

**481—51.7(135B) Abuse.****51.7(1) Definitions.**

“Abuse” means the willful infliction of injury, unreasonable confinement, intimidation, or punishment, with resulting physical harm, pain or mental anguish. Neglect is a form of abuse and is defined as the failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness.

“Child abuse” means the same as defined in Iowa Code section 232.68.

“Dependent adult abuse” means the same as defined in Iowa Code section 235E.1 and 481—Chapter 52.

“Domestic abuse” means the same as defined in Iowa Code section 236.2.

“Elder abuse” means the same as defined in Iowa Code section 235F.1.

“Family or household members” means the same as defined in Iowa Code section 236.2.

**51.7(2) Abuse prohibited.** Each patient shall receive kind and considerate care at all times and shall be free from all forms of abuse or harassment.

a. Restraints shall be applied only when they are necessary to prevent injury to the patient or to others and shall be used only when alternative measures are not sufficient to accomplish their purposes.

b. There must be a written order signed by the attending physician approving the use of restraints either at the time they are applied or as soon thereafter as possible.

c. Careful consideration shall be given to the methods by which the restraints can be speedily removed in case of fire or other emergency.

**51.7(3) Hospital response to elder abuse.**

a. Each hospital shall establish and implement policies and procedures with respect to victims of elder abuse that, at a minimum, provide for:

- (1) An interview with the victim in a place that ensures privacy;
- (2) Confidentiality of the person’s treatment and information; and
- (3) Education of appropriate emergency department staff to assist in the identification of victims of elder abuse.

b. The treatment records of victims of elder abuse shall include:

- (1) An assessment of the extent of abuse to the victim specifically describing the location and extent of the injury and reported pain;
- (2) A record of the treatment and intervention by health care provider personnel;
- (3) A record of the need for follow-up care and specification of the follow-up care to be given (e.g., X-rays, surgery, consultation, similar care); and
- (4) The victim’s statement of how the injury occurred.

**51.7(4) Hospital response to domestic abuse.** Each hospital shall establish and implement policies and procedures with respect to victims of domestic abuse that, at a minimum, meet the requirements of paragraph 51.7(3) “a,” and also provide for sharing information regarding the domestic abuse hotline and programs. The treatment records of victims of domestic abuse shall meet the requirements of paragraph 51.7(3) “b” and also include evidence that the victim was informed of the telephone numbers for the domestic abuse hotline and domestic abuse programs and the victim’s response.

**51.7(5) Mandatory reporting of child abuse and dependent adult abuse.** Each hospital shall establish and implement policies and procedures with respect to the mandatory reporting of abuse pursuant to the Iowa Code. The treatment records of victims of child abuse or dependent adult abuse shall indicate that the department of health and human services’ protective services was contacted.

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