1. **PURPOSE**

Health care professionals are responsible for the identification, assessment, documentation, referral and reporting, as appropriate, of victims of physical, emotional, sexual and financial abuse/neglect that are seen in the course of professional duties. The purpose of this policy is to identify the processes for preventing, responding to and reporting suspected abuse, neglect or harassment of patients as well as notification of victim advocate rights. This policy and procedure refers to four classifications of abuse and neglect as follows:

a. Child abuse/neglect (ages 0-17)

b. Adult abuse/neglect (ages 18-69)

c. Adult-Elder-at-Risk (age 60 and over) – vulnerable adult

d. Sexual Abuse (all ages)

2. **SCOPE**

This policy applies to all inpatient and hospital based departments in any entity or facility owned or controlled by Aurora Health Care. Note: This policy is out of scope for ambulatory clinics, please see policy #A-017.

3. **DEFINITIONS**

Reportable Child Abuse (Wis. Stat. § 48.02(1)):

**Physical abuse** inflicted on a child by other than accidental means, includes but is not limited to lacerations, fractured bones, burns, internal injuries, severe or frequent bruising, or great bodily harm.

**Serious physical harm inflicted on an unborn child,** and the risk of serious physical harm to a child when born, caused by the habitual lack of self-control of the expectant mother in the use of alcoholic beverages, controlled substances, or controlled substance analogs, exhibited to a severe degree.

**Emotional damage** for which the child’s parent, guardian, or legal custodian has neglected, refused, or been unable for reasons other than poverty to obtain the necessary treatment or to take steps to ameliorate the symptoms. Emotional damage includes harm to a child’s psychological or intellectual functioning which is exhibited by severe anxiety, depression, withdrawal, or outward aggressive behavior or a substantial
and observable change in behavior, emotional response or cognition that is not within the normal range for the child’s age and stage of development.

**Neglect** is the "failure, refusal or inability on the part of a parent, guardian, legal custodian, or other person exercising temporary or permanent control over a child, for reasons other than poverty, to provide necessary care, food, clothing, medical or dental care or shelter so as to seriously endanger the physical health of the child" (Wis. Stat. § 48.981(1)(d)).

**Victim Advocate** is an individual who is an employee of, or a volunteer for, an organization the purpose of which is to provide counseling, assistance, or support services free of charge to a victim. An in-house, hospital employed advocate may be utilized if the employed advocate meets the definition of a victim advocate as defined in the law Wisconsin Act 351). Examples of requested advocacy accompaniment services may include (not all encompassing):

- Medical forensic exams
- Law enforcement interviews
- Prosecution interviews
- Department of Correction proceedings
- Court proceedings
- Post-conviction proceedings
- Child forensic interviews

**Victim of Sexual Assault, Human Trafficking, or Child Sexual Abuse.** For the purpose of the accompaniment law, a “victim of sexual assault, human trafficking, or child sexual abuse” is an individual “who alleges or for whom it is alleged that he or she suffered from [any of the following]:

- Sexual exploitation by a therapist
- Sexual assault
- Human trafficking involving a commercial sex act
- Sexual assault of a child
- Repeated acts of sexual assault of the same child
- Sexual exploitation of a child
- Trafficking of a child involving a commercial sex act
- Causing a child to view or listen to sexual activity
- Incest with a child
- Child enticement
- Use of a computer to facilitate a child sex crime
- Soliciting a child for prostitution
- Sexual assault of a child placed in substitute care
- Sexual intercourse with a child age 16 or older
• Sexual assault of a child by a school staff person or a person who works or volunteers with children
• Exposing genitals, pubic area or intimate parts
• Exposing a child to harmful material, descriptions or narrations

**Adult Abuse** refers to domestic violence or abuse of adults between the ages of 18 and 69 years old. Domestic violence can include physical abuse, threats of violence, emotional abuse and economic abuse.

