

## E.16 Protection of Vulnerable Adults from Abuse and Neglect

### 1.0 INTRODUCTION/BACKGROUND

Mercy Services recognises that abuse of vulnerable people, such as some older people, adults with disabilities and their carers, does exist in the community. Mercy Services also acknowledges that in the course of their work, Mercy Services workers (paid and volunteer) may identify signs of suspected/actual abuse involving vulnerable adults.

As an approved provider of Australian Government subsidised services to people over 65 years of age under the Aged Care Act 1997, Mercy Services is required to:

- report allegations or suspicions of unlawful sexual contact;
- report unreasonable use of force;
- have systems and protocols in place to enable compulsory reporting; and
- provide protection for staff who report.

### PRINCIPLES FOR RESPONSE

Abuse of vulnerable people is a human-rights issue. Response in cases of abuse of vulnerable people should seek to achieve, simultaneously and in order of importance; freedom; safety; least disruption of lifestyle and least restrictive care alternatives.

#### Duty of Care

Mercy Services and its workers (paid and volunteer) have a duty of care to its clients and their carers who may be affected by the worker's actions or inaction.

Workers have a legal duty to take reasonable care to prevent another person being harmed. Becoming aware of an abusive situation and not acting according to this policy could amount to a breach of the duty of care.

#### Confidentiality

Confidentiality refers to the obligation of non-disclosure by this Service of personal information unless it has the consent of the person concerned. Mercy Services will always seek a person's consent before passing on their information.

In cases of abuse, confidentiality is between the client or carer and the organisation, not the individual worker. In some circumstances Mercy Services has a legal obligation which can over-ride confidentiality.

### WHAT IS ABUSE?

It should be noted that 'abuse' is defined differently by different people. Not all forms of abuse are encountered equally and victims of abuse may be subject to more than one form of abuse at a time. Abuse of a vulnerable person may be a continuation of domestic violence. Self neglect, commercial abuse and criminal acts by strangers (e.g. street crime) are excluded from this definition.

Mercy Services' definitions of abuse are as follows:

**1. Financial Abuse**

The legal or improper use of the vulnerable person's property or finances. Examples include misappropriation of money, valuables or property, forced changes to a will or other legal documents, and denial of the right to access to, or control over, personal finances.

**2. Psychological Abuse**

The infliction of mental anguish, including actions that lead to fear of violence, to isolation, or deprivation, feelings of shame, indignity or powerlessness. Examples include, treating the vulnerable person as a child, humiliation, emotional blackmail, blaming, swearing, intimidation, name calling, and enforced isolation from friends and relatives.

**3. Physical Abuse**

The infliction of physical pain or injury or physical coercion. Examples include hitting, shoving, pushing, burning and physical restraint.

**4. Sexual Assault and Abuse**

Sexually abusive or exploitative behaviour, ranging from violent rape to indecent assault and sexual harassment.

**5. Neglect**

The failure to provide adequate food, shelter, clothing, medical or dental care. This may involve the refusal to permit other people to provide appropriate care. Examples include: abandonment, non-provision of nourishing food, adequate clothing or shelter, inappropriate use of medication (including over medication), and poor hygiene or personal care.

**6. Domestic violence**

Violence, abuse and intimidation perpetrated by one person against another in a personal, intimate relationship. Domestic violence occurs between two people where one has power over the other causing fear, physical and/or psychological harm. This type of abuse can occur where people are living in the same house, between a person with disability and a family member or friend, or between two people with disability.

**7. Restraints and restricted practices**

Restraining or isolating an adult for reasons other than medical necessity or in the absence of a less restrictive alternative to prevent self-harm. This may include the use of chemical or physical means or the denial of basic human rights or choices. These practices are not considered to be abuse if they are applied under a restricted practice authorisation.

