ABUSE IN LTC

What YOU need to know

- Approximately one in six people 60 years and older experienced some form of abuse in community settings during the past year.
- Rates of abuse of older people are high in long-term care homes, with two in three staff reporting that they have suspected abuse in the past year.



- Rates of abuse of older people have increased during the COVID-19 pandemic.
- Abuse of older people can lead to serious physical injuries and long-term psychological consequences.
- Abuse of older people is predicted to increase as many countries are experiencing rapidly ageing populations.

Types of Abuse

- Physical abuse- someone causes bodily harm by hitting, pushing, or slapping. This may also include restraining an older adult against their will, such as locking them in a room or tying them to furniture.
- Emotional abuse/psychological abusecan include saying hurtful words, yelling, threatening, scolding or repeatedly ignoring the older adult. Keeping that person from seeing close friends and relatives is another form of emotional abuse.
- Neglect- occurs when someone does not try to respond to the older adult's needs. This may include physical, emotional, and social needs, or withholding food, medications, or access to health care.
- Infantilization- when an adult is being treated or spoken to like a child or baby.
- Sexual abuse- involves an aggressor forcing an older adult to watch or be part of sexual acts.
- Financial abuse- when money or belongings are stolen from an older adult. It can include forging checks, taking someone's savings, or using a person's credit cards and bank accounts without their permission. It also includes changing names on accounts, policies or titles without permission.
- Abandonment- leaving an older adult who needs help alone without planning for his or her care.

Signs of Abuse

Victims of abuse may show signs of...

- depression, fear, withdrawal, anxiety or passivity
- unexplained or new fear of family members, friends or caregivers
- unexplained physical injuries
- malnutrition or dehydration
- changes in personal hygiene and grooming
- untreated pressure sores or abrasions
- over-sedation

Financial abuse signs may include...

- money or valuable personal items missing without explanation
- going without food, clothing or other necessities that the older person should be able to afford
- unexplained lack of cash on hand
- failure to pay rent or bills on time
- sale or transfer of the older person's property without the older person's knowledge or understanding
- unexplained withdrawals from financial institutions
- unusual changes to documents such as a power of attorney or Will
- prepared or executed documents and agreements involving the older person that they don't understand or are not aware of
- lack of independent advice concerning questionable financial decisions

What Can You Do?

Family, Friends, Visitors, & Caregivers need to remember that *Resident Abuse is NOT RIGHT! Abuse of any kind is not tolerated.*

DO THESE THREE THINGS:

1. SEE IT:

Recognize the signs of abuse.

"Is this a sign of abuse?"

2. NAME IT:

Talk to the victim & validate the signs they have.

"That looks/ sounds like abuse."

3. CHECK IT:

Ask yourself what you can do and report it. "Is it abuse? What can I do to help?"

Who Can Help?

- Emergency 9-1-1
- Local RCMP
- Saskatchewan Seniors Mechanism
 Phone: (306) 359-9956
 Toll free 1-888-823-2211
- Seniors Information Line
 Toll free: 1-888-823-2211
- Public Guardian and Trustee
 Phone: 306-787-5424

Toll Free: 1-877-787-5424

- Long- Term Care Homes' Manager or Nurse- in- Charge
- Quality Care Coordinators in the network



Saskatchewan Human Rights Commission:

Saskatoon Office

Phone: 306-933-5952 Toll Free: 1-800-667-9249

Regina Office

Phone: 306-787-2530

Toll Free: 1-800-667-8577

TOGETHER WE CAN STOP RESIDENT ABUSE.

THERE IS NO EXCUSE FOR RESIDENT ABUSE!

Credits: World Health Organizations, National Institute of Aging, Public Legal Education Association of Saskatchewan, Peck Law Group

> This handout was developed by the Saskatchewan Health Authority Clinical Integration, Continuing Care

For Staff Use



ALLEGATION/SUSPICION OF RESIDENT ABUSE REPORTING FORM CONFIDENTIAL

Name of Home:					
Resident's Name:	Resident's Name:				
Age:	Age: Date of Birth (mm/dd/yyyy):				
Reasons for this Report (check application)	Reasons for this Report (check applicable box)				
Suspicion of Abuse	·	Resident Disclosure			
☐ Allegation of Abuse by Staff/ Vo	lunteer	Other (Please Specify)			
Name of Reporter:		Date Form Completed (mm/dd/yyyy):			
1 Describe incident situation state	coment or behavioral	and/or physical indications of abuse:			
(Who, What, Where, When, How)	ement of benavioral	and/or physical indications of abuse.			
	_				
2. If explanation was offered, give	details, including wh	nat was said and when:			
O Marthan staff arranging backers backers		to the second se			
3. If other staff were involved, give	details, including w	rnat was said or when:			
4. Area(s) on resident's body show	wing indicators of ab	nice.			
Through on resident a party one.	This maleatore of as	400.			
5. Other comments or observation	is?				
Reported to (check		Name:			
applicable box:	er Nurse-in-ch	narge			
Date Reported (mm/dd/yyyy):		Time Reported:			

To be completed by the Manager as part of investigation has been completed.						
Outcome/Conclusion/Investigation:						
Facelated to Johnson						
Escalated to (check applicable box:	tor Risk Management	Name:				
Date Reported (mm/dd/yyyy):		Time Reported:				



As	As a staff member/volunteer:					
	☐ I have read the Resident Abuse Package					
	I understand that I am responsible to report all evidence of Abuse or suspicion of Abuse of a resident and that failure to report evidence or suspicion of Abuse of a resident shall be cause for disciplinary action.					
	☐ I understand my responsibility and the actions required by me.					
N	lame: (Please Print)					
F	lome:					
F	Position:					
S	Signature:	Date: (mm/dd/yyyy)				

Note: This form is to be retained in the employee's personnel file as per site procedure.



Saskatchewan Health Authority	Title: Suspected Abuse in LTC- Reporting, Documentation, Investigation Process. Role performing Activity: All Involved Departments		
	Location:	Department/Unit:	
	LTC SHA	All Departments	
_	Document Owner:	Date Prepared:	
l WORK	Clinical Integration, Continuing Care	July 4, 2022	
	Last Revision:	Date Approved:	
STANDARD		September 19, 2022	
	Related Policies/Documentation		
	Resident Abuse Package		
	Saskatchewan Critical Incident Reporting Guideline		
	<u>Disclosure of Patient Safety Incidents</u>		

Work Standard Summary: To provide staff in LTC with necessary education to prevent and effectively respond to resident abuse.

	Essential Tasks:
1.	Staff become aware of an indication or suspicion of resident abuse.
3.	Report findings, observations, and allegations of resident abuse to the Manager, Nurse-in-Charge, or Administrator immediately. In-person reporting is most appropriate if a resident abuse is suspected.
4.	If the Manager, Nurse-in-Charge, or Administrator is not available, contact and report to the Area Director.
5.	Complete the Allegations/ Suspicion of Resident Abuse Form and the Internal Reporting form. Submit it to the Manager, Nurse-in-Charge, or Administrator.
7.	**NOTE: Do not document any allegations of abuse on the resident's chart. The Manager, Nurse-in-Charge, or Administrator will determine what is to be charted. If physical abuse is suspected, objective findings or observations are to be charted only. Example: A reddened area noted around resident's Left forearm.
8.	If an investigation is necessary, the Manager will notify the involved parties and remind them that they must be compliant with the process. **NOTE: It is the responsibility of all the involved parties to keep the issue confidential.
9.	Manager to disclose all findings according to the SHA disclosure guidelines.