HealthCap
RISK MANAGEMENT & INSURANCE

2024

Abuse & Neglect Prevention Toolkit

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ABUSE AND NEGLECT PREVENTION TOOLKIT
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ABUSE PREVENTION
POLICY AND PROCEDURE

Policy

This policy is intended to provide guidance on investigating and reporting suspected resident rights violations including abuse, neglect and misappropriation of resident property.

Procedure

1. Associates will be screened per state and federal regulations and best practices.
2. Prospective associates:
    a. Will sign a release allowing a criminal background check to be performed.
    b. Human Resources or a designee will attempt to obtain three (3) reference checks from previous employers.
    c. Licenses and certifications will be verified through the state licensing authority.
    d. Physical exams will be conducted to include proof of fitness for duty.
3. Supplemental agency personnel will be screened for a history of abuse, neglect or misappropriation. A criminal background check and licensure/certification verification is required.
4. Training and documentation of training on abuse prevention will be provided for associates and supplemental staffing personnel at orientation and annually.
5. Residents will be provided with educational opportunities on resident rights and abuse prevention.
6. Associates, residents and visitors will be educated on identification and reporting of suspected cases of abuse.
7. Investigations of incidents and allegations will be initiated by qualified, trained members of the leadership team or designee.
8. Reporting situations to state and local agencies will be the responsibility of the Administrator/Executive Director.

Training

Community associates and supplemental agency personnel will be trained on abuse prevention, reporting and investigation during orientation and annually to include:

1. The community abuse prevention policy.
2. The most current state and federal regulations regarding abuse prevention.
3. Definitions of what constitutes abuse, neglect and misappropriation of resident property.
4. Recognizing signs of burnout, frustration and stress that may lead to abuse situations.
5. Strategies for managing difficult and/or aggressive behaviors.

6. Understanding behavioral symptoms that may increase the risk of abuse and neglect and how to respond.
7. How and who associates should report their knowledge related to allegations of abuse
8. The associate's legal and ethical responsibility to report any suspected incident to the community's Administrator/Executive Director and/or designee.
9. The investigative process includes protecting residents during the process.

Prevention

1. Prevention of abuse, neglect or misappropriation of property will be implemented through:
    a. Establishing a safe environment.
    b. Ongoing associate, resident and family educational opportunities.
    c. Abiding by facility policy in identifying, correcting and intervening in situations in which abuse, neglect, exploitation, and/ or misappropriation of resident property may be likely to occur.
    d. Monthly Safety Committee meetings.
    e. Regular rounds and quarterly associate meetings.
2. Residents and families will be educated on how and to whom they should report concerns, incidents and grievances without fear of retribution and will include:
    a. Resident's Bill of Rights, the Ombudsman address and telephone number. Applicable state and licensing agencies' address and telephone numbers will be accessible.
    b. Residents and families will receive both verbally and in writing a copy of resident rights upon move in and annually and will be asked to sign a statement acknowledging receipt of the information.
    c. The Community Social Service Director or designee will provide educational opportunities to residents and families to include:
        i. Resident Bill of Rights
        ii. Advance Directives
        iii. Resident Abuse and the Grievance Process

Identification

Through implementation of the training and prevention process, associates, residents and families will be knowledgeable on how to identify and report incidents of suspected abuse.

1. Associates will identify events like injuries of unknown origin that may be a result of abuse.
2. A witnessed incident of suspected abuse, neglect or misappropriation of resident property will be reported immediately to the supervisor on duty. The supervisor is responsible for protecting the resident by:

   a. Immediately removing the alleged associate from the premises pending investigation.
   b. If observation or report of abuse is resident-to-resident or a family member, immediate action will be taken to protect the safety of all involved.
   c. Reports of abuse will be forwarded to the Executive Director, the resident's legal representative, the Director of Nursing/Wellness Director, the attending physician.
3. Associates will recognize that some cases of abuse are not directly observed, understanding resident outcomes of abuse could assist in identifying whether abuse is occurring or has occurred. Possible indicators of abuse include, but are not limited to:
   a. An injury that is suspicious because the source of the injury is not observed or the extent or location of the injury is unusual, or because of the number of injuries either at a single point in time or over time.
   b. Sudden or unexplained changes in the following behaviors and/or activities such as fear of a person or place, or feelings of guilt or shame.

Investigation

An immediate investigation will be initiated into any allegations of abuse, neglect or misappropriation of resident property.

