

Policy Title: **Violence: SUSPECTED ELDER ABUSE and NEGLECT**No. **V - 3**

Board Approval: 1/18/96

Effective: 10/1/19

Supersedes: 1/1/18

Page: 1 of 3

Reference: **AGING (320 ILCS 20/) Adult Protective Services Act (7-27-15).**https://www2.illinois.gov/aging/protectionadvocacy/pages/abuse_reporting.aspx**I. INTRODUCTION**

Abuse, neglect, and interpersonal (domestic) violence may be one of the most frustrating problems faced by emergency personnel. Differentiating physical abuse from accidental injuries is a difficult responsibility of health care providers. Specific documentation and reporting of suspicions to appropriate persons and/or agencies can result in corrective action and are important elements of prehospital case management for these patients.

II. Definitions

- A. **Abuse:** Any physical mental or sexual injury to an eligible adult, including exploitation of such adult's financial resources. Nothing in the Act shall be construed to mean that an eligible adult is a victim of abuse, neglect, or self-neglect for the sole reason that he or she is being furnished with or relies upon treatment by spiritual means through prayer alone, in accordance with the tenets and practices of a recognized church or religious denomination.
- B. **Domestic living situation:** A residence where the eligible adult lives alone or with his or her family or caretaker, or others, but is not a licensed facility.
- C. **Eligible adult:** A person 60 years of age or older who resides in a domestic living situation and is, or is alleged to be, abused, neglected, or financially exploited by another individual, or who neglects himself or herself.
- D. **Exploitation:** The misuse of a vulnerable adult's income or other financial resources.
- E. **Medical abuse:** The withholding or improper administration of medications or necessary medical treatments for a condition, or withholding of aids the person requires, such as false teeth, glasses or hearing aids. This may be the cause of confusion, disorientation, memory impairment, agitation, lethargy, or self-neglect.
- F. **Neglect:** Failure by another individual to provide an eligible adult with or willful withholding from an eligible adult the necessities of life including, but not limited to, food, clothing, shelter, or health care.
- G. **Self-neglect:** A condition that is the result of an eligible adult's inability, due to physical or mental impairments, or both, or a diminished capacity, to perform essential self-care tasks that substantially threaten his or her own health, including: providing essential food, clothing, shelter, and health care; and obtaining goods and services necessary to maintain physical health, mental health, emotional well-being, and general safety.

- III. **Immunity:** As prescribed by the Elder Abuse and Neglect Act, any person, institution or agency making a report under this act in good faith, or taking photographs or x-rays as a result of an authorized assessment, shall have immunity from any civil criminal or other proceeding brought in consequence of making such report or assessment or on account of submitting or otherwise disclosing such photographs or x-rays to any agency designated to receiving reports of alleged or suspected abuse or neglect.

IV. PROCEDURE

- A. Identification of abuse, neglect, self-neglect, or interpersonal violence can occur at any time during the examination, history and physical exam or other assessments performed by members of the prehospital team. This identification can be made in any setting.
- B. If abuse or violence is suspected, it is important to safely isolate the patient (victim) from the alleged perpetrator. Safety of the EMS team must be a first priority.

Policy Title: Violence: SUSPECTED ELDER ABUSE and NEGLECT**No. V - 3****Board Approval:** 1/18/96**Effective:** 1/1/18**Supersedes:** 12/1/16**Page:** 2 of 3

1. Address the immediate medical needs of the patient. Follow the Abuse: Domestic, Sexual, Elder SOP for reporting guidelines.
2. **To report** suspected abuse, neglect, or financial exploitation of an adult age 60 or older or a person with disabilities age 18-59 call the statewide, 24-hour Adult Protective Services Hotline: **1-866-800-1409, 1-888-206-1327 (TTY).**

The reporter should be prepared to answer the following questions to the best of their ability...

