

ELDER ABUSE LAW



The Elder Abuse Law:

- ❖ Massachusetts General Law, Chapter 19A, 1983: Sets forth definition of elder abuse and the provisions governing the Elder Protective services Program.
- ❖ Executive Office of Elder Affairs is required by law to administer a statewide system for receiving and investigating reports of elder abuse, and for providing needed protective services to abused elders when warranted. The Executive Office has developed regulations for the Protective Services Program to carry out the law.
- ❖ Every town, city, and village is covered by a contracted state agency which is designated to respond to reports of elder abuse. During non-working hours the Elder Abuse Hotline takes reports for the Commonwealth. The Hotline number is 1-800-922-2275.
- ❖ For the purpose of this law, elder abuse is the willful or intentional harm of a person 60 years of age or older by a relative, caregiver, or acquaintance which results in serious physical, emotional or financial injury, or neglect.
- ❖ Protective Services investigates allegations of abuse of elders who reside in the community. We do not investigate allegations of professionals working in facilities or institutions, such as Hospitals or Nursing Homes. Those reports shall be made to the Department of Public Health (DPH).

Types of abuse investigated:

- ❖ **Self-Neglect:** The failure, inability, or resistance to provide for oneself, one or more of the necessities essential for physical and emotional well-being. Elder may not be safe to remain in the community without addressing these needs.
- ❖ **Physical Abuse:** The non-accidental infliction of serious physical injury or threat of serious physical injury.
- ❖ **Sexual Abuse:** Sexual assault, rape, sexual misuse, sexual exploitation or threats of sexual abuse.

REPORTING PROCESS

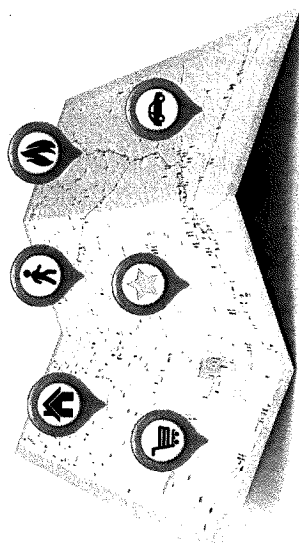


- ❖ Reporters should call their local Elder Protective Service Agency during normal business hours (9am-5pm). If you gain knowledge of abuse on evenings, weekends, holidays, a report can be made to the Elder Abuse Hotline:
1-800-922-2275
- ❖ If a Reporter is not certain that there is a reportable condition, the reporter can obtain a consultation on a case with a Protective Services Supervisor.
- ❖ In preparation of making a report, we request that you gather demographics on the elder and on other involved parties. Have necessary files and documents available for your reference. The Intake Worker will ask various questions about the elder's history and current situation; please try and answer to the best of your ability. The process will take approximately 20 minutes depending on the complexity of the case.
- ❖ Mandated Reporters must complete and send the Mandated Reporter Form within 48 hrs of the verbal report to the local Elder Protective Service Agency. This Form can be obtained directly from an Agency or through the internet at www.gsssi.org.
- ❖ Random crimes of violence are the responsibility of the criminal justice system and should be reported to the Police.

SCREENING PROCESS

- ❖ Assigned Screeners or Supervisors screen the reports once they are complete to determine whether a reportable condition is present and meets the eligibility requirements of Protective Services.
- ❖ Additional calls may be made to the Reporter to gather additional information to aid in the screening process, specifically to help in setting an appropriate response by the Protective Services Agency.
- ❖ When a case is screened for investigation it is assigned a response of; Emergency (within 1 hr), Rapid (within 24hrs), or Routine (within 5 days)
- ❖ Protective Services role then is to investigate the allegations, assess the clients capacity to consent and attempt to resolve the issues and reduce elder's risks.

Quick Tips for First Responders



Be ready with the right response in situations involving a person with dementia.

FOR ALL CASES

Use the TALK Tactics

- T**ake it slow.
- A**sk simple questions.
- L**imit reality checks.
- K**eep eye contact.

A person with dementia may be easily agitated or afraid. Tell him or her you are there to help.

Address Firearm Safety

When speaking with a caregiver, ask if there are weapons in the home where a person with dementia lives. If so, advise him or her to remove firearms altogether. If that is not possible:

- Store the weapon in a gun safe or locked container.
- Store the key in a safe location.
- Store the gun unloaded, with a safety lock.

WANDERING CALLS

Recognize Wandering

Look for these clues a person may need help:

- Blank or confused facial expression.
- Inappropriate attire.
- Unbalanced or shuffling gait.
- Person not aware of unsafe actions or situations.
- Age (Dementia is more likely with advanced age, but can also affect those under age 65).

Search & Rescue

Call **800.625.3780** to connect to **MedicAlert + Alzheimer's Association Safe Return**, a 24-hour nationwide emergency response service for access to:

- Caregiver contact information.
 - Critical medical information.
 - Assistance with found persons who are not enrolled.
- If a found person is not enrolled, share this valuable resource with caregivers and encourage them to enroll the person. Law Enforcement have a direct connection to MASR through RISS and LEO.

DRIVING CALLS

Help ensure a positive resolution to a driving incident.

- Issue a citation to create a paper trail.
- Do not let the person drive home.
- Follow local agency protocols for reporting the incident to the DMV.

ABUSE & NEGLECT CALLS

Situations of abuse and neglect can be complicated and require careful response.

