

**CONSENSUS RECOMMENDATIONS OF THE
FLORIDA ACADEMIC HEALTHCARE PATIENT
SAFETY ORGANIZATION FOR**

**SEXUAL ABUSE AND
SEXUAL MISCONDUCT IN
HEALTHCARE SETTINGS**



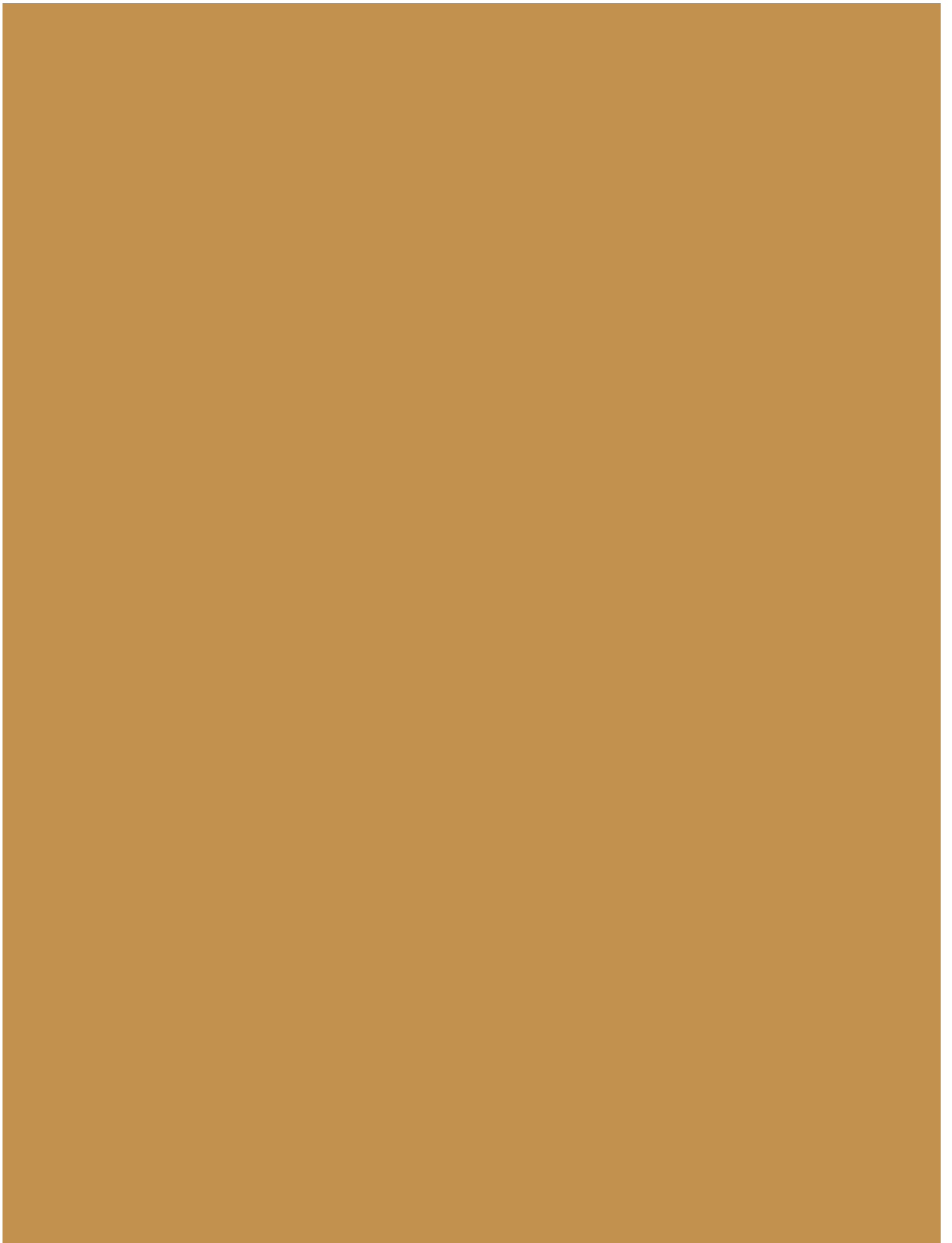
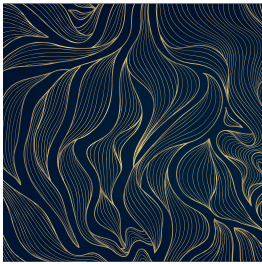


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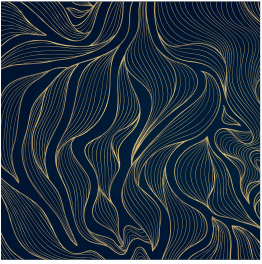
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Consensus Recommendations of the Florida Academic Healthcare Patient Safety Organization (FAH PSO) specific to Sexual Abuse and Sexual Misconduct in Healthcare Settings.

The Florida Academic Healthcare Patient Safety Organization Consensus recommends the development of a comprehensive plan to report, investigate, and educate all allegations of sexual abuse/sexual misconduct that occur in the healthcare setting. **These consensus recommendations, developed by the Florida Academic Healthcare Patient Safety Organization (FAH PSO), are for information purposes only and should not be construed or relied upon as the legal standards of care or a clinical practice guideline.** The applicable standard for any particular patient is determined by many factors, including the patient specific clinical data available, and is subject to change given developments in scientific knowledge, technological advances, and the evolution of healthcare. The ultimate decision regarding the appropriateness of any medical care and treatment for any individual patient is subject to the patient's clinical presentation and the reasonable judgment of the specific healthcare provider, in light of all information and circumstances prevailing in the individual situation and in accordance with the laws of the jurisdiction in which the care is rendered.

The FAH PSO recommends institutions review these guidelines and accept, modify, or reject these recommendations based on their own institutional resources and patient populations. Any decision not to implement any of the recommendations herein, either fully or partially, should not be construed as evidence of negligence. Any recommendations, templates, proposed policies, or documents contained herein are solely illustrative. Additionally, institutions should continue to review and modify these recommendations as the science continues to evolve. Adherence to or adoption of the consensus recommendations referenced in this publication does not guarantee a successful outcome. These consensus recommendations do not include a comprehensive listing of all methods or models of management. No statement or recommendation in this report should be construed as legal advice or as the official position of any of the institutions referenced in this report. It is anticipated that these recommendations will require updating as patient care evolves.



Participants

The following healthcare providers participated in the development of these consensus recommendations. This publication does not necessarily reflect the views or opinions of any particular healthcare provider, university institution, or healthcare organization. Again, these recommendations are not intended to create nor should they be construed as the legal standard or care or a clinical practice guideline. None of the participants has any affiliations or financial involvement that conflicts with the material presented in this report.

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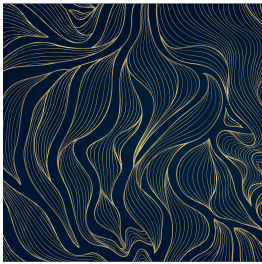
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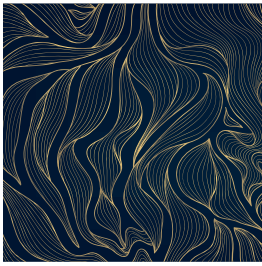


About the Florida Academic Healthcare Patient Safety Organization (FAH PSO)

In 2005, Congress developed and enacted the Patient Safety and Quality Improvement Act (PSQIA) with the intent of cultivating a culture of safety and improving healthcare, by providing federal privilege and confidentiality protections for information that is reported to a Patient Safety Organization (PSO), developed by a PSO, or which represents the analyses and deliberations of patient safety events, for the conduct of patient safety activities. The PSQIA promotes the sharing of knowledge gleaned from these patient safety activities and the sharing of best practices and recommendations that seek to improve the quality of healthcare.

The Florida Academic Healthcare Patient Safety Organization (FAH PSO), listed by the Agency for Healthcare Research and Quality on April 22, 2014, represents a significant step toward improving patient safety in the third most populous state in the United States. The PSQIA and the associated federal confidentiality protections provide the required framework to allow the sharing of sensitive patient information among medical providers located at the six different State of Florida medical universities training the next generation of healthcare providers. The FAH PSO represents Florida Atlantic University, Florida International University, Florida State University, the University of Central Florida, the University of Florida, the University of South Florida, and the respective institutions' healthcare providers working together to improve patient safety and healthcare.





Executive Summary of Sexual Abuse and Sexual Misconduct (SAM) Loss Prevention Plan

A. SUMMARY OF THE ISSUE

1. A healthcare entity maintains policies for prevention of sexual abuse/sexual misconduct. The healthcare entity is committed to upholding the rights, dignity, and safety of all individuals in the clinical setting.
2. A robust loss prevention plan is critical to protect the safety, health and wellbeing of patients.
3. The response to a sexual-based misconduct allegation must be multi-disciplinary, system-wide and immediate.
4. There may be mandatory reporting requirements, depending on the facts of each case, at the state, and federal level.

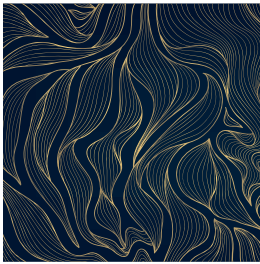
B. RECOMMENDATIONS

Develop a comprehensive SAM policy for the clinical setting that addresses:

1. **Response process** to all reports of sexual abuse/sexual misconduct.
2. **Notification alert system** when a potential patient abuse event occurs that includes stakeholders at all levels of the health system to effectively escalate the patient safety concerns and ensure the respective department responds to the concern.
3. **Staff reporting structure** established prior to notification of SAM behavior to further facilitate reporting of suspected sexual abuse/sexual misconduct.
4. **Patient education and feedback mechanisms** to be incorporated into the development of new policies and protocols in order to more quickly assess and respond to patient feedback with an emphasis on patient advocacy.
5. **Compliance with the chaperone policies**, recommend chaperones for all sensitive examinations, training for chaperones and rotation of chaperones between clinicians.
6. **Training upon hire and annually** regarding sexual abuse/sexual misconduct prevention and maintaining professional boundaries.
7. **Required reporting** in accordance with federal and state law, regulatory bodies and law enforcement to include Title IX if applicable.

The Consensus Recommendations in Healthcare Settings apply to:

1. All clinical personnel, including but not limited to physicians, nurses, medical assistants, therapists, and learners.
2. Non-clinical personnel working within a healthcare entity, including administrative staff, volunteers, contractors, and visitors.
3. All inpatient and outpatient settings under the health care system umbrella including student health services, outpatient clinics, telehealth, stand-alone urgent care centers and mobile care units.



Key Definitions of Specific Terms

(Note: Some Definitions are State Law Defined)

Actual Knowledge: A person possesses Actual Knowledge if he/she witnesses the act or receives a statement (verbal or written) by the abuser acknowledging the Sexual Misconduct of Sexual Abuse.

Chaperone: A trained clinical staff member present during sensitive examinations to protect both the patient and provider.

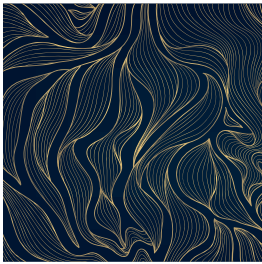
Sensitive Exam: A clinical exam involving the breast, pelvic, genital, or rectal areas.

Sexual Abuse: “Sexual abuse” means any acts of a sexual nature committed for the sexual gratification of anyone upon, or in the presence of, a vulnerable adult (defined as “a person 18 years of age or older whose ability to perform the normal activities of daily living or to provide for his or her own care or protection is impaired due to a mental, emotional, long-term physical, or developmental disability or dysfunction, or brain damage, of the infirmities of aging”), without the vulnerable adult’s informed consent, or upon a minor. “Sexual abuse” includes, but is not limited to, oral, anal, or vaginal penetration by, or union with, the sexual organ of another or the anal or vaginal penetration of another by any other object; fondling, exposure of a vulnerable adult’s or minor’s sexual organs, or the use of the vulnerable adult or minor to solicit for or engage in prostitution or sexual performance. *Sexual abuse does not include any act intended for a valid medical purpose or any act which may reasonably be construed to be a normal caregiving action.* (Section 395.0197(10)(b), Florida Statutes).

Sexual Misconduct: “Sexual misconduct” in the practice of a health care profession means violation of the professional relationship through which the healthcare member of the healthcare entity uses such relationship to engage or attempt to engage the patient or client, or an immediate family member, guardian, or representative of the patient or client in, or to *induce or attempt to induce such person to engage in, verbal or physical sexual activity outside the scope of the professional practice of such health care profession.* Sexual misconduct in the practice of a health care profession is prohibited. (Section 456.063(1), Florida Statutes).