**Elder-Adult-at-Risk**

**a. Adult at Risk:** any adult who has a physical or mental condition that substantially impairs his or her ability to care for his or her needs who has experience, is currently experiencing, or is at risk of experiencing abuse, neglect, self-neglect, or financial exploitation (Wis. Stat. § 55.01(1e)).

**b. Elder Adult at Risk:** a person age 60 or older that has experienced, is currently experiencing, or is at risk of experiencing abuse, neglect, self-neglect, or financial exploitation (Wis. Stat. § 46.90(1)(br)).

Reportable Abuse (Wis. Stat. §§ 46.904(4)(ad), 55.01)

**i. Abuse** includes the following (Wis. Stat. §§ 46.90(1)(a), 55.01(1)):

- Physical abuse
- Emotional Abuse
- Sexual Abuse
- Treatment without consent
- Unreasonable confinement or restraint
- Financial Exploitation
- Neglect
- Self-neglect

**Forensic Nurse Examiner (FNE) or Sexual Assault Nurse Examiner (SANE)** is a registered nurse specifically trained to provide care, including collecting forensic evidence, and providing a forensic assessment, in an unbiased manner, to all victims of crime, to include child abuse, Drug Endangered Children (DEC), domestic violence and strangulation.

**Sexual Abuse**

**a. Sexual assault** is defined as sexual contact or sexual intercourse with another person without that person’s consent. **Sexual contact** includes any intentional touching, directly or through clothing of intimate body parts
for the purpose of sexually degrading or humiliating the victim, or sexually arousing or gratifying the assailant. **Sexual intercourse** includes oral, anal, or vaginal intercourse or other intrusion, with or without ejaculation (Wis. Stat. § 940.225).

4. **POLICY**

4.1 Caregivers will follow established policies to prevent, respond to and report suspected abuse, neglect or harassment of patients.

4.2 Policies established to prevent abuse, neglect or harassment of patients include the following:

a. Every inpatient is screened by nursing upon admission for possible abuse and/or safety concerns in their living environment. (See Nursing Assessment/Reassessment Policy, #1016)

b. Inpatients are informed of their rights and responsibilities and how to forward concerns at any time during registration. (See Patient Rights and Responsibilities Policy #98, and Customer Feedback Policy #99)

c. Potential caregivers are screened prior to hiring for any record of abuse, neglect or harassment. (See Criminal Background Checks Policy, #127) Appropriate disciplinary action is taken if Caregivers abuse, neglect, or harass patients. (See Caregiver Accountability Policy #4)

d. Initial and ongoing training is provided to inform caregivers of their role in preventing, detecting and reporting suspected patient abuse, neglect or harassment.

4.3 The following policies apply in relation to investigating any reported abuse, neglect or harassment of patients:

a. Patients will be protected from abuse, neglect, harassment or retaliation during investigation of any claim of same. (See Harassment Policy #71, and Patient Rights Policy, #98)

b. Investigations of abuse, neglect or harassment of patients will be conducted in a timely, thorough and objective manner. (See Harassment Policy, #71, and Caregiver Accountability Policy #4)

c. Loss Prevention works collaboratively with Nursing and Leadership to develop individualized safety plans for any patient needing protection. (See Violence in the Workplace Policy, #109)
4.4 Aurora caregivers will follow defined policies for the reporting of witnessed or suspected abuse as mandated by law and regulation in Appendix A and Appendix C as follows:

a. Reporting requirements are described in Appendix A for each classification of abuse.

b. When reporting is deemed necessary or appropriate for a given patient, the health care team treating that patient will decide who is going to make the call. If the team is unsure, then Risk Management needs to be included in the discussion immediately/or the Administrator on-call if after hours. (Mandated Reporters defined in Appendix C).