1. The Director of Nursing/Wellness Director of designee will complete the investigation process and document the steps taken, and the information obtained.
2. The Administrator/Executive Director and attending physician will review and sign the investigation summary.
3. The summary will be maintained in a secure location by the Administrator/Executive Director.
4. In the event the allegation involves an associate:
   a. The associate will be suspended without pay pending a full investigation.
   b. The associate will have thirty days to request a hearing to present evidence either in person, in writing or through witness statements to refute the allegation.
   c. The associate may have an attorney present at the hearing.
   d. In the event it is determined that the associate did not abuse, neglect or misappropriate resident property, they will be reinstated with pay for lost days and returned to duty.
5. A final report of the investigation and findings will be submitted to the Administrator/Executive Director within five working days of the occurrence.

Protection

1. The community will assist in providing protection for the resident during the investigation process through the least disruptive means and may include:

a. Separation of resident from caregiver.
b. Separation of resident from family member or visitor.
c. Separation of resident from other residents.
d. Examining the alleged victim for any sign of injury, including physical examination or psychosocial assessment if needed.
e. Increased supervision of the alleged victim and residents.
f. Room or staffing changes, if necessary, to protect the resident(s) from the alleged perpetrator.
g. Prevention from retaliation.

2. The resident will be interviewed to determine what may provide them with comfort and a sense of well-being.

Reporting

1. Alleged and substantial incidents will have a completed investigation report including what corrective actions were taken. This information will be reported to the resident's legal representative, attending physician, state licensing authority and local law enforcement as appropriate.
2. In the event a staff member is found guilty of abuse or neglect in a court of law, the information will be reported to the appropriate registry or licensing authority.
3. The Executive Director will analyze all occurrences to determine if changes are needed to policies and procedures to assist in preventing further occurrences.

Coordination with QAPI

The facility is responsible for developing written policies and procedures that define how staff will communicate and coordinate situations of abuse, neglect, misappropriation of resident property, and exploitation with the QAPI program.

Cases of physical or sexual abuse, for example by facility staff or other residents, always require corrective action and tracking by the QAPI Committee.

The QAPI Committee will determine the following:

- If a thorough investigation is conducted;
- Whether the resident is protected;
- Whether an analysis was conducted as to why the situation occurred;
- Risk factors that contributed to the abuse (e.g., history of aggressive behaviors, environmental factors); and
- Whether there is further need for systemic action such as:
    - Insight on needed revisions to the policies and procedures that prohibit and prevent abuse/neglect/misappropriation/exploitation,
    - Increased training on specific components of identifying and reporting that staff may not be aware of or are confused about,

- Efforts to educate residents and their families about how to report any alleged violations without fear of repercussions,
- Measures to verify the implementation of corrective actions and timeframes, and
- Tracking patterns of similar occurrences.

_____ Date: _____
Administrator Signature:

_____ Date: _____
Medical Director Signature:

Date of Review and/or Revision: _____ _____ _____ _____

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DEFINITIONS OF ABUSE

Abuse means the willful infliction of injury (the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm), unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish.

The interpretive guideline takes a confusing step by adding the definition of neglect (which is legally defined as two separate issues) to the definition of abuse, when it says, "this also includes the deprivation of an individual, including the caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well- being." It takes a stronger step when it implies that an abusive act will be deemed abusive even if the resident cannot presume that instances of abuse of all residents, even those in a coma, cause physical harm, pain, or mental anguish." Also, note that the operative word here is "willful," not accidental acts, nor acts by residents who lack mental capacity/competence.

Verbal abuse is defined as the use of oral, written, or gestured language that willfully includes disparaging and derogatory terms to residents or their families, or within their hearing distance regardless of their age, ability to comprehend, or disability. An example of verbal abuse is saying things to frighten a resident, such as telling a resident that he/she will never be able to see his/her family again.

The act will be considered an abuse if it is considered abusive or "wrong" in the community, not whether the resident "tells" us that they were harmed in some way.

Sexual abuse includes, but is not limited to sexual harassment, sexual coercion, or sexual assault. Sexual Abuse is non-consensual sexual contact of any type with a resident.

A way to note sexual abuse is to think, "If that person did that to my daughter, or my mother, would I be offended? If you would, you might well have an abusive situation. In addition, this definition does not apply to actions between consenting adults, who understand the consequences of their actions, and are not abusing the rights of others. If you have a cognitively impaired resident, you must seek approval from the legal or surrogate decision maker.

Physical abuse includes hitting, slapping, pinching, and kicking. It also includes controlling behavior through corporal punishment. Corporal punishment includes, but is not limited to, pinching, spanking, slapping of hands, flickering, or hitting with an object.

Mental abuse is the use of verbal or nonverbal conduct which causes or has the potential to cause the resident to experience intimidation, fear, shame, agitation, or degradation. May also include but is not limited to, humiliation, harassment, threats of punishment or deprivation.