**8. Reportable assault**

The Aged Care Act 1997 (Cth) defines a reportable assault as:

- a) any sexual contact, without consent, that is unlawful under any Commonwealth, State or Territory law. If the contact involves residents with an assessed cognitive or mental impairment, the resident may not have the ability to provide informed consent; and/or

- b) unreasonable use of force (assaults ranging from deliberate and violent physical attacks on residents to the use of unwarranted physical force on a resident. This may include hitting, punching or kicking a resident regardless of whether this causes visible harm, such as bruising.)

The following principles guide Mercy Services in responding to the abuse of older people:

- workers need to ensure that their values and prejudices are not blinding them from seeing or responding appropriately to possible abuse;
- the views of the vulnerable person are taken into account even when they cannot make their own decisions;
- information is provided about all relevant options available to the vulnerable person, including services trained to support and empower them and equipped to help them end abuse when it occurs;
- respect is demonstrated by encouraging and assisting decision making by offering choices, including respecting the decision not to act and refuse services if they are competent to make that decision;
- responses will be in the interests of the person at risk or who has been abused and focussed on ensuring safety and ongoing protection from violence and abuse;
- many forms of abuse of older people are crimes. Legal remedies and protections are available for people who have experienced: violence, sexual assault, physical assault, domestic violence, abuse, threats, fraud, neglect, stalking, intimidation and harassment;
- responses to the abuse of vulnerable people will as far as possible take account of the needs of the older person in relation to Aboriginality, culture, disability, language, religion, gender and sexuality;
- the needs of the person at risk of abuse or who has been abused and the abuser must be kept separate at all times. This is particularly important in situations where the abuser has been the victim's carer or has complex needs of their own;
- when the safety of others is involved, confidentiality cannot be offered unconditionally. In situations where a report to NSW Police is required, such as criminal activity, the consent of the person involved is not necessary; and
- any person should be able to report abuse of older people without fear of retaliation or retribution and in a supportive environment.

## 2.0 SCOPE

This policy applies to all Mercy Services workers (paid and volunteer) and management who become aware of abuse or neglect of vulnerable adults (primarily adults with a disability and people over 65 years of age). Self neglect, commercial abuse and criminal acts by strangers (e.g. street crime) are not covered by this policy.

### 3.0 POLICY STATEMENT

Mercy Services is committed to preventing abuse and neglect of vulnerable adults and, responding ethically to indicators of neglect and physical, financial, and emotional abuse.

Mercy Services endorses the NSW Interagency Policy “Preventing and Responding to abuse of older people” (2014).

Mercy Services aims to:

- create a climate of trust, where staff are encouraged, comfortable and confident about identifying and responding to the abuse/neglect;
- protect staff/volunteers from any adverse action when making a report;
- maintain a process to deal with reports thoroughly and taking appropriate action to address the reported abuse and prevent it from re-occurring;
- provide resources and training for staff about how to identify and respond to the abuse/neglect;
- properly managing any workplace issues that the allegations identify or that result from a report or any other identified problem (e.g. staff safety); and
- work collaboratively within Mercy Services and with other agencies to achieve the best outcome for the vulnerable person.

All Mercy Services workers (paid and voluntary) have a role in protecting vulnerable adults by:

- ~ preventing abuse/neglect;
- ~ identifying abuse/neglect;
- ~ reporting abuse/neglect; and
- ~ supporting the person after abuse/neglect.

### 4.0 PROCEDURES

#### 4.01 Preventing abuse/neglect

Below are the key roles of various Mercy Services staff in preventing the commencement or continuation of abuse/neglect:

**Community Care Assistants and other client contact staff**

- Be familiar with requirements of Mercy Services Code of Conduct and policies;
- Calmly and attentively listen to client concerns about appropriate personal boundaries, sexuality and inform Coordinator of client concerns;
- Report any observation or suspicion of abuse/neglect to a line manager; and
- Respect the rights of clients and their significant others/families.