4.5 Caregiver documentation should include (as applicable):

a. Physical examination findings - Injury, (i.e.) size, color and location
b. Photographs if available
c. Inconsistencies/consistencies between injuries and account of how injuries occurred
d. Laboratory and other diagnostic findings
e. Statements (direct quotes) by child/patient/family regarding incident(s) or threats of abuse (Include name of person(s) identified by child/patient/family suspected of abuse.)
f. Objective behaviors of child/family consistent with possible abuse/neglect
g. Avoid pejorative or judgmental documentation (i.e., “patient states” rather than “patient alleges”) 
h. Name of person/agency to whom verbal report was made
i. Collaborative plan related to safety needs and referrals

4.6 Loss Prevention regularly analyzes reports of abuse, neglect and harassment of patients for trends, and initiates needed changes in policy and procedure to reduce the likelihood of recurrence.

5. Procedure:

5.1 Follow site specific sexual assault protocols and procedures.

CROSS REFERENCES:
Harassment Policy #71
Criminal Background Check Policy #127
Patient Rights Policy, #98
Violence in the Workplace Policy #109
ABUSE, NEGLECT OR HARRASSMENT OF PATIENTS IN HOSPITALS

Nursing Assessment/Reassessment Policy #1016
Reporting of Abuse and Neglect, AMG, #A-017
Customer Feedback Policy #99
Caregiver Accountability Policy #4
Caregiver Handbook
Assistance for Persons with Special Communications Needs #170

OWNER: Risk Management, Clinical Accreditation Program Manager.

REFERENCES:
- CMS 482.13.(c).3
- Children's Code, State of Wisconsin, Chapter 48
- Protective Services System, State Statute Chapter 55
- Crimes against Children, State Statute Chapter 948
- Crimes Against Life and Bodily Security, State Statute Chapter 940
- 2014 Joint Commission Comprehensive Accreditation Manual, PC.01.02.09 and RI.01.06.03
- State of Wisconsin (2007) Reporting of wounds and burn injuries. Wisconsin Statute 255.4
- 2015 Wisconsin Act 351 and Wis.Stat. § 50.375

PRIOR REVIEW / REVISION DATES: 03/15, 12/16
Appendix A Reporting Requirements

I. Child Abuse/Neglect

A. Guideline

1. Health care professionals must report to the appropriate county department, sheriff, or police department when they have reasonable cause to suspect abuse or neglect as seen in the course of their professional duties. (See Appendix C for the list of Mandated Reporters in Wisconsin, and Appendix D for telephone numbers of County Health and Human Services Departments.)

2. Under Wisconsin law, persons who report suspected cases of abuse/neglect in good faith are immune from civil and criminal liability.

3. Every new instance of suspected child abuse or neglect must be reported.

4. Non-professional/non-licensed Caregivers who witness or suspect abuse or neglect of a patient must report this to their supervisor immediately.

5. See Reporting Exceptions for children ages 13-17 engaged in sexual activity (pages 9 and 10).

B. Steps for Reporting Child Abuse/Neglect

1. Assessment

   a. Children in any clinical setting are assessed when indications of abuse are present. (See Appendix B for listing of possible abuse indicators.)

   b. Children 13-17 years of age who present to an emergency department and/or inpatient settings are asked in private about past and present abuse. This assessment is documented in the pediatric database and/or emergency record.

   c. All patients are assessed on an ongoing basis when indications of current abuse are present.

   d. The purpose of the assessment is to identify critical indicators of possible abuse, not to force disclosure, name of the perpetrator or investigate events.

2. Collaboration

   a. Health care providers should collaborate with other members of the health care team such as social workers, or social workers in the county where the child resides, regarding further assessment.

   b. Collaboration does not exempt individual health care providers from their legal requirements related to reporting.
3. Reporting
   a. Cases of suspected child abuse/neglect must be reported to Child Protective Services in the county where the child lives, or to local law enforcement.
   b. Reporting of child abuse/neglect must occur as soon as possible after assessment.
   c. Contact the police immediately if there is imminent danger to the child.
   d. If there is imminent on-site danger, immediately contact Loss Prevention Services at your site and or local law enforcement.
   e. Prior to reporting, consider reporting exceptions for children ages 13-17 engaged in sexual activity (See Section IV Sexual Abuse, part B).

