



Responding to Elder Abuse in an Acute setting - the 3 R's

As an employee of the HSE - you have a Duty of Care to **R**ecognise, **R**ecord and **R**eport cases of Elder Abuse. This Guide will assist you with the basics. For further information, refer to the HSE policies and Professional Guidelines and Standards which are outlined.



Recognise

What is Elder Abuse? "A single or repeated act or lack of action occurring within any relationship where there is an expectation of Trust, which causes harm or distress to an older person or violates their human and civil rights" Protecting our Future (DOHC 2002)

Forms of Abuse include:

- **Physical:** including hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions,
- **Sexual:** including rape, sexual assault, or sexual acts that the older person has not, or could not consent to, or into which he or she was compelled to consent.
- **Neglect:** including ignoring medical or physical care needs, failure to provide access to appropriate health or social care services, the withholding of the necessities of life such as medication, adequate nutrition, medication.
- **Financial:** including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions or the misuse of property, possessions or benefits.
- **Psychological:** including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.



Record

Any indicators of the above should be recorded in the patients chart. Good clinical notes and assessments (both medical and social) not only aid good decision making they also help protect the older person at risk of abuse.

Note what the older person is saying to you – but also take into account non verbal communication cues. Also note any repeat or frequent admissions into hospital with unclear or unexplained reasons why.

Also don't forget your own individual professional Guidelines (e.g. An Bord Altranais- Working with Older People Guidelines 2009 and the Medical Council - Guide to Conduct and Professional Ethics 2009) which will assist and enable you in dealing with suspected cases of elder abuse.

Report

There are HSE policies **which oblige** you to report your concerns of elder abuse e.g. Responding to and Recognising Elder Abuse HSE 2007, Trust in Care HSE 2005, Employee Code of Standards and Behaviour HSE 2009.

Your hospital may have an elder abuse specific policy, this will also assist and guide you in knowing who, when and where to report your concerns to.

Discuss and report any concerns that you might have with your line manager (Clinical nurse manger/Consultant/Clinical lead).

Where appropriate complete an Incident Report form.

Your line manger (*in consultation with others when required - such as clinical lead, Consultant, DON, Risk Manager*), will decide who will inform other relevant statutory services – e.g older persons social work dept, Gardai, HIQA or Coroner.

Also be aware of the HSE's guidelines on Protected Disclosures in the Workplace which may also assist you.



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