
EMERGENCY DEPARTMENT POLICIES

SUBJECT:

Elder/Institutional Abuse

NO. 26.2

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Original Date of Issue: 9/93

Reviewed:	5/94	10/98	9/99	4/06			
Revised:	3/97	4/03					

Patient Population

Neonate	
Pediatric	
Adolescent	
Adult	√
Geriatric	√

POLICY:

The Emergency Department will be cognizant of elder abuse symptoms and refer any suspicious or confirmed case, as appropriate.

IMPLEMENTATION:

REPORTING ELDER ABUSE

Currently, there are no mandatory reporting laws for family mistreatment of the elderly in New York State.

Protective Services for Adults (PSA) can be contacted for suspected abuse/neglect (212-630-1853).

In order to be eligible for PSA intervention, adults (18 years or older) must meet ALL of the following criteria:

1. Reduced capacity for self care due to mental and/or physical incapacity.
2. Risk to harm and/or unmet essential needs.
3. No one willing and able to assist responsibly.

PSA can also be called for consultation in other situations involving elder/neglect that may not fit the above criteria.

INSTITUTIONAL/HOME CARE ABUSE

New York State does have mandatory reporting and investigatory laws for institutional abuse and home care abuse.

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For suspected residential health care facility abuse, a nurse or physician should contact the facility to obtain more information. If the case is considered to be a potential abuse/neglect case, a health care professional must report it to NYS Department of Health: 1-800-425-0316 (8:30AM- 4:30PM) or leave message on voice mail.

To report a case of suspected abuse by a home attendant employed by an agency contracted by the Human Resources Administration contact: 212-360-2400.

INTERVENTION OPTIONS

1. If the patient is unable to care for or protect himself from abuse/neglect and there is no one to provide safe help for the patient; contact the Emergency Department social worker or the on call social worker. The Geriatric fellow or the Social Work Coordinator, Mount Sinai Elder Abuse Program (x46774) may also be consulted during weekdays.
2. A patient judged able to understand the consequences of his actions may refuse intervention and return home. However, a psychiatric consult should be considered to determine capacity and absence of suicidality.
3. If there is evidence of bruising or injury, pictures should be taken with patient's consent and attached to the chart with appropriate patient name, date and unit number.
4. Also see Department of Social Work Services policies and procedures manual, Elder Abuse: Guidelines and Protocols".

RECOGNITION

Elder Abuse is defined as harm experienced by patients over 60 years of age as a result of actions or neglect of caretakers or of themselves. Intentional neglect/abuse includes a deliberate attempt to inflict physical, emotional or financial harm. Unintentional neglect refers to inadvertent action, usually out of ignorance, inexperience or lack of desire or inability to provide care.

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Signs and Symptoms of Neglect may include:

Dehydration, malnutrition, poor hygiene, inappropriate clothing, absence of needed assistive devices (glasses, dentures, ambulatory aids, unexplained deterioration in health, decubitus ulcers and misuse of medications (over/under use).

Signs and Symptoms of Abuse may include:

Unexplained injuries or explanation which is inconsistent with injury, unexplained delay in seeking treatment, fractures, welts, lacerations, punctures, burns in an unexpected location or the shape of an object; bruises in different states of healing, bilateral bruises on upper arms, clustered on torso, torn, stained or bloody undergarments, unexplained VD, bruising or lacerations, bleeding in genital area, fearfulness, symptoms of agitation or depression.