

SPECIALIZED CHILD WELFARE SUBJECT MATTER

Disabled Infants with Life Threatening Conditions

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Policy

The Department of Children and Families shall:

- receive all reports alleging medical neglect of disabled infants with life threatening conditions;
- investigate the reports;
- ensure that the infant is receiving appropriate medical care; and
- work jointly with the Department of Public Health (DPH) to effect this policy.

Legal References: 42 USC §5101 et. seq.; CFR Ch. XIII, 1340.15; CONN. GEN. STAT. 46b-120

Definitions

Medical neglect is failure to provide adequate medical care, including but not limited to, the withholding of medically indicated treatment from a disabled infant with a life threatening condition.

Withholding of medically indicated treatment is failure to respond to an infant's life threatening condition by providing treatment which, in the treating physician's reasonable medical judgment, would be most likely to be effective in ameliorating or correcting all such conditions.

Exception: The term does not include failure to provide treatment when:

- the infant is chronically and irreversibly comatose;
- the treatment would merely prolong dying, not be effective in ameliorating or correcting all of the infant's life-threatening conditions, or otherwise be futile in terms of the infant's survival; and
- the provision of such treatment would be virtually futile in terms of the survival of the infant and the treatment would be inhumane.

Note: Appropriate nutrition, hydration and medication must always be provided. Reasonable medical judgment means a medical judgment that would be made by a reasonably prudent physician knowledgeable about the case and the treatment possibilities with respect to the medical conditions involved.

An **infant** is a child less than one year of age.

A **child** older than one year of age who has been continuously hospitalized since birth, who was born extremely prematurely, or who has a long-term disability may also be evaluated by this policy.

An **Infant Care Review Committee** (ICRC) is a hospital committee whose function is to educate hospital personnel and families of disabled infants, recommend institutional policies and guidelines concerning the withholding of treatment, and review cases involving such infants.

The **Interdepartmental Investigative Team** (IIT) is a joint DCF and DPH committee whose function is to investigate allegations of medical neglect involving disabled infants with life threatening conditions.

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DCF Responsibilities

The Department of Children and Families shall:

- promote the establishment and foster the existence of Infant Care Review Committees in health care facilities providing in-patient infant care;
- identify and maintain a list of staff in each health care institution to act as liaisons with DCF and DPH;
- establish a mechanism to update the list of liaisons annually;
- inform all health care institutions providing in-patient infant care that all cases of suspected medical neglect are required by law to be reported to the DCF Hotline (toll-free, twenty-four (24) hours a day.);
- together with DPH establish an Interdepartmental Investigative Team.

Response Time

All referrals to the Interdepartmental Investigative Team shall be coded as emergency cases and shall require a same day response.

The investigation shall be completed within thirty (30) calendar days.

Careline Responsibilities

The Careline workers who receive a report regarding a disabled infant with life threatening conditions shall immediately:

- record basic identifying information in the computer system;
- conduct a name search of active and inactive Children's Protective Service records in the computer system; and
- advise administrative staff of the report.

Administrative Response

Upon notification of the receipt of a report, the administrative staff shall immediately call the Director of Child Welfare Services and transmit the report information.

Interdepartmental Investigative Team Membership

The Interdepartmental Investigative Team shall consist of:

- a staff member from the Division of Child Welfare Services who shall act as the chairperson of the team;
- a DCF investigator from the involved region;
- the DCF Medical Director;
- a neonatologist; and
- a representative from the DPH Hospital and Medical Care Division.

Investigative Team Chair Responsibilities

Upon receipt of a report, the Team Chair or designee shall:

- complete appropriate entries in the DCF computer system;
- initiate the investigation process by calling the hospital liaison to obtain the following information regarding the child:
 - confirmation of name and date of birth;
 - physical condition;

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Investigative Team Chair Responsibilities (Continued)

- disabling condition and date of inception;
 - life-threatening condition;
 - current diagnosis;
 - services or treatment being withheld;
 - findings of the hospital's Infant Care Review Committee;
 - involvement/concerns regarding the parents;
 - conduct a preliminary review of the case; and
 - convene the Interdepartmental Investigative Team, if necessary.
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Investigative Team Responsibilities

The Investigative Team shall conduct an investigation which may include, but is not limited to, the following:

- an unannounced site visit to the hospital;
 - a meeting with the infant's parents;
 - a review of the infant's medical record;
 - an interview with the appropriate health care providers and staff members;
 - a determination if the case is appropriately classified under the disabled infant definition;
 - assurance of the continuation of appropriate nutrition, hydration and medication during the investigation process;
 - seeking additional information from any other person or agency who may provide technical assistance; and
 - utilizing, if necessary, legal intervention to conduct the investigation or assure appropriate care and treatment.
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Legal Intervention

The DCF investigator shall:

- utilize the 96-hour hold, and/or file neglect petitions and a Motion for Order of Temporary Custody, as necessary, in order to: assure the continuation or re-establishment of medical treatment, including appropriate nutrition, hydration and medication;
- obtain a physical examination of the child by an independent physician; and
- provide appropriate medical treatment to the child if the parents and/or medical staff refuse to do so.

The DPH team representative shall require that the health care institution liaison provide access to the medical record for any reported case of medical neglect for review by the Interdepartmental Team.

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Determination of Neglect The Team shall determine whether the allegation of medical neglect is or is not substantiated.

A neglect finding is not indicated if medical treatment is withheld from a disabled infant when:

- the infant is chronically and irreversibly comatose;
- the treatment would merely prolong dying, not be effective in ameliorating or correcting all of the infant's life-threatening conditions, or otherwise be futile in terms of the infant's survival; and
- the provision of such treatment would be virtually futile in terms of the survival of the infant and the treatment would be inhumane.

Note: Appropriate nutrition, hydration and medication must always be provided.

Procedures When Medical Neglect is Substantiated If the finding indicates that medical neglect is substantiated, then DCF shall:

- seek voluntary compliance of services to ensure proper medical treatment;
 - if necessary, use legal intervention to ensure proper medical treatment; and
 - ensure that investigation information is entered in the computer system.
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Procedures When Medical Neglect is Unsubstantiated If the finding indicates that medical neglect was unsubstantiated, then the Team Chair shall ensure the entry of investigation information in the computer system.

Dissemination of Findings The findings of the Team shall be shared with:

- the infant's parents or guardians;
 - the medical/hospital staff; and
 - a mandated reporter
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Follow-Up The DCF social worker may provide referral to appropriate community resources