II. Adult Abuse – Domestic Violence
   A. Guideline
      1. Competent Adult
         a. It is important for health care providers to recognize the prevalence of domestic violence, and to assess patients for abuse. In treating patients who are possible victims of domestic violence, one of the goals of intervention is to help the victim regain control of their lives.
         b. It is therefore vital that health care providers pay great respect to a patient’s right not to disclose the abuse or refuse intervention when the patient believes such action is not in his/her best interest. The role of the health care worker is to offer options and allow the patient to make the decisions in her/her life.

   B. Steps
      1. Assessment
         a. All adult patients who are admitted to inpatient settings are assessed in private for past and present emotional and physical abuse and this is documented in the collaborative database. (Refer to Appendix B for a listing of possible abuse indicators.) Examples of assessment questions include:
            i. “Have you ever been threatened, controlled or made to feel afraid of someone?”
            ii. “Are you currently in a situation where you are being hurt, threatened, or made to feel afraid?”
            iii. “Would you like to talk to someone?”
b. All adult patients who are seen in the emergency department setting are assessed in private for past and present emotional and physical abuse and this is documented in the medical record.

c. All adult patients in clinical settings other than inpatient and emergency departments are assessed in private when indications of abuse are present.

d. All adult patients are assessed on an ongoing basis when indications of current abuse are present.

2. Collaboration

   a. Health care providers should collaborate with other members of the health care team such as social workers and the intake social worker in the county where the patient resides regarding further assessment.

   b. Collaboration does not exempt individual health care providers from their legal requirements related to reporting.

3. Reporting

   a. Inappropriate disclosure of health information may violate patient/provider confidentiality and threaten patient safety. Perpetrators of abuse who discover that a victim has sought care may retaliate with further violence. Therefore reporting can occur if the patient requests that a report be made.

   b. Required reporting of Adult Abuse (Wis. Stat. § 55.043(1m)(b)):

      i. Observe the victims wishes unless the patient is at imminent risk of serious bodily harm, death, sexual assault, or significant property loss and is unable to make an informed judgment about whether to report the risk.

      ii. A patient suffering from a gunshot wound; (This does not apply if the injury appears to have occurred at least 30 days prior to treatment.) or

      iii. A patient suffering from second or third degree burns to at least 5% of the body or burn to patients upper respiratory tract, or

      iv. Swelling to the larynx if due to inhalation of superheated air.

         Note: The requirement does not apply if the patient is accompanied by law enforcement personnel or was previously reported under this section.

c. When warranted, report adult abuse.
i. A report must be made to local law enforcement as soon as is reasonably possible

III. Elder-Adult at Risk (Vulnerable)

A. Reporting

1. Voluntary Reporting

   a. Under Wisconsin law, “any person may report possible abuse, financial exploitation, or neglect if aware of facts or circumstances that would lead a reasonable person to suspect abuse, financial exploitation, and neglect or self-neglect of an adult at risk […] has occurred….” (Wis. Stat. §§ 46.90(f)(a)1, 55.043(1m)(br)). Careful consideration must be given to the best interests of the individual at risk.

2. Mandatory Reporting

   a. The caregiver reporting system imposes a reporting requirement on regulated entities to report misconduct by caregivers. (Wis. Stat. § 146.40(4r)).

3. Wisconsin law contains “Limited Required Reporting” related to an Elder Adult at Risk and Adult at Risk. (Wis. Stat. §§ 46.90(4)(ab) and (ad), 55.043(1M)(a)) Caregivers must report if the individual is seen in the course of their professional duties and one of the following conditions exists:

   a. The individual at risk has requested that you make the report.

   b. There is reasonable cause to believe that the individual at risk is in imminent danger of serious bodily harm, death, sexual assault, or significant property loss and is unable to make informed judgment about whether to report the risk.

      i. This second condition requires a concern about future, serious risk; it is not applicable to situations that involve past incidents only.

