

AGENCY NAME

POLICY: Abuse/Neglect

Date Initiated:
Date Reviewed:
Revised:

PURPOSE:

To ensure prevention, protection, prompt reporting and interventions in response to alleged, suspected or witnessed abuse/ neglect/exploitation of any **AGENCY'S NAME** patient.

POLICY:

Patients have the right to be free from mental physical sexual and verbal abuse, neglect, and exploitation.

All cases of suspected abuse/neglect/exploitation as defined in this policy, whether or not an actual injury has occurred, will be reported and investigated promptly in compliance with state law and regulation.

DEFINITIONS:

Abuse: Any act that constitutes the intentional and non-therapeutic infliction of pain or injury or any persistent course of conduct intended to produce mental or emotional distress.

- Elder Abuse - 60 years or older: The willful infliction of physical pain, injury or mental anguish, or the willful deprivation by a caregiver of services which are necessary to maintain physical and mental health.
- Child Abuse: Children up to age 18, a child (A) has been inflicted with physical injury or injuries other than by accidental means, or (B) has injuries that are at variance with the history given of the, or (C) is in a condition that is the result of maltreatment such as, but not limited to, malnutrition, sexual molestation or exploitation, deprivation of necessities, emotional maltreatment or cruel punishment.
- Adult with Intellectual Disability Abuse: Specific to the population with intellectual disabilities, abuse means the willful infliction of physical pain or injury or willful deprivation by a caregiver or services which are necessary to the person's health or safety.
- Physical Abuse: The use of physical force that may result in bodily injury, physical pain, or impairment. Physical abuse may include but is not limited to such acts of violence as striking (with or without an object), hitting, beating, pushing, shoving, shaking, slapping, kicking, pinching, choking, pulling hair, and burning. In addition, inappropriate use of drugs and physical restraints, force-feeding, reckless driving, and physical punishment of any kind also are examples of physical abuse.
- Sexual Abuse: Non-consensual sexual contact of any kind and includes any unwanted touching, forced sexual activity, be it oral, anal or vaginal, forcing the victim to perform sexual acts, painful or degrading acts during intercourse (e.g., urinating on victim), and exploitation through photography or prostitution.

- Emotional Abuse: is more subtle and quite often goes unseen. It is the infliction of anguish, pain, or distress through verbal assaults, insults, threats, intimidation, humiliation, harassment, isolating a person from his/her family, friends, or regular activities, and enforced social isolation. Emotional abuse is cruel and is often more seriously damaging to self-esteem.

Neglect: Failure of a caregiver to supply the patient/client with necessary food, clothing, shelter, health care, or supervision; or the absence or likelihood of absence of necessary food, clothing, shelter, health care, or supervision for a patient/client.

- Elder Neglect: An elderly person who is either living alone and not able to provide oneself the services which are necessary to maintain physical and mental health or is not receiving the said necessary services from the responsible caregiver.
- Child Neglect: Neglect in a situation where the child (A) has been abandoned, or (B) is being denied proper care and attention, physically, educationally, emotionally or morally, or (C) is being permitted to live under conditions, circumstances or associations injurious to other well-being of the child or youth, or (D) has been abused.
- Adult with Intellectual Disability Neglect: Neglect in a situation where a person with intellectual disability is either living alone and is not able to provide for himself the services which are necessary to maintain his physical and mental health or is not receiving such necessary services from the caregiver.

Elder Exploitation: The act or process of taking advantage of an elderly person by another person or caregiver whether for monetary, personal or other benefit, gain or profit.

Abandonment: The desertion or willful forsaking of an elderly person by a caregiver or the foregoing of duties or the withdrawal or neglect of duties and obligations owed an elderly person by a caregiver or other person.

Caregiver: An individual, health care provider or agency responsible for all or some of the care voluntarily or by agreement, such as a relative, friend, or agency personnel.

Report: Any report received by a local agency, police department, county sheriff, or licensing agency; a verbal and/or written statement of abuse and/or neglect that states the following: 1) what happened, 2) to whom it happened, 3) when it happened, 4) where it happened, 5) who did the abusing or was responsible for the neglect.

Individual mandated to report: A professional or the professional's delegate who is engaged in the care of patients or in education, social services, law enforcement, or any related occupations, who had knowledge of the abuse or neglect of a patient or who has reasonable cause to believe that a patient is being or has been abused or neglected, or who has knowledge that a patient has sustained a physical injury that is not reasonably explained by the history of injuries provided by the caregiver or caregiver(s) of the patient.

