

## **EXPLANATORY GUIDANCE**

### **MANAGEMENT OF ABUSE IN NURSING HOMES**

#### **1 OBJECTIVE & SCOPE**

- 1.1 This Explanatory Guidance (EG) and the accompanying flowchart (please see Annex A) serve as a guide for the management of abuse incidents involving residents in nursing homes (NHs). NHs should have an internal Standard Operating Procedure (SOP) to guide the NH management and staff on managing allegations of abuse and in adhering to the incident reporting requirements by the Ministry of Health (MOH).
- 1.2 The scope of this EG covers the management of abuse at NHs involving residents in the following areas:
- a) Reporting and assessment of severity of incident
  - b) Investigation of the incident/allegation of abuse
  - c) Development of a safety plan for the resident who is abused and other residents who may be impacted by the abuse
  - d) Procedures for informing next-of-kins (NOKs), victims, and alleged perpetrators
  - e) Documentation
  - f) Review of incidents and possible measures to prevent similar incidents
- 1.3 With this EG, NHs should be better equipped to provide assistance to victims of abuse and work with the authorities to ensure the safety and welfare of the victim and other residents, with the aim to ensure that measures are put in place to prevent abuses from happening or recurring.

#### **2 GENERAL PRINCIPLES**

- 2.1 Some general principles in management of abuse involving residents are as follows:
- a) Safety of the victim is paramount, and priority should be given to the victim(s) to ensure their immediate safety.
  - b) Respond expeditiously to stop abusive behaviours and violence as they can lead to psychological harm, permanent disability or even death without intervention.
  - c) Respect confidentiality and protect the privacy of all parties involved unless required by law to reveal the identity of a victim and/or alleged perpetrator and details of the incident.
  - d) Be sensitive to the needs and well-being of the victim and alleged perpetrator, listen attentively and discuss any fears expressed.

- e) Work in partnership with the family or NOKs to address the safety and welfare concerns of the victim.
- f) Work in collaboration with the authorities and stakeholders to address the issues of concerns and ensure the best interests of victim.

### **3 DEFINITION OF KEY TERMS**

3.1 In this EG, unless otherwise specified:

- a) “abuse” means: (i) Physical or psychological ill treatment; (ii) Sexual abuse; (iii) Theft, misuse or misappropriation of money or property; (iv) Careless or reckless acts that may cause pain, injury; or (v) Neglect and acts of omission which may place a resident at risk of harm;
- b) A “notifiable case” to the Ministry of Health (MOH) for NHs refers to (alleged) incidents involving residents that meet the following criteria: (i) (Alleged) Incidents of abuse, which is categorised as: (a) Sexual abuse; (b) Physical abuse; and/or (c) Psychological abuse (e.g. repeated derogatory remarks causing psychological distress to resident). NHs are not required to report incidents that occurred outside the NH premises and care (e.g. Resident is on Home Leave) although the NH is expected to continue caring and protecting the patient according to their own protocol, when such incidents occur (e.g. assessing need for medical assistance, involving the police, ensuring safety of the resident).

### **4 REPORTING AND ASSESSMENT OF SEVERITY OF INCIDENTS**

- 4.1 NH staff should report incidents of abuse or allegations of abuse to their NH senior management including the Head of Nursing (HON) and Clinical Governance Officer (CGO) without delay.
- 4.2 NH management should be aware of their legal duties to report offences that require obligatory reporting to the police when such incidents occur. For other incidents, NH may exercise their judgment on whether to make a police report. A list of arrestable offenses requiring obligatory reporting can be found on the provided website to guide the police reporting process<sup>1</sup>.
- 4.3 If the resident requires medical attention, the NH should send the resident for examination by an in-house NH doctor (if available) or external doctor from a licensed healthcare service provider as soon as possible. If the victim is admitted to a hospital, the NH should inform the hospital of the allegations of abuse and request medical practitioners to document the injuries accurately. If a police report is required, the NH should work with the hospital to lodge the

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<sup>1</sup> Penal Code 1871 (<https://sso.agc.gov.sg/act/pc1871>); and Under Section 424 of the Criminal Procedure Code (<https://sso.agc.gov.sg/Act/CPC2010>)

report. If a police report has been made prior to seeking medical attention, the NH should inform the police of the need for victim to receive medical assistance. The NH should also refer the case to the hospital medical social worker so that support can be given in managing the concerns of the NOK. While police investigation takes its course on the allegation of abuse, the NH's role is to ensure the safety and welfare of the victim under its care. The NH shall allow police protocol to take precedence over internal SOP. If there are differences in opinion between the police and the NH about the management of the incident, NHs should discuss with the police to ensure the best interest of the victim.