4. Under Wisconsin law, there are exceptions to the reporting requirement. (Wis. Stat. §§46.90(4)(ae),55.043(1m)(be)):

   a. Professionals are not required to report if they believe that filing a report would not be in the best interest of the individual at risk, and they have documented in the medical record of the suspected victim the reasons for their belief.

   b. Professional are not required to report if a health care provider provides treatment by spiritual means through prayer for healing in lieu of medical care in accordance with his or her religious tradition, and his or her communications with patients are required by his or her religious denomination to be held confidential.
5. When warranted, report Adult or Elder Adult at Risk. (Wis. Stat. § 55.043(1m)(b)(b)):
   
a. Abuse of an Adult at Risk who is younger than 60 years will be reported to Adult Protective Services in the county where the patient lives.
   
b. Reporting of an Elder Adult at Risk, age 60 and over, should be filed with the county department, the adult-at-risk agency, a state or local law enforcement agency, the department or the board on aging and long-term care.
   
c. Caregiver misconduct or complaints regarding licensed facility activities should be directed to either Adult Protective Agency or local law enforcement.

IV. Sexual Abuse

A. Steps

1. Assessment for sexual abuse or other sexual assault (Refer to Appendix B for a listing of possible abuse indicators).

2. If the patient is over age 18, it is vital that health care providers pay great respect to a patient’s right not to disclose the abuse or refuse intervention when the patient believes such action is not in his/her best interest. The role of the health care worker is to offer options and allow the patient to make the decisions in her/her life.

   a. Patient Right to Accompaniment at Exams and Consultations (not applicable for those hospitals that transfer the patient to another facility for sexual assault exams and consultations.) The advocate may explain the Rights to a patient before the patient actually accepts the advocacy services.

      i. Present “Patient Rights for Victims” notice (Form S88489) to victim regarding the option of utilizing an advocate to accompany the victim to an examination or consultation that is performed at the hospital as a result of the violation. Once the notice is signed, scan into Smart Chart deliver the notice to the patient.

      1. If the victim is a minor, various persons may request a victim advocate to accompany the victim.

         a. If the patient is at least 10 years of age, the request may be made by a parent, guardian or legal custodian.
b. If the patient is less than 10 years old, a treating medical professional may make the request as well as the parent, guardian, or legal custodian.

c. At any age a minor may request accompaniment without the consent of the parent, guardian or legal custodian.

2. The victim has the right to request the exclusion of a victim advocate at any examination or consultation that is performed at the hospital as a result of the sexual assault, human trafficking or child abuse.

3. The victim has the right to submit a complaint to the Department of Health Services, Division of Quality assurance if he or she believes the hospital did not comply with the Victim Accompaniment Law.

4. The victim has the right to receive notice of his or her right to be accompanied by a victim advocate and notice of his or her right to be accompanied by a different advocate, if the hospital has excluded a victim advocate.

ii. Exceptions and Exclusions

1. Delay of Treatment: Hospital need not delay treatment or an exam pending the arrival of an advocate if the delay would endanger the health or safety of the victim or risk the loss of evidence.

2. Exclusion by the Patient: The victim may request the exclusion of the victim advocate at any exam or consultation. The victim advocate is required by law to comply with the request.