Substantiated: With respect to a report of a reasonable allegation of sexual abuse: a preponderance of the evidence indicated that abuse occurred.

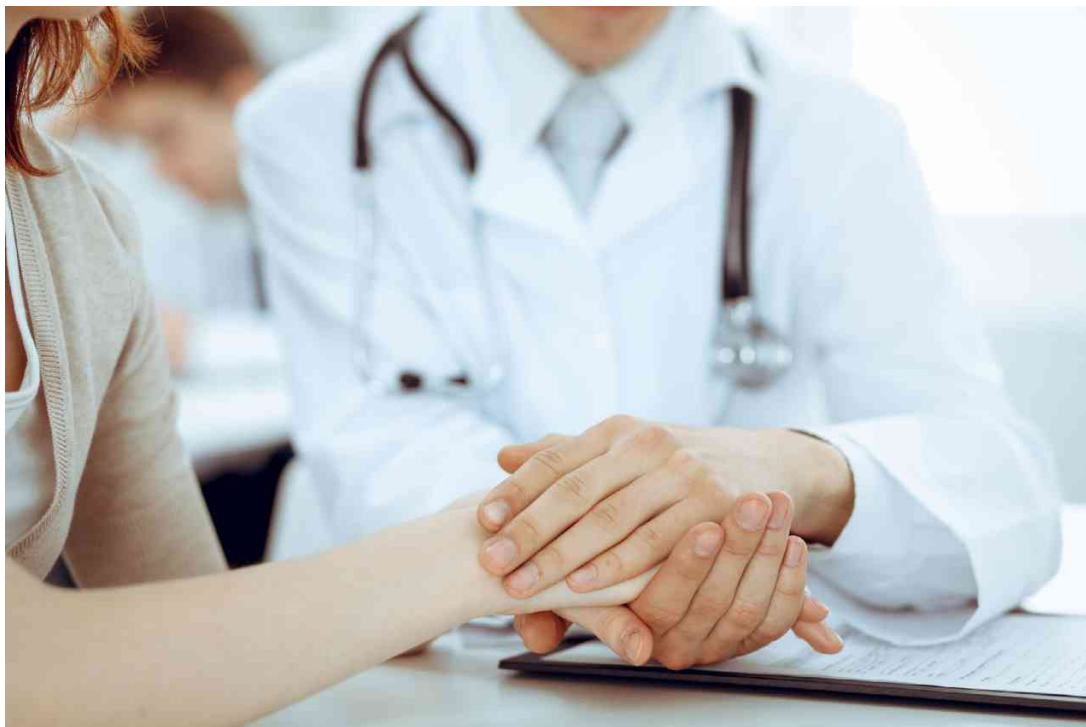
Vulnerable Adult: A person 18 years of age or older whose ability to perform the normal activities of daily living or provide for their own care or protection is impaired due to a mental, emotional, sensory, long-term physical, or developmental disability or dysfunction, or brain damage, or the infirmities of aging (Section.415.102(28), Florida Statutes).



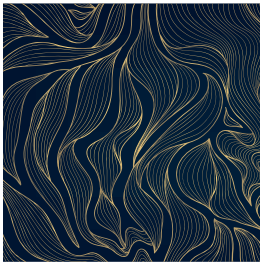
Overview: Sexual Abuse and Sexual Misconduct (SAM) in Healthcare Settings

Sexual abuse/sexual misconduct (SAM) claims within healthcare settings represent a profound breach of trust in one of society's most sacred relationships, the one between patient and provider. For the patient, when sexual abuse/sexual misconduct occurs, the impact on the patient can be devastating and lifelong, including post-traumatic stress, fear of future medical care, loss of bodily autonomy, and lasting psychological trauma. For universities, hospitals and clinics, these incidents can lead to reputational damage, regulatory scrutiny, legal liability, and loss of community trust. Physicians and staff may experience professional suspension, licensure jeopardy, emotional trauma, criminal prosecution and public condemnation — even in the absence of a formal finding of guilt. Beyond the individual cases, these events highlight critical system-wide failures in oversight, reporting, and institutional accountability, underscoring the urgent need for a robust loss prevention plan that includes a response framework and education/training on prevention across all levels of healthcare delivery.

Over the past decade, the U.S. healthcare industry has faced mounting scrutiny over incidents of sexual abuse and sexual misconduct involving physicians, nurses, and other clinical personnel. In 2017, a study using data from the National Practitioner Data Bank revealed over 7,200 disciplinary actions for sexual misconduct by healthcare professionals since 2000, highlighting long-standing systemic issues.¹ In 2023, The Joint Commission reported a 77% surge from the previous two years in hospital-based assaults and homicides, with sexual assault comprising 43% of these cases.² The issue has continued to escalate as evidenced by high-profile legal settlements of anywhere between \$23,000,000 to upwards of \$1,100,000,000 further underscoring the crisis.



1. Murphy, Falcon & Murphy. (2017). Sexual misconduct among healthcare professionals [Data analysis of National Practitioner Data Bank adverse action reports by 1Point21 Interactive]. Murphy Falcon & Murphy Blog. <https://www.murphyfalcon.com/medical-malpractice/sexual-misconduct-among-healthcare-professionals/>
2. The Joint Commission Online, 2023 Sentinel Event Data Annual Report, May 15, 2024. <https://www.jointcommission.org/en-us/knowledge-library/newsletters/joint-commission-online/15-may-24>.



Overview: Sexual Abuse and Sexual Misconduct (SAM) in Healthcare Settings *(continued)*

From publicly reported data, the claims related to sexual abuse in the healthcare setting have not just been limited to one or two physician specialties such as OB/Gynecology or University Athletics but rather claims have emerged from a broad range of specialized areas in a variety of settings, both inpatient and outpatient across the United States.

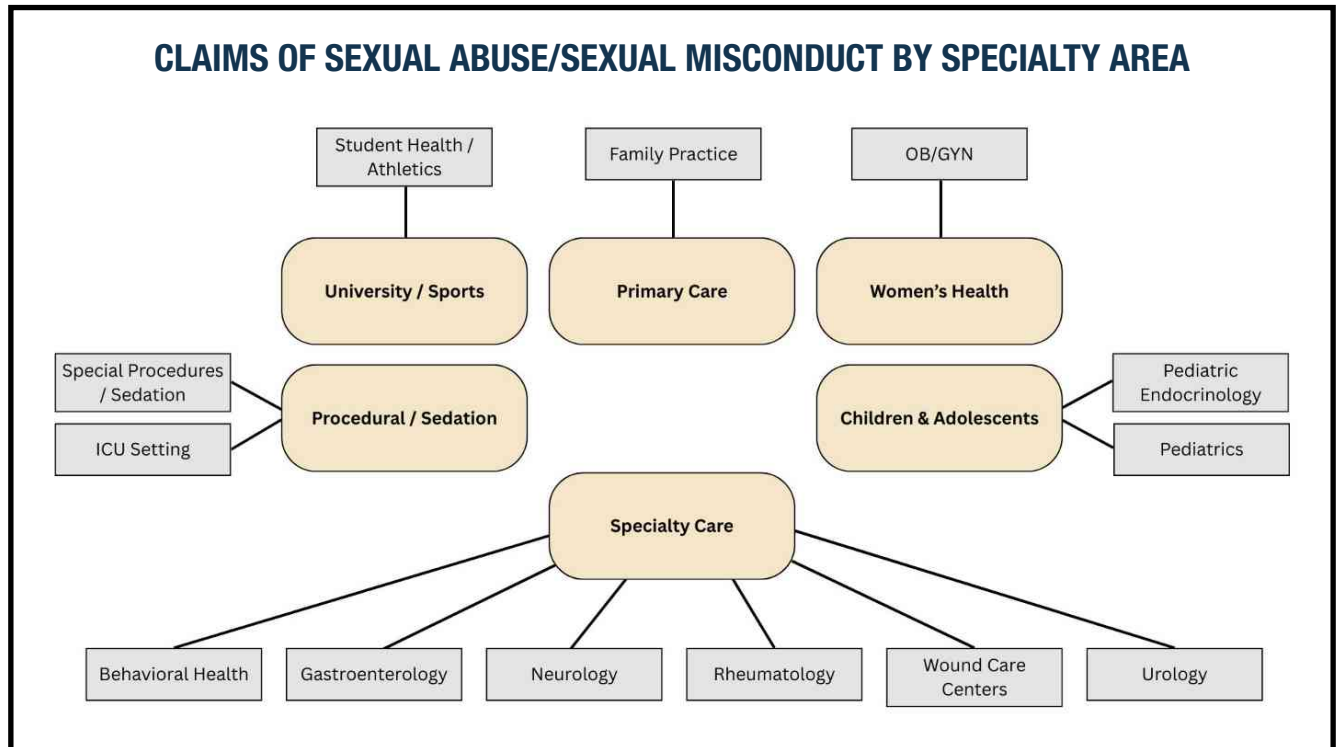
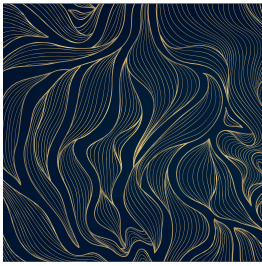


FIGURE 1: Examples of Sexual Abuse/Sexual Misconduct Claims per Specialty from publicly available data, 2025

Of the many publicly reported claims reviewed, disturbing trends are emerging.³

- The majority of the legal claims reported involve more than 100 victims per provider;
- The claims per provider took place over the course of over 10 years; and,
- The majority of the cases have occurred at Academic Medical Centers that are renowned Universities.



Overview: Sexual Abuse and Sexual Misconduct (SAM) in Healthcare Settings *(continued)*

Praesidium, Inc. is an organization dedicated to providing comprehensive solutions and expert consultation for the prevention of sexual abuse in industry-wide settings and in particular healthcare organizations. Praesidium reviewed 100 publicly available legal cases of sexual abuse in a healthcare setting to identify specific learnings related to the abuser.⁴

The **ABUSER** demographics are as follows:

- 94 cases involved offenders that were healthcare providers: Physicians (n=57), patient care workers (n=17), nurses (n=13), and other allied healthcare providers (n=7),
- 98% of the offenders were male,
- Average age of the offender was 48.9 years old.

The **VICTIM** profiles are as follows:

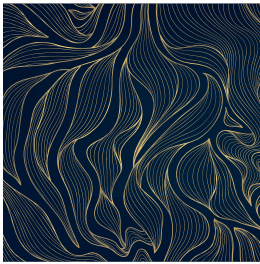
- 78% of the victims were female,
- 71% of victims were adults.

Abuser **INTERACTIONS** with the victim:

- Act occurred in an isolated area,
- No chaperone was present 86% of the time,
- 70% were single occurrences,
- 66% of the offenders had multiple victims,
- Eighteen percent of the offenders were still working in healthcare at the time the allegations surfaced.



4. Praesidium Insights Blog First, Do No Harm: Part 1 : <https://www.praesidiuminc.com/first-do-no-harm/> and Part II: Know the “How” and Manage Access. Retrieved from: <https://www.praesidiuminc.com/first-do-no-harm-second-know-the-how/>



Overview: Sexual Abuse and Sexual Misconduct (SAM) in Healthcare Settings *(continued)*

Theories of Legal Liability on the Healthcare Entity from a SAM Allegation

The losses to a university and/or health care entity can be staggering not only from a financial, but also reputational standpoint. In response, healthcare liability insurers have significantly tightened their underwriting policies, often excluding sexual abuse/misconduct from coverage or requiring extensive preventive measures and disclosures to secure liability coverage. This trend reflects an urgent reckoning within healthcare institutions and the insurance sector to address sexual misconduct proactively and transparently.

While much attention has been focused on the impact of nuclear verdicts in medical malpractice cases in recent years, sexual abuse claims in healthcare are emerging to be even more complex specifically when it comes to determining what lines of insurance coverage are at risk. **The argument that a provider's actions were not within the course and scope of the employed duties and therefore outside of professional liability coverage, does not provide blanket protection for other potential organizational liability to the healthcare entity.** The 2024 Praesidium Report identified the average payout per institutional fault in other areas of organizational negligence in cases of SAM allegations showing organization system exposures that also warrant risk mitigation strategies. (See Figure 2, Praesidium Report 2024). Therefore, with respect to SAM allegations, it is important to incorporate notice of a SAM allegation through a communication cascade system-wide to all lines of insurance that may be affected. Many factors may change the initial claims trajectory, and a healthcare entity must be proactive.

