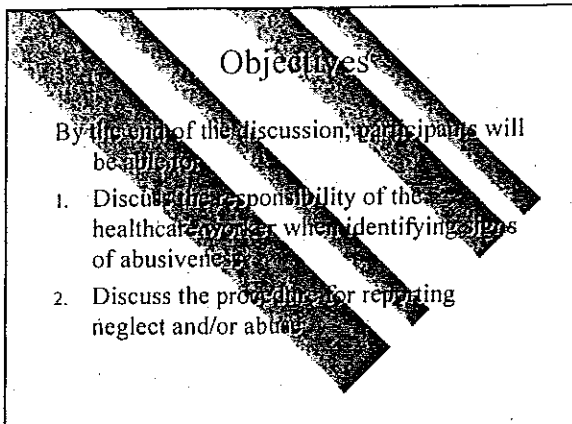
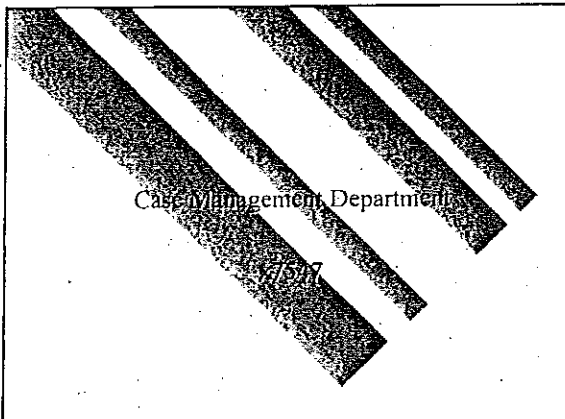
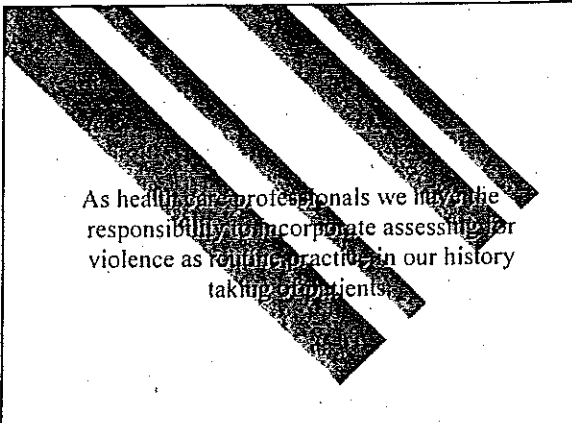


NEGLECT & ABUSE
Patient Care Services Orientation

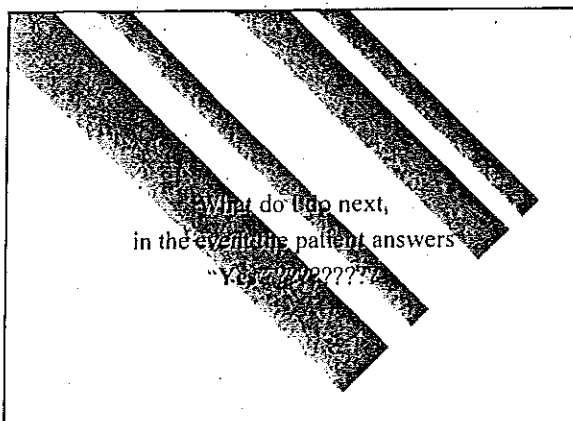
- 
- Objectives**
- By the end of the discussion, participants will be able to:
1. Discuss the responsibility of the healthcare provider when identifying signs of abusive behavior.
 2. Discuss the procedure for reporting neglect and/or abuse.



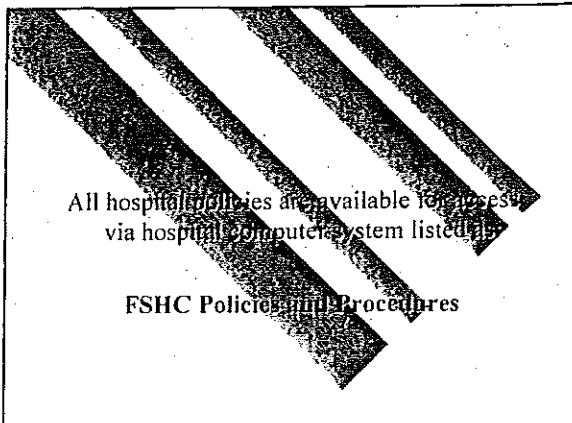
Case Management Department
7/5/17



As health care professionals we have the responsibility to incorporate assessing for violence as routine practice in our history taking of patients.



What do I do next,
in the event the patient answers
"Yes, I am being abused?"



All hospital policies are available for access via hospital computer system listed in

FSHC Policies and Procedures

Take time to familiarize yourself with these policies.

Child Protection Team

- Headed by Dr. Scott Ferguson
- Coordinated by Regina Howard, LCSW/C
- Accessible 24 hours a day/7 days a week
- (443) 777-7127

Issues of *child neglect* should be referred to your unit's Social Worker for handling.