## **5 INVESTIGATION OF THE INCIDENT/ALLEGATION OF ABUSE**

- 5.1 NH management should assign staff minimally of managerial level or above, who are not involved in the incident or associated with individuals involved in the incident, to conduct the internal investigation. NHs should begin the investigation immediately as the aim is to ascertain the risk factors within the home setting so that NHs can put in place a safety and welfare plan for the victim and other residents who may be impacted by the abuse while police investigation (if any) takes its course.
- 5.2 As part of the internal investigation, if possible, the NH could conduct separate interviews with the victim and alleged perpetrator and review CCTV footages, if available. If needed, interviews can also be conducted with other residents, NOKs or staff who may have witnessed the incident or whom the victim has confided and disclosed the incident to. The purpose is to gather enough information to put in place a safety and welfare plan for the victim pending further investigation by the Police.
- 5.3 The internal investigation should be carried out in a manner that does not interfere with parallel investigations by the authorities i.e., Singapore Police Force. For example, in cases of sexual abuse allegations, NHs should make a police report as required under the law and not make attempts to establish if the sexual abuse is substantiated before making the police report. NHs should support the authorities in their investigation into the incidents and continue to play a key role to ensure the safety and welfare of victims.
- 5.4 Ensure that internal investigations are conducted impartially and objectively based on the available facts. The privacy of the alleged perpetrator should similarly be protected while investigations are ongoing, and information should only be disclosed to those directly involved with investigations.

## **6 DEVELOPMENT OF A SAFETY PLAN FOR THE RESIDENT WHO IS ABUSED AND OTHER RESIDENTS WHO MAY BE IMPACTED BY THE ABUSE**

6.1 NHs should devise and implement safety plans for the residents promptly. In formulating the safety plan, NHs should conduct a risk assessment to ascertain if abuse is likely to recur and determine the protective factors that can mitigate the risk of recurrence of abuse. The plans may include measures such as assignment to non-resident facing duties if the alleged perpetrator is a NH staff, until the staff is cleared after further investigation. If the alleged perpetrator is another resident, the NH may consider separating the victim from the alleged perpetrator or moving the alleged perpetrator nearer to the nursing counter to enable closer monitoring by staff. If appropriate, other staff and residents can be mobilised to alert the NH of any concerns that may compromise the well-being of the victim so that proactive actions can be taken to address the concerns of recurrence of abuse.

6.2 The NH should review the safety plan to ensure that it is robust in ensuring the safety and welfare of the victim. In instances where victims, other residents and staff are impacted by the abuse, the NH should attend to their psychological and emotional needs and provide debrief or counselling if needed.

## **7 PROCEDURES FOR INFORMING NOKs, VICTIMS, AND PERPETRATORS**

7.1 After the initial investigation of the incident, NHs should inform the relevant parties involved in the incident as soon as possible. This includes the victim, the perpetrator/alleged perpetrator, and their next-of-kin. The information to be shared could include a description of what took place and steps that had been taken to ensure the safety and welfare of the victim and how the alleged perpetrator is being managed to ensure there is no recurrence of abuse. NHs should be sensitive to the NOKs' concerns and provide the necessary support, if required.

7.2 NHs should update the relevant parties on a regular basis and when there are significant developments.

7.3 NHs should update the relevant parties on the outcomes from the internal and external investigations and provide information on the actions taken and measures to prevent similar incidents in future.

## **8 DOCUMENTATION**

8.1 NHs should ensure that all matters related to the incidents, which include the description of the incidents, care provided, safety plans and investigation outcomes, are documented in a clear and timely manner, which are to be produced to the relevant authorities upon request.

