



Elder Abuse Policy

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1. The Prevention, Detection and Response to abuse	Page 2-2
2. Forms of Abuse	Page 3-3
3. Procedure for Reporting Abuse	Page 3-3
4. Role of Line Manager	Page 3-3
5. Reporting Allegations of Elder Abuse – Flow Diagram	Page 4-4
6. Anonymous Allegations	Page 4-4
7. Protected Disclosure	Page 4-5
8. Confidentiality	Page 5-5
9. Warning Signs of Abuse	Page 5-5
10. Source References	Page 5-5
11. Document Revision	Page 6-6

AA009 Elder Abuse Policy

1 THE PREVENTION, DETECTION AND RESPONSE TO ABUSE

Bridhaven is committed to the protection of older people from abuse. This commitment is underpinned by the acknowledgement that all Bridhaven staff have a duty of care to intervene in circumstances where an older person is being abused or is suspected of being abused.

Elder abuse can be defined as "a single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person". Elder abuse can take various forms such as physical, psychological or emotional, sexual, institutional and financial abuse. It can also be the result of intentional or unintentional neglect (WHO, 2008)

At Bridhaven, all staff are given training in Elder Abuse as part of their induction program. This training is mandatory and must be completed within the probationary period of the staff member. Bridhaven has a zero tolerance to Elder Abuse and any cases reported will be investigated thoroughly and the appropriate action will be taken.

This policy relates to all residents in the nursing home irrespective of their age.

The Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2009 (S.I. 236) came into force in July 2009, to underpin the HIQA National Quality Standards for Residential Care Settings for Older People in Ireland, launched in March 2009. These regulations cover the maintenance, care, welfare and wellbeing of people in residential care settings; the physical environment, food and nutrition, staffing levels, record keeping and the general management of the centre. Of particular relevance in part 2: General Welfare and Protection (p. 4), the regulations state that the management must ensure that:

- (a) all reasonable measures are taken to protect each resident from all forms of abuse, and
- (b) there is a policy on and procedures in place for the prevention, detection and response to abuse."

The regulations also state that all necessary arrangements, including staff training, must be made to prevent residents being harmed, suffering abuse, or being placed at risk of harm or abuse. Any incident where a resident is harmed or suffers abuse must be recorded and appropriate action taken. Under the regulations the Chief Inspector of Social Services must be notified of any allegation, suspected or confirmed abuse of any resident; and informed about the circumstances of the death of any resident under the age of 70 (NCPOP, 2009)

In 2002 the Department Of Health & Children published "Protecting Our Future, The Working Group Report On Elder Abuse"(DOH&C, 2002).

This policy adopts the principles set out in Protecting Our Future, which are:

1. Act in a way that supports the rights of the individual to lead an independent life based on self-determination.
2. Recognize people who are unable to make their own decisions and/or to protect themselves, their assets and their bodily integrity, and ensure adequate protection for them.
3. Recognize that the right to self-determination can involve risk and ensure that such risk is recognized and understood by all concerned and is minimized whenever possible.
4. Although intervention may in some cases compromise the individual older person's right to independence and choice, the principle of "least restrictive alternative" should apply at all times.
5. Ensure that the law and statutory requirements are known and used appropriately so that older people receive the protection of the law and access to the judicial process.

AA009 Elder Abuse Policy

2. Forms of Abuse - There are several forms of abuse

1. Physical Abuse – Hitting, slapping, misuses of medication, inappropriate restraint.
2. Sexual Abuse - Rape, Sexual Assault or sexual actions to which the older adult has not consented.
3. Psychological abuse – Emotional Abuse, threats of harm or abandonment, deprivation of contact, controlling or withdrawal of services. For example if a member of staff refused to wash or toilet a resident.
4. Financial Abuse – Theft, Fraud, Exploitation. For example if a member of staff sought money from the resident in return for caring for them.
5. Neglect and acts of omission. – For example if food or the proper medication was deliberately withheld.
6. Discriminatory abuse – For example being sexist or racist towards an older person.

3. Procedure for Reporting Abuse

1. All staff must inform their line manager or the Person in Charge in the absence of the line manager, immediately upon suspicion of abuse. The line manager must then inform the Person in Charge at the first available opportunity.
2. Inform the nurse in charge if the line manager is not on duty.
3. Call The Registered Provider on his mobile 086-8349549 if you do not want to report the alleged incident to either your line manager or the nurse in charge.
4. If it is believed that there is an immediate risk of serious abuse that requires action the Gardai should be contacted immediately.
5. If staff fail to report or disclose information in accordance with this policy they are in breach of their duty of care and will be subjected to Disciplinary Procedures up to and including dismissal.

