

At-Risk Adult Abuse Resources for Medical Professionals

Note: Some of these resources are developed in other states. Materials are available on the reporting requirements for Georgia at the end of this handout.

An Introduction to Elder Abuse for Undergraduate Nursing Students

http://www.centeronelderabuse.org/Information_By_Professional_Discipline.asp#Nursing

Includes slides for a one-hour presentation, scenarios for discussion, independent exercises for students, handouts and more. Developed in partnership with the UC Irvine Program in Nursing Science.

Bruising in Older Adults: Accidental Bruising and Bruising from Physical Abuse

http://www.ncea.aoa.gov/Resources/Publication/docs/NCEA_ResearchTranslation_bruising_508.pdf

A National Center on Elder Abuse (NCEA) research translation on accidental bruising and bruising from physical abuse. NCEA research translations highlight key points of aging- and abuse-related research articles for use by practitioners working with older adults.

Clinician's Pocket Guide

http://www.investorprotection.org/downloads/EIFFE_Clinicians_Pocket_Guide_National.pdf

A Guide designed to be used by healthcare professionals and others who work with older Americans. It describes common red flags of financial exploitation, financial capacity and the types of referral that may be needed.

Elder Abuse in the Long-Term Care Setting

<http://quantiamd.com/player/yyafwzkzg?cid=53>

Lidia Vognar, MD created a video on "Elder Abuse in the Long-Term Care Setting." A free membership for clinicians is required to participate.

Elder Investment Fraud and Financial Exploitation (EIFFE) Prevention Program

<http://www.investorprotection.org/ipt-activities/?fa=eiffe-pp#sthash.9Y8qo5UF.dpuf>

The EIFFE Prevention Program educates healthcare professionals to recognize when their older patients may be vulnerable to or victims of financial abuse.

Medical Aspects of Neglect

<https://archive.org/details/gov.ntis.ava21365vnb1>

A live satellite broadcast and webcast starring Dr. Laura Mosqueda that provides an in-depth look at elder abuse and neglect, focusing on the medical and evidentiary aspects of an abuse/neglect investigation.

National Committee for the Prevention of Elder Abuse: The Role of Health and Medical Professionals

<http://www.preventelderabuse.org/elderabuse/professionals/medical.html>

Nursing Response to Elder Mistreatment Curriculum

<http://www.forensicnurses.org/?page=ElderMistreatment>

International Association of Forensic Nurses

The goal of this course is to help nurses acquire essential knowledge and skills to appropriately respond to elder mistreatment. This course prepares nurses to integrate nursing and forensic sciences into the care of vulnerable older adults who have been mistreated or are at high risk for mistreatment by trusted others.

Reaching Important Gatekeepers: Training Pharmacists about Elder Abuse

http://www.centeronelderabuse.org/Kaiser_Pharmacy.asp

“AN INTRODUCTION TO ELDER ABUSE FOR PHARMACISTS”

(10-15 min) This brief module is appropriate for first- or second-year students. An Introduction to Elder Abuse is presented in the Self-Care Class at USC for second-year students.

“INCREASING PHARMACIST AWARENESS OF ELDER ABUSE AND THE LAW”

(1 hr) is presented in the Law Class at USC for second-year students. It addresses laws pertaining to reporting of abuse in didactic and case-based formats. Special thanks to Fred G. Weissman, JD, Pharm D.

“ELDER ABUSE: A PHARMACIST'S ROLE”

(1 hr) is presented in the Special Population Module in Therapeutics at USC for third-year students. This module would also be appropriate for community pharmacists. Special thanks to Leslie Vitin, Pharm D.

“PHARMACY PRACTICE EXPERIENCES THROUGH ELDER ABUSE EDUCATION”

This brief guide includes ideas for providing Introductory Pharmacy Practice Experiences and Geriatrics Ambulatory Care rotation activities. These include Multi-Disciplinary Teams of professionals addressing cases of abuse and neglect and visits with Community Agencies, such as Adult Protective Services, Long-term Care Ombudsman, and Law Enforcement.

“TRAINING SCENARIOS”

These case examples were designed to aid in recognition of elder mistreatment and to spark discussion.

Red Flags of Elder Abuse: Hx and Interview

<http://www.quantiamd.com/player/yamzjuydr?cid=1465>

Laura Mosqueda, MD partnered with QuantiaMD to create a 9-minute training video called, "Red Flags of Elder Abuse: Hx and Interview." A free membership for clinicians is required to participate.