Maryland Law states every suspected case of child abuse or neglect must be reported as soon as possible to the Department of Social Services located in the county where the abuse or neglect is alleged to have taken place, or to an appropriate law enforcement agency.

It is not mandatory to report *Domestic Violence* in the state of Maryland.

In Maryland, a woman, man, or child is
KILLED EVERY FIVE DAYS
as a result of domestic violence.

(Maryland Network Against Domestic Violence, 2002)

Our hospital policy is to provide the victims of domestic violence (known or suspected) with appropriate support, information and medical treatment required.

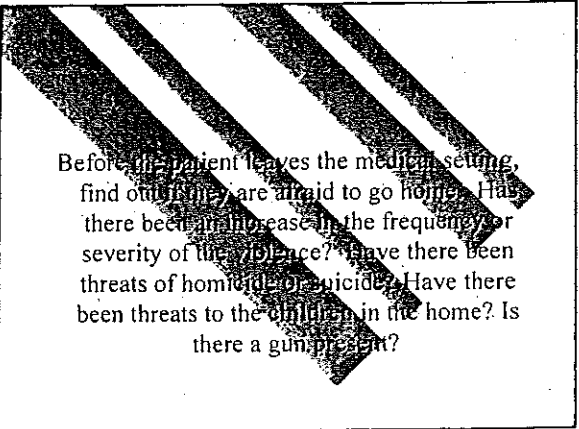
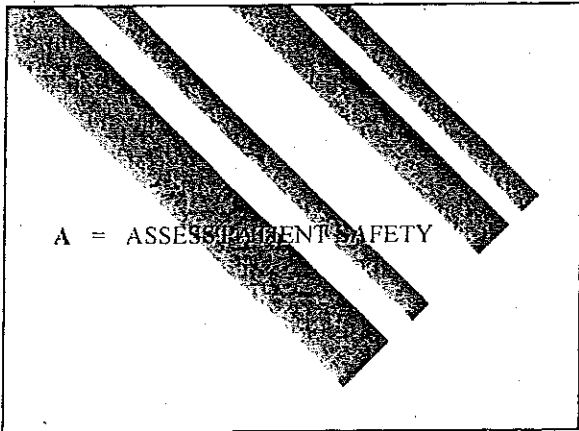
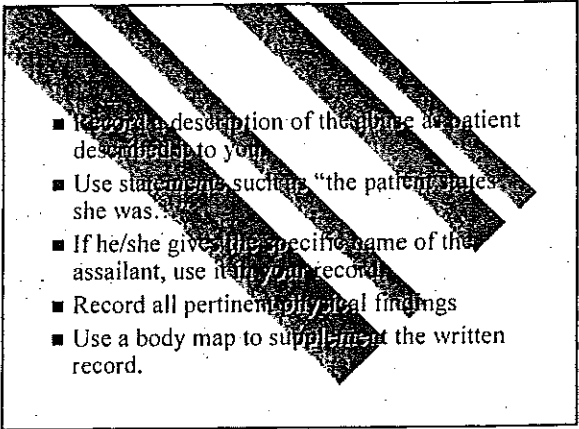
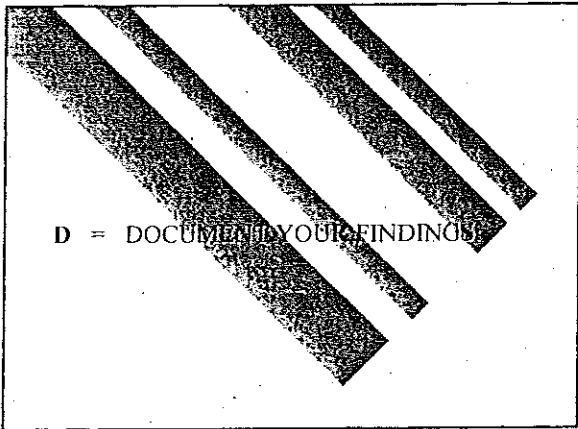
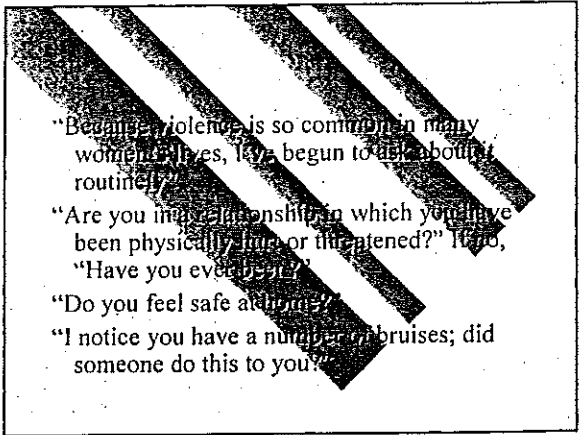
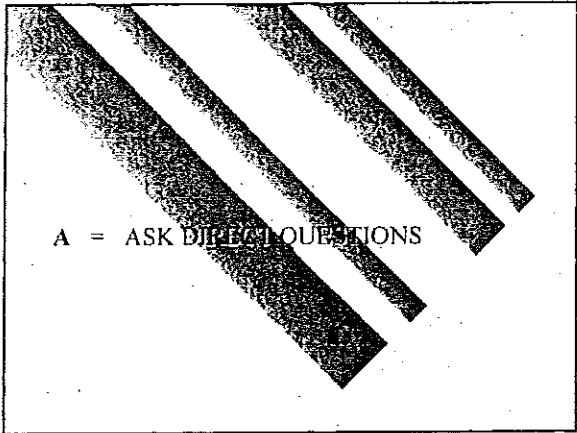
The patient's consent must be obtained to initiate a report to the Police Department.