Involuntary seclusion is defined as the separation of a resident from other residents or from her/his room or confinement to her/his room (with or without roommates) against the resident's will, or the will of the resident's legal representative.

The interpretive guideline provides some extra clarification when it says, "it does not include temporary separation, for a limited time, as a therapeutic intervention until a care plan can be developed to meet the resident's needs. It, also, does not include placement on a specialized unit, if the resident's needs require such services, and is in accord with the resident, surrogate, or representative who was involved with the placement decision." The guideline also places a time measurement on what would be considered a temporary cooling-off period when they state "temporary separation is an emergency short-term intervention (i.e., less than 24 hours)."

Neglect means failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness.

The interpretive guideline also includes the concepts of inappropriately monitoring and supervising when it further explains, "neglect occurs when facility staff fails to monitor and/or supervise the delivery of resident care and services to assure that care is provided according to resident need." Additionally, the word "willful" is not part of the definition, so even unintended lack of service that causes harm will be deemed neglect.

Neglect is a staff member failing to carry out duties as indicated in the resident's plan of care. These circumstances of neglect may be considered with unrelieved pain, avoidable pressure injuries, poor grooming, avoidable dehydration, lack of incontinence care, or malnourishment.

Misappropriation of resident property means the deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a resident's belongings or money without the resident's consent. The act must be found to be deliberate to fit this definition. In addition, it includes acts by individuals other than facility staff such as misuse of trust funds by family.

Catastrophic Reaction occurs when a situation or stimulus is perceived by the individual as stressful and overloads the person's mental ability to cope. The overload results in an exaggerated response that may present as combative behavior, screaming, making irrational accusations, or becoming very agitated or extremely emotional.

Harm is a negative outcome that has compromised the resident's ability to maintain or reach the highest practicable physical, mental, or psychosocial wellbeing as defined by an accurate and comprehensive resident assessment, plan of care, and provision of services.

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ABUSE, NEGLECT, EXPLOITATION
INCIDENT INVESTIGATION CHECKLIST

Resident Name:_____ **Date**:_____

Note: Checklist to be initiated by Administrator/Executive Director or Director of Nursing/Wellness Director. Attach all documents listed below:

Incident Reported (type): _____ **Date of Incident**:_____

- ☐ Obtain Incident Report. Be thorough; accurately describe injury including specific location on the body in objective language. To include safety interventions implemented.
- ☐ Obtain verbal statement from the resident, if possible, transcribe using their exact language and have the resident sign the statement.
- ☐ Obtain verbal statements from any associates involved with the resident during the incident; transcribe using their exact language and have the associate sign the statement.
- ☐ Report to Ombudsman: Yes_____ No ____
- ☐ Report to appropriate state agencies: Yes_____ No ____ List:_____
- ☐ Was it reported within the required time frame per regulations: Yes _____ No _____
- ☐ Report to Adult Protective Services: Yes_____ No ____
- ☐ Report to Police: Yes_____ No ____
    - Complaint Number:_____
- ☐ Report to Liability Insurance Carrier: Yes_____ No ____
- ☐ Notify Attending Physician and/or Medical Director.
- ☐ Notify Board or Regional Director as applicable.
- ☐ Notify contracted behavioral care services as applicable.
- ☐ Notify Hospice as applicable.
- ☐ Obtain physician orders as needed per situation.
- ☐ Policy/ Procedures updated as applicable.
- ☐ Staff education implemented as applicable.
- ☐ Obtain report from Attending Physician after their review of the incident.

- ☐ If photographs are taken, maintain two (2) sets, date, time taken and initials of person photographing.
- ☐ Notify the family/legal representative and document their statements.
- ☐ Verify that documentation of notification of physician, family and Ombudsman is in file.
- ☐ Obtain face sheet of resident(s) involved.
- ☐ Obtain associate Assignment sheet.
- ☐ Obtain nursing documentation for 24 hours following incident.
- ☐ Obtain social services documentation for 3 days following incident.
- ☐ Obtain copies of any incident(s) in employee file of suspected abuse/neglect, disciplinary action.
- ☐ File information in the investigation file.
- ☐ Follow-up Investigation Report was submitted to the State Agency within 5 working days of the incident.
- ☐ Please include investigation in next month QAPI agenda.

Summary of community action/corrective action taken from internal investigation.

Signature: _____**Print Name**:_____

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ABUSE & NEGLECT PREVENTION
Administrative Tips

- The incident report and investigation report are kept in a confidential file in the Administrator/Executive Director's office. The incident report and investigation form never get sent to the state, these are internal documents.
- The date, time, and name of state contact person will be recorded on investigation form.

- All follow-up letters to the state are to be filed with investigation form in the confidential file.