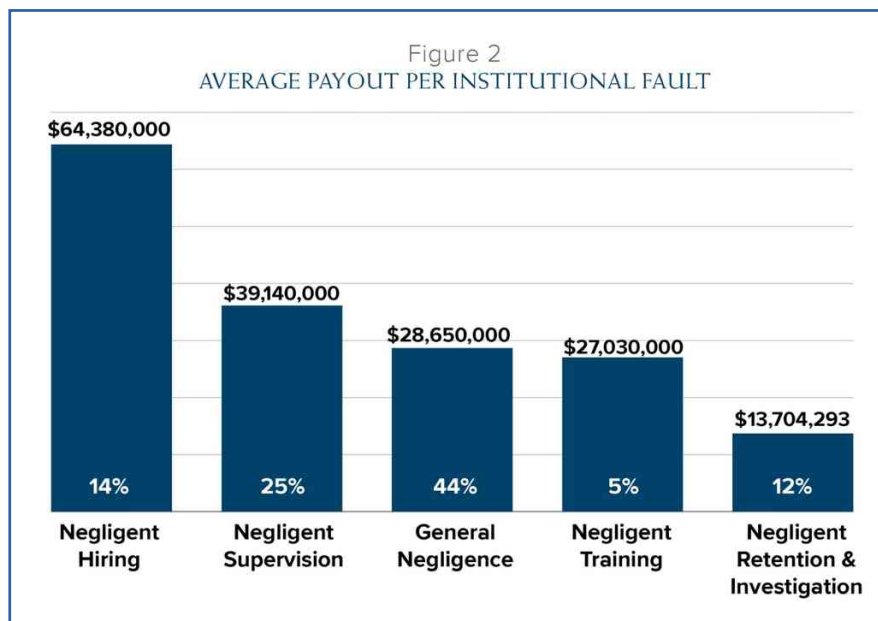
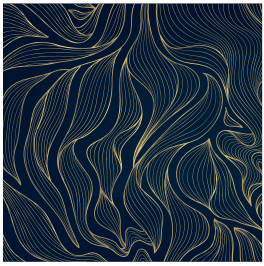


FIGURE 2: Average Payout Per Institutional Fault, Praesidium. (2024). 2024 Praesidium Report. <https://hubs.ly/Q02sjP120>.



Overview: Sexual Abuse and Sexual Misconduct (SAM) in Healthcare Settings *(continued)*

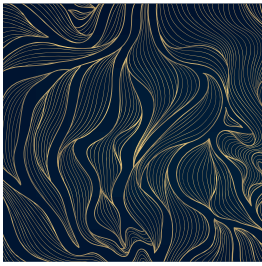
Reporting Requirements in Florida

Most SAM reporting laws are governed by Florida Statutes and Florida Administrative Codes; however, federal reporting rules may apply depending on funding sources, patient population, licensure requirements, and/or specific scenarios. It is critical to work closely with the individual institution's legal counsel, risk management, compliance and privacy officers as well as the Title IX office where applicable, to ensure that proper reporting is completed per Florida Statute and Federal law. HIPAA does permit disclosures of abuse-related information to proper authorities when required by law. (45 CFR Section 164.512(c))

In addition to reporting requirements, Florida law requires a thorough investigation of an adverse event such as a SAM incident. (Section 395.0197(9), Florida Statutes). Healthcare entities in Florida are required by law to have an internal risk management program that investigates and analyzes the frequency and causes of adverse incidents. (Section 395.0197(1), Florida Statutes). The risk management program also should include measures to minimize risk as well as a plan to educate and train all personnel in the setting interacting with patients specific to SAM allegations at initial orientation and annually thereafter. **Every allegation of sexual misconduct made against any licensed personnel is required to be reported to the Florida Department of Health (Section 456.063 (3), Florida Statutes).**

Title IX and the Healthcare Setting

Title IX refers to the Educational Amendments of 1972, and the related implementing regulations, which prohibit sex discrimination in educational programs and activities at institutions that receive federal financial assistance. Sexual harassment (including but not limited to sexual abuse) is a form of sex-based discrimination. The final rule in 2020 explicitly requires **substantial control** over both the respondent (alleged offender) and the context.⁵ **Consult your university's Title IX policy to understand whether faculty physicians and other staff are considered "responsible employees" under Title IX.** If so, this means they are mandatory reporters — required to report any known allegations of sexual harassment or assault to the applicable Title IX Coordinator.



Overview: Sexual Abuse and Sexual Misconduct (SAM) in Healthcare Settings *(continued)*

Key Points on Title IX Applicability in Healthcare Setting:

There may be an additional reporting pathway when University employee's actions occur at private/public healthcare entities. Each case is fact specific. It is important to work with legal counsel/Title IX office at your respective University regardless of healthcare setting.

1. Title IX is applicable in the healthcare setting if:

- a. The conduct is alleged to have occurred on or after August 14, 2020⁶;
- b. The alleged conduct occurred in the context of a university program or activity;
- c. The respondent (alleged offender) is affiliated with the University (e.g. faculty, resident, student);
- d. The patient (complainant) is participating in or attempting to participate in the University's education programs or activities;
- e. The conduct is alleged to have occurred in the United States, and;
- f. The conduct, if true, would constitute Title IX sexual harassment.

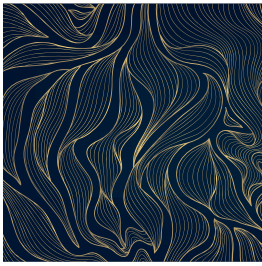
Of note, there may be certain protections regarding confidentiality during a healthcare examination or through Counseling and Psychological Services (CAPS), whereby a student/patient may not want to report (refusing to consent) the sexual harassment of a university healthcare provider under Title IX and the providers are not considered "responsible employees." However, in Florida, Section 456.063 (3), Florida Statutes, **requires** licensed health care practitioners to report allegations of sexual misconduct committed by a licensed health care provider to the Department of Health regardless of the practice setting in which the alleged sexual misconduct occurred.

Section 456.063(3), Florida Statutes:

- The Department of Health (DOH), not the individual practitioner, is responsible for investigating and determining if the allegation has merit.
- Failing to report could subject a health care provider to disciplinary action.
- The report should only contain objective facts.
- When submitting the report to DOH via the portal or in writing, indicate that the report is being made to meet the statutory requirement required by a licensed healthcare professional.
- The merits of the allegation will be determined through the appropriate DOH investigation process

5. The 2024 Final Rule has been vacated by a federal district court nationwide and Universities must abide by the 2020 Final rule. The 2024 Final rule is not in effect in any jurisdiction.

6. August 14, 2020 was the date Title IX Final Rule May 2020 went into effect which overhauled how institutions must respond to sexual harassment.



Overview: Sexual Abuse and Sexual Misconduct (SAM) in Healthcare Settings *(continued)*

Components of a Sexual Abuse/Sexual Misconduct (SAM) Loss Prevention Plan

Originally developed and copyrighted in the 1990s, the Praesidium Safety Equation is the long-standing model Praesidium uses to evaluate organizational environments, identify conditions where abuse may occur, and support prevention. The Praesidium Safety Equation provides a comprehensive model for which a healthcare entity can build upon when expanding their respective SAM prevention programs in the clinical environment. The eight organizational components are noted in Figure 3 below. (<https://www.praesidiuminc.com/>) What Praesidium's research on sexual abuse prevention has clearly uncovered is that sexual abuse is not a random occurrence, but rather it happens in predictable patterns and places within a healthcare system.⁷ The role of clinical care leaders within the healthcare system, whether inpatient, outpatient or on college campuses, is to focus on education and training for prevention, and to have a response team prepared if/when an allegation of sexual abuse/sexual misconduct arises.

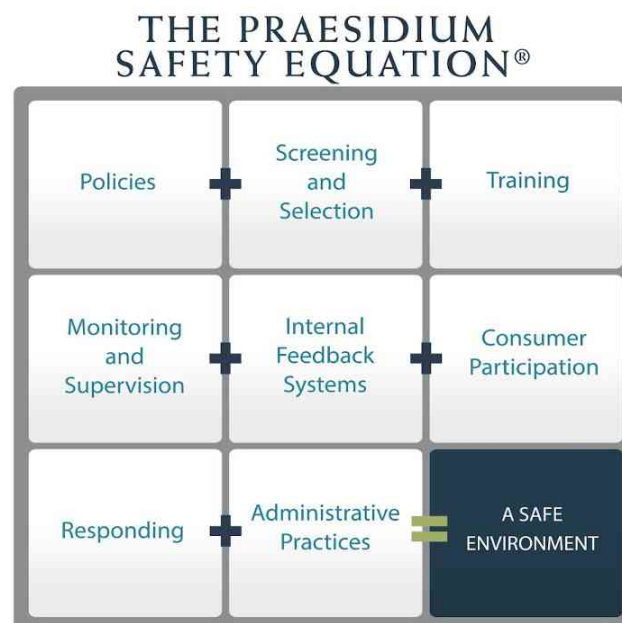


FIGURE 3: Praesidium Safety Equation, 1992

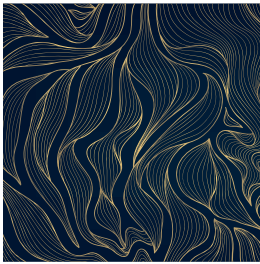
1. Policies

Each healthcare entity should have a comprehensive policy specific to Sexual Abuse/Sexual Misconduct. The policy needs to include how to respond to an allegation, state/federal reporting requirements, and annual education and training for all staff regarding sexual abuse/sexual misconduct prevention with an emphasis on professional conduct in the workplace.

a. Professional Conduct and Boundaries

Clearly define appropriate and inappropriate interactions between all healthcare employees and their patients.⁸ Professional conduct expectations should reach all employees, clinical and non-clinical and should define what is acceptable behavior and unacceptable behavior.

7. Praesidium Insights Blog First, Do No Harm: Part 1: <https://www.praesidiuminc.com/first-do-no-harm/> and Part II: Know the "How" and Manage Access. Retrieved from: <https://www.praesidiuminc.com/first-do-no-harm-second-know-the-how/>



Overview: **Sexual Abuse and Sexual Misconduct (SAM)** **in Healthcare Settings** *(continued)*

Professional boundaries must be clearly maintained. Examples include prohibiting staff members from entering a clinical unit without a legitimate work-related purpose or engaging in a sexual relationship with a current patient or a patient's relative (such as a parent). Such conduct violates professional codes and laws, including the Nurse Practice Act (Section 464.017, Florida Statutes) and the prohibitions on Sexual Misconduct in the Practice of Medicine (Sections 458.329 [MD] and 459.0141 [DO], Florida Statutes).

b. Examination for Medical Purposes

For medical examinations, providers should place special emphasis on clear communication about each step of the examination process. Staff must be educated on which examinations require written informed consent e.g. consent to perform a pelvic examination (Section 456.51, Florida Statutes). In addition, staff should be familiar with their healthcare entity's chaperone policies to ensure compliance with requirements regarding the presence of a chaperone during sensitive exams or during medical exams in high-risk populations.⁹

c. High-Risk Populations

Policies addressing high-risk or vulnerable populations should include guidance for situations involving adults with capacity issues such as elderly individuals, persons with disabilities, and minor patients.

d. Reporting Processes

Clear reporting and responding processes should be established for each clinical entity for inappropriate behaviors, any policy violations, and if sexual misconduct or sexual abuse is witnessed or suspected.

e. Incorporation of Related Policies

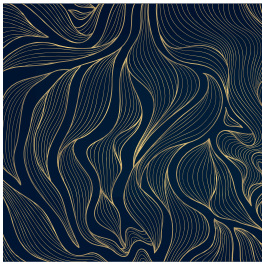
All related policies should explicitly state that sexual misconduct/sexual abuse toward patients, employees, visitors, or contractors will not be tolerated under any circumstances.

Examples of related policies:

- Use of photographs and videos
- Chaperone policies
- Monitoring and supervising policies
- HIPAA and Security policies
- IT policy and in particular the use of messaging outside of the electronic health record
- Administrative Response to Allegations of Sexual Abuse and Sexual Misconduct

8. Marsh Webinar Series: Part 3: Risk Mitigation Policies and Procedures with Praesidium, March 2025

9. Gallagher, The Role of Chaperones in Sensitive Healthcare Exams, 2024 Arthur J. Gallagher & Co. See also, Florida Academic Healthcare Patient Safety Organization: Use of Medical Chaperones During Sensitive Examinations, Consensus Recommendations, 2021. <https://flbog.sip.ufl.edu/florida-academic-healthcare-psy/>



Overview: Sexual Abuse and Sexual Misconduct (SAM) in Healthcare Settings *(continued)*

2. Screening and Selection

The screening and selection process of an employee begins at the time of evaluating the healthcare practitioner for employment at the healthcare entity. This type of screening should also be included for volunteers, contracting agencies and/or outsourcing staff.¹⁰

a. Application for Employment

Application: A standard application for all employees must include questions related to previous experiences that include patient care and clinical training sites and in particular questions specific to sexual misconduct (defined).

