**Standard Operating Procedure for Reporting Abuse/Neglect of Disabled or Elderly Persons**

**Purpose:** The purpose of this Standard Operating Procedure (SOP) is to describe the clinical steps lab staff and volunteers should take when reporting observable, suspected, or threatened incidents of abuse/neglect/exploitation to elderly or disabled persons.

**Relevant Definitions:**

**Disabled Person/Adult at Risk:** Any adult who has a physical or mental condition that impairs the ability to care for their needs and who has experienced, is experiencing, or is at risk of experiencing abuse, neglect, or financial exploitation   
(<https://www.dhs.wisconsin.gov/aps/definitions.htm#adultatrisk>).

**Elder Adult at Risk:** Any person age 60 or older who has experienced, is experiencing, or is at risk of experiencing abuse, neglect, self-neglect, or financial exploitation (<https://www.dhs.wisconsin.gov/aps/definitions.htm#ElderAdultatRisk>).

**Clinical Support Team:**

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| Chris Gioia | 608-235-3659 | Assistant Director of PRTC |
| Candace Johnson-Hurwitz | 314-899-3276 | Study Coordinator |
| John Curtin | 608-217-6221 | Principal Investigator |
| Susan Schneck | 608-293-2412 | Lab Manager |

**Reporting Incidents of Abuse/Neglect/Exploitation to the Elderly or Disabled Persons**  
If imminent danger is present, always call 911 first. Staff/Volunteer to implement the following steps when they learn of an incident, observe an incident, or suspect threat of an incident, of abuse, neglect, or exploitation to an elderly or disabled person:

1. When you become aware of a reportable incident or concern contact the designated clinical support team member. Chris Gioia is always the primary clinical support contact, so he should be contacted first. If Chris is unavailable, contact Candace Johnson-Hurwitz, and she will assist you, or direct you to the appropriate clinical support contact.

**Do not tell the participant of your need to make a report, or attempt to investigate the concern through obtainment of additional details. Simply take note of what was reported, or observed, and speak with your clinical contact as soon as possible. Ideally, the conversation with the clinical contact should occur prior to the participant’s departure from the lab.**

1. Discuss reportable incident or concern with clinical contact. The designated clinical support contact will obtain description of reportable incident or concern from staff/volunteer. Clinical support contact will determine if it is appropriate, or necessary, to attempt to obtain additional details of reportable incident to make a more substantial report.

Below is a list of additional information that will help make a report substantial. When appropriate, and necessary, the designated clinical support contact will attempt to obtain the key information below. If the clinical support contact is unable to obtain the additional information below, a report can still be made.   
  
 Additional Information:

* Full Name and Birthdate of Suspected Victim
* Home Address of Suspected Victim
* Full Name and Birthdate of Caregiver(s) of Suspected Victim
* Phone Number for Caregiver(s)
* Full Name and Birthdate of Suspected Perpetrator
* Home Address of Suspected Perpetrator
* Are there any other vulnerable people in the household where incident/suspected incident took place?

1. Make report prior to end of business day. For non-imminent danger, call your county help line to report incidents of abuse. Make the report in the county where the person suspected of being abused resides. The county help lines are identified on the Wisconsin Department of Health Services website: <https://www.dhs.wisconsin.gov/aps/index.htm>.    
    **To report incidents of abuse to disabled/elderly persons in Dane County, contact:  
   Dane County Department of Human Services**  
   **Daytime Hours: 7:45 a.m. -4:30 p.m.  
   Daytime Phone: 608-261-9933  
   After Hours: 911**
2. Staff and clinical support are responsible for informing PI, John Curtin, and Lab Manager, Susan Schneck, of incident. PI and Lab Manager to be notified once intervention plan has been determined, but before execution of plan. This will allow John and Susan to contribute to plan of action as needed.
3. Document outcome of intervention following the clinic procedures for documentation.