- The following documents are not routinely shown to state (contact Clinical Director before showing if applicable):
    a. Completed interview records.
    b. Completed Incident logs.
    c. Investigation documents.
- The following documentation can be shared with the state upon request. Only share these documents with approval from corporate/board. If QAPI documents are requested, contact a corporate attorney for guidance.
    a. Incident report.
    b. Incident and accident policy.
    c. Abuse Prevention policy.
    d. Copies of letters to the state reporting the incident.

- The QAPI Committee is responsible for tracking, monitoring and record keeping of incidents, accidents, and allegations of/substantiated abuse; and will develop a plan for quality improvement. This documentation is confidential and for internal review only.

It may be beneficial to post the response procedures (or quick reference sheet) provided by Risk Management and state guidelines and telephone numbers of the state department that will handle the abuse allegation report.

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RESPONDING TO ALLEGED ABUSE:

I. See to the immediate need of the resident.

A. Upon receiving information or observing the incident, the staff member is to immediately tell their supervisor.
B. The Charge Nurse is to go directly to the affected resident to assess:
    1. Physical status:
        a. Bruises and welts.
        b. Lacerations and burns.
        c. Other body injuries.
    2. Vital signs.
    3. Emotional status:
        a. Verbal and affect elements.
        b. Physical expressions of emotion/distress.
C. The **Charge Nurse** is to get the resident whatever immediate treatment or support is necessary.
D. The **Charge Nurse** is to separate the resident responsible for the incident, if applicable.
E. If it is an alleged sexual abuse, **the Director of Nursing/Wellness Director** or designee shall call the physician for an order to transfer resident to the hospital for appropriate examination/services.
F. If it is an alleged physical abuse and there are injuries, the **Charge Nurse** shall call the Physician for an order to transfer the resident to the hospital for appropriate examinations/services.

II. Make appropriate notification

A. The **Charge Nurse** is to call:
    1. The physician.
    2. The family.
    3. The Administrator/Executive Director.
B. The **Director of Nursing/Wellness Director** is to call **Social Worker** to assist, if emotional distress is present.
C. The **Charge Nurse** is to complete Unusual Occurrence/Incident Report form.
D. The **Charge Nurse or designee shall ensure that the incident is noted on the 24-hour report with a request to monitor the injured resident and the resident who may have caused it.**
E. The **Administrator/Executive Director** to notify police, the U.S. Dept. of Health and Human Services, and Adult Protective Services if applicable.
F. The **Administrator/Executive Director** is to call the regional Human Resource

Director (if applicable).

G. The **Administrator/Executive Director** is to suspend suspected employee (if applicable) pending a thorough investigation.

H. The **Administrator/Executive Director** is to report the alleged abuse to the state.

III. Actions to be taken for an alleged abuse investigation.

A. The C**harge Nurse** shall secure, barricade or isolate the scene of the occurrence, if possible.

B. If equipment is involved, **the Charge Nurse** will remove the equipment from service until it is examined.

C. The **Director of Nursing/Wellness Director** or designee shall identify any witnesses and individuals involved in the incident.

D. The **Administrator/Executive Director** is to conduct an interview, utilizing the Interview Guidelines, of all individuals (including the roommate).

E. The **Director of Nursing/Wellness Director** or designee directs nursing staff to assess other residents, including non-communicative residents, to ensure additional "like" injuries/incidents have not occurred.

F. The **Administrator/Executive Director** will assign a **Social Worker** to interview all Interview able residents to determine if any "like" injuries/incidents have occurred.

G. The A**dministrator/Executive Director** will obtain a copy of the Police report if applicable.

H. The **Social Worker** will evaluate the involved resident regarding emotional distress and will seek a referral to psychologist, Ombudsman or other appropriate counseling/advocacy agent as needed.

IV. Reporting and further response

A. The **Administrator/Executive Director** will submit a report of the investigation findings to the state agency.

B. The **Administrator/Executive Director** will request that any investigative or media personnel be directed to the Administrator.

C. The **Administrator/Executive Director** or designee will contact Corporate Communications if media coverage occurs or is probable.

D. The **Social Worker** will contact the family and provide a progress report on all facility efforts to care for any distress or injury of the resident.

E. The **Director of Nursing/Wellness Director** will ensure a progress note is included in the medical record regarding resident status and actions (for

Nursing, Social Services, and other involved departments).

F. If the allegations of abuse are substantiated
   1. The employee shall be terminated (if applicable).
   2. Send appropriate notification to the certification/licensure board.
   3. Document in the employee file that they are not eligible for re-hire and have been reported to their board.