Example: Have you been the subject of an investigation by any healthcare entity, state medical board, licensing board, or certifying authority due to complaints about allegations of sexual misconduct or sexual abuse? Please provide details.

Attestation: Consider requiring new employees to sign an attestation confirming that they have not been the subject of any investigation or disciplinary action relating to sexual misconduct or sexual abuse. It is advisable to consult legal counsel when developing this attestation.

Authorization: Include authorization to contact the applicant's training programs (for newly licensed or credentialed individuals), previous employers, state licensing boards, medical certification boards and to conduct background and fingerprint screening. In July 2025, Florida implemented the Cleared to Care law which requires most licensed health care professionals to complete fingerprinting not only at the time of the initial licensure, but also at every renewal period.

References: Complete all reference checks with former supervisors. Three references are recommended, as well as at least one personal reference using standard questions.¹¹

3. Training

a. Professional Boundaries to All Staff

Training on professional boundaries, including appropriate interactions with peers and patients, must be provided to all staff in accordance with organizational policies.¹²

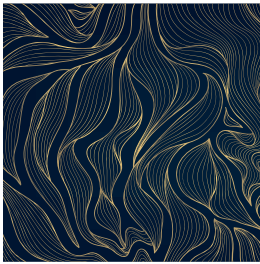
b. Title IX

In academic medical centers, university ambulatory care clinics and student health services, it is especially important to review Title IX policies. Reporting requirements for hospital, clinic, or Title IX policy violations, including incidents or suspicions of sexual misconduct or sexual abuse, must be reviewed during onboarding and on an annual basis.

10. Praesidium Insurance Carrier Benchmarking: Sexual Abuse and Molestation Liability. (February, 2025)

11. Marsh Webinar Series: Part 3: Risk Mitigation Policies and Procedures with Praesidium, March 2025

12. Marsh Webinar Series: Part 3: Risk Mitigation Policies and Procedures with Praesidium, March 2025



Overview: **Sexual Abuse and Sexual Misconduct (SAM)** **in Healthcare Settings** *(continued)*

c. Training for all Staff including Leadership

Specialized training should be included during onboarding for leaders across the organization, including administrative executives, Program and Department Chairs, Human Resources personnel involved in hiring decisions, and Quality/Risk Management staff. This training should emphasize the importance of an immediate and appropriate response to any allegation, which may include placing the individual on administrative leave, notification to law enforcement (or the appropriate agency) and/ or implementing employment or educational disciplinary action.

d. Sexual Abuse/Sexual Misconduct: Prevention/Response Training upon Hire and Annually

All clinical and non-clinical staff must receive education on the Sexual Abuse and Misconduct (SAM) policy upon hire and annually thereafter. This training should cover abuse prevention, **use of chaperones**¹³, **recognition of warning signs or concerning behaviors** by employees or agents (e.g., grooming behaviors or inappropriate power dynamics between provider and patient), and the requirements and procedures for reporting concerns. Education may be delivered through a CME/CE module or incorporated into mandatory annual risk management training.

In addition, training must include guidance and resources for individuals responsible for investigating SAM allegations, including best practices for interviewing both the patient and the alleged offender. A standardized, systematic process for conducting such investigations should be established. (See Appendix for Staff Education and Training Resources.)

e. Chaperone Policy Reference

The SAM policy should closely align with the Chaperone policy as part of the education and training for prevention of sexual abuse and sexual misconduct.

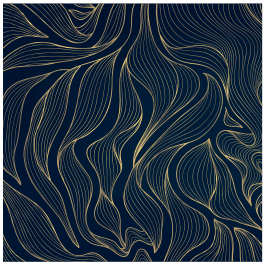
4. Monitoring and Supervision

On review of SAM allegations, a study showed that 75-85% of SAM occurred in the absence of a chaperone. The Praesidium 2024 report noted that offenders need three things to abuse: access, privacy and control.¹⁴

An effective monitoring and supervision policy fosters both staff accountability and support. Monitoring systems should be implemented in high-risk areas and during high-risk procedures (e.g. sensitive exams where chaperones may be offered), in offsite locations with limited staffing, and in areas where sedation is being administered.¹⁵ Particular attention should be given to restricting access to areas where staff have no legitimate work-related purpose. For example, a staff member entering pediatric activities center without assigned duties. Staff who routinely work in boundary-sensitive areas, such as patient transport or recovery rooms, should also be subject to appropriate oversight.

13. Florida Academic Healthcare Patient Safety Organization: Use of Medical Chaperones During Sensitive Examinations, Consensus Recommendations, 2021. <https://flbog.sip.ufl.edu/florida-academic-healthcare-pso/>

14. Praesidium. (2024). 2024 Praesidium Report. <https://hubs.ly/Q02sjP120>.



Overview: Sexual Abuse and Sexual Misconduct (SAM) in Healthcare Settings *(continued)*

a. Pediatrics

Monitoring policies should also address special high-risk populations. In pediatric settings, children are both legally and developmentally vulnerable, and policies must reflect this increased level of risk through strict supervision, appropriate consent and assent procedures, and adherence to mandatory reporting requirements. A chaperone must always be present during physical examinations or procedures that involve undressing or physical contact. If a chaperone is declined, the parent or legal guardian, not the child, must sign a waiver, and the provider may determine whether it is appropriate to reschedule the appointment.

Documentation should reflect the patient's understanding and comfort level throughout the encounter. Any suspicion of child sexual abuse must be reported immediately to the Florida Department of Children and Families (Florida Statutes § 39.201). Policies should prohibit one-on-one, unsupervised contact unless visibility is maintained (e.g., through an open door or observation window). Strongly encourage, or when appropriate require, a parent or guardian to be present during all patient interactions and ensure that their presence is documented.

b. Behavioral Health

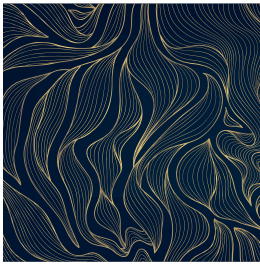
In behavioral health settings, patients may exhibit impaired judgment, heightened vulnerability to re-traumatization, or limited capacity to provide informed consent. Policies governing these environments must incorporate mandatory staff training on sexual trauma awareness, professional boundaries, and trauma-informed care.

- **Capacity Assessment:** A formal assessment of decision-making capacity shall be conducted prior to obtaining consent for any intimate examination or touch-based therapeutic intervention (e.g., physical therapy).
- **Environmental Safety:** Physical environments shall be designed to minimize risk, including the strategic placement of mirrors or cameras in common areas and the avoidance of secluded interview or treatment rooms.
- **Provider Selection:** Patients shall be offered the option to request a provider of the same gender for examinations or therapeutic interactions when possible.
- **Documentation and Oversight:** All physical contact, including therapeutic touch or the use of restraints, shall be documented in detail, with clear clinical justification and supervisory review to ensure compliance with policy and patient safety standards.

c. Student Athletes

Student athletes represent a population at elevated risk for sexual abuse and sexual misconduct. The Sexual Abuse and Sexual Misconduct (SAM) policy must be fully aligned with the University's Title IX Sexual Misconduct and Harassment Policy. Policies should establish clear cross-reporting mechanisms between Student Health Services and the Title IX Office to ensure timely and coordinated response.

Confidential support resources, such as campus counseling services and anonymous online reporting platforms, must be readily accessible to students. Guidance should be provided on maintaining student confidentiality while adhering to mandatory reporting obligations under federal and state law. Policies must also address potential



Overview: **Sexual Abuse and Sexual Misconduct (SAM)** **in Healthcare Settings** *(continued)*

conflicts of interest when healthcare providers simultaneously serve as faculty members, coaches, or resident advisors due to a potential inherent power differential between patient and provider and possibly chaperone and provider.¹⁶ Campus health clinics are to be regarded as licensed healthcare facilities and are subject to the same professional and regulatory standards as other clinical environments.

Contracts with external medical providers (e.g. Orthopedic groups treating university athletes), must clearly establish that such providers operate as independent contractors and not as agents or employees of the University. These agreements shall include indemnification provisions requiring the contractor to defend and hold the University harmless from any claims, liabilities, or damages arising from acts or omissions of the contractor or its personnel, including allegations of sexual misconduct.

d. Auditing

Auditing policy compliance should be included in clinical operations to determine if there are any barriers to implementing the current chaperone practices as an example. Also, education on who is an appropriate chaperone given the situation should be detailed in the chaperone policy.

e. Healthcare Provider Conduct

Ongoing identification and support of a provider with coexisting behavioral issues such as prior drug/substance abuse or behavioral health concerns (e.g. mood instability) should be established and readily accessible. Promoting comprehensive health and wellness programs for all staff, students, and residents within an academic environment is essential to support stress management and overall well-being.

5. Internal Feedback Systems

a. Reporting Structure

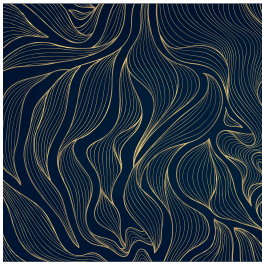
Prompt reporting of any concerns or allegations of sexual misconduct shall be mandatory. Early reporting is critical to prevent further victimization, mitigating the escalation of grooming behaviors, and ensuring that professional boundary violations are addressed immediately and appropriately.

b. Addressing Barriers to Reporting

A supportive and transparent reporting environment must be established, with a clearly defined process for reporting both formal allegations and concerns regarding inappropriate behavior. Reporting mechanisms should include multiple options for staff, such as an incident reporting system and an anonymous hotline. Patients should also be informed of how to report concerns ideally during the review of their Patient Rights and Responsibilities and through visible postings in clinical areas and waiting rooms outlining available reporting options.

Administrative leaders must recognize and address common barriers to reporting, including previous instances of inadequate administrative response, fear of making an inaccurate report, and concerns about retaliation or other negative consequences.

16. ACHA, Guidelines for Best practices for Sensitive Exams, www.acha.org, October 2019.



Overview: Sexual Abuse and Sexual Misconduct (SAM) in Healthcare Settings *(continued)*

c. Data Analysis

Regular collection and analysis of incident reports and reported concerns are essential for identifying patterns or emerging trends. This review should also incorporate data from patient grievances and satisfaction surveys to provide a comprehensive assessment of organizational risk and performance.

d. Investigation for every Allegation of Sexual Abuse/Sexual Misconduct

A thorough investigation of every allegation should be standard practice, utilizing a structured approach such as a Root Cause Analysis when appropriate within the clinical setting. The investigative process must include a review of existing policies and an evaluation of their effectiveness and compliance. ***Every allegation must be treated with the utmost seriousness and addressed promptly and objectively.***

e. Whistle Blower Protection

Whistle blower protections must be clearly defined and consistently communicated. Fear of job loss or retaliation can significantly deter staff from reporting misconduct. Employees should be informed that both state and federal laws protect individuals who, in good faith, report suspected wrongdoing from any adverse employment action or retaliation. (See Section 415.1036, Florida Statutes.)

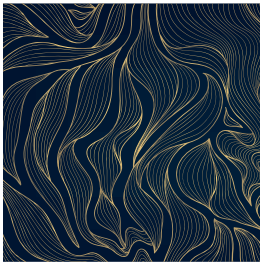
f. False Claims Protection

Knowingly making a false allegation of sexual misconduct is a serious offense and will not be tolerated. In addition to potential disciplinary action up to and including termination or dismissal from the institution, individuals who, with malice or intent to discredit or harm a licensed facility or its personnel, make a false report may be subject to criminal prosecution. Under Florida law, such conduct constitutes a second-degree misdemeanor, punishable as provided in Section 395.0197(11), Florida Statutes.

6. Patient Education/Consumer Participation

Educating patients about what to expect during a clinical examination is essential to ensuring safety, transparency, and trust.¹⁸

- a. **Patient Rights and Responsibilities:** Information outlining patient rights and responsibilities, including procedures for reporting concerns, shall be provided at each clinic visit or upon admission to the healthcare facility.
- b. **Right to a Chaperone:** Patients must be clearly informed of their right to request a chaperone during examinations or procedures.
- c. **Notification and Signage:** Prominent signage shall be displayed in waiting areas and examination rooms to notify patients of their right to a chaperone and provide contact information for reporting concerns.
- d. **Communication Accessibility:** Special attention must be given to patients with language barriers, cognitive impairments, or other communication challenges to ensure full understanding of their rights and available supports.