If the patient refuses to give permission to report, assess whether patient is SAFE to return home.

A useful intervention tool used with DV is R.A.D.A.R.

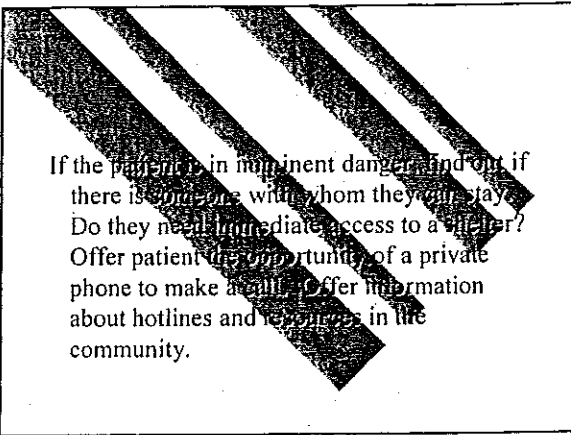
R = ROUTINELY SCREEN PATIENTS

Although many victims of domestic violence will not volunteer information, they will discuss it in response to simple, direct questions in a nonjudgmental way, and in a confidential setting.
Interview the patient alone.

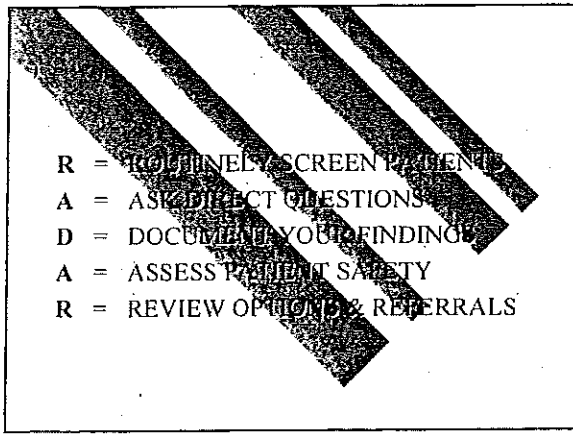




R = REVIEW OPTIONS & REFERRALS



If the patient is in imminent danger, find out if there is someone with whom they can stay. Do they need immediate access to a shelter? Offer patient the opportunity of a private phone to make a call. Offer information about hotlines and resources in the community.



R = ROUTINELY SCREEN PATIENTS
A = ASK DIRECT QUESTIONS
D = DOCUMENT YOUR FINDINGS
A = ASSESS PATIENT SAFETY
R = REVIEW OPTIONS & REFERRALS



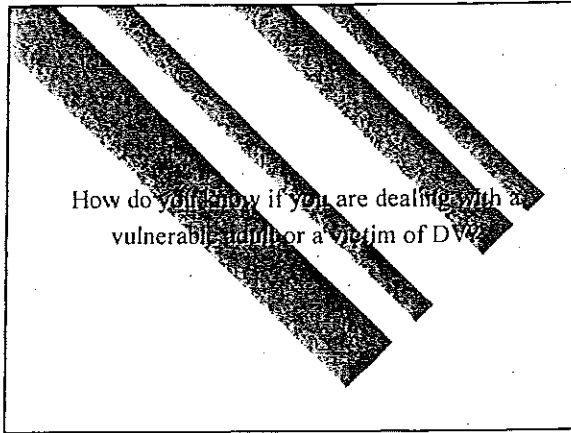
DV HOTLINE #

(610) 826-3790

Telephone translation services available for non-English speakers



Teenaged, pregnant and elderly women are especially at risk for Domestic Violence



How do you know if you are dealing with a vulnerable adult or a victim of DV?

Vulnerable Adult

Any adult 18 years and older who lacks the physical or mental capacity to care for his/her basic daily living needs and who needs professional services to protect their health, safety and welfare.

Maryland law mandates that every health practitioner, police officer, or human services worker who contacts, examines, attends, or cares an alleged vulnerable adult who has been subjected to abuse, neglect, self neglect or exploitation, shall notify the Department of Human Services in the jurisdiction in which the abuse occurred.

In case of suspected abuse to a patient who resides in a nursing home, or other institution licensed by the Department of Health & Mental Hygiene, a verbal report shall be immediately made to the

Office of Health Quality (DHMH)
(410) 402-8200

Reporting in good faith frees the professional from any liability if the report proves to be unfounded.