Report any suspicions of abuse immediately. Do not wait until the next day or until your line manager is next at work. Remember this could be your mother or father.

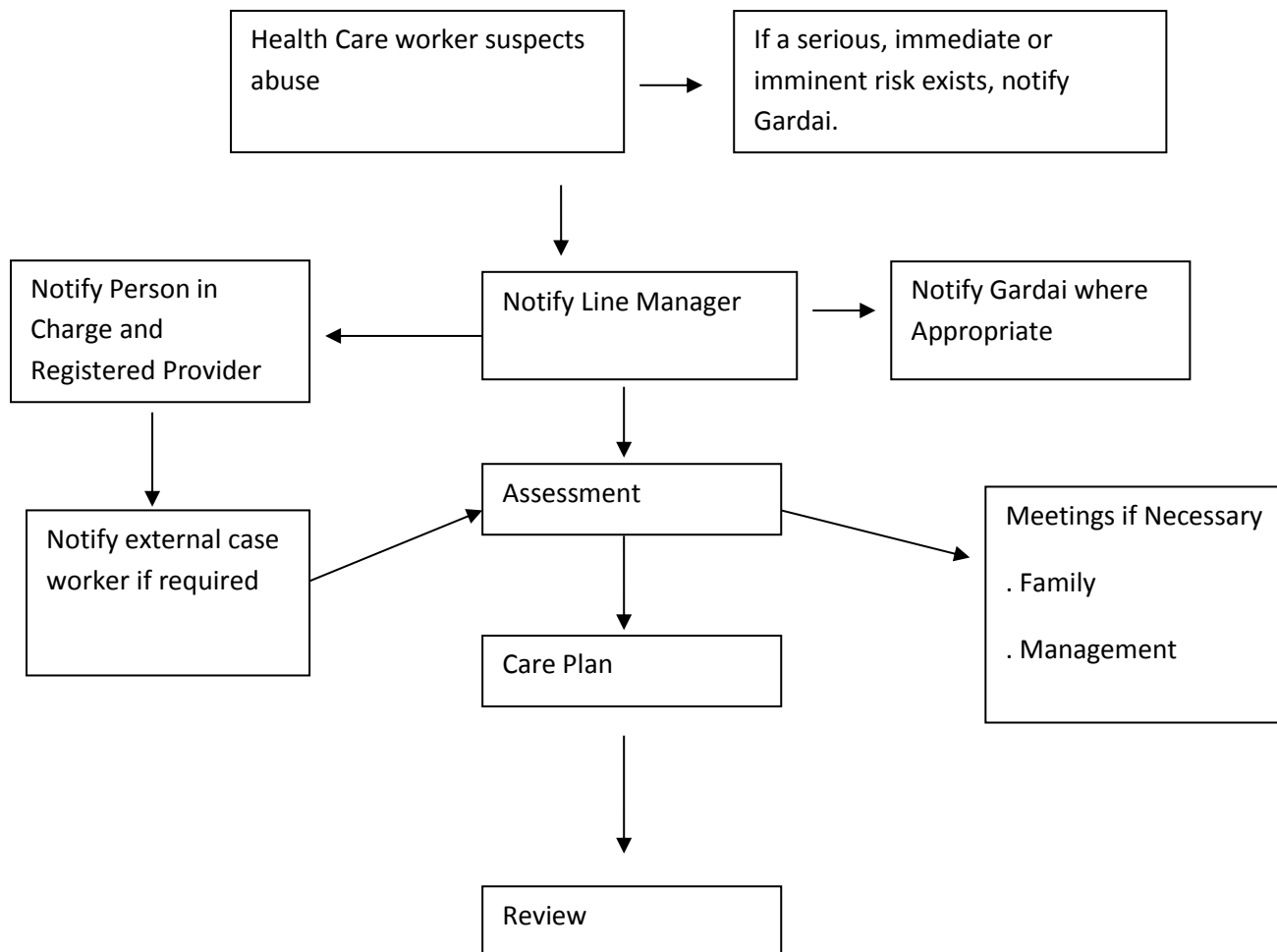
4. Role of Line Manager (Clinical Nurse Manager)

1. On receiving a report from their staff, line managers must establish whether the older person is at immediate risk and ensure where possible that protective measures are put in place.
2. The Registered Provider must be informed immediately if it is established that there is a serious concern.
3. A written report of the incident, no matter how serious, must be completed by the line manager, put into a sealed envelope and left for the Person in Charge and/or Registered Provider's immediate attention.
4. Reported incidents of Elder Abuse must be recorded in our incidents book. The results of all subsequent investigations must also be fully recorded.
5. Any member of staff found to have been guilty of Elder abuse will be subject to disciplinary procedures up to and including dismissal.