Overview: Sexual Abuse and Sexual Misconduct (SAM) in Healthcare Settings *(continued)*

7. Response to an Allegation

When developing a comprehensive program, a structured response mechanism should be established in advance. Upon receipt of an initial allegation, standardized tools such as a response flow diagram¹⁹ outlining required steps and a scripted guide for initial interviews²⁰ should be utilized to ensure consistency and compliance. As additional information is gathered and allegations are substantiated, a system-wide notification and escalation process should guide each department through its internal investigation as part of the organization's overall loss prevention and risk management framework. (See Appendices.)

a. Response must be Immediate

Responses to allegations of sexual abuse or sexual misconduct must be prompt, proportionate, and conducted through a standardized, systematic process coordinated across relevant departments, including Quality, Risk Management, Human Resources, Medical Staff Services, Credentialing, and any other required reporting entities.²¹ Investigations should be conducted by a designated multidisciplinary team rather than an individual investigator, with clearly defined roles and responsibilities. Throughout the process, the rights and confidentiality of all parties involved must be protected. There should be a rush to the investigation, not judgment.²²

b. Intake of the Allegation

An intake interview with the patient or reporter should be conducted before a formal investigation, if feasible and appropriate. The interview should include, whenever possible, two individuals, such as the practice/unit leader (on-site supervisor) and on-call risk manager.

Questions should:

- Avoid leading or suggestive wording
- Focus on who, what, where, when, how
- Elicit detail while maintaining sensitivity
- Work to understand the timeline
- Use active listening and allow silence for reflection
- Document exact quotes when possible
- Support the patient and their emotional well-being and allow the patient to share in their own words.
- End with reassurance and next steps re: available support

c. Standardize the Approach to All Allegations

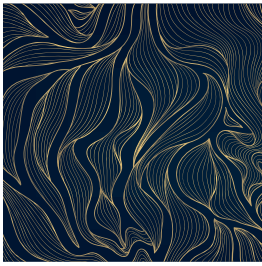
When developing a response process, it is important to recognize and address potential challenges, including the risk of minimizing reports based on the characteristics or status of the reporter or the accused. Fragmented or siloed reporting systems can hinder the identification of prior complaints, potentially leading to missed patterns of behavior or inadequate corrective action. Each report should be evaluated thoroughly and objectively. No allegation should be presumed to be an isolated incident.

18. Marsh Webinar Series: Part 3: Risk Mitigation Policies and Procedures with Praesidium, March 2025

19. See Example of Response to Initial Allegation Flow Chart for both inpatient/outpatient settings in Appendix Section

20. See Example of Interview Questions for patient reporting abuse and alleged offender in Appendix

21. Marsh Webinar Series: Part 3: Risk Mitigation Policies and Procedures with Praesidium, March 2025



Overview: Sexual Abuse and Sexual Misconduct (SAM) in Healthcare Settings *(continued)*

d. Criminal Allegations

When applicable, the location of the alleged incident should be secured to preserve evidence for law enforcement investigation. The response plan must also include procedures for promptly referring the reporter/patient for a forensic examination by a Sexual Assault Nurse Examiner (SANE), when appropriate to the nature of the allegations. Safety and Security procedures should be implemented specific to video preservation, badge access and other access issues as deemed necessary.

e. Notification of Emergency Contact

The designated emergency contact or family member of a minor patient or vulnerable adult who is the patient shall be notified of the alleged incident in accordance with applicable laws and institutional policy. For adult patients with decision-making capacity, consent must be obtained prior to any family notification.

f. Required Reporting

Required reporting obligations must be integrated into the response checklist. Both state and federal laws establish specific reporting requirements that vary based on the nature of the allegation, the characteristics of the patient involved, the type of healthcare entity (e.g., hospital or clinic), and the applicability of Title IX. Florida law mandates that all allegations of sexual misconduct involving a licensed healthcare professional be reported to the appropriate department, **regardless of the practice setting** in which the misconduct occurred (Section 456.063(3), Florida Statutes). Additionally, mandatory reporting requirements apply to suspected abuse, neglect, or exploitation of vulnerable adults. (See Sections 415.1034 and 415.102(28), Florida Statutes).

8. Administrative Practices

Leadership engagement is essential in establishing and sustaining a **Culture of Patient Safety**.

a. System-wide Response

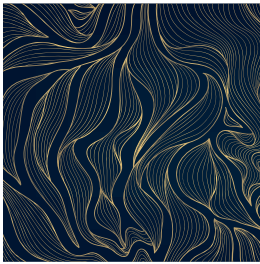
A designated leader must be actively involved in the crisis response process to ensure coordinated and effective action. Leaders must ensure notification is provided to all involved departments including Clinical Services, Human Resources, Medical Staff Credentialing, Compliance, Quality/Risk, Safety/Security and possible third parties throughout the investigation process. A failure to report any known SAM conduct could leave administrative/director and operations level liability exposure.²³

b. Promotion and Support of Culture of Patient Safety

Each hospital and clinic department shall be provided with appropriate internal resources and clearly defined expectations pertaining to all phases of abuse or misconduct reporting, prevention, education, and investigation. The organization is committed to fostering a Culture of Safety that prioritizes the prompt reporting of suspected sexual abuse or sexual misconduct as both an ethical obligation and a professional responsibility consistent with licensure and regulatory requirements. Internal resources shall be maintained to support ongoing staff education, training, and reinforcement of organizational standards and expectations related to patient safety and professional conduct.

22. Marsh Webinar Series, Sexual Abuse and Misconduct in Healthcare Settings: Part 2: Understanding Sexual Abuse and Molestation Claims, February 26, 2025

23. Marsh Webinar Series, Sexual Abuse and Misconduct in Healthcare Settings: Part 1: Framing the Issue, February 2025



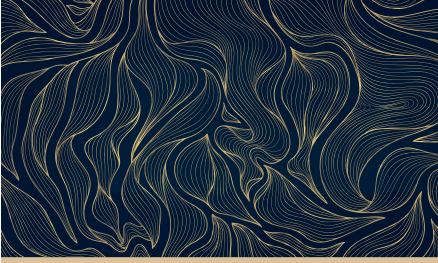
Overview: Sexual Abuse and Sexual Misconduct (SAM) in Healthcare Settings *(continued)*



FIGURE 4: Promote a Culture of Safety, Praesidium, 2024

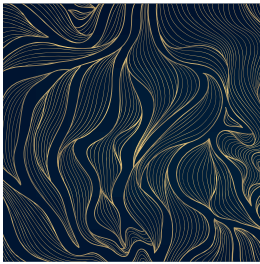
Conclusion

No patient should ever be exposed to sexual abuse or sexual misconduct in any healthcare setting. At the same time, no healthcare practitioner should be left vulnerable to a potentially false allegation. We must not only implement clear policies that ensure every sexual abuse/sexual misconduct (SAM) allegation is addressed immediately, consistently, and appropriately, but also strengthen prevention from the start. This includes rigorous pre-employment screening, comprehensive training at onboarding and annually thereafter, and ongoing monitoring and supervision of high-risk areas, with active encouragement of chaperone use when appropriate. Praesidium’s research underscores that prevention and response within healthcare systems are often complex because they may be influenced by bias, inherent power differentials between patients and alleged offenders, and fear of reporting concerns. By working together to prevent and respond to Sexual Abuse and Sexual Misconduct allegations, we can better protect patients and support a safer, more sustainable healthcare environment.



Appendices Guide

1. **APPENDIX A:** Sample Policy and Procedure
2. **APPENDIX B:** Risk Management Checklist
3. **APPENDIX C – Step 1:** Initial Response When Complaint Received Flow Chart
4. **APPENDIX D – Step 2:** Health System Response When Claim is Substantiated Flow Chart
5. **APPENDIX E – Step 1:** State University/Student Health Services Response to Complaint
6. **APPENDIX F:** Guide for Initial Interview of Reporter and Alleged Offender
7. **APPENDIX G:** References and Resources/Applicable Florida and Federal Law/CE Training



Appendix A: Sample Policy and Procedure

TITLE: Policy and Procedure: Sexual Abuse/Sexual Misconduct (SAM)

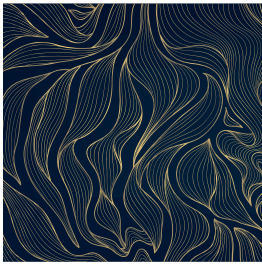
PURPOSE: To establish a procedure to respond to and investigate any report of sexual abuse/sexual misconduct committed against a patient while at or on the premises of [Healthcare facility]. To ensure proper education and training for the prevention of Sexual Abuse and Sexual Misconduct in the health care system.

POLICY: It is the policy of [healthcare entity] to establish clear standards for preventing, identifying, promptly reporting, and responding to incidents of sexual abuse and sexual misconduct occurring on the premises of [Healthcare facility] by employees, agents, volunteers, contracted staff or medical staff members.

SCOPE: System/University wide. This policy applies to all [healthcare entity/University] staff and locations.

DEFINITIONS:

1. **Actual Knowledge:** A person possesses Actual Knowledge if he/she witnesses the act or receives a statement (verbal or written) by the abuser acknowledging the Sexual Misconduct of Sexual Abuse.
2. **Chaperone:** A trained clinical staff member present during sensitive examinations to protect both the patient and provider.
3. **Sensitive Exam:** A clinical exam involving the breast, pelvic, genital, or rectal areas.
4. **Sexual Abuse:** “Sexual abuse” means acts of a sexual nature committed for the sexual gratification of anyone upon, or in the presence of, a vulnerable adult (defined as “a person 18 years of age or older whose ability to perform the normal activities of daily living or to provide for his or her own care or protection is impaired due to a mental, emotional, long-term physical, or developmental disability or dysfunction, or brain damage, of the infirmities of aging”), without the vulnerable adult’s informed consent, or upon a minor. “Sexual abuse” includes, but is not limited to, oral, anal, or vaginal penetration by, or union with, the sexual organ of another or the anal or vaginal penetration of another by any other object; fondling, exposure of a vulnerable adult’s or minor’s sexual organs, or the use of the vulnerable adult or minor to solicit for or engage in prostitution or sexual performance. *Sexual abuse does not include any act intended for a valid medical purpose or any act which may reasonably be construed to be a normal caregiving action.* (Section 395.0197(10)(b), Florida Statutes).
5. **Sexual Misconduct:** Sexual misconduct in the practice of a health care profession means violation of the professional relationship through which the healthcare practitioner uses such relationship to engage or attempt to engage the patient or client, or an immediate family member, guardian, or representative of the patient or client in, or to induce or attempt to induce such person to engage in, verbal or physical sexual activity outside the scope of the professional practice of such health care profession. Sexual misconduct in the practice of a health care profession is prohibited. (Section 456.063(1), Florida Statutes).
6. **Substantiated:** With respect to a report of a reasonable allegation of abuse: a preponderance of the evidence indicated that abuse occurred.
7. **Vulnerable Adult:** “A person 18 years of age or older whose ability to perform the normal activities of daily living or provide for their own care or protection is impaired due to a mental, emotional, sensory, long-term physical, or developmental disability or dysfunction, or brain damage, or the infirmities of aging” (Section 415.102(28) Florida Statutes)



Appendix A: Sample Policy and Procedure (continued)

PROCEDURE:

Initial Response to a SAM allegation

Complaint Received/Witnessed:

1. **Reported Event:** All personnel who receive a complaint of sexual abuse/sexual misconduct from a patient, the patient's guardian, or the patient's family members(s), or:
2. **Actual Knowledge:** Witnessed sexual abuse/sexual misconduct

Action Steps by person receiving report:

1. Ensure patient safety and provide appropriate medical care (as needed)
2. Enter a Patient Safety Report to accurately capture:
 - a. Date, time and location of incident
 - b. Circumstances surrounding the incident, and
 - c. Name of victim, the person being accused and any witnesses
3. Contact on-call supervisor and/or Risk Management immediately

Risk Management or Designee shall work with on-site supervisor to:

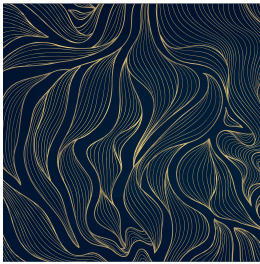
First Step: (All must be met):

1. Is the alleged victim a current or past patient of facility and,
2. Stated specific allegations of abuse, and
3. That occurred during clinical care at facility, and the
4. Allegations are against an employee/agent of the facility.

