



## TELEMEDICINE/TELEHEALTH SAFETY TIPS AND RESOURCES

Joanne Timmons, MPH

Boston Medical Center Domestic Violence Program

<https://www.bmc.org/programs/domestic-violence-program>

Many health care providers are transitioning to telemedicine as a way to continue providing care during the COVID-19 crisis, which presents new challenges as well as new opportunities for health care providers "entering" the homes and lives of patients remotely. A common challenge/risk will be that patients may not have (or be able to ask for) privacy to talk freely about things they would otherwise be able to talk more openly about in a hospital, clinic, or office setting. This is especially true for anyone being controlled, threatened, or abused in other ways by a partner or family member.

At the same time, telemedicine providers have the opportunity to share many types of information about resources and help that are available, even if patients have not asked for them. This may be the only way many patients will receive information about help that is available for many types of health and social needs, including safety.

The following recommendations are intended to help providers minimize risks while maximizing opportunities for the most isolated and at-risk patients to get help. They are intended for both adult and pediatric practice, applicable for all disciplines, whether connecting by phone, text, email, or video conferencing.

---

**Practice "Universal Precautions"** to reduce the chances of endangering a patient if they are being monitored or have been otherwise threatened regarding what they might say during a visit.

1. Do not allow family members to interpret; to access telephonic Interpreter Services from BMC phones, call 7-8787; from external phones, call 617-414-5549 and press 3.
2. Assume patients are not alone even if they say they are, and assume there might be abuse even if they have never disclosed it.
3. Do not lead with specific questions about safety or abuse unless the patient themselves brings it up. Instead, ask more generally about "*How are you doing? How are you and your partner/family coping with all that is going on right now?*"
4. Follow the patient's lead regarding what they may or may not feel comfortable talking about, medical or otherwise.
5. If the patient indicates there might be some safety concerns, explore with caution, ask if they could say a little more about what they are concerned about or need help with; be prepared to switch subjects at any time.

### **If a patient discloses abuse or indicates they are not safe**

1. Be prepared with a few quick "Yes/No" questions to determine how urgent the situation might be, and whether the patient can even stay on the phone, for example:

*"If you are afraid for your safety, you can call 911 any time. Would you like me to call 911 for you right now?"* If they say yes, be sure to get the address where the patient is.

*"Would you like a hotline number to call? They are available 24 hours. They can help you think through your options, and connect you with help in your area."* Offer one or more, as appropriate/as time allows.



---

**National DV Hotline # 800-799-7233 [www.thehotline.org](http://www.thehotline.org)**

**SafeLink MA Hotline # 877-785-2020 or visit [https://janedoe.org/find\\_help](https://janedoe.org/find_help)**

**Boston Area Rape Crisis Center Hotline # 800-841-8371 <https://barcc.org>**

Refer to BMC policy "Victims of Abuse/Neglect and Mandatory Reporting" for guidance when abuse of a child, elder, or person with disabilities is suspected.

**For child protection concerns, page 7336 to consult with the BMC Child Protection Team.**

---

2. Remind patient to use a phone or computer that abuser won't see, or delete the call log or browser history. Let them know several websites include chat/text options if they are not safe to talk.
3. If they indicate they are not in immediate danger and can stay on the phone, offer other ways for patient to find help when it's a good time for them, for example:

*"Would you like the number for BMC's Domestic Violence Program? It's free and confidential. I can give you their number or I can ask an Advocate to call you, if you can tell me a safe number and a good time to call, and whether it's safe to leave a message?"*

**BMC Domestic Violence Program # 617-414-5457**

**<https://www.bmc.org/programs/domestic-violence-program>**

**(providers can page 2590 to consult or make a referral)**

*"If you can't write anything down right now, and have internet access, you can go to BMC.org and click on "Programs and Services". This page lists several resources including the DV Program, how to reach an advocate, hotline numbers, and information in multiple languages."*

4. Let patient know what you will be documenting regarding any disclosures in case they have concerns that an abuser or family member might have access to their or their child's record/MyChart.

### **Provide "Universal Education"**

Normalize the fact that everyone is struggling in different ways right now. Set aside time in the visit to let all your patients know where they can find more information about *"many types of help that we want all our patients to know about, in case you or anyone you know might need them during these difficult times."*

1. BMC's THRIVE Program is maintaining the Massachusetts Community Resources Directory which is updated daily with a wide range of resources including food, child care programs, housing assistance, education, and more. Patients can go to <https://massthive.org> and search by zip code and the type of assistance needed.
2. Prepare any specific resources you may want to share, and let patients know how they can reach you/your office if they have any questions or concerns at a later time.

---

**For more information, please contact the BMC DV Program [divp@bmc.org](mailto:divp@bmc.org), 617-414-7734, or page 7785**