3. Exclusion by Hospital: A specific victim advocate may be excluded by the hospital for any of the following reasons:

   a. Presence of the advocate obstructs provision of necessary medical care.

   b. Advocate fails to comply with hospital policies governing the conduct of individuals accompanying patients in the hospital.

   c. Advocate fails to comply with hospital confidentiality requirements and/or fails to comply with a request by a victim that the advocate be excluded. The exclusion should be documented by the hospital caregivers.
d. If a hospital has excluded a specific advocate, the hospital must, at the request of the victim, permit a different victim advocate to accompany the victim.

iii. Access of Victim Advocate to Victim’s Health Care Record: Wisconsin Act 351 permits a hospital to release a portion, but not a copy of a patient health care record to a victim advocate.

c. If patient (adult or child) does not require emergency intervention for injuries, provide patient option of being seen as soon as possible for assessment, treatment, evidence collection with patient’s permission (or parent’s permission if the victim is age 11 or under), information, counseling, and referral.

d. Contact Forensic Nurse Examiner/FNE to discuss whether evidence collection can still occur based upon individual circumstances. (See Appendix E for FNE locations and phone numbers).

e. If sexual abuse/assault is part of the patient’s history, and presents some current problems, offer adult patient local counseling resources.

3. Collaboration

a. Health care providers should collaborate with other members of the health care team such as social workers regarding further assessment.

b. Collaboration does not exempt individual health care providers from their legal requirements related to reporting.

4. Reporting

a. Adult: The health care provider is not legally required to report sexual abuse of a competent adult, but with patient permission may contact the local police department where the sexual abuse occurred.

b. Adult/Elder at Risk: The health care provider is not legally required to report sexual abuse of a competent elder-adult at risk, but with patient permission may contact the local police department where the sexual abuse occurred.

i. Refer to page 8 regarding reporting exceptions for Adult/Elder at Risk.

c. Child (< 18 years): Report to Child Protective Services in the county where the child lives. Refer to next section regarding exceptions to reporting of minors.

B. Exceptions to Reporting Requirements with Minors (Wis. Stat. § 48.981(2m)):

1. While any sexual contact or intercourse with a child under the age of 18 is considered sexual assault, a reporting exception applies in relation to:
2. However, this exception is not absolute. A report is required whenever the health care provider questions the voluntariness of the child’s participation in the sexual contact or intercourse for one of the following reasons:

   a. The sexual intercourse or sexual contact occurred with a caregiver.

   b. The child suffered or suffers from a mental illness or mental deficiency that rendered or renders the child temporarily or permanently incapable of understanding or evaluating the consequences of his or her actions.

   c. The child, because of age, immaturity, was or is incapable of understanding the nature or consequences of sexual intercourse or sexual contact.

   d. The child was unconscious at the time of the act or for any other reason was physically unable to communicate unwillingness to engage in sexual intercourse or sexual contact.

   e. Another participant in the sexual contact or sexual intercourse was or is exploiting the child.

   f. There is any reasonable doubt that the child’s participation in the sexual contact or intercourse was voluntary.
## Appendix B

### Assessing for Physical/Behavioral Signs of Abuse/Neglect

The following are signs and symptoms to look for to assist in identifying and assessing possible victims of abuse/neglect.

<table>
<thead>
<tr>
<th>Types of Abuse</th>
<th>Physical Symptoms</th>
<th>Behavioral Indicators</th>
</tr>
</thead>
</table>
| **Child (under 18 years old)** | • Bruises on buttocks, genitalia, or inner thighs  
• Bruises behind ears  
• Tears to upper lip or under tongue, especially in infants  
• Bruises or cuts to neck  
• Grab marks of artifact shapes to arms/legs  
• Multiple bruises/fractures in various stages of healing  
• Poor hygiene | • Wariness of parents  
• Lack of age specific separation anxiety  
• Explanation that doesn’t fit injury  
• Using a hospital far from home  
• Presentation for care long after injury date  
• Doesn’t want to go home, seems frightened of parents and/or adults  
• Child verbally reports abuse  
• Overly compliant, passive or withdrawn |
| **Adult (18-59 years old)** | • Center of body/trunk injuries  
• Chronic pain  
• Abdominal/GI complaints  
• Suicide attempt  
• Anxiety disorder  
• Atypical chest pain | • Reaction to injury more intense that injury would warrant  
• Fear of significant other  
• Fear for children left at home  
• Reluctance to explain injury |
| **Elderly (60+ years old)** | • Poor skin hygiene  
• Soiled clothing  
• Pain on touching  
• Bruises, wets, discolorations  
• Cuts, lacerations, puncture wounds, bruises  
• Dehydration, malnourishment without illness-related cause  
• Injury not compatible with explanation  
• Patient reports inappropriate touching | • Has a family member or caregiver do all the talking  
• Reluctance to discuss injury  
• Withdrawn or reports social isolation  
• Fear  
• Alcoholic or aggressive caregiver  
• Conflicting accounts of status  
• Caregiver indicates patient is too difficult to care for despite their attempts to do everything |
Appendix C

