention.</p> <p>This P&amp;P defines CFS policy for investigating allegations of physical abuse and severe neglect for children ages three and younger, including direction for obtaining consultation with a medical child abuse expert, when deemed appropriate.</p>
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<b>Definitions</b>	<p>For purposes of this P&amp;P, the following apply:</p> <p><b>Physical Abuse</b> means any act which results in a non-accidental physical injury including a situation where any person</p>
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willfully inflicts upon any child any cruel or inhuman corporal punishment or injury resulting in a traumatic condition.

**Severe Neglect** means the negligent failure of a person having the care or custody of a child to protect the child from severe malnutrition or medically diagnosed failure to thrive. It also means those situations of neglect where any person having care or custody of a child willfully causes or permits the person or health of the child to be endangered, including the intentional failure to provide adequate food, clothing, shelter, or medical care.

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## POLICY

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### Identification of Risk Factors

Per CFS policy, staff will identify reports of child abuse and severe neglect that include at least one of the following criteria:

- A. Children who are three years old or younger and have an allegation that includes one or more of the medical concerns identified below:
  1. Physical Abuse:
    - Broken bones
    - Multiple or inflicted bruising
    - Human bite marks
    - Burns
    - Head trauma or suspected Abusive Head Trauma
    - Internal injuries
    - Suspicious injuries on a child with multiple priors
  2. Severe Neglect:
    - Medical neglect
    - Failure to thrive
    - Poisoning
    - Torture and confinement
    - Child Abuse in the Medical Setting (aka Munchausen by Proxy)
    - Near drowning categorized as near fatality requiring critical care for more than 24 hours

3. Other:

- Conflicting medical opinions
- Suspected Sudden Infant Death Syndrome (SIDS)
- Sexual Abuse (Refer to CFS P&P [Child Abuse Services Team \(CAST\) \(A-0401\)](#) for guidelines regarding investigations of sexual abuse allegations)

- B. Children who are non-communicative, developmentally delayed, or disabled and have an allegation that includes at least one of the medical concerns listed in Section A above.
- C. Siblings or other children who reside in the home of a child whose death is suspicious or determined to be non-accidental.
- D. Siblings of a child with documented serious non-accidental injuries.

**Note:** Per best practice, for children ages four years and older who meet one of the criteria above, the ER SSW should consult with an ER Senior Social Services Supervisor (SSSS) and a Program Manager (PM) regarding considerations for further investigation, allegation disposition, and protective intervention within 24 hours after responding to the referral.

**ER Investigation**

CFS staff will follow the guidelines in CFS [Abuse Investigations—Practice Guidelines \(A-0412\)](#), [Abuse Investigations—Protective Interventions \(A-0414\)](#), and [Abuse Investigations—Findings, Documentation, and Cross Reporting \(A-0305\)](#) when investigating allegations of physical abuse and severe neglect for children ages three years and younger.

**Public Health Nurse Consultation**

The ER SSW will team with a Public Health Nurse (PHN) from an ER program to conduct investigations of physical abuse and severe neglect, whenever possible. When a PHN is unavailable to respond with the ER SSW at the time of the initial contact, the ER SSW will attempt to consult with a PHN by phone. If a PHN is unavailable by phone, the ER SSW will notify an ER SSSS to determine whether consultation with a child abuse expert is necessary prior to commencing the investigation.

If a PHN makes a determination regarding the cause of a child's condition and/or injuries that differs from that of the ER SSW and/or the child's treating physicians, the ER SSW and PHN will consult with a PM.

### **Children with Special Medical Needs**

When a child has been identified as having special medical needs, the ER SSW will contact the Special Medical Intake Coordinator to notify of the referral. The Special Medical Intake Coordinator may assist with:

- Obtaining medical records
- Communicating with medical personnel
- Coordinating medical placements, if needed

Refer to CFS P&P [Special Medical Placements \(K-0801\)](#).

### **Interviews**

Prior to consultation with a medical child abuse expert (per the "Medical Child Abuse Expert Consultation" Policy section below), the ER SSW will refer to [Attachment 1—Interview Checklist Guidelines](#) to attempt to obtain as much specific information as possible when completing interviews with each of the following:

- Child Victim and Siblings. (**Note:** In addition to conducting an interview with a child, evaluation of the victim child will also include an assessment of the child's general physical condition [e.g., is the child of appropriate weight, etc.] including observable marks, bruises, or burns on the exposed areas of the child's body. Refer to CFS P&P [Abuse Investigations—Practice Guidelines \(A-0412\)](#) for further direction on visual inspection of a child)
- Parents/Other Caregivers
- Treating/Attending Physician and Other Medical Personnel

### **Medical Child Abuse Expert Consultation**

When the treating/attending physician is not a child abuse expert and it is determined that a medical consultation is necessary to assess the immediate need for protective custody (e.g., the child is ready for hospital discharge, the child has young siblings who may be at risk due to possible abuse of the child, etc.), the ER SSW will first attempt to immediately consult with a child abuse expert if one is on call.

If a medical child abuse expert is not on call, the ER SSW will follow-up with the on-call medical child abuse expert as quickly as possible and within no more than 48 hours. The ER SSW will document efforts to contact the on-call medical child abuse expert in CWS/CMS and in the Investigation Narrative. Any exceptions

will be discussed with a SSSS and PM and documented in a CWS/CMS contact and in the Investigation Narrative.