Second Step: If the above questions are answered in the affirmative, then proceed to the next set of questions (if all met, then not likely sexual abuse)

1. Was the alleged event part of the provision of appropriate care and treatment, and
2. Was the provision of care witnessed by another provider at the time (e.g. chaperone, or other staff), and
3. Did the witness indicate that it was appropriate care and treatment

If any answers in the Second Step are No or cannot be determined, the event is to be considered a **substantiated reasonable abuse event**. Risk Management shall promptly escalate the sexual abuse allegation to the **Health System SAM Team (HS-SAM)**.

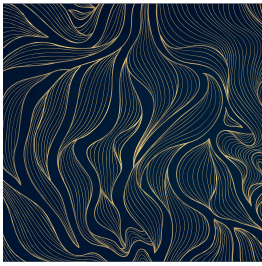


Appendix A: Sample Policy and Procedure

(continued)

Health System SAM Team (HS-SAM): Guide to Addressing a Substantiated Allegation of Sexual Abuse

1. **Ensuring Safety:** If there is reasonable cause to believe a patient has been abused by staff, leadership must act immediately to protect patients and staff.
 - a. Actions may include administrative leave, suspension, reassignment, chaperone use, or removal from patient contact.
 - b. If the alleged abuser is a patient, the attending physician is notified and care adjusted or transfer arranged.
 - c. If a visitor or intruder is involved, Security and police are contacted. All measures are documented in the incident system.
2. **Medical Evaluation and Care:** The attending physician assesses the patient for injury or trauma.
 - a. Patients are offered a Sexual Assault Nurse Examiner (SANE) forensic exam; outpatients are directed to the Emergency Department per Florida law.
 - b. Acceptance or refusal of the exam is documented in the medical record.
3. **Investigation Process:** The Health System (HS-SAM) Team should be comprised of members from the following Departments.
 - a. Members of the HS-SAM Team may include the following:
 - Senior Leadership to provide oversight and support of response team
 - Department Leaders
 - Risk Management/Quality
 - Legal Counsel/Professional Liability Carrier (e.g. State Self Insurance Program)
 - Credentialing/Medical Staff Office
 - Human Resources (to also review third party contractors)
 - Safety/Security
 - Public Relations/Media
 - Facilities
 - Others as needed
 - b. **Risk Management/Quality take the lead in conducting a Root Cause Analysis (RCA) to include:**
 - Interviewing witnesses (See Appendix for Examples of Interview Guide)
 - Collecting evidence (forensic and/ or security e.g. badge information, video surveillance)



Appendix A: Sample Policy and Procedure *(continued)*

- Reviewing medical records
- Ensuring legal compliance
- Identifying improvement opportunities.
- **Ensuring RCA findings are documented under PSO protections.**

4. Reporting Requirements (Florida Law)

- a. Risk Management must report sexual misconduct allegations involving licensed practitioners to the Department of Health and referral agencies.
- b. Patients are advised of their right to contact law enforcement.
- c. For sexual abuse, HR and Risk cooperate with police; if not involved, the SAM Team completes the investigation and reports to the CEO/HS-SAM Team.

Education and Training for Prevention

1. Education and Prevention

- a. All staff receive initial orientation training upon hire and mandatory annual training on SAM prevention and reporting requirements.
- b. All staff receive mandatory training on the Use of Chaperones for Sensitive Examinations or when requested by the patient or provider.
- c. Patients are informed of their rights and responsibilities at time of care.
- d. Consider signage (exam rooms, nursing stations, waiting room areas) informing patients about reporting options.

2. Mandatory Reporting

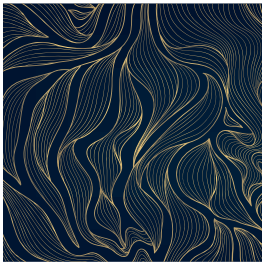
- a. All employees, volunteers, and contractors must report suspected incidents immediately through a supervisor, HR, or reporting systems such as the anonymous hotline or electronic event report.

3. Confidentiality

- a. Reports and investigations are handled confidentially, shared only on a need-to-know basis.

Enforcement and Discipline

1. Confirmed violations of this policy may result in disciplinary action, up to and including termination, loss of privileges, and referral to law enforcement or licensing boards.
2. The institution reserves the right to take interim measures for the safety of patients and staff during investigations.



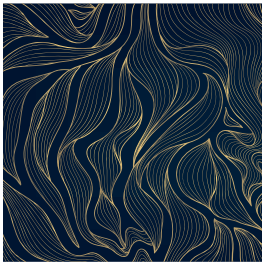
Appendix A: Sample Policy and Procedure *(continued)*

3. False Allegations

- a. Knowingly making false allegations with intent to harm may result in criminal penalties.

Related Policies and References

1. Code of Conduct
2. Chaperone Policy
3. Employee Handbook/Residency Handbook/Faculty Handbook
4. Abused, Neglected or Abandoned Children and Adults



Appendix B: Risk Management/Clinic Director Quick Reference Checklist

Initial Response & Safety

- Investigate all allegations occurring on facility grounds.
- Ensure patient safety and separate accused from patient.
- Inform patient of rights: forensic exam, medical evaluation, law enforcement involvement.
- Provide advocacy or counseling support.

Information Gathering (Who, What, Where, When, How)

- Document event date, time, timeline, and context.
- Identify exact location and clinical setting.
- Describe nature of event, including:
 - Mechanism of harm
 - Whether occurred during a clinical procedure
 - Relevant patient factors (age, impairment, language needs, sedation, medications)
 - Presence of a chaperone
- Identify staff/provider roles.
- Interview all witnesses separately.

Notifications & Reporting

Internal:

- Notify Facility Administrator.
- Notify HR/Employee Relations if accused is staff/agent.
- Notify CMO/designee if accused is credentialed provider.
- Notify Leadership for third-party allegations.
- Notify Security, Legal Counsel, PL Insurance Carrier (e.g. State Self Insurance Program)
- Notify Title IX if applicable

Family/Guardian:

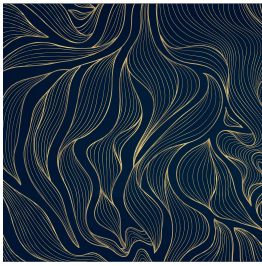
- Notify guardians for minors, incapacitated, or vulnerable adults.
- Obtain consent from competent adults before family notification.
- Complete all required reporting for vulnerable children or adults.

External:

- Report all Sexual Abuse allegations with Actual Knowledge to law enforcement.
- Ensure witnesses understand their duty to report.
- Report allegation of Sexual Misconduct by licensed practitioners to the Florida Department of Health.
- Review for other required reporting to DCF.

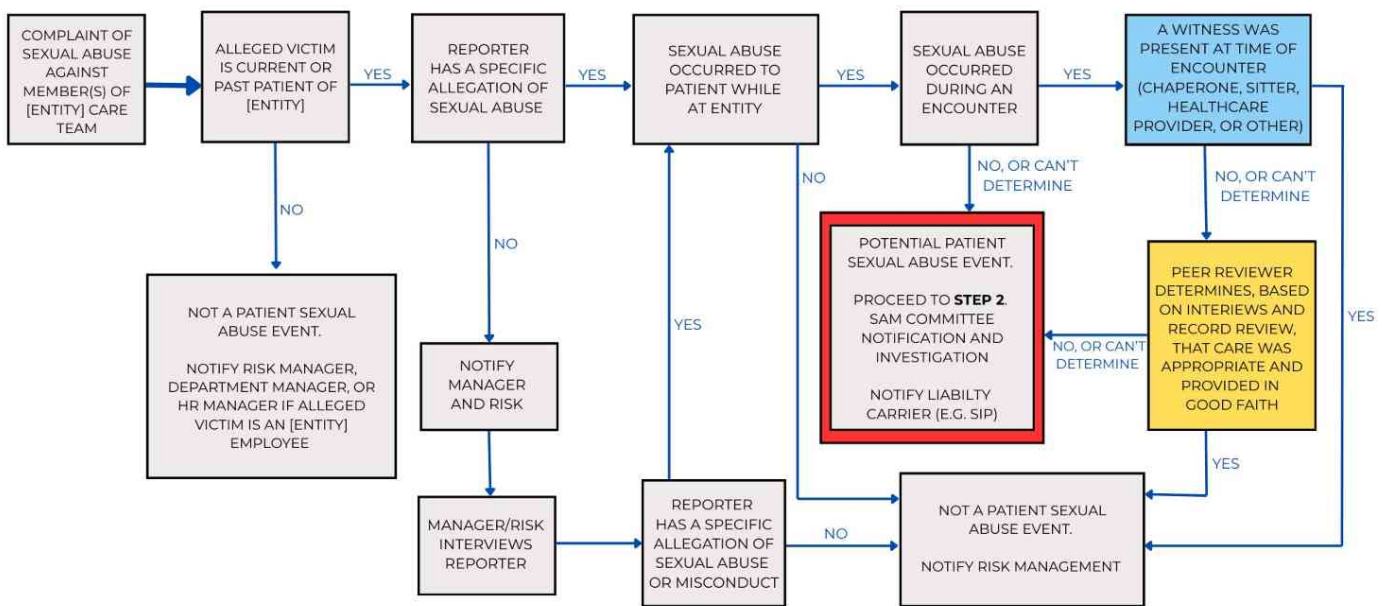
Accused Personnel Management

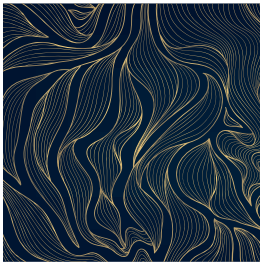
- Instruct accused to avoid patient care areas and the patient, consider administrative leave.
- Failure to comply with no-contact instructions may result in disciplinary action or termination.



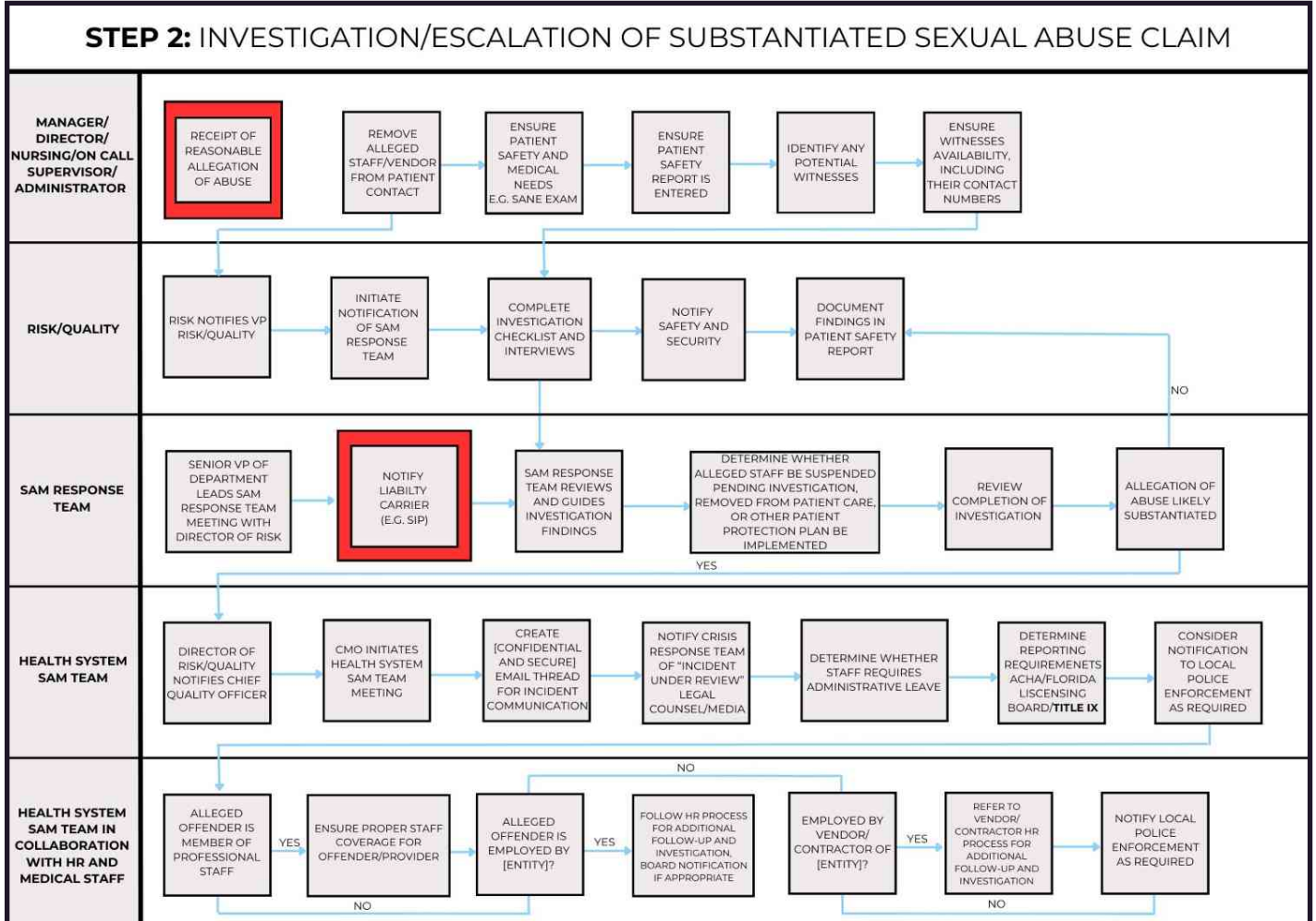
Appendix C – Step 1: Initial Response to Complaint of SAM Allegation