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GUIDELINES FOR INTERVIEWING

Complete interviews of witnesses with direct knowledge of the event. Use the following guidelines:

I. General Guidelines

a. The information gathered in an interview should be organized logically and sequentially, regardless of the order in which it was obtained.
b. The information should focus on the occurrence and include the interviewee's role and responsibilities in the resident's care.
c. The interview documentation should provide an objective account of the information gathered by the investigator during the interview.
    i. Documentation of the interview should be an exact account of what the interviewee stated without any additional commentary from the person performing the interview.
d. The statement should be written up by the investigator and be reviewed and signed by the person being interviewed.

II. Content of the Interview

a. Date of the interview.
b. Interviewee's full name, title and employment status.
c. Interviewee's statement as to what occurred.
d. Interviewee's exact role in the occurrence.
e. The timing of events related to the occurrence.

III. Interviewee's knowledge of any contributing factors to the occurrence.

a. Interviewee's knowledge of any contributing factors by the resident to the alleged injury.
b. This should be a part of the investigation but not a part of the interview. Interviewee's knowledge of another's role in the occurrence.

IV. Conducting the Interview

a. Document the issues and allegations for easy reference during the interview including specific questions.
b. Focus on possible deviations in the standard of care.
c. Treat each interview separately and individually.
d. Organize questions in a logical, sequential, manner.
e. Be prepared to ask causation questions (i.e., do you know what caused the incident?).
f. Focus on details.
g. Establish a rapport with the interviewee at the beginning of the interview.
h. Redirect the interviewee if they begin discussing unrelated subjects.
i. Be nonjudgmental.
j. Ask the interviewee to clarify anything you do not understand.

V. Types of Questions

a. **Open-ended questions** are broad and allow the interviewee considerable freedom in determining the type of information he or she wants to provide.
b. **Closed questions** are more restrictive and limit the possible answers.
c. **Primary questions** introduce new topics or open new areas for discussion.
d. **Secondary questions** are called follow-up questions because they ask for further information about a topic under discussion.

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DOCUMENTATION REVIEW GUIDELINES:

Record the results of the documentation review as a part of the report to the QAPI Committee with statement “Confidential information protected by, Quality Assurance privilege”, Unless an attorney is directing the actual investigation. If an attorney is directing the investigation, seek guidance on how these documents are protected through attorney client privilege.

I. Medical Record
   A. Note any difference in the resident’s behavior before and after the incident.
      Note: this information may be in any interdisciplinary charting.
   B. Note any recent medication changes that may relate to the incident. This information doesn’t necessarily affect the investigation and may be something for review later.
   C. Document if there were recent hospitalizations, transfers, or did they go “out-on-LOA”.
   D. Are there physician’s notes or orders that are relevant to the incident?
   E. Are there labs or diagnostic studies that are relevant to the incident?
   F. Are there any patterns of injuries/incidents?
   G. Was there a recent significant change in condition MDS.
   H. Did the Care Plan reflect any issues that are relevant to the incident.
   I. Did the Charge Nurse Document.:
      1. The event.
      2. Notification of the administrator, resident physician and the Responsible party/legal representative.
      3. Changes (or lack of changes) in condition since the incident.
      4. Immediate interventions taken to care for the resident.

II. Unusual Occurrence Reports
   A. Review previous Unusual Occurrence Reports for the previous 3 months and note if there is a pattern such as:
      1. Type of incident.

2. Shift of incident occurrence.
3. Involvement of same resident (or staff member) in other incidents.
4. Other residents experienced “like” incidents.

B. Check the unusual occurrence reports to ensure that:

1. The physician was notified.
2. The family was notified.
3. If it was an alleged/substantiated abuse, that the state regulatory agency was notified.
4. If there is reasonable suspicion that a crime has been committed, the local police and the regulatory agency notified.

III. Personnel Records

A. Do the employees involved have a criminal background check/finger printing on file?

B. Is there verification of licensure or certification?

C. Has the employee involved had any documentation of performance concerns?

D. Have the employees involved attended an Abuse In-service in the past 12 months?

E. Did the employee complete orientation?

IV. Complaint File

A. Are there any complaints that are similar or involve some of the same people?

B. Have the complaints been resolved?

C. Were the results/resolution reported to the person giving the complaint?

V. Resident Council Minutes, Resident Satisfaction Surveys, Family Council Minutes, and Family Satisfaction Surveys

A. Is there any information that is relevant or like the incident?

B. Is there reference to any of the same people involved in the incident (either by name or by grouping).

The facility may have to ensure that staff are also trained on the following "systems," if the Abuse Prohibition effort is going to be fully functional:

- How to conduct an investigation (**supervisory staff**).
- Grievance procedures (**all staff**).
- Unusual occurrences and accident reporting (**licensed nursing staff**).
- How and when to report to their supervisor, precursor behavior (that may escalate into abuse) or uncomfortable situations that are perpetrated on them by residents, peers, family members or others involved with the resident (**all staff**).
- Abuse reporting procedures and specific needs of residents in a temporary assignment (**company staff who are assisting sister facilities**).