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| <b>Director of Care (DoC), Coordinators and others responsible for client contact staff</b> | <ul style="list-style-type: none"> <li>• During recruitment process explore applicants' attitudes to the abuse of people with disability and check applicant's references and criminal record;</li> <li>• During induction provide and explain Code of Conduct and this (E.16) policy;</li> <li>• Provide regular refresher training on Code of Conduct and this (E.16) policy;</li> <li>• Ensure staff are confident and competent to calmly and attentively listen to client concerns about appropriate personal boundaries, sexuality and inform Coordinator of client concerns;</li> <li>• Remind staff that any observation or suspicion of abuse must be reported to their line manager;</li> <li>• Remind staff to respect the rights of clients and their significant others/families;</li> <li>• Manage staff performance; and</li> <li>• Respond promptly to signs of the probability of abuse/neglect commencing.</li> </ul> |
| <b>Other staff</b>  | <ul style="list-style-type: none"> <li>• Report any observation or suspicion of abuse to their line manager.</li> </ul>   |
| <b>Management responsibilities</b>  | <ul style="list-style-type: none"> <li>• Manage staff performance;</li> <li>• Ensure all staff and volunteers have a current criminal record check (less than three years old);</li> <li>• Provide strong leadership of respectful behaviours and of willingness to respond to abuse/neglect;</li> <li>• Ensure position descriptions, policy and other relevant documentation detail clear expectations regarding behaviour towards vulnerable adults; and</li> <li>• Regularly review this (E.16) policy, code of conduct and other directives on abuse prevention/response.</li> </ul>   |

#### 4.02 Identifying abuse/neglect

Staff/volunteers need to be aware that:

- more than one abuse type (see below) can coexist;
- the presence of one or more indicators does not mean that abuse has occurred, but does require staff to be observant and hold knowledge about abuse types, signs and indicators;
- indicators of abuse are not always obvious and can vary, but the relationship between frontline staff and the older person means they are best placed to recognise behavioural changes that may be a sign that a client is being abused; and
- staff have a duty of care to report incidents, suspected incidents and/or changes in well-being to their manager (refer to agency procedures).

Indicators of **financial abuse** may include: unexplained or sudden inability to pay bills, significant bank withdrawals, and significant changes to wills, unexplained disappearance of possessions, for sale sign on the street, lack of funds for food or clothing, disparity between living conditions and money, recent

addition of a signature on a bank account, stockpiling of unpaid bills, carer making excuses for not providing receipts from an ATM.

Indicators of **neglect** may include: dehydration, poor skin integrity, malnutrition, inappropriate clothing, poor hygiene, unkempt appearance, under/over medication, unattended medical or dental needs, exposure to danger or lack of supervision, absence of required aids, exposure to unsafe, unhealthy, unsanitary conditions, an overly attentive carer in the company of others.

Indicators of **psychological abuse** may include: depression, demoralisation, feelings of helplessness, disrupted appetite or sleeping patterns, tearfulness, excessive fear, confusion, agitation, resignation, unexplained paranoia, cancelling of services by a live in carer.

Indicators of **physical abuse** may include: internal and external injuries such as bruises on different areas of the body, lacerations particularly to mouth, lips, gums, eyes or ears; abrasions; scratches; choke marks and welts; burns inflicted by cigarettes, matches, iron, rope; immersion in hot water; sprains, dislocations and fractures; evidence of healing bones, hair loss (perhaps from pulling); missing teeth; eye injuries, scalding through immersion, pressure sores through the use of physical restraint.

Indicators of **sexual abuse** may include: trauma around genitals, rectum or mouth; injury to face, neck, chest, breasts, abdomen, thighs or buttocks; presence of sexually transmitted infections; human bite marks and bruising, anxiety around the perpetrator and other psychological symptoms, torn or bloody underclothing or bedding, difficulty walking or sitting, or discomfort when bathed or toileted.

Suspected or actual abuse/neglect situations may be identified by Mercy Services staff and volunteers in a number of ways including:

- observing signs and changes in a client's or carer's status that may indicate the person is a victim of abuse;
- observing signs and changes in a client's or carer's behaviour that may indicate that the person is perpetrating abuse;
- witnessing an incident of abuse involving a client and/or carer;
- working in a home environment that is hazardous to the client's and/or carer's health or where there is evidence of neglect; and/or
- disclosure of abuse by a client or carer.