Sexual Violence in Later Life: A technical Assistance Guide for Health Care Providers

http://www.nsvrc.org/sites/default/files/publications_nsvrc_guides_sexual-violence-in-later-life_health-care-providers.pdf

The purpose of this technical assistance guide is to assist physicians, nurses, and other clinical health care providers in meeting their professional obligations in identifying and providing intervention and treatment to older victims of sexual violence.

Mandatory Reporting

Georgia law requires the reporting of abuse, neglect and exploitation (A/N/E) of at-risk adults (elder persons and adults with disabilities) by mandatory reporters. The legal definitions of A/N/E can be found in O.C.G.A. § 16-5-100. Requirements for mandatory reporters can be found in O.C.G.A. § 30-5-4(for individuals living in the community) and O.C.G.A. § 31-8-82 (for individuals living in a long-term care facility).

You can access the Official Code of Georgia Annotated at: <http://www.lexisnexis.com/hottopics/gacode/>

Mandatory Reporters

Mandatory reporters play a key role in protecting elder persons and adults with disabilities. The list of mandatory reporters is as follows:

- Physicians licensed to practice medicine, interns, or residents
- Hospital or Medical Personnel
- Dentists
- Licensed Psychologists and Persons Participating in Internships to Obtain Licensing
- Podiatrists
- Registered Professional Nurses or Licensed Practical Nurses or Nurse's Aides
- Professional Counselors, Social Workers, or Marriage and Family Therapists
- School Teachers
- School Administrators
- School Guidance Counselors, Visiting Teachers, School Social Workers, or School Psychologists
- Child Welfare Agency Personnel
- Child-Counseling Personnel
- Child Service Organization Personnel
- Law Enforcement Personnel
- Reproductive Health Care Facility or Pregnancy Resource Center Personnel and Volunteers
- Physical Therapists/Occupational Therapists
- Day-Care personnel
- Coroners/ Medical Examiners
- EMS Personnel/EMT/Paramedics, Cardiac Techs or First Responder
- Employees of a Public or Private Agency Engaged in Professional Health Related Services (to this population)
- Clergy Members
- Any Employee of a Financial Institution
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Responsibility of Mandatory Reporters

Mandated reporters are required to report abuse, neglect, and exploitation when they have a reasonable cause to believe.

Reasonable cause to believe means you have knowledge of facts that do not have to amount to direct knowledge but would cause a reasonable person, knowing the same facts, to reasonably conclude the same thing. A report of suspected abuse, neglect and exploitation of an at-risk adult is a request for an investigation and not an accusation. The person reporting does not have to be absolutely certain that abuse, neglect or exploitation has occurred.

Reporting Obligations

When the potential victim lives in the community:

- Mandated reporters are required to report to Adult Protective Services (APS) AND an appropriate law enforcement agency or prosecuting attorney.
- The report can be made by oral or written communication.
- The report shall include the name, address, and age of the at-risk adult, the name and address of their caretaker, the nature and extent of the injury or condition resulting from abuse, exploitation, or neglect, and other pertinent information. If you do not have all of this information, you should still report with what you have.

When the potential victim lives in a long-term care facility:

- Mandated reporters are required to report to Healthcare Facility Regulation (HFR) AND an appropriate law enforcement agency or prosecuting attorney.
- The report can be made by telephone or in person. A written report should be provided to HFR within 24 hours of making the initial report.
- The report should include the name and address of the person making the report, the name and address of the resident or former resident, the name and address of the long-term care facility, the nature and extent of any injuries or the condition resulting from the suspected abuse or exploitation, the suspected cause of the abuse or exploitation and any other information which the reporter believes might be helpful in determining the cause of the resident's injuries or condition and in determining the identity of the person or persons responsible. If you do not have all of this information, you should still report with what you have.

Contact Information

Adult Protective Services (APS)

- Call: 1-866-552-4464; Follow Prompts
- Online: www.aging.ga.gov
Go to: "Report Elder Abuse"
- Fax: 770-408-3001

Healthcare Facility Regulation (HFR)

- Call: 1-800-878-6442

- Online: www.dch.georgia.gov
Go to: “Healthcare Facility Regulation”
Go to: “File A Complaint”

Immunity

Mandatory reporters are immune from any civil or criminal liability on account of their report or testimony or participation unless that person acted in bad faith, with a malicious purpose or was a party to such crime or fraud.

What If I Don't Report

It is unlawful for any person or official required to report abuse, neglect, and exploitation to fail knowingly and willfully to make such a report. Any person violating the provisions of this code section shall be guilty of a misdemeanor.