4. The facility will provide auxiliary education for those additional individuals involved with the resident.

   The interpretive guideline suggests that we also ensure that others involved with the resident are knowledgeable about what abuse is and how to report any such concerns. This may be achieved through the following educational efforts:

   - Volunteer orientation regarding abuse and the reporting of abuse.
   - For contracted professionals from outside agencies who have not had training regarding abuse, neglect and misappropriation of resident property.
   - Resident Council and Family Council (or other structured family education function) regarding what is abuse towards residents and staff and the reporting procedures for such.
   - Through written information to be included during the admission process, for resident and family education. Such information will be provided in a language that they can understand (or through interpretation).

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ABUSE TRAINING

1. The facility will train each employee regarding these policies.

   The interpretive guideline identifies what components should be covered during any training with the staff. Include these components in the training planned for your facility:

   - What constitutes abuse, neglect, and misappropriation of resident property?
   - How to report their knowledge related to allegations without fear of reprisal.
   - When and to whom to report their knowledge of related allegations.
   - How to recognize signs of burnout, frustration, stress and outside factors (e.g., animal abuse) that may lead to, or be an indicator of potential abuse.
   - Appropriate interventions to deal with aggressive and/or catastrophic reactions of resident's other staff, family members, or involved individuals.

2. The facility will ensure that such training is provided during orientation and annually and more often as determined by the facility.

   The facility may find it helpful to establish a practice of providing such training:

   - At the time of hire, through the review of the employee handbook, code of conduct, and state related materials.
   - During facility orientation.
   - No less than annually.
   - When assessments of the supervisory staff or Quality Committee identify a lack of staff competency regarding abuse and the reporting of abuse.

3. The facility will provide ancillary training regarding related policies and procedures.

   These written policies must include, but are not limited to, the following components:

   - Screening
   - Training
   - Prevention
   - Identification
   - Investigation
   - Protection
   - Reporting/response

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- How to conduct an investigation (**supervisory staff**).
- Grievance procedures (**all staff**).
- Unusual occurrences and accident reporting (**licensed nursing staff**).
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EXAMPLE INSERVICE TRAINING FOR GENERAL STAFF MEETING:

Purpose

The interpretive guidelines require that facility staff be trained on:

- What constitutes abuse, neglect, and misappropriation of a resident's property.
- How to report their knowledge related to allegations without fear of reprisal.
- To whom to report their knowledge of related allegations and when to report such events.
- How to recognize signs of burnout, frustration, stress that may lead to, or be an indicator of potential abuse.
- Interventions to address aggressive and/or catastrophic reactions of residents, other staff, family members, or other involved individuals.

Materials Needed

- "Signs of Stress"
- "As Stress Builds"
- "Responses"

Process

- Welcome attendants
- Give introduction to the material

  Today we are going to talk about what happens when we experience "unhealthy" stress.

  If you are wondering why the focus is on stress, it is because if stress builds, unchecked, it may lead to a person getting so frustrated, or burned-out that they may react in a manner that can be viewed as abusive.

  We are also going to talk about things you can do if confronted by someone who is experiencing stress that may result in negative reactions.

<u>Ask:</u>

How can you tell if someone is experiencing stress?

Explain:

We all have stressful days or even a bad week. A group of professionals in psychology, law enforcement, and long-term care developed a list of "signs "of stress that should be observed

for as they may mean that the person needs help in reducing their stress or learn ways of managing the stress.

"Signs of Stress"- Walk through the different signs, giving examples if possible. Emphasize the last paragraph.

Remember, a person may experience some of these signs, and never abuse anyone – but if this level of frustration, agitation, and despair continues to build – so does the risk of negative outcomes.

Ask the group:

Why do you think that abuse in any form cannot be tolerated in the facility?

Solicit answers from the audience.

Show "As Stress Builds" and walk through:

- The definitions of abuse.
- Examples of abuse.

How abuse may get more violent, dangerous, and hurtful as the stress builds.

Examples:

- A resident.
- A family member.
- A staff member.
- Other visitor (i.e., volunteer, contract employee, etc.).

In addition, the law says that we have to prohibit abuse no matter who is involved.

So let us look at some general steps that you can take to respond to an aggressive or abusive person.

Show the "responses" and walk through:

- The steps.
- The reporting procedures.

Ask for questions.