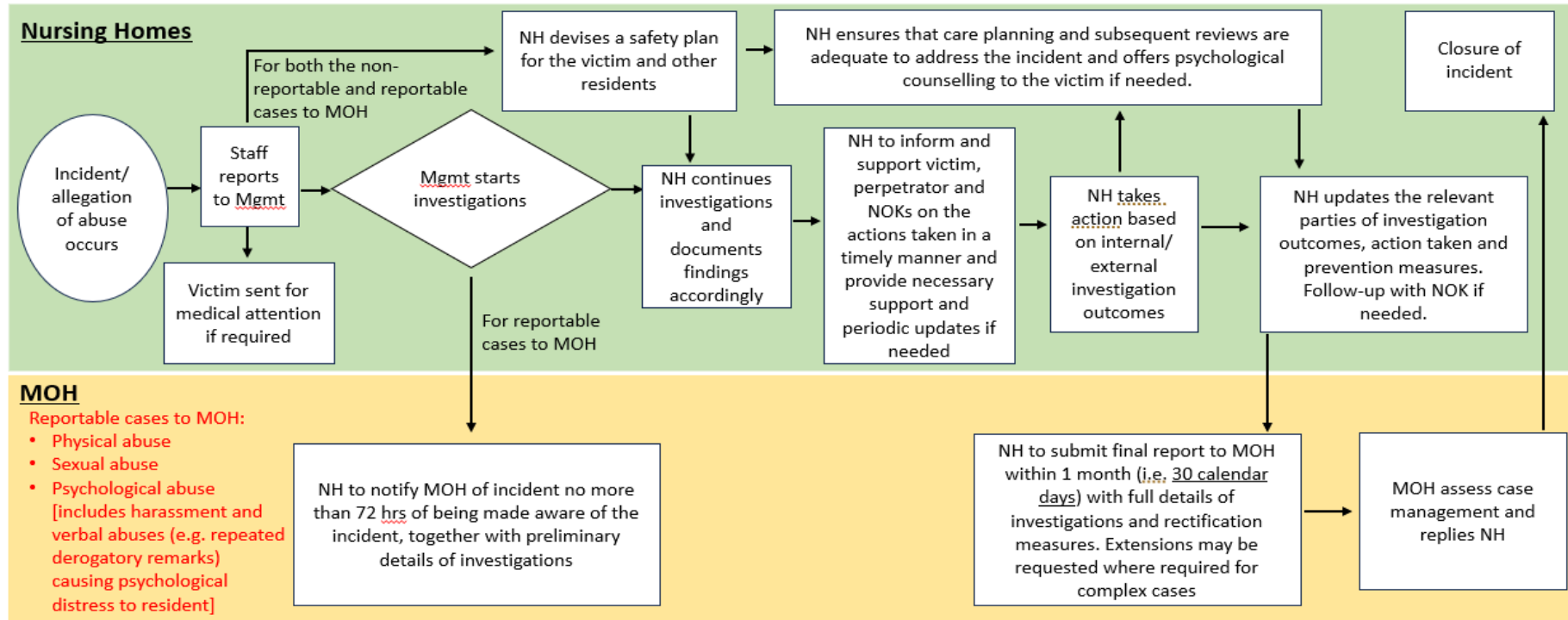
## 9 REVIEW OF INCIDENTS AND POSSIBLE MEASURES TO PREVENT SIMILAR INCIDENTS

- 9.1 NHs are strongly encouraged to review these incidents during QAC meetings for service improvement purposes, to prevent safety incidents from recurring.
- 9.2 NHs should ensure that all staff are trained to identify triggers, signs and be familiar with responding to alleged or actual abuse.
- 9.3 NHs are strongly encouraged to implement a whistle-blowing policy, which will provide a mechanism for staff or external parties to raise concerns through well-defined and accessible confidential disclosure channels.
- 9.4 NHs should promote a culture of respect and dignity in its service to residents and be transparent to staff, residents and NOKs that abuse in the NH is not to be tolerated.