Form NF06 must be completed and sent to HIQA within 3 days of any allegation, suspected or confirmed being made of abuse.

AA009 Elder Abuse Policy

5 Reporting Allegations of Elder Abuse – Flow Diagram



6. Anonymous allegations may be made to staff. For example an individual may tell you something but not want you to report it any further or may not reveal the identity of the abuser to you. The person making the allegation should be reassured and put at ease. The member of staff must let the person know that they must report the incident in line with our procedures as they have a duty of care. The staff member must then bring the allegation to the attention of their line manager, the nurse in charge, The Person in Charge or the Registered Provider who will investigate it accordingly.

7. Protected Disclosure

Please note that any individual may report serious concerns regarding the standards of care in Brídhaven to the Health Information & Quality Authority (HIQA) under what is known as Protected Disclosure.

Protected disclosure provides legal safeguards for people who want to report serious concerns they have about standards of safety or quality in Irish health and social care services - in other words possible “whistleblowers”. Please refer to Whistleblowers policy for more information

We would ask that we are provided with a fair opportunity to address your concerns at a local level first.

In certain circumstances, a disclosure made to certain bodies and persons about the standards of safety or quality of health and social services will qualify as a “protected disclosure”. In effect this means that if you report a concern

AA009 Elder Abuse Policy

which qualifies as a protected disclosure and you are then sued, amongst other things, damages may not be awarded against you for making that disclosure. In addition, if you are an employee of certain health service employers, you may not be penalised by your employer for having made the protected disclosure.

The legal protection for people making protected disclosures does not apply if the person who makes the disclosure either knows or is reckless as to whether the disclosure is false, misleading, frivolous or vexatious. It is also a criminal offence to make a disclosure which you know or reasonably ought to know is false.

8. Confidentiality

All information that is relevant to the assessment of an allegation of abuse must adhere to our policy on confidentiality. Remember, if a resident is of mental capacity as outlined in the Capacity Act 2008 regarding the ability to make informed decisions, consent should be sought prior to disclosing information to other agencies.

9. Warning Signs Of Abuse

Psychological Abuse	Physical Neglect	Financial Abuse	Physical Abuse	Sexual Abuse
Demoralisation	Dehydration	Unexplained or sudden inability to pay bills	Bruises (on different surface areas; may reflect shape of weapon; whether clustered or not.	Trauma about the genitals, breasts, rectum, mouth
Depression	Malnutrition	Unexplained or sudden withdrawal of money from accounts	Laceration (particularly to mouth, lips, gums, eyes, ears)	Injury to face, neck, chest, abdomen, thighs, buttocks
Feelings of hopelessness helplessness	Inappropriate clothing	Funds diverted for someone else's use	Abrasions	Presence of sexually transmitted disease
Disrupted appetite or sleeping patterns	Poor Hygiene	Damage to property	Scratches	Human Bite Marks
Tearfulness	Unkempt appearance	Unexplained disappearance of possessions	Burns (inflicted by cigarettes, matches, rope, iron, immersion in hot water)	
Excessive fears	Under/over medication	No funds for food, clothes, services	Sprains	
Agitation	Unattended medical needs	Absence of required aids, medication	Dislocations, fractures	
Resignation	Exposure to danger/lack of supervision	Refusal to spend money	Marks left by a gag	
Confusion	Absence of required aids, including glasses, dentures	Disparity between living conditions and assets	Hair loss (possible hair pulling)	
Unexplained paranoia	Pressure Sores	Extraordinary interest by family member(s) in older people's assets	Missing Teeth	
Strongly ambivalent feelings towards the abuser			Eye Injuries	

Source: Protecting Our Future Report of the Working Group on Elder Abuse, 2002

10. Source References

World Health Organisation. 2008 "Discussing Screening for elder abuse at primary health care level".

National Centre for the Protection of Older People, 2009. Elder abuse and Legislation in Ireland. Health Service Executive.

Department of Health and Children, 2002. "Protecting Our Future, The Working Group Report On Elder Abuse".

AA009 Elder Abuse Policy

11. Document Revision Record:

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