**SAFE: STOP ABUSE OF ELDER SHELTER ADMISSION POLICY**

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<th>DEPARTMENT: SAFE: Stop Abuse of Elders Shelter</th>
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</thead>
<tbody>
<tr>
<td>SUBJECT: Admission to the SAFE: Stop Abuse of Elders Shelter</td>
<td>PAGE:</td>
</tr>
<tr>
<td>APPROVED BY:</td>
<td>OF: 1 of 1</td>
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<td>REVISED:</td>
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**POLICY:** To admit approved individuals to the shelter and to guide them through the admission process in a timely manner. To have a system in place so that individuals may be identified by name and unit and as SAFE: Stop Abuse of Elders Shelter participants.

**PURPOSE:**
1) To ensure appropriate and safe admissions to the center.
2) To ensure individual’s identification throughout the facility.
3) To ensure that the individual receives appropriate care in a protected environment.

**RESPONSIBILITY:** SAFE: Stop Abuse of Elders Shelter team; Health Care personnel, Admission personnel

**FORMS:**
1) Safe: Stop Abuse of Elders Shelter Admission Agreement
2) Authorization of Medical Treatment.
3) Health Privacy Practices
4) Resident Bill of Rights (if applicable)

**PROCEDURE:**

1. During the work week, Monday through Friday 8:00 am to 4:30 pm a representative from SAFE: Stop Abuse of Elders will contact the admissions office at XXX-XXX-XXXX.
2. An individual will only be admitted after hours or on a weekend if the screening has been completed by SAFE: Stop Abuse of Elders and the individual is pre-registered in health system records.
3. If the individual is coming from the Emergency Department, a request will be made for all clinical information including a chest x-ray if completed. If a chest x-ray is not available, it will be completed upon admission.
4. If the individual is coming from the community, the admission department will contact the Primary Care Physician for medical information.
5. The clinical information will be presented to the attending physician for review.
6. The admission staff member will check for bed availability within the system.
7. If the individual accepts the room, an email will be sent to:
   - Administrator
   - Director of Nursing – LTC
- Director of Hospital Services
- Clinical Leader of the unit
- Nursing Supervisors
- Physician
- Social Work
- Security
- Food Service
- Designated Patient Financial Services representatives

8. The individual will complete the identified paperwork and will be registered under an alias name.

9. Staff on the identified unit will be provided with the following information:
   a) Individual’s name
   b) Demographic information
   c) Short description of circumstances
   d) Information/identification of abuse
   e) Emergency contact name, number and relationship (Face Sheet)

10. Upon admission, the attending physician or designee will complete an assessment as defined by the organization’s policy.

11. The SAFE: Stop Abuse of Elders Shelter team will meet with the individual within 72 hours of admission.

12. If requested, Security will complete a risk assessment of the identified perpetrator.

**EXCEPTIONS:**

**REFERENCES:**