AMERICAN HEALTH ENTERPRISES

 ABUSE PROGRAM

 POLICY CHECK LIST

(Physical, Verbal, or Neglect Abuse Including Possible Sex Assault)

RESIDENT(S) INVOLVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STAFF MEMBER(S) INVOLVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Item to be done: | Signature when done | Date completed |
| Notify nursing supervisor |  |  |
| Notify Administrator and Director of Nursing and involved Department Head |  |  |
| Administer immediate first aid if needed |  |  |
| Transfer resident to hospital in the event of injury. Do not change clothing if sexual assault is suspected. |  |  |
| Notify family and physician of transfer for evaluation and document in the medical record. |  |  |
| Fill out incident report and begin investigation. |  |  |
| Send copy of incident report to Director of Clinical Services including written summary of events |  |  |
| Notification of police if assault, sexual abuse, forgery, homicide or wanton neglect suspected |  |  |
| Interview resident and any witnesses using Resident Interview Form. (Resident involved should be interviewed by at least three different people, may include Administrator, DON, Social Services or Supervisor |  |  |
| Interview suspected staff involved. Have the staff person document, date and time his version of the incident. |  |  |
| Immediate suspension of suspected staff member. |  |  |
| Interview of all staff on the unit at the time of the incident or any other witnesses that might have been present at the time. Keep all statements in a file. |  |  |
| Notify the Clinical Services and the Senior Administrator. |  |  |
| Verbal notification of State Health Department |  |  |
| Notify other regulatory agencies per individual state requirements |  |  |
| Written report to State (reviewed by Director of Clinical Services) |  |  |
| Documentation in the chart of direct observable facts |  |  |
| Social worker is to provide counseling and support to resident, including at least three days of follow-up with documentation |  |  |
| If investigation reveals substantiated abuse the Administrator will report finding s to the State Licensing agency within 24 hours of completion. |  |  |
| Quality assurance will review abuse findings in next meeting. |  |  |
| Investigation summary completed (see guideline) |  |  |
| Investigative file reviewed for completion (see guideline and entered into Risk Watch) |  |  |
|  |  |  |

Administrator signature of completion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If investigation not completed within 72 hours additional time must be approved by Regional Senior Administrator or Director of Clinical Services.