#### **4.03 Reporting abuse/neglect**

Regardless of the victim's views, agencies must ensure workers report to NSW Police any instances where:

- ✓ The abusive situation results in serious injury inflicted on the victim.
- ✓ The perpetrator has access to a gun and is threatening to cause physical injury to any person.
- ✓ The perpetrator is using or carrying a weapon (including guns, knives or any other weapon capable of injuring a person) in a manner likely to cause

physical injury to any person or likely to cause a reasonable person to fear for their safety.

- ✓ An immediate serious risk to individual/s or public safety exists.
- ✓ Workers are threatened.

If requested Mercy Services will provide assistance to anyone in taking their allegation to the police and will fully cooperate with the police in any investigation.

All allegations or suspicions of reportable assaults<sup>1</sup> on vulnerable adults must be reported **within 24 hours** to:

1. the police;
2. the funding department; and
3. Aged Care Complaints Commissioner 1800 550 552.

The NSW Ombudsman 1800 451 524 must be informed within **24 hours** of an allegation being made of an adult client with a disability being a party to:

1. **employee to client incidents** of sexual assault, sexual misconduct, assault, fraud, ill-treatment or neglect;
2. **client to client incidents** of sexual and physical assault (causing serious injury or involving the use of a weapon), or that forms a pattern of abuse;
3. **contravention of an AVO** taken out to protect a person with a disability; or
4. **serious unexplained injury** of a person with disability.

A report must be made when any allegation is made regardless of whether staff believe that an assault has occurred (It is the role of the police to determine the validity of any allegation).

A report must be made where there is reason to suspect abuse, neglect, or a reportable assault even if there is no allegation or where the suspected assault has not been witnessed.

**(a) Person making report to police and relevant agency**

Mercy Services preferred process of reporting to the police and other agencies is via the client's Coordinator/Director of Care. A client, volunteer or staff member can inform this person of their suspicion or belief of abuse, neglect, or a reportable assault. Where the allegation is against the client's Coordinator/Director of Care the Chief Executive Officer (CEO) or a Manager will receive the report and pass it on to the police and relevant agency.

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<sup>1</sup> Reports of **missing residential aged care residents** must also be made within 24 hours where: • a resident is absent from a residential care service; and • the absence is unexplained; and • the absence has been reported to police, or • where the approved provider was unaware that a resident was missing and the police returned the resident to the service before the approved provider had the opportunity to lodge a report.

A client, volunteer or staff member can report their suspicion or belief of abuse, neglect, or a reportable assault directly to the police or relevant agency if they would prefer.

**(b) Protecting the identity of informants**

We will take all responsible steps to ensure the confidentiality and safety of people who make a report of abuse, neglect or of a reportable assault.

A disclosure of information regarding a suspected reportable assault by a person qualifies for legal protection under the Aged Care Act if:

- the person is an approved provider of an aged care service or a staff member of an approved provider;
- the disclosure is made to a person authorised by the approved provider to receive such reports (e.g., a police officer, the Department of Social Services, one of the approved provider's key personnel);
- the discloser informs the person to whom the disclosure is made of their name before making the disclosure;
- the discloser has reasonable grounds to suspect that the information indicates that a reportable assault has occurred; and/or
- the discloser makes the disclosure in good faith. See legislative reference - section 96-8(1), Aged Care Act 1997.

**(c) Procedures for requiring a non-urgent response**

A situation can be classed as non-urgent where the situation is unclear and more information is needed and where there is no likelihood of imminent injury but a response must be made within 5 working days.