The ER SSW will attempt to determine the following in consultation with a medical child abuse expert:

- What types of symptoms a child with these injuries would display immediately following the incident
- Likely causes of the child's injuries
- If the history given is consistent with the child's injuries
- To what degree the diagnosis is based on the stated history
- Did the parents/caregivers seek treatment in a timely and appropriate manner?
- Impact if child had not received medical treatment

### **Medical Documentation**

The ER SSW will attempt to obtain copies of reports completed by medical personnel regarding findings and treatment recommendations (utilize [Attachment 2—Checklist for Medical Documentation](#) to obtain when in the field). As applicable, this includes:

- History and physical
- Medical records from prior physician visits and/or hospitalizations
- Consult notes or dictations
- Copy of radiology reports and copies of films or CD of films (this includes any x-ray, computed tomography [CT] scan, or other radiologic study performed)
- Discharge summary (available after child is discharged)
- Laboratory results
- Photographs of injuries
- Birth records

### **Assessment of Scene**

The ER SSW will assess the scene where the physical abuse or severe neglect allegedly occurred. Assessment will include visual observation of the scene and comparison with information obtained through interviews and medical evaluation to determine plausibility of explanation for the injury.

Photographs to document a child's injuries will be taken pursuant to CFS P&P [Abuse Investigations—Practice Guidelines \(A-0412\)](#). Refer to CFS P&P [County-Issued Cellular Telephones \(B-0202\)](#) for information on taking photographs for documentation purposes.

**SSSS/  
PM Staffing**

After completing interviews and gathering available medical documentation, the ER SSW will consult with an ER SSSS and PM regarding additional steps for completing the investigation, allegation disposition, and protective intervention, as applicable.

**Disposition/  
Protective  
Intervention**

The ER SSW will make the determination regarding the disposition of the allegation and whether protective intervention is necessary to ensure the child's safety and well-being based on the totality of the information gathered during the course of the investigation (e.g., interviews, prior child welfare history, consultation with a medical child abuse expert, home assessment, etc.) This information and the rationale for any protective intervention will be documented in CWS/CMS and the Investigation Narrative.

In addition to the guidelines in CFS P&P [Abuse Investigations—Findings, Documentation, and Cross Reporting \(A-0305\)](#) prior to submitting the referral paperwork for SSSS review and approval, ER SSW will:

- Document all contacts with medical personnel
- Ensure all other pertinent information is collected and documented
- Obtain a written statement from the PHN when involved in the investigation
- Obtain a written statement from the medical child abuse expert when a child has been taken into protective custody

**Note:** When requesting a verbal or written statement from any medical personnel, the ER SSW will inform the medical personnel providing the statement that correspondence may be included in a court report submitted to the Orange County Juvenile Court.

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**REFERENCES**

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**Attachments and  
CWS/CMS Data  
Entry Standards**

Hyperlinks are provided below to access attachments to this P&P and any CWS/CMS Data Entry Standards that are referenced.

- [Attachment 1—Interview Checklist Guidelines](#)
- [Attachment 2—Checklist of Medical Documentation](#)

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## Hyperlinks

Users accessing this document by computer may create a direct connection to the following references by clicking on the link provided.

- CFS P&P [Child Abuse Services Team \(CAST\) \(A-0401\)](#)
  - CFS P&P [Abuse Investigations—Practice Guidelines \(A-0412\)](#)
  - CFS P&P [Abuse Investigations—Findings, Documentation, and Cross Reporting \(A-0305\)](#)
  - CFS P&P [Abuse Investigations—Protective Interventions \(A-0414\)](#)
  - CFS P&P [Referral Compliance Contacts and Documentation \(A-0415\)](#)
  - CFS P&P [Special Medical Placements \(K-0801\)](#)
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## Other Sources

Other printed references include the following:

None.

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## FORMS

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### Online Forms

Forms listed below may be printed out and completed, or completed online, and may be accessed by clicking on the link provided.

None.

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### Hard Copy Forms

Forms that may be completed in hard copy (including multi-copy NCR forms) are listed below. ***For reference purposes only,*** links are provided to view these hard copy forms, where available.

None.

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### CWS/CMS Forms

Forms that may ***only*** be obtained in CWS/CMS are listed below. ***For reference purposes only,*** links are provided to view these CWS/CMS forms, where available.

None.

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**Brochures**

Brochures to distribute in conjunction with this policy may include:

None.

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## LEGAL MANDATES

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[Penal Code \(PC\) Section \(§\) 11165.2](#) defines “severe neglect.”

[PC § 11165.3](#) defines “the willful harming or injuring of a child or the endangering of the person or health of a child.”

[PC § 11165.4](#) defines “unlawful corporal punishment or injury.”

[PC §§ 11171, 11171.2, 11171.5](#) provide the legal mandates for enhancing examination procedures, documentation, and evidence collection related to allegations of physical abuse and neglect of children. This includes a physician or surgeon taking skeletal x-rays of a child without parental consent only for the purpose of diagnosing whether a child might have suffered physical abuse or neglect and determining the extent of the abuse or neglect.