

LRI Emergency Department

Guideline for: **Safeguarding Adults**

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Approved by:	Emergency floor guidelines committee
First approved on:	10 Nov 10
This version approved on:	29 Jan 25
Version:	29
Next review due:	Jan 2028
Trust reference:	C181/2016

Safeguarding Adults in the ED

What is Adult Safeguarding?

Adult Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted. Adult Safeguarding is a statutory requirement for all public bodies (Care Act 2014).

The Mental Capacity Act (MCA, 2005) is significant within the field of Adult Safeguarding as anyone who lacks capacity could be deemed as a 'vulnerable' adult and staff should be able to identify and address concerns regarding the capacity of the adult to make decisions.

Responding to abuse / neglect – key responsibilities (see algorithms on pages 4 and 5)

- A. All staff are responsible for raising any concerns about abuse / neglect of an adult in need of safeguarding to an appropriate person, agency or manager in a timely manner.
- B. No professional should assume that someone else will pass on information which they think may be critical to the safety and wellbeing of the adult.
- C. If a professional has concerns about the adult's welfare and believes they are suffering or likely to suffer abuse or neglect, then they should share the information with relevant agencies (including the police if they believe or suspect that a crime has been committed).
- D. Staff should consider the circumstances of abuse, including the wider context such as whether others may be at risk of abuse (i.e. where abuse is occurring within an institution).

For full details, see [UHL Safeguarding Adults Policy and Procedures](#) (Trust Reference: **B26/2011**)

Who is an 'Adult At Risk'?

Safeguarding duties apply to any adult aged 18 years or over who:

- Has needs for care and support **AND**
- Is experiencing or is at risk of abuse/neglect **AND**
- As a result of their care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse/neglect

Categories of Abuse in Adult Safeguarding

What constitutes abuse/neglect?

For the purpose of this guideline the term abuse is defined as 'a violation of an individual's human and civil rights by any other person or persons which may result in harm'.

Abuse may be a single act, repeated acts or multiple acts. It may be an act of neglect or a failure to act. Abuse is about the misuse of the power and control that one person has over another. Abuse can occur in any relationship and may result in harm to, or exploitation of, the person subjected to it. Abuse may be perpetrated as the result of deliberate intent, negligence or ignorance. Acts of abuse may constitute a criminal act. The Care Act (2014) refers to the following categories of abuse:

Physical - For example, hitting, slapping, assault, misuse of medication, inappropriate restraint

Sexual - For example rape, sexual assault, subjection to pornography or witnessing sexual acts, sexual acts to which the adult has not consented or was pressured into consenting

Psychological - For example threats of harm, humiliation, coercion, blaming, controlling, intimidation / harassment, cyber bullying, isolation

Financial and Material - For example theft, fraud, internet scamming, misappropriation of assets

Neglect and Acts of Omission - For example withholding of the necessities of life, such as medication, adequate nutrition, ignoring medical or other needs

Self-Neglect - For example behaviour such as hoarding, neglecting one's health and surroundings

Organisational - For example neglect and poor care practice within an institution or specific care setting such as a hospital or care home. Please note that this could include patients who arrive from other hospitals (such as LPT) where they have self-harmed whilst an inpatient (and therefore raising concerns about staff management of the patient's needs/risks).

Discriminatory - For example harassment or slurs because of disability, age race, religion, sexual identity

Domestic Abuse - Defined as 'any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality'. This includes honour based violence, forced marriage and FGM.

NB: if there is domestic abuse / violence and the adult does not meet the definition of an adult in need of safeguarding, please refer to the [LRI ED SOP for Domestic Abuse](#).

Modern Slavery - For example slavery, human trafficking, forced labour and domestic servitude

Further details, including the signs and indicators of abuse, can be found in the Leicester, Leicestershire and Rutland 'Safeguarding Adults Board Multi-Agency Policies and Procedures' (SAB MAPP), available from www.lradultsafeguarding.co.uk,

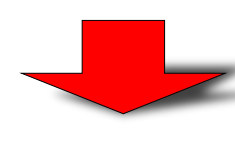
Please also consult the UHL Connect pages on [Safeguarding Adults](#), where you can find the [UHL Safeguarding Adults Policy and Procedures](#) (Trust Ref: B26/2011).

Related Policies and Documents

1. UHL Safeguarding Adults Policy and Procedures (Trust Ref: [B26/2011](#)).
2. Leicester, Leicestershire and Rutland Safeguarding Adults: Multi-Agency Adult Safeguarding Policy and Procedures (www.lradultsafeguarding.co.uk).
3. UHL Mental Capacity Act Policy (Trust Ref: [B23/2007](#)).
4. UHL Deprivation of Liberty Safeguards Policy and Procedures (Trust Ref: [B15/2009](#)).
5. UHL Freedom to Speak up: Raising Concerns Policy Policy (Trust Ref: [A15/2001](#)).
6. UHL Policy for Protecting Patients When an Allegation is Made Against an Employee (Trust Ref: [B13/2013](#)).
7. Safeguarding adults within Leicester's hospitals (Information for Patients [Leaflet 298](#)).
8. UHL Preventing People Becoming Involved in or Supporting Terrorism PREVENT policy (Trust Ref: [B10/2015](#)).