The Coordinator/Manager (or other person delegated by the CEO) may seek advice on how to proceed from:

- Australian National Disability Abuse And Neglect Hotline:  
Telephone Contact: 1800 880 052 Or TTY 1800 301 130
- NSW Elder Abuse Helpline And Resource Unit: Telephone  
Contact: 1800 628 221 (Toll Free)

The Coordinator/Manager (or other person delegated by the CEO) will:

1. Organise a visit if there is insufficient information to make a report to the police or a referral to an assessment/support agency.  
Consideration will be given to client and worker safety in the timing and site of this visit. If required two Mercy Services personnel will conduct the follow up visit. Any member of staff who interviews a person suspected of experiencing violence, abuse & neglect should follow the following broad guidelines:

**A**sk alone: provide a safe opportunity for victim disclosure.

**B**e supportive: be empathic and believe the victim.

**C**all on resources: give advice and tell them of referral options.

**Document History:** current injuries, past history.

Explain safety options and the process used in responding to abuse.

2. Make a referral to the appropriate agency for more thorough client and carer assessment/support (*The consent (or that of their advocate) of the affected client/carer should be gained in writing prior to making a referral*);
3. Make available Mercy Services personnel to assist the assessment/support agency in conducting the assessment, where appropriate;
4. Complete all necessary agency documentation, signed by the identifying worker and the CEO or delegate;
5. Provide the assessment/support agency with agency documentation and information covering client and carer core details, other services involved, state of health, others in the home, family details, power of attorney information (if applicable), if any communication problems exist, type[s] of abuse suspected and all incidents leading up to the referral being made.
6. Ensure that the identifying worker and other staff involved have an opportunity for debriefing and further discussion regarding the situation and its impact on them.

**(d) *Procedures when Access Denied***

1. Capacity to make own decisions

If the client and/or carer refuses to allow Mercy Services to act on their behalf or pass on information to other agencies every effort will be made to ensure the person is fully aware of the implications of this. The Coordinator/Manager may meet with the person and further clarify their situation and the options available to them.

If the alleged victim still does not want assistance they should be offered support and given the advice/helpline phone number.

As described previously client confidentiality can be overridden.

The Coordinator will ensure that the client's file records the efforts made by Mercy Services and the person's decision to not have assistance.

2. Unsure of capacity to make own decisions

If there is doubt about the person's competency to make appropriate decisions for her/himself Mercy Services will make an application to the Guardianship Tribunal for an enduring power of attorney or enduring guardian to be appointed for the person.

**4.04 Supporting a person after abuse/neglect**

The Mercy Services Coordinator or other relevant staff will prepare a Care/Service Plan outlining assistance to be provided by Mercy Services.

Where there is an allegation of sexual abuse of a child or a vulnerable adult against someone in their role as staff/volunteer at Mercy Services the survivor of this abuse has the option of using “**Towards Healing**”. Towards Healing is a Catholic Church agency and process which aims to assist survivors with counselling and their other support needs as opposed to an adversarial, legal approach. A person who approaches Towards Healing is advised that criminal matters must be dealt with by the police. If the person discloses criminal matters to Towards Healing these will be reported to the police regardless of the consent of the person making the disclosure. Towards Healing (NSW) can be contacted on: 1300 369 977.

### **Supporting Mercy Services personnel**

Mercy Services will offer ongoing support, supervision and debriefing to all workers who encounter abuse situations with clients or carers. This may be internal and/or through the Employee Assistance Program. Staff/volunteers need to be aware that it may be some time before they become aware they are experiencing emotional distress due to exposure to abuse. At the moment the person becomes aware of the true impact of an incident they must notify their Coordinator/Director of Care/Manager and additional support will be provided in accordance with the Mercy Services Post-Traumatic Incident Procedure.

#### **4.05 Compliance**

Compliance with this policy is being measured by:

- a) 100% of staff receiving training in the policy; and
- b) In the event of an incident of abuse/neglect an audit shows that this policy was followed.

#### **4.06 Evaluation**

The performance indicators for the evaluation of this policy are:

- a) At least an average of 90% positive response to client satisfaction survey questions; and
- b) No Mercy services clients subjected to abuse/neglect.