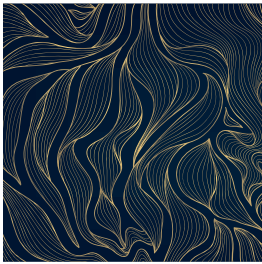
STEP 1: DETERMINATION OF REASONABLE (SUBSTANTIATED) ALLEGATION OF SEXUAL ABUSE





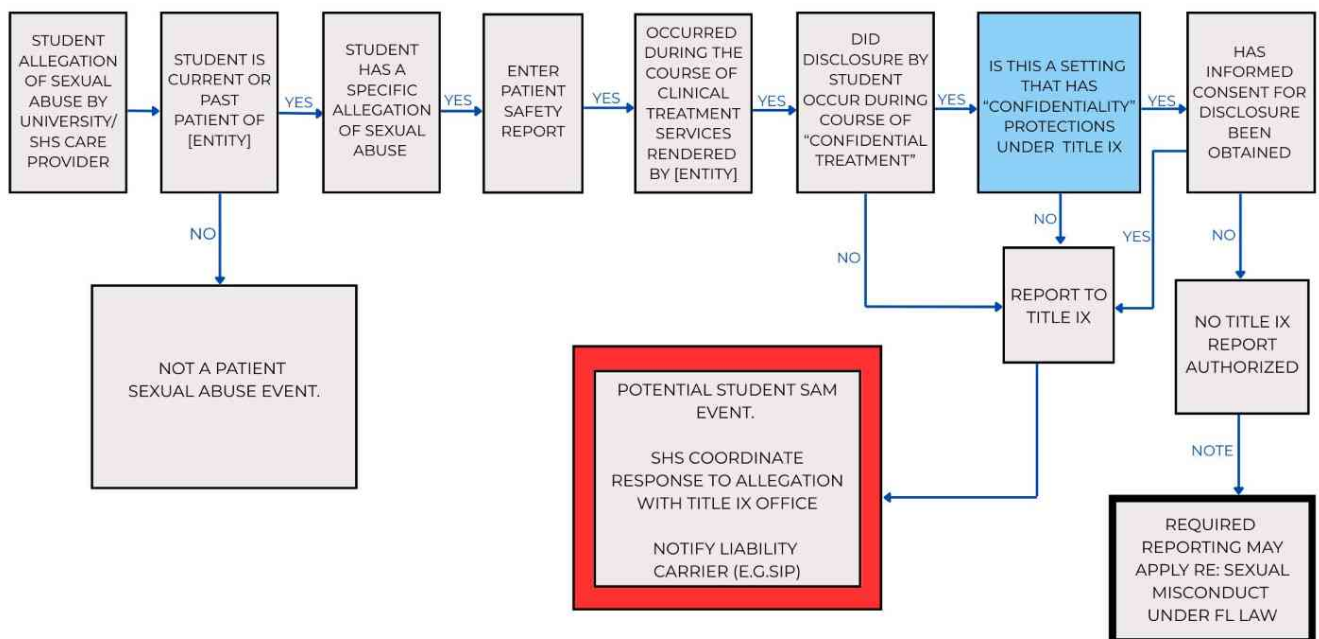
Appendix D – Step 2: System Response to Substantiated Claim Flow Chart



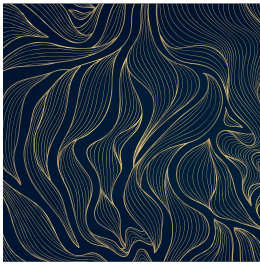


Appendix E – Step 2: University/Student Health Services (SHS) Initial Response Flow Chart

STEP 1: INITIAL RESPONSE TO ALLEGATION OF SEXUAL ABUSE/SEXUAL MISCONDUCT IN UNIVERSITY CLINIC STUDENT HEALTH SERVICES (SHS)*



TITLE IX REQUIREMENTS FOR REPORTING IN SOME SETTINGS REQUIRE PATIENT/STUDENT'S CONSENT. REFER TO TITLE IX AT SPECIFIC CAMPUS.



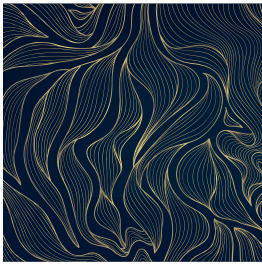
Appendix F

Examples of Intake Questions at the time the initial allegation was reported:

1. **Can you tell me, in your own words, what happened?**
2. **When and where did this occur?**
3. **Who was present during the event? (staff, other patients, family, etc.)**
4. **Can you describe the person for me? (clothes, uniform, badge)?**
5. **Do you know the person/provider?**
6. **What was the person/provider doing before, during, and after the incident?**
7. **Did the person/provider explain what they were doing at the time?**
8. **How did you feel during and after the interaction?**
9. **Was anyone else in the room, or nearby, who might have seen or heard what happened?**
10. **If applicable, Were you offered or did you request a chaperone? Was a chaperone present?**
11. **Were there any medical procedures, examinations, or treatments happening at the time?**
12. **Were you able to tell anyone immediately after? Who did you report it to first?**
13. Have you had any other interactions with this provider before or after the incident?
14. Do you have any injuries, discomfort, or emotional distress that should be evaluated now?
15. Is there anything you would like to happen next to help you feel safe?
16. Do you have any ongoing concerns about safety or privacy in your care?
17. Would you like support from a patient advocate or counselor during this process?
18. Do you feel comfortable remaining in this care setting while the investigation continues?
19. Is there anything else you'd like us to know about your experience?

Witness Interview

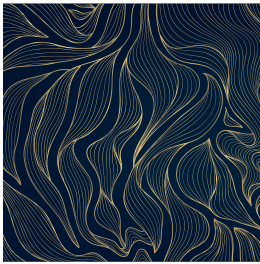
The Unit/Department Leader, with assistance of the Director of the Unit, will typically interview potential witnesses based on schedule/chart review/etc. following the similar **Core questions in bold** as noted above.



Appendix G

Examples of Interview Questions with the healthcare practitioner/agent being accused:

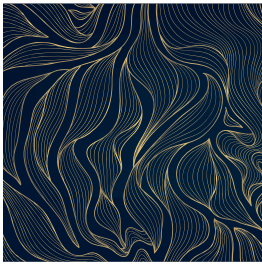
1. Are you familiar with this patient? If so, when was your first encounter, how many times have you treated the patient.
2. Can you describe your role in the care provided to this patient on date and time in question? (consult, rounding on behalf of partner, requested to see the patient)
3. What was the procedure that was performed and purpose?
4. Can you walk me through the sequence of events from the beginning of the contact to the end of the encounter?
5. What procedures, assessments, or examinations were performed?
6. Which parts of the body were examined and why?
7. Did you discuss with the patient beforehand what the procedure/examination maybe required specifically?
8. Was anyone else present during any part of the encounter with the patient (nurse, family member, other staff, roommate)?
9. Did you document in the medical record your discussion with the patient and their response?
10. Was a chaperone offered or present? If not, why not?
11. Was there any portion of the examination that required the patient to disrobe? If yes, what steps did you take to maintain privacy and dignity?
12. How long did the interaction last?
13. Was anyone aware/notified that you were performing the procedure at this time? If yes, who, when and how were they notified?
14. Did the patient say or do anything that was unusual or noteworthy? (e.g. did the patient ask for the examination or ask additional questions?)
15. Did you observe any signs of discomfort or distress from the patient before, during or after the examination?
16. Did you believe that the patient understood the process of this type of examination?
17. The patient has reported that they experienced [e.g. unwanted touching] — can you respond to that?
18. Is there anything in your conduct or interaction that you believe could have been misinterpreted?
19. Was there anything out of the ordinary with this exam (e.g. positioning) that would seem unusual to a patient?
20. What type of documentation did you complete as part of this examination?
21. Can you point me to the medical record to assist with understanding the sequence of events?
22. Did you notify anyone (nurse, charge nurse, staff supervisor) during or after the interaction of anything out of the ordinary or any concerns you might have had?
23. What is your understanding of the policy regarding sensitive examinations?
24. Did you follow the policy? If not, why not?
25. Is that anything else about the patient encounter that you think is important for us to understand?
26. Is there anyone else that we should speak with regarding this alleged incident?



References

General SAM References

- American Academy of Pediatrics Protecting children from sexual abuse by health care professionals and in the health care setting. *Pediatrics* 2022;150(3):1-8. Retrieved from: <https://publications.aap.org/pediatrics/article/150/3/e2022058879/189218/Protecting-Children-From-Sexual-Abuse-by-Health?autologincheck=redirected>
- American College of Health Association: ACHA Guidelines, Best Practices for Sensitive Exams, October 2019, www.acha.org.
- American Medical Association: Code of Medical Ethics: Sexual Boundaries. See: Romantic or Sexual Relationships with Patients (<https://code-medical-ethics.ama-assn.org/ethics-opinions/romantic-or-sexual-relationships-patients>), See also, Sexual Harassment in the Practice of Medicine (<https://code-medical-ethics.ama-assn.org/ethics-opinions/sexual-harassment-practice-medicine>)
- Cooper, W.O. et al. A proposed approach to allegations of sexual boundary violation in health care. *The Joint Commission Journal on Quality and Patient Safety* 2023;49:671-679. Includes sample elements of a Huddle Process for Sexual Boundary Reports, sample classification scheme, and sample triage process.
- Florida Academic Healthcare Patient Safety Organization: Use of Medical Chaperones During Sensitive Examinations, Consensus Recommendations, 2021. <https://flbog.sip.ufl.edu/florida-academic-healthcare-pso/>
- Federation of State Medical Boards, Physician Sexual Misconduct, <https://www.fsmb.org>, Report and recommendations of the FSMB Workgroup on Physician Sexual Misconduct.
- Gallagher, The Role of Chaperones in Sensitive Healthcare Exams, 2024 Arthur J. Gallagher & Co, author Lizzie Salvia, MSN, RN, CPHRM, NE-BC, CPN.
- Marsh Webinar Series, Sexual Abuse and Misconduct in Healthcare Settings: Part 1: Framing the Issue, February 2025, Part 2: Understanding Sexual Abuse and Molestation Claims, February 26, 2025; Part 3: Risk Mitigation Policies and Procedures with Praesidium, March 2025; and Part 4: Risk /Insurance Program Structures and Alternatives, March 2025.
- Murphy, Falcon & Murphy. (2017). Sexual misconduct among healthcare professionals [Data analysis of National Practitioner Data Bank adverse action reports by 1Point21 Interactive]. Murphy Falcon & Murphy Blog.
- Praesidium. (2024). 2024 Praesidium Report. <https://hubs.ly/Q02sjP120>.
- Praesidium (2025, February) Insurance Carrier Benchmarking: Sexual Abuse and Molestation Liability. <https://bitSMLBenchmarking24>
- Praesidium Insights Blog First, Do No Harm: Part 1: <https://www.praesidiuminc.com/first-do-no-harm/> and Part II: Know the “How” and Manage Access. Retrieved from: <https://www.praesidiuminc.com/first-do-no-harm-second-know-the-how/>
- Praesidium Insights Blog First, Do No Harm, Part III: Prevent Abuse. Retrieved from: <https://www.praesidiuminc.com/first-do-no-harm-second-know-the-how-third-prevent-abuse/>
- Risk Strategies. “How Sexual Abuse and Molestation Claims Are Reshaping Healthcare Risk” (2023). <https://www.risk-strategies.com/blog/how-sexual-abuse-and-molestation-claims-are-reshaping-healthcare-risk>



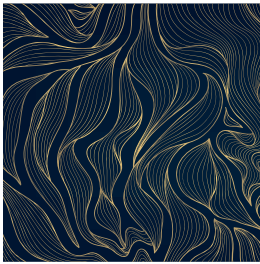
References *(continued)*

- Sensitive Exams Policy Toolkit from the American College Health Association: Includes Chaperone recommendations and training suggestions and other resources. https://www.acha.org/ACHA/Resources/Sensitive_Exams_Policy_Toolkit.aspx.
- The Joint Commission Online, 2023 Sentinel Event Data Annual Report, May 15, 2024. <https://www.jointcommission.org/en-us/knowledge-library/newsletters/joint-commission-online/15-may-24>.