- a. The alleged victim's name, address, telephone number, sex, age, and general condition;
- b. The alleged abuser's name, sex, age, relationship to victim and condition;
- c. The circumstances which lead the reporter to believe that the adult age 60 or older or person with disabilities age 18-59 is being abused, neglected, or financially exploited, with as much specificity as possible;
- d. Whether the alleged victim is in immediate danger, the best time to contact the person, if he or she knows of the report, and if there is any danger to the case worker going out to investigate;
- e. Whether the reporter believes the client could make a report themselves;
- f. The name, telephone number, and profession of the reporter;
- g. The names of others with information about the situation;
- h. If the reporter is willing to be contacted again; and,
- i. Any other relevant information.

C. Additional resources

1. For Wheeling, Palatine, Barrington and Hanover Townships: contact Catholic Charities, telephone number 847-253-5500.
2. For Elk Grove and Schaumburg Townships - contact the Kenneth Young Center, telephone number 847-524-8800.

D. Document assessment and all actions taken on the patient care report.

V. **ABUSED AND NEGLECTED LONG-TERM CARE FACILITY RESIDENTS REPORTING ACT**

A. **Definitions**

1. **Resident:** A person residing in and receiving personal care from a long-term care facility, or residing in a mental health facility or developmental disability facility as defined in the Mental Health and Developmental Disabilities Code.
2. **Abuse:** Any physical injury, sexual abuse or mental injury inflicted on a resident other than by accidental means.
3. **Neglect:** A failure in a long-term care facility to provide adequate medical or personal care or maintenance, which failure results in physical or mental injury to a resident or in the deterioration of a resident's physical or mental condition.
4. **Department:** The Department of Public Health of the State of Illinois.
5. **Mandated reporter:** Any long term care facility administrator, agency or employee or any physician, hospital, surgeon, dentist, osteopath, chiropractor, podiatrist, Christian Science practitioner, coroner, social worker, social services administrator, registered nurse, law enforcement officer, field personnel of the Illinois Department of Public Aid, field personnel of the Illinois Department of Public Health and County or Municipal Health Departments, personnel of the Department of Mental Health

Policy Title: **Violence: SUSPECTED ELDER ABUSE and NEGLECT**No. **V - 3**

Board Approval: 1/18/96

Effective: 1/1/18

Supersedes: 12/1/16

Page: 3 of 3

and Developmental Disabilities, personnel of the Guardianship and Advocacy Commission, personnel of the State Fire Marshal, local fire department inspectors or other personnel, or personnel of the Illinois Department on Aging, or its subsidiary Agencies on Aging, having reasonable cause to believe any resident with whom they have had direct contact has been subjected to abuse or neglect shall immediately report or cause a report to be made to the Department.

6. **Long term care facility:** A private home, institution, building, residence, or any other place, whether operated for profit or not, or a county home for the infirm and chronically ill operated pursuant to Division 5-21 or 5-22 of the Counties Code, or any similar institution operated by a political subdivision of the State of Illinois, which provides, through its ownership or management, personal care, sheltered care or nursing for 3 or more persons, not related to the applicant or owner by blood or marriage. It includes skilled nursing facilities and intermediate care facilities as those terms are defined in Title XVIII and Title XIX of the Federal Social Security Act. This Act shall include any mental health facility or developmental disability facility as defined in the Mental Health and Developmental Disabilities Code.

B. **Procedure**

1. For residents who live in nursing facilities, call the Illinois Department of Public Health's **Nursing Home Complaint Hotline: 1-800-252-4343.**
2. For residents who live in Supportive Living Facilities (SLFs), call the Illinois Department of Healthcare and Family Services' **SLF Complaint Hotline: 1-800-226-0768.**
3. Any mandated reporter having reasonable cause to suspect a resident of a long-term care facility has died as a result of abuse or neglect, shall also immediately notify the appropriate medical examiner or coroner.

Matthew T. Jordan, M.D., FACEP
EMS Medical Director

Connie J. Mattera, M.S., R.N., Paramedic
EMS Administrative Director