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## **Guidelines for Forensic Medical Evaluations**

The need for and timing of a medical evaluation is determined by the clinical presentation of the child in consultation with the SCCAMRS qualified healthcare provider. Upon receipt of a report of abuse and neglect by an investigatory agency, a referral for a forensic medical evaluation must be made as soon as possible, but no later than 3 working days, to a child abuse pediatrician (CAP) or a physician, nurse practitioner or physician assistant (known as healthcare providers) that is qualified by the SC Children's Advocacy Medical Response System<sup>1</sup> pursuant to section S.C. Code Ann. § 63-11-430 when the presenting case includes<sup>2</sup>:

- 1. Bruises anywhere on a child under 1 year of age that is not pulling to stand
- 2. Children under the age of 2 with the presence of at least one of the following:
  - a. Head Injury
  - b. Any fracture
  - c. Any burn
  - d. Chest and/or Abdomen injury
- 3. Bruising located on the face, ears, neck, chest, back, buttocks, genital area, or bruises elsewhere with a pattern or multiple in number
- 4. Any report alleging sexual abuse of a child, including sexual exploitation/trafficking
- 5. Any sexually transmitted infection in a child thirteen years of age or younger
- 6. Any family in which one or more children have been pronounced dead on arrival at a hospital or other healthcare facility, or has been injured and later died, as a result of suspected abuse, abandonment, or neglect, when any sibling or other child remains in the home
- 7. Child exposed to the manufacture of methamphetamine or other hazardous drugs (clandestine labs), or, lives in or is exposed to an environment where drugs, including non-prescribed pharmaceuticals, are used, possessed, sold and/or traded/trafficked
- 8. Child witness to violence, including but not limited to, domestic violence/intimate partner violence.

A child 2 years of age and younger with acute injuries may require an evaluation first at a children's hospital and/ or emergency room by a child abuse pediatrician due to the possible need for neuroimaging, radiology studies such as skeletal survey and other diagnostic tests. After hospital discharge, the child must be referred to the local children's advocacy center for a medical follow up and coordination of services. If the referring investigatory agency is uncertain about the urgency or timing of a medical evaluation, direct contact with a SCCAMRS healthcare provider should be made for assistance and clarification.

<sup>1</sup>For a list of child abuse pediatricians and SCCAMRS qualified medical providers, please see the program website www.sccamrs.org

Rev. 09/20/07 Rev. 03/28/08, 6/29/09, 3/3/15, 4/18/18, 7/25/19

<sup>&</sup>lt;sup>2</sup> Requesting a forensic medical evaluation is not exclusively limited to the above scenarios