Legal References

Florida Statutes (Please refer to Legal Counsel for guidance and additional reporting requirements)

- Section 39.201, Florida Statutes, Department of Children Family Services. Required reports of sexual abuse of a child and juvenile sexual abuse.
- Section 39.203, Florida Statutes, Department of Children Family Services, Immunity for liability for reports of child abuse.
- Section 395.0197(Subsections 1, 9-11), Florida Statutes (Hospital) – Adverse event reporting requirements for hospitals to include allegations of sexual misconduct, assault and additional requirements.
- Section 395.4593 Florida Statutes, Mental Health, sexual misconduct prohibited
- Section 415.1034 Florida Statutes (Adult Protective Services in facilities). Mandatory reporting of abuse, neglect, or exploitation of vulnerable adults to include sexual misconduct/ abuse by healthcare. The term facility includes hospital and adult day care center as well as assisted living facilities.
- Section 415.1036, Florida Statutes (Whistleblower protections for reporting)
- Section 435.04, Florida Statutes (Employment screening) Required level 2 screenings for licensed healthcare providers
- Section 456.063, Florida Statutes (Health Professions and Occupations- Sexual Misconduct required reporting)
- Section 456.51, Florida Statutes (Informed Consent for Pelvic Examinations)
- Section 458.329 Florida Statutes (Health Professions and Occupations) -Medical Practice: Sexual misconduct in the practice of medicine defined – MD
- Section 458.351 (Medical Practice – Report Adverse Events in Office Practice Setting)
- Any adverse incident in setting not licensed under chapter 395, must report to DOH if healthcare professional subject to disciplinary actions.
- Section 459.0141 (Sexual misconduct in the practice of medicine defined -DO)
- Section 464.017, Florida Statutes, Nurse Practice Act



References *(continued)*

Federal Regulations

- Title IX, Education Amendments of 1972, 2020 update, August 14, 2020.
- Title VII of the Civil Rights Act of 1964, prohibition of sexual discrimination to include preventing sexual abuse and sexual harassment.
- HIPAA (45 CFR Part 164.512©), confidential protections of personal health information to include exceptions for required reporting.
- CMS Reporting requirements for certain licensed facilities – Immediate required reporting, no greater than two hours from notification of sexual abuse allegations. See 42 C.F.R. Section 483.12 (c)(1).

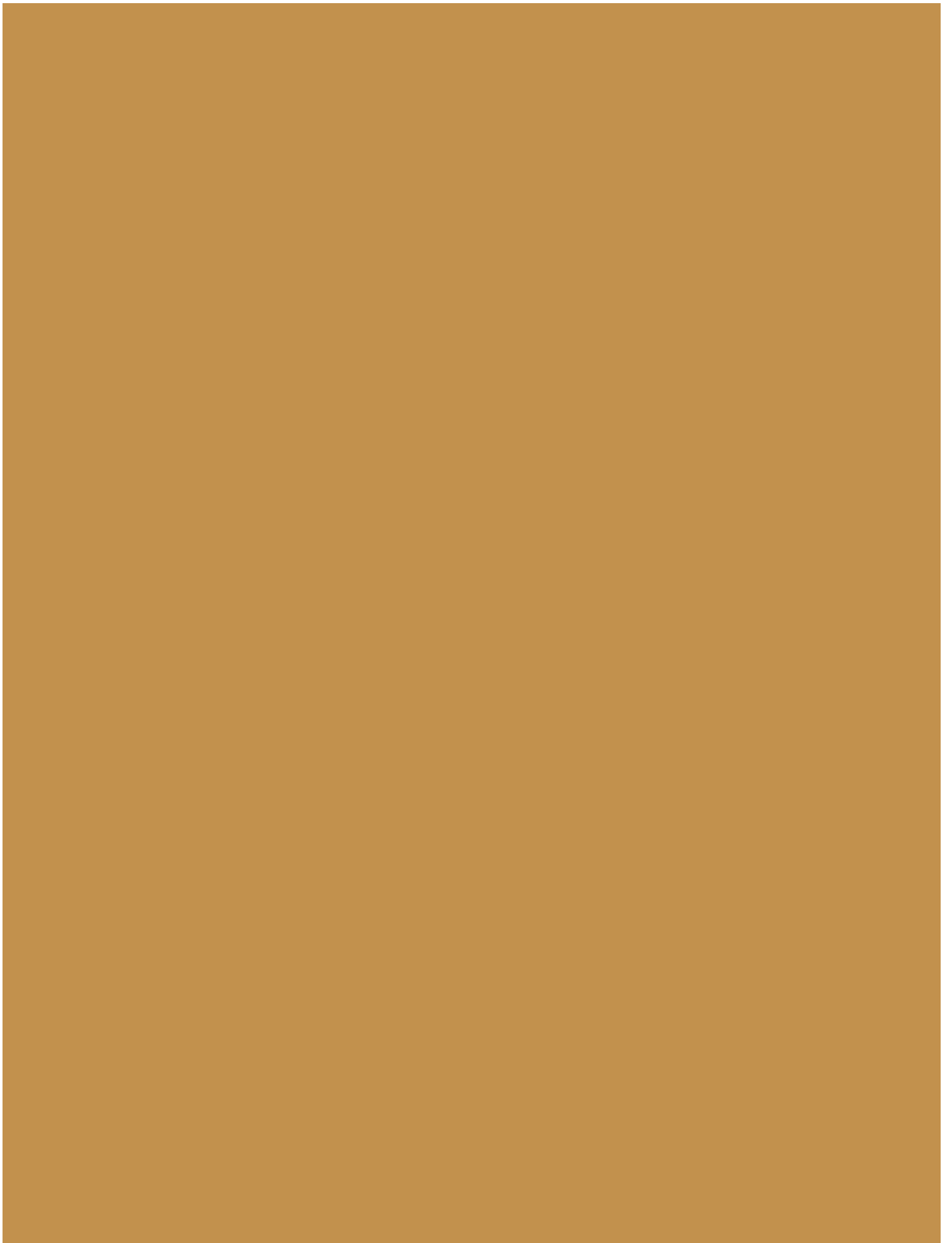
Resources for Patient Reporting and Staff Education and Training (Options and Resources)

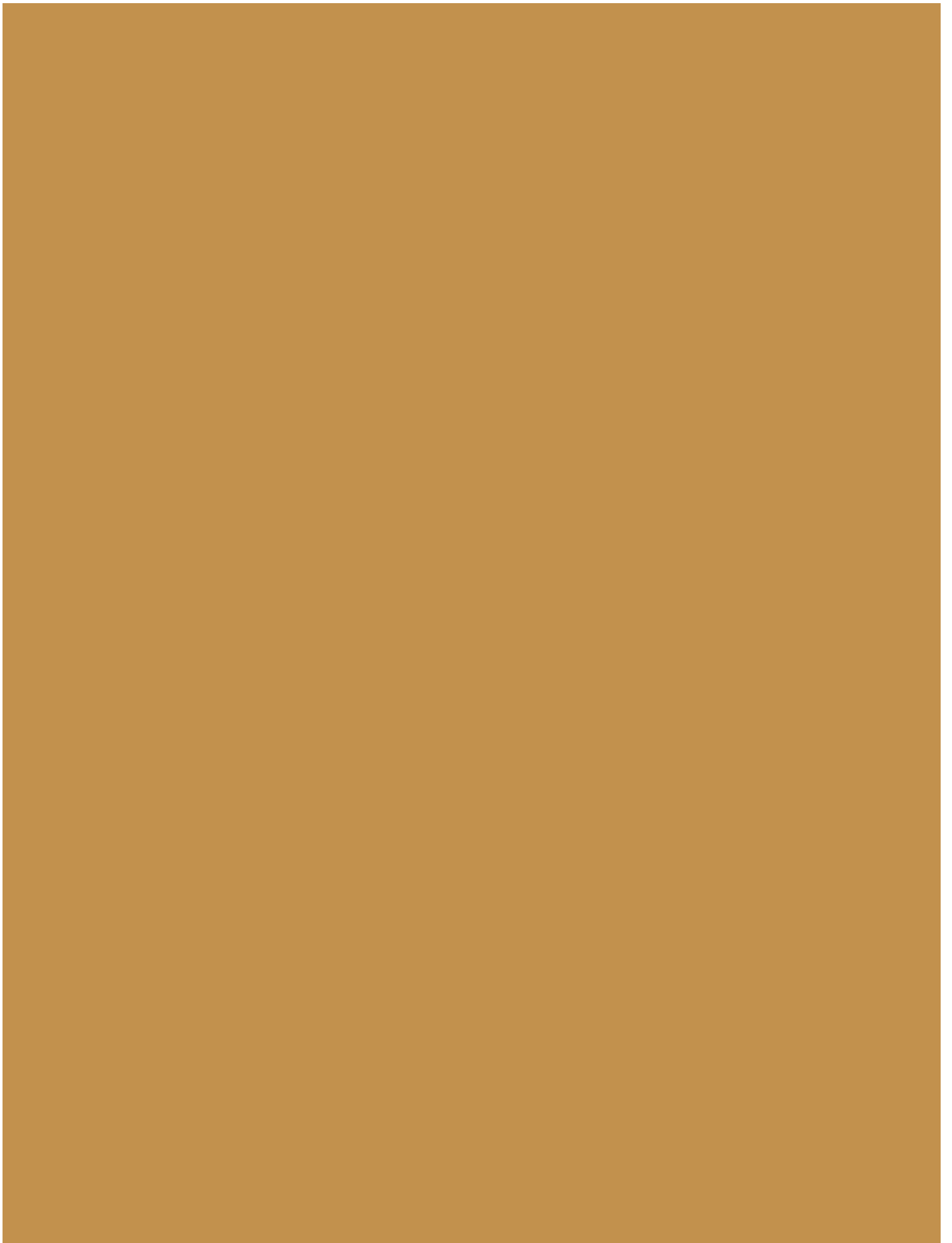
Victim Reporting Options

- Hospital Grievance: See 42 C.F.R. Section 482.13 (a)(2), Patient Rights CoP.
- Patients' Rights and Responsibilities, See policy for specific healthcare entity online
- Consumer Complaint, Florida Licensing Board
- Contact the Florida Department of Health's Consumer Services Unit at (850) 245-4339 or via email at MQA.ConsumerServices@flhealth.gov. Additionally, complaints can be filed online through the Florida Health Care Complaint Portal
- National Sexual Assault Hotline: 1-800-656-HOPE (4673), online.rainn.org. RAINN (Rape, Abuse & Incest National Network) also offers an online chat hotline

Staff Education Resources

- Net CE Continuing Education Courses CME/CE: Professional Boundaries and Sexual Misconduct in Medicine, course number 41170. Sexual Assault, course number 97023, See <https://www.netce.com/>
- Baptist Health CME (Florida) – Sexual Misconduct and Sexual Abuse: Identifying and Avoiding Allegations (CMEONLINE.baptisthealth.net).
- Florida Health, <https://www.floridahealth.gov/programs-and-services/prevention/sexual-violence-prevention/index.html> (Resources for Sexual violence victims).
- Florida Counsel Against Sexual Violence: Sexual Assault Nurse Examiner (SANE) Training. Certification Course for APRNs, RNs, PAs, MDs. www.fcasv.org
- Primed CME/CE: Sexual Misconduct in the Medical Setting: Boundaries in the Clinician-Patient Relationship, <https://www.pri-med.com/online-cme-ce/webcast/sexual-misconduct-in-medical-setting>.
- Florida Academic Healthcare Patient Safety Organization: Use of Medical Chaperones During Sensitive Examinations, Consensus Recommendations, 2021. <https://flbog.sip.ufl.edu/florida-academic-healthcare-pso/>, Chaperone training checklist.







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