Concerns about abuse occurring externally to UHL

i.e. in the adult's own home, care home or day center, on the street or at another NHS Trust (such as LPT)



Discuss the concern with an ED senior if unsure of the need to proceed

You, another staff member or a relative/carer is **concerned** that an **'adult at risk'** (the patient) may be experiencing **abuse/neglect**, or the patient themselves may raise **concerns** about abuse/neglect see p3 for definitions of 'adult at risk' and 'abuse/neglect'

Concerns could include evidence of serious self-neglect i.e. due to substance misuse or mental health issues

- Record details of the concern in ED notes; including
 - What has been disclosed/suspected
 - Where it occurred
 - Who is involved (where known)
- Record any physical injuries on [ED Body Map](#)

- Where possible and appropriate, inform the patient and seek their views and opinions about the concerns
- Although not legally required in adult safeguarding, it is best practice to discuss the referral with the patient and obtain consent where possible / safe to do so

- Assess for any current threat/danger. Call security +/- police as necessary.
- If you suspect that a crime has been committed, contact police on **101** (or **999** if emergency)
- NB:** If feasible, do not disturb any forensic evidence, but patient's needs take priority

* How to contact Adult Social Care

Go to the GOV.UK page '[Find your local council](#)' or scan the QR code below to find the one responsible for your patient



Single points of contact (SPOC) working hours:
Mon-Fri 08:30 – 16:30

Leicester
0116 454 1004 (24h)
Leicestershire
0116 305 0004 SPOC
0116 305 0888 OOH
Rutland
01572 758341 (24h)

For patients from elsewhere, you will need to contact their responsible local authority

Concerns may include patient

- Returning to place of abuse
- Still being in contact with person involved, without safety mechanism in place

Clinical reason to admit?

Y

N

Are there on-going **concerns**, or risks associated with discharge from ED?

Y

N

Does patient want to return 'home' **AND** do they have capacity to make that decision?

N

Y

NB: Out of hours, if there are immediate/serious risks to the patient or other individuals, contact the responsible Adult Social Care Emergency Duty Team (EDT), as determined by the patient's postcode *

- Record all decisions and actions taken in ED notes / on Nervecentre
- Complete an ICE 'Adult Safeguarding' referral

- Contact the responsible Adult Social Care, as determined by the patient's postcode *
- Complete an ICE 'Adult Safeguarding' referral
- Seek support from emergency floor discharge practitioners as appropriate

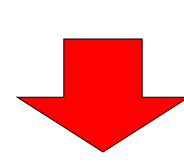
- Record all decisions and actions taken in ED notes / on Nervecentre
- Complete an ICE 'Adult Safeguarding' referral

Patient may be discharged

- Admit to EDU on 'consultant only' or 'EPIC' pathway as applicable
- EDU staff to continue to liaise with Adult Social Care
- Adult Social Care is responsible for leading safeguarding processes and for facilitating safe discharge in these circumstances

- Arrange hospital admission
- Ensure that
 - All information about the safeguarding concerns and actions taken is handed over to ward staff
 - Ward staff are informed that they must complete a telephone referral to Adult Social Care during hours

Concerns about abuse occurring within the Emergency Department or on EDU



An '[adult at risk](#)' (the patient) discloses that they are experiencing [abuse/neglect](#) whilst in the ED **AND/OR** a staff member has concerns that a patient is being abused/neglected within the ED by someone else (e.g. another staff member, another patient, a family member, a visitor) **AND/OR** an incident report or complaint indicates that abuse/neglect may have occurred within the ED, either recently or historically

see page 3 or click the links above for definitions of 'adult at risk' and 'abuse/neglect'

Discuss the concerns immediately with senior staff so they can take the necessary actions to ensure the patient's immediate and ongoing safety as required:

In hours

- ED Nurse in Charge (NIC)
- Emergency Physician in Charge (EPIC)
- Matron → DHoN → HoN

Out of hours

- ED NIC
- EPIC
- Duty Manager

Listen to the person/patient's concerns
Reassure them that the concerns will be addressed and that they will be involved and consulted

If the patient was not the initial referrer, inform them of the concerns raised where possible and appropriate, and seek their views and opinions about the concerns

- Assess for any current threat/danger - call security +/- police as necessary
- If you suspect that a crime has been committed, contact Police on **101** (or **999** if emergency)
- **NB:** If feasible, do not disturb any forensic evidence, but patient's needs take priority

- Ensure patient's ongoing medical and nursing needs are met, where relevant
- If any new medical needs or injuries have been reported after the concerns were raised, request ED medical review

If a staff member is involved in the alleged abuse/neglect

- Consider any immediate steps necessary to reduce risks and ensure patient safety
- Seek advice from HR representative and Senior Nursing/Medical Managers
- Refer to [UHL Policy for Protecting Patients When an Allegation is Made Against an Employee](#), Trust Ref: B13/2013

Record all details of the concern in the ED notes:

- **Who is involved**, including any physical descriptions (where known)
- Where it occurred
- What has been disclosed/is suspected
- Record any physical injuries on [ED Body Map](#)
- Record all other relevant information and any actions taken

Complete an ICE 'Adult Safeguarding' referral and a Datix incident report

- Inform the patient that the ED Matron (or DHoN / HoN) and the Trust's Adult Safeguarding team will contact them further
- Discharge/admit patient as clinically indicated

- The ED Matron / Deputy or Head of Nursing liaises with the UHL Adult Safeguarding team via extension **17703** or email (adultsafeguarding@uhl-tr.nhs.uk), in hours or next working day
- In hours, or next working day where out of hours, the UHL adult safeguarding team will notify the relevant Local Authority of the safeguarding concerns via the agreed process
- The ED Matron / Deputy or Head of Nursing, in conjunction with the UHL Adult Safeguarding Team, will then follow the UHL procedures for receiving a referral about concerns of abuse occurring within UHL (see [UHL Adult Safeguarding Policy and Procedures](#), Trust Ref: B26/2011)