

Guidance on Investigating Prohibited Conduct in the Context of Patient Care

Attachment 3 – External Reporting Mandates

Agency	Report	Purpose/Description	Notes
UCPD/Local PD or CPS	Allegations of Child Abuse or Neglect or Violence	Any sexual misconduct perpetrated against a child (see CDSS for details), pursuant to Penal Code 11165.1, using online form. Patient identification required.	Decisions concerning non-mandated reporting by the University to law enforcement authorities shall be made by local Incident Response Teams in accordance with applicable guidance.
ECAS (Internal)	CANRA Compliance	Any sexual misconduct perpetrated against a child (see policy for details). Patient identification <i>not</i> required.	
UCPD/Local PD or APS	Allegations of Elder or Dependent Abuse or Neglect or Violence	WIC 15630 (see CalDOJ for details), using online form . Patient identification required.	
Clery Coordinator	Allegations of Criminal Sexual Misconduct	Deidentified: report must include when the incident occurred, when it was reported, where it occurred, and the nature or description of the incident (patient identification not required). See Clery Act Policy – Campus Safety and Security Reporting .	
UCPD/Local PD	Suspicious Injury “Gun and Knife Law”	Any physical injury associated with sexual misconduct, to an appropriate law enforcement agency, followed by submission of Form Cal OES 2-920 , if and as required by, and pursuant to, Cal Penal Code §§ 11160 <i>et seq.</i> Patient identification normally required but we have redacted reports where required by applicable law due to preemption (e.g., FERPA). VAWA preemption analysis has not been performed. <i>Note that the mandate is not often invoked in sexual battery cases due to lack of physical injury.</i>	
Healing Arts Boards	Sexual Misconduct	A written report of inappropriate contact or communication of a sexual nature allegedly perpetrated by a healing arts licensee (physician, nurse, physician assistant, dentist, etc.) against a patient must be reported, under 2019 SB 425, Cal. Bus. & Prof. Code 805.8 , to the relevant health professional licensing board within 15 days of receipt by UC of a written complaint.	All reports of Prohibited Conduct, including reports made orally and in writing, trigger the University’s obligation to respond to allegations. All such reports shall be reported pursuant to Cal. Bus. & Prof. Code 805.8.
Medical Board of California National Practitioner Data Bank	Medical Staff Action Employment Action	Restriction, suspension, revocation, or termination of staff privileges, suspension or involuntary leave from faculty appointment, or “voluntary” separation from the University or the medical staff while an investigation is pending, as required by and pursuant to Cal. Bus. & Prof. Code §§ 805 and 805.01 ; and to the National Practitioner Databank as required by and pursuant to the federal Health Care Quality Improvement Act . Currently no consistent practices exist for deidentification of report attachments.	Redactions should be made in consultation with local Title IX office.
Cal/OSHA	Workplace Violence	[UNDER DEVELOPMENT – SEE, E.G., https://www.calhospital.org/sites/main/files/file-attachments/workplace_violence_reporting_matrix.pdf]	
California Department of Public Health	Public Health Oversight	An allegation of criminal sexual misconduct that occurs at a licensed facility or clinic to the California Department of Public Health, as required by and pursuant to Cal. Health & Safety Code § 1279.1(b)(6) and 22 Cal. Code Reg. § 70737 (see summary online). Complainant identification not required initially but CDPH will review records and may wish to interview complainant.	
Joint Commission	Hospital Accreditation	Sexual abuse or assault witnessed by any staff, admitted by perpetrator, or where there’s otherwise sufficient clinical evidence (see discussion online). Complainant identification not required initially but TJC will review records.	
Liaison Committee on Medical Education (LCME)	Undergraduate Medical Education	LCME Standard 3.6 - A medical school develops effective written policies that define mistreatment, has effective mechanisms in place for a prompt response to any complaints, and supports educational activities aimed at preventing mistreatment. Mechanisms for reporting mistreatment are understood by medical students, including visiting medical students, and ensure that any violations can be registered and investigated without fear of retaliation.	No mandated reports but students and others are permitted to make reports about program deficiencies directly to LCME .

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Accreditation Council for Graduate Medical Education (ACGME)	Graduate Medical Education	<p>CPR IV.B.1 - Residents must demonstrate a commitment to professionalism and an adherence to ethical principles.</p> <p>CPR VI.B.6 - Programs, in partnership with their Sponsoring Institutions, must provide a professional, equitable, respectful, and civil environment that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of students, residents, faculty, and staff.</p>	<p>No mandated reports to ACGME, but residents and fellows are permitted to make reports about program deficiencies directly to ACGME (see 2019 Accreditation Policies Subject 23.00).</p>
Other Health Professions Education Accreditation Bodies	TBD	TBD	
Granting Agencies	Research Funding	<p>NSF: requires reporting within 10 days of findings or determinations of sexual harassment by a principal investigator or co-principal investigator, or of administrative action (including administrative leave) taken after an investigation begins, whichever comes first (see discussion online).</p> <p>NIH: requires reporting of administrative actions that change the status of senior or key personnel on an NIH award (see discussion online) and requires prior approval of such a change in status.</p>	