- If the person is injured, transport to a hospital immediately.
- If the person is not injured but in immediate danger, move him or her to a safe location (preferably a hospital if in compliance with agency policy).
- If the person is not in immediate danger, offer referral to available resources.
- Always involve Adult Protective Services.

SHOPLIFTING CALLS

If a person with dementia unknowingly walks out of a store without paying:

- Attempt to resolve the issue with the store manager instead of arresting the person and filing criminal charges.
- Inform the person's caregiver about the incident and recommend the person be accompanied on future shopping trips.

DISASTER RESPONSE

To move a person from danger and help keep him or her calm in evacuation situations:

- Avoid physical force or restraint.
- Be creative rather than rely on reality.
- Provide one-on-one instruction.
- Provide step-by-step instructions using simple language.
- Try to relocate the person to a quiet place.
- Use distraction by giving the person a simple task.
- Ensure the person is watched, at all times, to prevent wandering.

RESOURCES

These tips are a part of the Alzheimer's Association "Approaching Alzheimer's: First Responder Training" online education program. Learn more at alz.org/firstresponders. Resources for you and your community members:

Alzheimer's Association

- 24/7 Helpline: **800.272.3900**
- Website: alz.org
- Safety Center: alz.org/safety

MedicAlert® + Alzheimer's Association Safe Return® Program

- 24-hour Emergency Response Line: **800.625.3780**

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Stages of:

Senility

Senile dementia ("Senility") is a term that was once used to describe all processes of aging. As such, it does not have a clear delineation, especially since it incorrectly includes normal aging and the various diseases of the brain.

Dementia

EARLY STAGE

- Symptoms are mild and not very noticeable. Symptoms are dependent on the type of dementia and the areas of the brain affected.
- In Alzheimer's Disease, memory loss is affected.
- In FTD, changes affect behavior.

MIDDLE STAGE

- Symptoms are now obvious to those around them.
- Daily life and relationships are affected.
- Need more help with tasks, have lost interest in many things.
- Frustration, anger, mood swings and conflict are common.
- Suspicion and uncooperative behavior may arise.
- Require full-time care, may be stressful for caregivers.

LATE STAGE

- Brain has been damaged significantly.
- Dementia affects all aspects of the person's life.
- Severe physical changes, mobility is very poor.
- Ability and willingness to talk reduced.
- Health worsens on multiple fronts.

Alzheimer's Disease

1ST STAGE

No impairment - no memory loss.

2ND STAGE

Very Mild Cognitive Decline - normal memory loss associated with aging.

3RD STAGE

Mild Cognitive Decline - Friends and family members begin to notice cognitive problems.

4TH STAGE

Moderate Cognitive Decline - Neurologists can confidently diagnose Alzheimer's; poor short-term memory, may forget personal details, difficulty with simple arithmetic.

5TH STAGE

Moderately Severe Cognitive Decline - Begin to need help with daily activities, significant confusion, disorientation, may no longer be possible to live alone.

6TH STAGE

Severe Cognitive Decline - Worsened memory loss, difficulty recognizing family members, some personality changes.

7TH STAGE

Very Severe Cognitive Decline - Final Stage; communication is limited, physical systems also decline.

Acronym Key for the “Personal History” Sheet

Unless you are a medical professional, you might not know what several of the acronyms in the “Medical History” form means. To make it easier for you, we have put together the list below to help you complete your form successfully.

- **PRN Medications:** Medications that are taken ‘when necessary’, ‘as circumstances require’, or ‘as needed’ (contrary to medications that are taken regularly)
- **HEENT:** Abbreviation for head, ears, eyes, nose and throat
 - Does your person need reading glasses? How is his or her hearing? Does the person have dentures or swallowing problems? Make note of any of these details.
- **CV:** Cardiovascular (heart and blood vessel)
 - Does your person have heart disease, high blood pressure, or another form of heart or blood-vessel related condition? Make note of any of these details.
- **GI/GU:** Gastrointestinal tract, genitourinary system (pertaining to the genital and urinary systems)
 - Does your person have any dietary restrictions? Are there any other gastrointestinal or incontinence problems? Make note of any of these details.
- **Endocrine:** Collection of glands that produce hormones that regulate metabolism, growth and development, tissue function, sexual function, reproduction, sleep and mood
 - Does your person have a history of conditions such as thyroid disease, or diabetes (even in a nearby family member?)
- **Hemo/Lymph:** Blood and/or lymph node disorders
 - Does your person have anemia, a type of blood cancer, or another blood or lymph related condition? If yes, make note of it here.
 - WNL = “Within normal range”
- **ADL:** Activities of daily living, such as
 - 1. Personal hygiene – bathing/showering, grooming, nail care, and oral care
 - 2. Dressing - the ability to make appropriate clothing decisions and physically dress/undress oneself
 - 3. Eating - the ability to feed oneself, though not necessarily the capability to prepare food
 - 4. Maintaining continence - both the mental and physical capacity to use a restroom, including the ability to get on and off the toilet and cleaning oneself

5. Transferring/Mobility- moving oneself from seated to standing, getting in and out of bed, and the ability to walk independently from one location to another

⇒ Make note whether or not your person is capable of performing these activities on their own or if they rely on a caregiver for assistance.

- **DME:** Durable Medical Equipment; any equipment that provides therapeutic benefits to a patient
 - Does your person need items such as a shower chair, grab bars, a walker, cane, hospital bed, or other medical equipment to safely navigate their environment? Make note of any of these details.