## **5.0 REFERENCES**

|                                   |   |
|-----------------------------------|---|
| <b>1. Australian Standards</b>    | a) nil  |
| <b>2. Legislation</b>             | <ol style="list-style-type: none"> <li>a) Aged Care Act, 1997 (Cth)</li> <li>b) Criminal Procedures Act, 1986 (NSW)</li> <li>c) Crimes Act, 1900 (NSW)</li> <li>d) Crimes Act 1914 (Cth)</li> <li>e) Disability Inclusion Act, 2014 (NSW)</li> <li>f) Anti-Discrimination Act, 1977 (NSW)</li> <li>g) Ombudsman Act, 1974 (NSW)</li> <li>h) Privacy and Personal Information Act, 1998 (NSW)</li> <li>i) Sex Discrimination Act, 1984 (Cth)</li> <li>j) Work Health Safety Act, 2011 (NSW)</li> </ol> |
| <b>3. Professional guidelines</b> | a) nil  |
| <b>4. Codes of Practice</b>       | <ol style="list-style-type: none"> <li>a) FACS Abuse and Neglect Policy and Procedure: NSW Interagency Protocol (2015)<br/> <a href="http://elderabusehelpline.com.au/uploads/pdf/FACS-NSW-Interagency-Policy-updated-November-2015.pdf">http://elderabusehelpline.com.au/uploads/pdf/FACS-NSW-Interagency-Policy-updated-November-2015.pdf</a></li> </ol>  |

|                                 |   |
|---------------------------------|---|
|                                 | <p>b) DSS The Residential Care Manual (2014)<br/> <a href="http://www.resicaremanual.health.gov.au/wp-content/uploads/Residential-Care-Manual-PDF.pdf">http://www.resicaremanual.health.gov.au/wp-content/uploads/Residential-Care-Manual-PDF.pdf</a></p> <p>c) Towards Healing <a href="http://www.tjhcouncil.org.au/media/1002/towards-healing-2010-27032013-final-v2013.pdf">http://www.tjhcouncil.org.au/media/1002/towards-healing-2010-27032013-final-v2013.pdf</a></p> <p>d) United Nations, 2006. Convention on the rights of people with disabilities<br/> <a href="http://www.un.org/disabilities/convention/conventionfull.shtml">http://www.un.org/disabilities/convention/conventionfull.shtml</a></p>   |
| <b>5. Codes of Ethics</b>       | <p>a) Australian Association of Social Workers Code of Ethics<br/> <a href="http://www.aasw.asn.au/document/item/1201">http://www.aasw.asn.au/document/item/1201</a></p> <p>b) Australian Psychological Association Code of Ethics<br/> <a href="http://www.psychology.org.au/Assets/Files/Code_Ethics_2007.pdf">http://www.psychology.org.au/Assets/Files/Code_Ethics_2007.pdf</a></p> <p>c) The Nursing and Midwifery Board of Australia. Registration Requirements <a href="http://www.nursingmidwiferyboard.gov.au/Registration-Standards.aspx">http://www.nursingmidwiferyboard.gov.au/Registration-Standards.aspx</a></p> <p>d) Integrity in the Service of the Church <a href="https://www.catholic.org.au/media-centre/media-releases/cat_view/10-organisations/38-national-committee-for-professional-standards">https://www.catholic.org.au/media-centre/media-releases/cat_view/10-organisations/38-national-committee-for-professional-standards</a></p> <p>e) Mercy Services Code of Conduct</p> |
| <b>6. Evidence</b>              | nil   |
| <b>7. Mercy Services Values</b> | a) Justice, Respect, Care, Unity, Service   |