Signs of Stress:

The following behaviors are possible signs or clues that a person's stress level is building

- Overly emotional/crying several times a week.
- Significant negative change in work performance.
- Acts like a loner, isolated, poor peer support.
- Feels overwhelmed, drowning in their life's problems.
- Misses work often.
- Suddenly becomes rude or disrespectful.
- Believes that the residents are the cause of their problems.
- Hates working (or visiting) in a nursing home.
- Agitated because unrealistic expectations (of resident or staff) are not met.
- Has an active problem with alcohol or drug abuse.
- Lives in a home environment that is abusive.
- Consistently lies and does not show any guilt when confronted.
- Abuses animals.
- Shows signs of severe mental illness, such as bizarre behavior.

Remember: These signs don't mean that a person will abuse another person, however the supervisor or Director of Nursing should talk to them at this point and try to relieve some of the pressure.

11 Tips To Help Manage Stressed Employees in the Workplace | Indeed.com

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RESPONSES TO AGGRESSIVE/CATASTROPHIC EVENTS MANAGING BEHAVIOR

(A Catastrophic Reaction occurs when a situation or stimulus is perceived by the individual as stressful and overloads the person's mental ability to cope. The overload results in an exaggerated response that may present as combative behavior, screaming, making irrational accusations, or becoming very agitated or extremely emotional.)

VERBAL AND PHYSICAL AGGRESSION

- Never get caught up in a shouting match.
- Stay calm.
- Offer a compromise.
- Suggest asking another person to intercede.
- Keep your arms low and non-threatening.
- Stay out of arms reach (3-5 feet).
- Avoid physical contact.
- If the person is mentally impaired, redirect.
- Do not argue or disagree.
- If they become violent, get away and let things calm down or get help.
- Get other people out of harm's way.
- Report it to the **Charge Nurse.**

The Charge Nurse:

1. Reports it to the Administrator/Executive Director and completes incident report even if there is no abuse or injury.
2. Reports to interdisciplinary team, responsible party and physician, as appropriate, if it involves resident behaviors.

SEXUAL AGGRESSION

- Immediately say “No,” or “Stop it.”
- Do not respond in a playful, teasing manner.
- Get out of arms reach.
- If an individual is confused, redirect.
- Maintain your control.
- Do not use derogatory language.
- Do not react with shock or fear.
- Report it to the Charge Nurse.

The Charge Nurse:

1. Reports it to Administrator/Executive Director and completes incident report even if there is no abuse or Injury.
2. Reports it to interdisciplinary team, responsible party and physician, as appropriate, if it involves resident behaviors.

MENTAL AGGRESSION

- Keep calm.
- Say, “That is not appropriate.”
- Do not take it personally.
- Do not argue over it.
- If you are concerned for your safety, report to the Director of Nurses/Wellness Director or Administrator/Executive Director immediately.
- Report other mental aggression to the Charge Nurse.

The Charge Nurse:

1. Reports it to Administrator/Executive Director and completes incident report even if there is no abuse or injury.
2. Reports to interdisciplinary team, responsible party and physician, as appropriate, if it involves resident behaviors.

MISAPPROPRIATION OF RESIDENT PROPERTY

- Attempt to locate lost items.
- Check to see if a resident with confusion may have picked it up.
- Ask laundry to assist.
- Ask family about it.
- Try to notice if another individual suddenly has that item or money when they did not before.
- Report it to the Charge Nurse.

The Charge Nurse:

1. Reports it to Administrator/Executive Director and completes incident report even if there is no abuse or
2. Reports to interdisciplinary team if it involves resident behaviors.

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AS STRESS BUILDS, SO DOES AGGRESSION – IT'S CALLED ABUSE:

Verbal Abuse - Use of written, oral, or gestured language that willfully used derogatory or disparaging terms.

Examples: Name calling, "cussing-out," rude gestures, "your kind don't belong here," yelling, threats.

Sexual Abuse – Includes but is not limited to sexual harassment, sexual coercion, or sexual assault.

Examples: Unwanted touching, sexual language, "you just want to see it, "exposing body for shock, fondling, and forced sex.

Physical Abuse – A willful physical action that is meant to inflict physical harm, pain, or mental anguish.

Examples: Throwing objects at another, pushing, slapping, punching, kicking, choking, using weapons.

Mental Abuse – Include humiliation, harassment, threats, of punishment or deprivation resulting in harm, pain, mental anguish.

Examples: Scaring another to tears, "if you don't get up-you don't eat today." Ignoring pleas for help, isolating, humiliation.

Misappropriation of Property – Deliberate misplacement, exploitation, or wrongful use of another's things or money.

Examples: Hiding possessions from owner, borrowing without consent, "she took my candy and perfume," stealing valuables.