Indicators:

Physical Abuse		Verbal Abuse	Neglect/Failure to provide	Sexual Abuse	Financial Abuse
Neglect	Burn	Verbal assault	Physical care	Sexual abuse	Money misuse
Malnutrition	Dislocation	Verbal humiliation	Emotional care	Sexual assault	Property misuse
Bruise	Fracture		Medical care	Sexual exploitation	Money theft
Welt	Internal injury	Verbal threat	Acceptable environment		
Abrasion	Hitting		Adequate supervision		
Puncture Wound	Slapping				
Laceration	Exposure to adverse weather conditions				

Prevention and Training

1. Screening of potential hires.
 - a. Reference checks
 - b. Criminal background checks
 - c. OIG exclusion list
2. Orientation and ongoing training of employees on issues related to abuse prohibition practices including definitions of abuse, neglect, exploitation, signs of burnout, reporting allegations, and appropriate interventions to deal with difficult behaviors.
3. Providing patients/families and staff information on how and to whom they may report concerns
4. Identifying, correcting and intervening in situations in which abuse, neglect, mistreatment and/or misappropriation of resident property is more likely to occur
5. Periodic review and revision of all policies and procedures
6. Routine monitoring activities
7. Review of incident reports
8. Review of reports of abuse and neglect and assessing for trends

Identification

1. Identifying events such as suspicious bruising, occurrences, patterns and trends that may constitute abuse; and to determine the direction of the investigation
2. Identifying possible indicators of abuse in residents (injuries, fearfulness)
3. Identifying risk factors through the overall approach to program assessment planning, implementation, and monitoring for detection and prevention of abuse and neglect.

Investigating and Protecting

1. Identify possible incidents or allegations that need investigation.
 - a. Any alleged, suspected or witnessed abuse, neglect, exploitation or abandonment by an employee, family member, friend or caregiver shall be reported to the immediate supervisor as soon as it is known.
 - b. The supervisor will immediately notify the Administrator and designee responsible for tracking, investigating alleged incident.
 - c. An Incident Report will be completed.
2. Investigate incidents and allegations in a timely manner.
 - a. Nursing assessment within 24 hrs to identify any signs of physical injury. Findings, including the absence of any signs of physical injury, emotional status and comfort level of the patient will be recorded in the clinical notes section of the chart.
 - b. Notify patient's physician immediately of any alleged, suspected or witnessed abuse or neglect and suggest physician examines the patient and documents assessment as soon as possible.
 - c. In the case of alleged, suspected or witnessed sexual assault of a patient (child or adult) the patient should be transported to the nearest hospital for examination, care and collection and preservation of evidence.
 - d. A social worker will visit the patient as soon as possible to offer or arrange for appropriate supportive services, as needed. Visit will be documented in the clinical notes section of the chart.
 - e. If the alleged offender is an employee, he/she will be removed from all cases immediately pending investigation—utilize human resources to assist with employee documentation, processes for follow up.
 - f. If the alleged offender is a family member or visitor/acquaintance, notify police.
 - g. Identify and interview all involved persons including others with any knowledge of the allegations. Consider contacting other patients/families assigned to alleged employee to determine further risk potential.
 - h. Documentation should be complete and thorough including every step of the investigation
 - i. Patient record should include description of initial complaint, assessment findings (RN, MSW/LCSW and any other disciplines performing assessment post-alleged incident), interventions in response to findings, and MD notification—do not include details of investigation.
 - ii. Incident report and all follow up investigative details should be maintained in a separate file from the patient record.

Reporting

1. Report incidents, investigations, and agency response based on mandated reporting requirements and on results of investigations. All reports to external authorities will be made by agency designee.
 - a. Follow up with complainant/victim
 - b. **If a child** (individual under the age of 18) is thought to be abused or neglected, a report shall be made to the Connecticut Department of Children and Families (DCF) and/or an appropriate law enforcement agency. An oral report by telephone shall be made by a mandated reporter no later than twelve (12) hours after the reporter has cause to suspect or believe the child has been abused or neglected or placed in imminent risk of serious harm. Within **forty eight (48) hours** of the oral report, a written report has to be submitted to Department of Children and Families.

See Addendum Report of Suspected Child Abuse/Neglect,
DCF-136 10/01/02 revised

<http://www.ct.gov/dcf/lib/dcf/policy/pdf/DCF-136.pdf>

- c. **If a person with Intellectual Disabilities** is thought to be abused or neglected, an oral report is to be made within **seventy two (72) hours** by calling the office of Protection and Advocacy for Persons with Disabilities at 1-800-842-7303. A written report should follow within 5 days to the State of Connecticut, Office of Protection and Advocacy for Persons with Disabilities, 60-B Weston Street, Hartford, CT. 06120.

See Addendum PA-6 Rev, 8/2011

http://www.ct.gov/opapd/lib/opapd/documents/adobe/pa6_form_rev.8.11.pdf

- d. **If an elderly person (age 60 and over)** is thought to be abused or neglected, an oral report is to be made within seventy two (72) hours to the Department of Social Services, Protective Services for the Elderly Division at 1-888-385-4225.

See Addendum W-675.

<http://www.ct.gov/dss/lib/dss/pdfs/W675rev1206pt.pdf>

- e. Follow up with complainant/victim to ensure closure of alleged incident.
- f. Any confirmed allegations of employee staff as a result of investigation process are to be reported to nurse aide registry (CNA) or licensing board for respective discipline (RN, LPN, MSW/LCSW, PT, PTA, OT, COTA, SLP).