



# WOODSTOCK HOSPITAL

<b>Department/Category</b>	Nursing - General			
<b>Policy Name/ Unit Number</b>	Abuse – Adult Abuse – Assessment and Care – Unit 5			
<b>Location</b>	Clinical Practice Manual			
<b>Approval Committees</b>	<input checked="" type="checkbox"/> CPC: May 5, 2020 <input type="checkbox"/> MAC: <a href="#">Click here to enter a date.</a> <input type="checkbox"/> Board of Directors: <a href="#">Click here to enter a date.</a> <input type="checkbox"/> Patient and Family Advisory: <a href="#">Click here to enter a date.</a> <input type="checkbox"/> Other:		<input checked="" type="checkbox"/> NAC: May 5, 2020 <input type="checkbox"/> P and T: <a href="#">Click here to enter a date.</a> <input type="checkbox"/> Senior Team: <a href="#">Click here to enter a date.</a> <a href="#">Click here to enter a date.</a>	
<b>Signature (if applicable)</b>				
<b>Document Owner</b> Staff Development	<b>Original Date</b> January 2000	<b>Reviewed Date</b> March 2020	<b>Revision Date</b>	<b>Page 1 of 3</b>

**Purpose :**

To assist healthcare providers in the provision of comprehensive, consistent assessment and care to a competent victim of abuse or suspected abuse.

**Definition:**

Abuse is any action or inaction which causes harm or injury to another person.

Forms of abuse include: physical, emotional, verbal, financial, economical, mental, sexual, abandonment, and neglect.

Elder abuse is an action *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.*

**Background:**

All patients must be assessed on an individual basis and solutions achieved with consent and involvement of the competent patient to ensure consistent and wilful participation. Decisions to either seek action or refuse action, in response to actual or suspected abuse, is fully and entirely up to the competent person.

Abuse can occur with or without the commitment of a crime. If the abuse or suspected abuse is of a criminal matter (fraud, theft, forgery, assault, sexual assault, forcible confinement, intimidation), the competent individual should be counselled to



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report the matter to the police and or seek legal intervention.

It is important to remember if the individual is competent and mentally capable they have the right to live at risk, refuse help and make their own decisions. Even if healthcare providers do not agree with the individual's decision and or lack of action, we must respect the individual's right to choose.

For adults with developmental disabilities or who are mentally incompetent, interventions must be completed on their behalf

- A. Residents of Long-Term Care Homes (competent or incompetent)
- B. Residents of Retirement Homes (competent or incompetent)
- C. Adults with Developmental Disabilities
- D. Adults who are Mentally Incompetent

(see Clinical Practice Manual – Unit 5 – Adult Abuse –Mandatory Reporting).

### **Practice Guideline**

1. Patients may present with obvious signs of abuse and openly admit that abuse has occurred and or is occurring
2. In other cases, abuse may remain hidden and the injuries and effect of the abuse minimized by the patients. Detection of abuse and or suspected abuse requires careful non-judgmental, non-threatening assessment and history taking
3. When possible, interview the patient alone in a private, non -threatening setting Use a non-judgemental approach and open-ended questions
4. Convey to the patient that he or she is believed, is not responsible for the abuse, and has the right to be safe, and include in the interview questions about:
  - a) level of immediate danger,
  - b) type(s) and frequency of abuse
  - c) family, living situation
  - d) personal and financial resources
  - e) options available
5. Advise the patient that although the information remains confidential, it will be documented in the health record
6. Any and all decisions to either seek action or refuse action, in response to actual or suspected abuse, is fully and entirely up to the capable patient. Ensure that the decision on which options to choose, if any, rests with the patient Communicate to the patient that if they choose to remain in an abusive situation, they will not be denied services
7. If the patient consents, explore options and provide information and or referral resources (See Clinical Practice Manual – Unit 5 - Abuse - Sexually Assaulted Patient)
8. Document in the patient's health record: the interview, any physical injuries, emotional, behavioural and psychological responses, details of the abuse or



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suspected abuse, response to the interview, treatment (if any), advice or information given, patients expressed decision to seek or refuse action to the actual or suspected abuse

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<b>Responsibility:</b>	Director of Patient Care
<b>Reference:</b>	1) Elder Abuse Ontario, 2019 ( <a href="http://www.elderabuseontario.com/what-is-elder-abuse/legislation-reporting/">http://www.elderabuseontario.com/what-is-elder-abuse/legislation-reporting/</a> ) 2) College of Nurses of Ontario ( <a href="http://www.cno.org/globalassets/docs/prac/41033_therapeutic.pdf">http://www.cno.org/globalassets/docs/prac/41033_therapeutic.pdf</a> )
<b>Cross Reference:</b>	1) Clinical Practice Manual – Unit 5 – Abuse – Sexually Assaulted Patient 2) Clinical Practice Manual – Unit 5 – Adult Abuse –Mandatory Reporting 3) Management Methods Manual – Prevention of Abuse Program