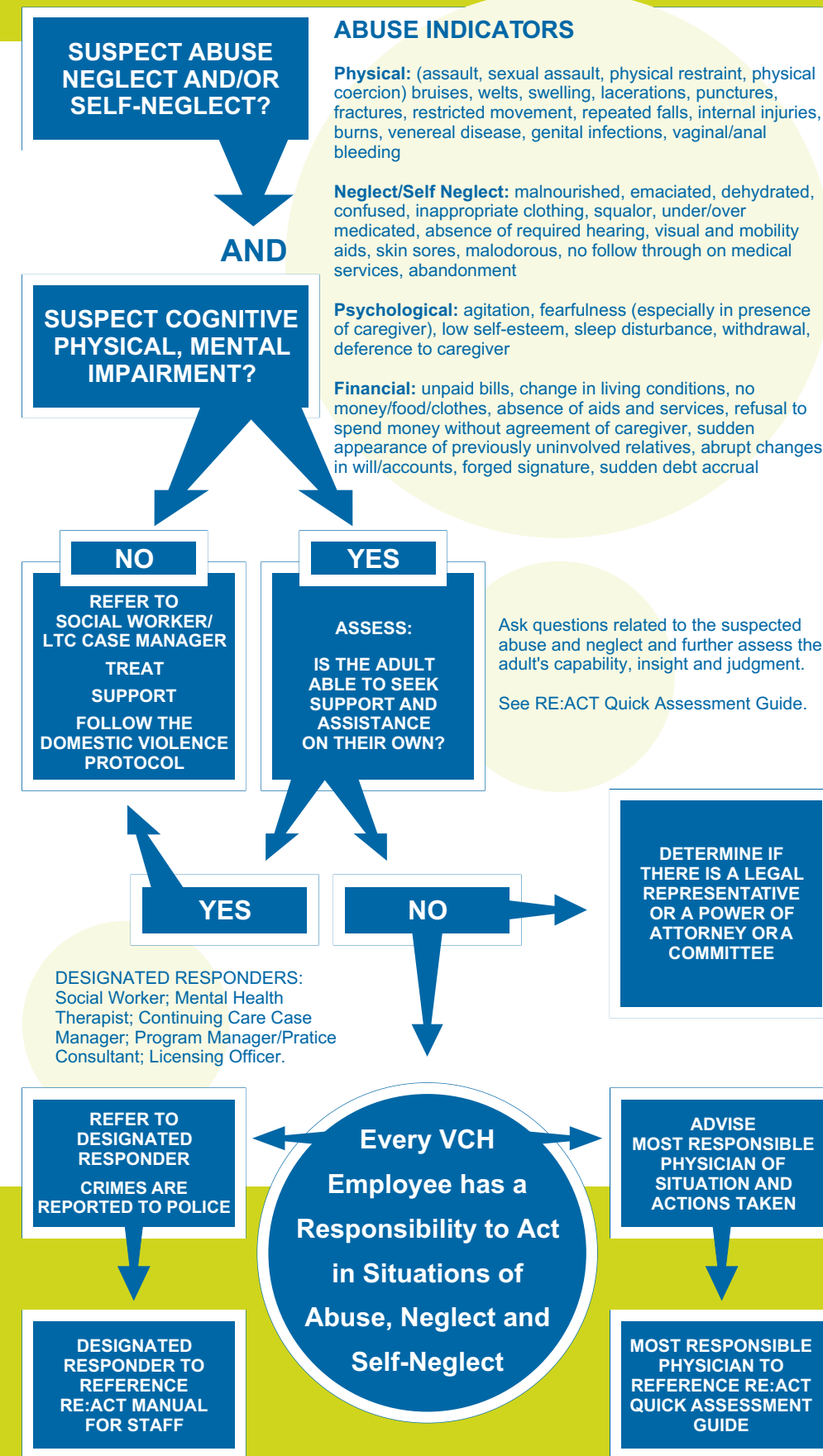


re:act Adult Abuse and Neglect
Response Flow Chart
 For Vancouver Coastal Health



ABUSE INDICATORS

Physical: (assault, sexual assault, physical restraint, physical coercion) bruises, welts, swelling, lacerations, punctures, fractures, restricted movement, repeated falls, internal injuries, burns, venereal disease, genital infections, vaginal/anal bleeding

Neglect/Self Neglect: malnourished, emaciated, dehydrated, confused, inappropriate clothing, squalor, under/over medicated, absence of required hearing, visual and mobility aids, skin sores, malodorous, no follow through on medical services, abandonment

Psychological: agitation, fearfulness (especially in presence of caregiver), low self-esteem, sleep disturbance, withdrawal, deference to caregiver

Financial: unpaid bills, change in living conditions, no money/food/clothes, absence of aids and services, refusal to spend money without agreement of caregiver, sudden appearance of previously uninvolved relatives, abrupt changes in will/accounts, forged signature, sudden debt accrual

DOCUMENT AT EACH STEP

CONFIDENTIALITY:
 A person must not disclose or be compelled to disclose the identity of a person who makes a report or offers collateral information.

POLICE REPORTS:
 VCH is required by law to report to the police suspected crimes committed against adults that are unable to seek support and assistance on their own.

EMERGENCY IDENTIFICATION:
 It is necessary to act without delay in order to preserve the adult's life, prevent serious physical or mental harm, or to protect assets from significant damage or loss.



re:act Adult Abuse and Neglect - www.vchreact.ca - 1-877-REACT-99
Summary of Assessment

CONFIDENTIAL

Physician to photocopy blank form, complete and fax to the Designated Responder when further inquiry or possible protection of a vulnerable adult is indicated. Place copy on patient chart in office and on hospital/residence chart where applicable. Contact 1-877-REACT-99 if you require further direction on where to refer.

Adult/Patient Name: _____ DOB: _____ PHN: _____

Address: _____ Phone: _____

Family Member/Caregiver: _____ Phone: _____

- A. Summary of Suspected Abuse, Neglect or Self-Neglect:** (observed or reported by adult/other)
- Physical Assault
 - Neglect
 - Theft
 - Fraud
 - Other (specify) _____
 - Physical Restraint
 - Self-Neglect
 - Financial Abuse
 - Breach of Trust
 - Sexual Assault
 - Psychological/Emotional Abuse
 - Intimidation/Threats
 - Misuse of a Power of Attorney

Details:

B. Summary of Medical Assessment: Include diagnosis and underlying medical, psychiatric or other condition that may affect decision-making ability.

C. Summary of Cognitive Function and Executive Dysfunction:

MMSE: _____ 3MS: _____ Other Screening Tool: _____

Comment on reported or observed deterioration in initiating, planning, or performing ADL/IADL's:

Describe insight & judgement: _____

D. Physician Information:

Name: _____ Phone: _____ Fax: _____

Signature: _____ Date: _____



re:act recognize and report
act on adult abuse and neglect

Vancouver Coastal Health has responsibilities for assessing and reporting suspected and known abuse, neglect, and self-neglect of vulnerable adults under the Adult Guardianship Act.

This guide will assist physicians to recognize situations that require further investigation, and provides important information on where to refer for follow up.

When investigating a report of adult abuse, neglect, or self-neglect, the VCH Designated Responder or the Public Guardian and Trustee may request a medical opinion of the adult's ability to seek or refuse support and assistance. This guide will assist you in formulating your response.

For more information please visit our website: www.vchreact.ca

If you still require direction call: 1-877-REACT-99 (1-877-732-2899)