**6.0 OTHER RELATED POLICIES**

- A.1 Mission and Values
- A.3 Code of Conduct
- C.01 Management Roles and Responsibilities
- C.06 Risk Management
- E.01. Service Guarantee
- E.07 Behaviour support
- E.08 Complaints
- E.09 Client Records
- E.11 Coordination with Other Services
- E.13 Cultural Awareness
- E.14 Duty of Care
- E.15 Privacy Policy
- G.01 WHS Policy
- G.05 Risk Management
- G.06 Safe Home Visiting
- G.07 Anti Aggression, Harassment & Bullying
- G.12 Stress Management
- G.13 Post-Traumatic Incident
- G.15 First Aid
- G.17 Incident Investigation

**7.0 RELATIONSHIP WITH STANDARDS**

| <b>Aged Care Accreditation Standards</b>                         | <b>Home Care Standards</b>   | <b>Disability Standards</b>   | <b>EQIP Standards</b> |
|--|--|---|-----------------------|
| 1.2, 1.3, 1.4, 1.9, 2.2, 3.2, 3.4, 3.5, 3.6, 3.8, 3.9, 4.2, 4.6, | 1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 1.8, 2.1, 2.2, 2.3, 2.4, 2.5, 3.1, 3.2, 3.3, 3.4, 3.5 | 1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 1.8, 1.9, 4.1, 4.2, 4.3, 4.6, 6.1, 6.2, 6.4, | 1.6.2, 1.6.3,         |

**8.0 DOCUMENT CHANGES RECORD**

| <b>Dates of change</b>   | <b>Section altered</b>   | <b>Natures of changes made</b>  |
|--------------------------|--|---|
| 12/09/2006               | All sections of Code of Conduct in previous Policy<br>Section 06: Client Rights  | Policy created  |
| 08/02/2010               | All sections   | Policy rewritten  |
| 25/03/2011               | 7.0 Relationship to Standards  | Replace HACCC Standards and CACP Standards with Community Care Common Standards and update to EQulP 5 Standards   |
| 27/11/2012               | All Sections   | Organisation name updated   |
| 29/04/2016               | <ul style="list-style-type: none"> <li>a) All sections</li> <li>b) 1.0 Introduction/<br/>Background</li> <li>c) 2.0 Scope</li> <li>d) 3.0 Policy Statement</li> <li>e) 4.01 Preventing abuse</li> <li>f) 4.02 Identifying abuse</li> <li>g) 4.03 Reporting abuse</li> <li>h) Previous 4.3 Providing Support Services</li> <li>i) 4.04 Support after abuse</li> <li>j) Previous 4.4 Education and training for Mercy Services personnel</li> <li>k) 4.05 Compliance and 4.06 Evaluation</li> <li>l) 5.0 References</li> <li>m) 6.0 Other related Policies</li> <li>n) 7.0 Relationship with Standards</li> <li>o) Appendix 1</li> <li>p) Former Appendices 1 and 2</li> </ul> | <ul style="list-style-type: none"> <li>a) Replace GM with CEO</li> <li>b) Add requirements from Aged Care Act. Delete estimate of incidence of abuse and sections on worker's judgement and vulnerable person's capacity. Add definitions of Domestic violence, Restraints and restricted practices, and reportable assault.</li> <li>c) Reworded</li> <li>d) Change from Hunter/Central Coast 2006 to NSW Interagency Policy 2014. Add Mercy's aims in this area and role to: prevent, identify, report and respond.</li> <li>e) New section (previous detection section added to 4.2)</li> <li>f) New name with new and existing procedures</li> <li>g) New name with new and existing procedures</li> <li>h) Deleted as now in 4.04 Support after abuse</li> <li>i) New name with new and existing procedures</li> <li>j) Deleted as now in 4.01 Preventing abuse</li> <li>k) New sections</li> <li>l) Updated Legislation, Codes of Ethics and Codes of Practice, Evidence</li> <li>m) Updated</li> <li>n) Add Aged Care and update Disability</li> <li>o) Updated version of previous Flowchart</li> <li>p) Deleted</li> </ul> |
| Review due<br>29/04/2019 |  |   |

**Appendix 1 Mercy Services flowchart for reporting concerns regarding vulnerable adults**