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QUIZ ABOUT ABUSE - POST TEST 1

Name: _____

Please answer these questions and sign your name at the top of the page

1. What is the first thing you do when someone touches you where they should not touch?
   a. Slap their face.
   b. Tell them "No" firmly.
   c. Run out of the room.

2. What do you do if you see your coworker crying on the job often during the week?
   a. Bring it to the attention of your supervisor.
   b. Ignore it.
   c. Tell her/him to "toughen-up."

3. Do you report an abuse only if you can prove it?
   a. Yes.
   b. No.

4. What do you do if you see or hear a family member slapping a resident?
   a. Pay no attention because it is family.
   b. Reprimand the family.
   c. Calm the situation and report it.

5. While you are giving a shower, the resident hits you. Should you report this to the Charge Nurse?
   a. Yes.
   b. No.

6. Can you get in trouble if you see someone do something abusive and you do not report it?
   a. Yes.
   b. No.

7. There is nothing a caregiver can do to help a person experiencing a catastrophic reaction.
   a. Yes.
   b. No.

8. Separating a Resident from other Residents by shutting their door without their permission is considered Involuntary Seclusion.
   a. Yes.
   b. No

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QUIZ ABOUT ABUSE - POST TEST 1

KEY

Name: _____

Please answer these questions and sign your name at the top of the page

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   a. Yes.
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ABUSE PROHIBITION TRAINING POST TEST – 2

Name_____Date_____

Choose answer from the following:

A) criminal background check	B) investigated	C) protect
D) OBRA	E) sexual	F) mental
G) policies and procedures	H) prison	I) theft
J) administrator	K) burnout	L) retribution
M) surveyors	N) involuntary seclusion	O) true

Answer the following questions:

1. The _____ regulations require facilities to maintain an environment free of abuse, neglect, or misappropriation of property.
2. Misappropriation of property can also be referred to as _____?
3. _____ is defined as separation of a resident from other residents or from his/her room or confinement to his/her room against the resident's will, or the will of the resident's legal representative.
4. Humiliation is an example of _____ abuse.
5. _____ is a condition that can lead to abuse or neglect
6. _____ is a method of screening potential new employees for a history of abusive behaviors or crimes.
7. All allegations of abuse must be _____.
8. Anyone who reports abuse should not fear _____ as a result of such a report.
9. You can go to _____ if found guilty of abuse.
10. State _____ will ask staff members how you report abuse.
11. Touching a resident's genitals other than to deliver incontinent care or when bathing is an example of _____ abuse.

12. The facility is responsible to _____ the resident from reported occurrences of abuse or retaliation from the alleged abuser.

13. The staff must show evidence of knowledge of abuse _____ when questioned.

14. Allegations of abuse are reported immediately to the _____.

15. True or False: All staff must know and implement abuse prevention policies.

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ABUSE PROHIBITION TRAINING POST TEST – 2

KEY

Name_____Date_____

Choose answer from the following:

A) criminal background check	B) investigated	C) protect
D) OBRA	E) sexual	F) mental
G) policies and procedures	H) prison	I) theft
J) administrator	K) burnout	L) retribution
M) surveyors	N) involuntary seclusion	O) true

Answer the following questions:

1. The _____ regulations require facilities to maintain an environment free of abuse, neglect, or misappropriation of property. **OBRA (D)**
2. Misappropriation of property can also be referred to as _____? **Theft (I)**
3. _____ is defined as separation of a resident from other residents or from his/her room or confinement to his/her room against the resident's will, or the will of the resident's legal representative. **Involuntary seclusion (N)**
4. Humiliation is an example of _____ abuse. **Mental (F)**
5. _____ is a condition that can lead to abuse or neglect **Burnout (K)**
6. _____ is a method of screening potential new employees for a history of abusive behaviors or crimes. **Criminal background check (A)**
7. All allegations of abuse must be _____. **Investigated (B)**
8. Anyone who reports abuse should not fear _____ as a result of such a report. **Retribution (L)**
9. You can go to _____ if found guilty of abuse. **Prison (H)**
10. State _____ will ask staff members how you report abuse. **Surveyors (M)**
11. Touching a resident's genitals other than to deliver incontinent care or when

bathing is an example of _____ abuse. **Sexual (E)**

12. The facility is responsible to _____ the resident from reported occurrences of abuse or retaliation from the alleged abuser. **Protect (C)**

13. The staff must show evidence of knowledge of abuse _____ when questioned. **Policies and procedures (G)**

14. Allegations of abuse are reported immediately to the _____. **Administrator (J)**

15. True or False: All staff must know and implement abuse prevention policies. **True (O)**

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ABUSE & NEGLECT PREVENTION

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