## 10 NOTIFICATION OF (ALLEGED) ABUSE CASES TO MOH

- 10.1 NH management (HON and above) should assess the severity of the alleged or actual abuse and inform MOH as soon as possible and no later than than 72 hours, if details fit the notification criteria. **NHs shall use the “Abuse Notification Form” hosted on FormSG (accessible via <https://go.gov.sg/moh-abuse-notification> or <https://form.gov.sg/657acd081b82e00011c7c8e5>),** and an example can be found within **Annex B**. MOH may request for more information and share the case details with AIC to provide support where the NHs indicated that support from AIC was needed and agreed to share the relevant information. Alternatively, NHs can directly contact AIC at [Assistance\\_NHAbuse@aic.sg](mailto:Assistance_NHAbuse@aic.sg) if they require assistance in managing the incident.
- 10.2 After the initial notification, NHs are to submit final report to MOH within 1 month (i.e. 30 calendar days) from the time they submitted the initial notification form, with full details of investigations, corrective and preventive measures implemented. NHs may choose to use their own incident report form provided it contains the information listed in **Annex C**. NHs may request for extensions where required, such as for complex cases, together with an interim update, whereupon MOH will assess and approve the extension request on a case-by-case basis.
- 10.3 After receiving the final report, MOH will review how the NH manages the case, and provide feedback to the NH and closure of the incident, where appropriate.

## Annex A



### Additional Notes

- NHs advised to assess (and implement) actions within the initial management plan based on available facts (e.g. conducting a thorough assessment on resident to assess need for medical assistance, regardless of abuse type or age of complaint).
- The need for police involvement is left to the NH's discretion, as MOH recognises the range of factors involved. However, NHs should be aware of their legal duties to report offences that require obligatory reporting to the police. Where a police report has been made for the incident (regardless of who made the report), NHs are also requested to inform MOH.
- NHs do not need to report (alleged) cases which happened outside of the NH premise and care. However, they would still be expected to care and protect the resident as per the usual care protocol (e.g. drafting and implementing a safety plan, providing medical assistance where required).

Where NHs require assistance and/or guidance in managing the incident, they are requested to contact AIC at Assistance\_NHAbuse@aic.sg .

## Annex B

### **NURSING HOME(NH) RESIDENT ABUSE NOTIFICATION FORM**

(Form can be accessed via <https://go.gov.sg/moh-abuse-notification> or <https://form.gov.sg/657acd081b82e00011c7c8e5>)

#### **Instructions:**

- 1) Please note that the notification must be completed by the nursing home's Head of Nursing (HON), Clinical Governance Officer (CGO), Principal Officer (PO) or a Key Appointment Holder (KAH) no later than 72hrs of the NH being notified of the incident.
- 2) Notifiable incidents are incidents or allegations involving physical, sexual and/or psychological abuse that took place while the resident is in the NH premises, and under the care or supervision of the NH personnel.
- 3) Please submit one notification for each victim if the incident involves multiple victims.
- 4) NH to submit to MOH the final incident report within 30 calendar days of the initial notification submitted to MOH. The information required in the final report is at the **Appendix**. If more time is required, pls write to MOH at MOH\_NHS\_Abuse@moh.gov.sg with the following details:
  - a. Estimated time required (e.g. 2 weeks)
  - b. Interim progress update
- 5) If you require assistance with the management of the abuse incident, please contact AIC directly at Assistance\_NHAbuse@aic.sg.

<b>1. Notifier's Details (HON, CGO, PO or KAH only)</b>		
1.1	Name	<i>Free Text</i>
1.2	Designation in Organisation	<i>Free Text</i>
1.3	Contact details	_____(Email) _____(Mobile number)
1.4	Nursing Home	Dropdown list of all NHs (including specific branches)
<b>2. Incident Details</b>		
2.1	When was the Notifier made aware of the incident?	Calendar pop-up
2.2	Who was the complainant?	Dropdown list a) Victim b) Victim's NOK c) NH personnel d) Other residents e) Other residents' NOK f) Others (pls clarify): <i>Free text</i>
2.3	Who is the (alleged) perpetrator?	Dropdown list a) NH personnel b) NH resident c) NH vendor's personnel d) Resident's NOK e) Other resident's NOK f) Others (pls clarify): <i>Free text</i>
2.4	Name and IC/Fin number of the (alleged) perpetrator	<i>Free text</i>