**List of Mandated Reporters**

<table>
<thead>
<tr>
<th>Mandated Reporter</th>
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</thead>
<tbody>
<tr>
<td>Physician</td>
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<tr>
<td>Nurse</td>
</tr>
<tr>
<td>Medical Examiner</td>
</tr>
<tr>
<td>Coroner</td>
</tr>
<tr>
<td>Social Worker</td>
</tr>
<tr>
<td>Medical or Mental Health Professional</td>
</tr>
<tr>
<td>Occupational Therapist</td>
</tr>
<tr>
<td>Dietician</td>
</tr>
<tr>
<td>Physical Therapist &amp; PT Asst.</td>
</tr>
<tr>
<td>Marriage and Family Therapist</td>
</tr>
<tr>
<td>Alcohol or Other Drug Abuse Counselor</td>
</tr>
<tr>
<td>Professional Counselor</td>
</tr>
<tr>
<td>Dentist 51.42, or 51.437</td>
</tr>
<tr>
<td>Child Care Worker in a day care center, group home, as described in s.48.625(1m), or residential care center for children and youth</td>
</tr>
<tr>
<td>Day Care Provider</td>
</tr>
<tr>
<td>Speech-language Pathologist</td>
</tr>
<tr>
<td>Emergency Medical Technician</td>
</tr>
<tr>
<td>Court Appointed Special Advocate</td>
</tr>
<tr>
<td>Police or Law Enforcement Officer</td>
</tr>
<tr>
<td>Optometrist</td>
</tr>
<tr>
<td>School Teacher, School Administrator, School Counselor</td>
</tr>
<tr>
<td>Chiropractor</td>
</tr>
<tr>
<td>Audiologist</td>
</tr>
<tr>
<td>Mediator under s. 767.11</td>
</tr>
<tr>
<td>First Responder</td>
</tr>
<tr>
<td>Other Health Care Provider</td>
</tr>
<tr>
<td>Public Assistance Worker, including a financial and employment planner as defined in s.49.141(1)(d)</td>
</tr>
<tr>
<td>Member of the treatment staff employed by or working under contract with a county department under s.46.26 or s51.437</td>
</tr>
</tbody>
</table>
Appendix D

Telephone Numbers for DHS in each State/County where an Aurora facility is located:

<table>
<thead>
<tr>
<th>Wisconsin</th>
<th></th>
<th>Wisconsin</th>
<th></th>
<th>Illinois</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Brown</td>
<td>920-448-6000</td>
<td>Walworth</td>
<td>262-741-3200</td>
<td>Illinois</td>
<td></td>
</tr>
<tr>
<td>Calumet</td>
<td>920-649-1400</td>
<td>Washington</td>
<td>262-335-4583</td>
<td>Children – State Hot Line:</td>
<td>1-800-252-2873</td>
</tr>
<tr>
<td>Dodge</td>
<td>920-386-3750</td>
<td>Waukesha</td>
<td>262-548-7212</td>
<td>Seniors:</td>
<td>847-546-5733</td>
</tr>
<tr>
<td>Door</td>
<td>920-746-2439</td>
<td>Waupaca</td>
<td>715-258-6300</td>
<td>All others:</td>
<td>Call Police</td>
</tr>
<tr>
<td>Green Lake</td>
<td>920-294-4070</td>
<td>Winnebago</td>
<td>920-236-4600</td>
<td>Seniors:</td>
<td>815-344-3555</td>
</tr>
<tr>
<td>Jefferson</td>
<td>920-674-3105</td>
<td></td>
<td></td>
<td>All others:</td>
<td>Call Police</td>
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<td>Kenosha</td>
<td>262-697-4500</td>
<td>Illinois</td>
<td></td>
<td></td>
<td></td>
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<td>Kewaunee</td>
<td>920-388-7030</td>
<td>Lake, IL</td>
<td></td>
<td>Michigan</td>
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<tr>
<td>Manitowoc</td>
<td>920-683-4230</td>
<td>McHenry, IL</td>
<td></td>
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<tr>
<td>Marinette</td>
<td>715-732-7700</td>
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<tr>
<td>Marquette</td>
<td>608-297-3124</td>
<td>Michigan</td>
<td></td>
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<tr>
<td>Milwaukee</td>
<td>414-289-6897</td>
<td>Menominee, MI</td>
<td>855-444-3911</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oconto</td>
<td>920-834-6889</td>
<td>Dickinson, MI</td>
<td>855-444-3911</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outagamie</td>
<td>920-832-4741</td>
<td></td>
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<tr>
<td>Ozaukee</td>
<td>262-284-8200</td>
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<tr>
<td>Racine</td>
<td>262-638-6646</td>
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<tr>
<td>Rock</td>
<td>608-757-5200</td>
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<tr>
<td>Shawano</td>
<td>715 526-4700</td>
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<tr>
<td>Sheboygan</td>
<td>920-459-6400</td>
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### Appendix E

**Aurora Facilities Providing Medical Forensic Care for Victims of Sexual Assault**

<table>
<thead>
<tr>
<th>Aurora Lakeland Medical Center (ALMC)</th>
<th>Aurora Memorial Hospital of Burlington (AMHB)</th>
</tr>
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<tbody>
<tr>
<td>W3985 County Road NN</td>
<td>252 McHenry Street</td>
</tr>
<tr>
<td>Elkhorn, WI 53121</td>
<td>Burlington, WI</td>
</tr>
<tr>
<td>(262) 741-2120</td>
<td>(262) 767-6100</td>
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<table>
<thead>
<tr>
<th>Aurora Medical Center Kenosha (AMCK)</th>
<th>Aurora Health Care Metro – Aurora Sinai (AHCM-AS)</th>
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</thead>
<tbody>
<tr>
<td>10400 75th Street</td>
<td>945 N. 12th St.</td>
</tr>
<tr>
<td>Kenosha, WI</td>
<td>Milwaukee, WI</td>
</tr>
<tr>
<td>(262) 948-5640</td>
<td>53233</td>
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<tr>
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<td>(414) 219-5555</td>
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<table>
<thead>
<tr>
<th>Aurora Medical Center Washing County (AMCWC)</th>
<th>Aurora Sheboygan Memorial Medical Center (ASMMC)</th>
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<tbody>
<tr>
<td>1032 E. Sumner Street</td>
<td>2629 N 7th St,</td>
</tr>
<tr>
<td>Hartford, WI 53027</td>
<td>Sheboygan, WI 53083</td>
</tr>
<tr>
<td>(262) 670-7201</td>
<td>920-451-5553</td>
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<th>Aurora Medical Center Oshkosh (AMCO)</th>
<th>Aurora West Allis Medical Center (AWAMC)</th>
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<tbody>
<tr>
<td>855 North Westhaven Drive</td>
<td>8901 W. Lincoln Avenue</td>
</tr>
<tr>
<td>Oshkosh, Wi 54904</td>
<td>West Allis, WI 53227</td>
</tr>
<tr>
<td>Call 920-456-7420</td>
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