Vulnerable Adult Abuse, Neglect, or Exploitation (Suspected)

Aliases: elder abuse, mandatory reporting

Purpose: To provide the process for assessment and management of vulnerable adult patients with suspicion of elder abuse.

I. Definitions

a. Vulnerable adult – means an individual age 18 and older who is unable to protect himself or herself from abuse, neglect or exploitation because of a mental or physical impairment or because of advanced age.
b. Abuse - means harm or threatened harm to an adult's health or welfare caused by another person. Abuse includes, but is not limited to, non-accidental physical or mental injury, sexual abuse, or maltreatment.
c. Exploitation - means an action that involves the misuse of an adult's funds, property, or personal dignity by another person.
d. Neglect - means harm to an adult's health or welfare caused by the inability of the adult to respond to a harmful situation or by the conduct of a person who assumes responsibility for a significant aspect of the adult's health or welfare. Neglect includes the failure to provide adequate food, clothing, shelter, or medical care.

   Note: A person shall not be considered to be abused, neglected, or in need of emergency or protective services for the sole reason that the person is receiving or relying upon treatment by spiritual means through prayer alone in accordance with the tenets and practices of a recognized church or religious denomination, and this act shall not require any medical care or treatment in contravention of the stated or implied objection of that person.

II. Procedure

a. Do not confront the suspected abuser with suspicions as this could create an unsafe situation for the patient and EMS personnel.
b. Do not question the patient about suspected abuse/maltreatment in front of the suspected abuser. The primary goal, after treating life threatening injuries, is to protect the patient and personnel from harm.
c. Request police assistance if there is any history of threatening, abusive, or violent acts. Protect yourself while obtaining a safe environment for the patient.
d. Focus the interview on the patient's injury. Do not address the specifics of abuse, maltreatment, or neglect at this point.
e. Determine and chart past medical history, and any cognitive or physical impairment.
f. During assessment, pay attention to signs and symptoms of abuse, neglect, or exploitation.
   i. Physical

1. Injury inconsistent with history provided
2. Delay in seeking care for injury
3. Lacerations, bruises, burns, or fractures in various stages of healing
4. Scald burns with demarcated immersion lines
5. Scald burns involving anterior or posterior half of extremity
6. Cigarette burns
7. Rope burns or marks
8. Potential over-sedation
9. Appearance of malnourishment

ii. Environmental
1. Patient confined to restricted space or position
2. Inadequate housing including:
   a. Hazardous situations
   b. Hoarding
   c. Squalor
3. Lack of facilities, such as heat or water
4. Restricted access or lack of adequate food and fluids

iii. Psychosocial
1. History of abuse provided by the patient
2. Conflicting reports of injury from patient and caregiver
3. Patient unable or unwilling to describe mechanism of injury
4. Inappropriate fear
5. Avoidance behavior
6. Disappearing from contact with neighbors, friends, or family
7. Inappropriate interaction with care giver

g. Treat patient according to appropriate protocol for their condition.
h. Transport patient according to MCA transportation protocol and transfer care to receiving facility. Discreetly notify the receiving health care provider of suspected abuse, maltreatment, or neglect.
i. Documentation of suspected abuse, neglect, or exploitation includes, but is not limited to:
   i. Pertinent history related to the presenting problems
   ii. Any statements of the patient pertaining to instances of rough handling, sexual abuse, alcohol or drug abuse by family members, verbal or emotional abuse, isolation or confinement, misuse of property or theft, threats, gross neglect such as restriction of fluids, food or hygiene
   iii. Excited utterances (spontaneous comments) should be documented verbatim (word for word)
   iv. Mental health of caregiver
   v. Any other suspicious findings

III. Other Indications of Exploitation

a. Oversight of finances surrendered to others without explanation or consent
b. Transferring assets to “new friends” assisting with finances
c. Unexplained or unauthorized changes to wills or other estate documents

d. Advance directives or other decisions being made by those who appear to have a conflict of interest
e. Patient does not understand current finances, offers improbable explanations
f. Unexplained disappearances of cash, valuable objects, or financial statements

IV. Mandatory Reporting

a. Michigan law (MCL 400.11a) requires a verbal report for suspected cases of abuse, neglect, or exploitation of a vulnerable adult to Michigan Department of Health and Human Services Centralize Intake for Abuse and Neglect at **855-444-3911.**
b. Reporting the suspected allegations of abuse, neglect, or exploitation to an organization does not fulfill the requirement to report directly Michigan Department of Health and Human Services Centralize Intake for Abuse and Neglect.

V. Special Considerations

a. If the patient is not transported, the suspected abuse must still be reported. Law enforcement may also be contacted, at the discretion of EMS providers.
b. Do not rely on someone else on scene of the incident to report.

Protocol Source/References: MCL 400.11