	Pls provide the passport number if the above is not known	
2.5	Pls indicate the abuse category(ies)	Tick all that applies below: a) Physical abuse b) Sexual abuse c) Psychological abuse (e.g. verbal abuse causing distress or intimidation, such as but not limited to harassment and threats) d) Others (pls clarify):
<b>3. Immediate management Details</b>		
<b><i>Victim management</i></b>		
3.1	Name of the victim:	<i>Free text</i>
3.2	Has NH conducted a head-to-toe assessment of the victim?	a) Yes b) No. Pls proceed to do so as soon as possible.
3.3	What injuries were found on the victim?	Tick all that applies below: a) No injuries were found and no complaints expressed by victim. b) No injuries were found, but victim expressed some form of complaint (e.g. pain). c) Minor injuries (e.g. minor cuts and light bruises) d) Injuries requiring medical attention (e.g. moderate to severe pain, deep lacerations) e) Injuries requiring further investigations in hospital (e.g. suspected fractures, deep stab wounds and head injuries)
3.4	Attach any photo(s) taken of the victim's injuries.	Attachment of photos taken.
3.5	Has the victim been assessed and treated by a medical doctor?	a) Yes b) No. Please arrange for immediate medical assistance if answers to Q 3.3 include any of (b) to (d).
3.6	What is the victim's current status?	Tick all that applies below: a) Patient is well. b) Patient is stable and under observation in NH. c) Patient is warded in hospital and under observation. d) Patient has been admitted to HDU/ICU. e) Patient has passed on. f) Others (please describe): _____  For options c) and d), pls state the hospital the victim has been admitted to: _____
3.7	Has the victim's NOK been informed?	Dropdown list of options: a) Yes b) No. Pls inform the NOK as soon as possible.



<b>Perpetrator Management</b>		
3.8	Has the (alleged) perpetrator been removed of access to the victim(s)?	a) Yes b) No. Pls ensure that the perpetrator no longer has contact with the victim(s) during the investigations.
3.9	How is/are the alleged perpetrator(s) being managed?	Dropdown list of options: a) Redeployed personnel to a non-resident facing role. b) Separated/isolated the resident who is the perpetrator. c) Others (pls clarify): <i>Free text</i>
<b>4.0 Additional details</b>		
4.1	Was a police report made?	Dropdown list of options: a) Yes b) No If yes, to proceed to question 4.2 If no, to proceed to question 4.3
4.2	Who made the police report?	Dropdown list a) Victim b) Victim's NOK c) NH personnel d) Other residents e) Other residents' NOK f) Others (please specify):
4.3	Pls attach any files/information/incident report	File attachments
4.4	Does the NH require AIC's assistance to manage the abuse incident?	Dropdown list of options: a) Yes b) No
4.5	If yes to 4.4, is the NH agreeable for MOH to refer and share the details in this report with AIC?	Dropdown list of options: a) Yes. b) No. Please contact AIC at <a href="mailto:Assistance_NHAbuse@aic.sg">Assistance_NHAbuse@aic.sg</a> directly for assistance.
4.6	What is the status of the NH's internal investigation into the allegations or incident?	Dropdown list of options: a) Investigations have not yet started. Please start the internal investigations immediately. b) Investigations are in progress c) Investigations have been completed.

## **Annex C**

### **APPENDIX: FINAL REPORT SUBMISSION INSTRUCTIONS**

Please submit a final incident report relating to this notification within 30 calendar days.

You may submit the incident report format used by your organisation. However, please ensure the following information is included:

- a) Chronology of events
- b) What did the NH do to manage the incident, including the safety plan implemented, whether the police was involved or a police report made, and whether the victim's NOK was notified;
- c) What did the NH do to investigate the incident, and the outcome of the NH's investigation, including whether an alleged incident was confirmed or otherwise;
- d) Status of the victim and the perpetrator;
- e) The risk factors identified; and
- f) Measures put in place to prevent future recurrences of a similar abuse incident.