INVESTIGATIVE GUIDELINES

RESIDENT INTIMACY AND SEXUAL BEHAVIOR

Revised September, 2004

These Investigative Guidelines were developed by an interdisciplinary task force composed of providers, ombudsmen, representatives from the Alzheimer=s Association and Health Facilities Division Staff, in consultation with the Guardianship Alliance, the Office of the Attorney General for the State of Colorado and STD/HIV Field Services Program of the Colorado Department of Public Health and Environment. This investigative tool was designed for the Health Facilities Division surveyors and investigators to assist them in the completion of comprehensive investigations of issues related to resident sexual behavior. It is not intended that each item included here be completed for each investigation, but the tool will serve as a checklist to ensure that all relevant information is collected. It will also be used to train new staff in the investigation of these issues. It is the hope of the task force that the materials provided will enable all those involved in the examination and resolution of these issues to proceed with more knowledge, comfort and confidence.

These Guidelines are also available for use by providers, ombudsmen and other interested persons to train and educate staff, to facilitate the development develop facility specific policies and procedures, and to encourage communication regarding these issues with residents, families and staff.

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Introduction

Knowing that residents can derive great physical and emotional benefit from touch and that this is the last sense to be diminished for residents with Alzheimer's Disease or other forms of dementia, the issue of physical contact between residents raises many questions for facility staff, families, surveyors, ombudsmen and residents. It is the responsibility of facility staff to ensure that each resident has the right "To associate and communicate 'privately' with persons of his or her choice, including other patients. However, it is also the duty of facility staff to protect a resident from any injury, unwanted sexual advances, intimidation and assault. A facility must develop and implement policies and procedures that facilitate the expression of sexuality by the resident while minimizing the associated risks and protecting the vulnerable residents.

Investigative Process

A. OBSERVATIONS:

1. Observe residents about whom issues or concerns related to sexual activity have been raised. How do they interact with each other? With other residents, male and female? How do they interact with staff, male and female?

2. What do you observe from their body language? At any time do they appear fearful, troubled, agitated, calm, happy? Are these expressions related to the behavior of another resident? Observe and document any verbalizations, facial grimaces, posturing, pushing away, waving of hands? Do residents have the opportunity, freedom, ability to leave a situation if they might be feeling uncomfortable?

3. How do staff relate to residents? Describe conversations, physical affection or touching during care. Are staff sensitive to resident needs? Do staff use humor, teasing, shaming? Are residents treated with dignity and respect even if they engage in sexual behavior, such as masturbation, in a public place?

4. How are residents that engage in private behavior in a public place redirected by staff? Is a private space available?

5. Describe staff language, behavior and appearance. Is it appropriate? Do staff tell sexually explicit jokes or use sexual innuendo in conversation with residents?

6. How do staff respond to resident sexual behavior, e.g. words or touch, directed at them by residents?

7. How do staff respond to family members or visitors questions or concerns relative to resident intimacy and sexual behavior?

B. INTERVIEWS:

RESIDENTS: Sample questions, to be modified as necessary

1. Tell me about the other residents that live here. Is there anyone you particularly like or enjoy spending time with? Is there anyone you are afraid of or anyone that makes you uncomfortable?

- The investigator may need to be more specific. e.g., Do you like resident (name) ? Do you like to be around resident (name) ?
Has resident (name) ever hurt you?

2. Same questions to be asked of residents related to staff at the facility.

3. Are there exchanges of touch, e.g. hugs, pats on the back, holding hands, between residents? Between residents and staff? How do you feel about that? Do you like certain people to touch you? Do you dislike having certain people touch you?.

4. Has anyone on the staff talked to you about these issues, i.e. intimacy and sexuality as a resident? Would you be willing to talk with me about these issues?

5. Explore their feelings, concerns, wishes. For example, do any of the other residents ever touch you? Would you like it if (name) touched you? Does anyone make you uncomfortable when they touch you?

STAFF: **sample questions, adapt as necessary**

1. Tell me about your training program for staff on the issue of resident sexuality. How do you train new staff? When are they trained regarding these issues? What about pool staff? Tell me about your staff turnover rate.

2. Do you discuss resident sexuality issues with residents, spouses and/or other family members prior to or during the admission process? If so, describe content? If not, why not?

3, Do you have policies and procedures related to resident sexuality? When were these drafted? By whom? Have they ever been revised? How often do staff review these policies? Obtain a copy.

4. Does your facility use any outside consultants related to this issue? In what capacity? How often? Has this consultation been useful in addressing your questions and concerns related to resident sexuality?

5. Describe any particular questions or concerns that have arisen in your facility this past year related to resident sexuality .

6. In what way are staff given an opportunity to discuss issues or concerns related to resident sexuality? In particular, is there a time and place for staff to discuss their own feelings , beliefs and values as these relate to questions of resident sexuality?

7. How do staff accommodate residents' needs for privacy for sexual activity?

8. What is the facility's approach to sharing information about resident sexual activity with a resident's family? How and when do you share information regarding a resident:s sexual activity? What information is shared, if any and under what circumstances? How is the confidentiality of the resident and his or her partner protected?

9. What information and training is available to residents on sexually transmitted diseases, safe sex and birth control, if appropriate?

10. Does your facility have a forum, such as an ethics committee, where issues of resident sexuality can be discussed? Is the Medical Director involved in these discussions?

11. How does your staff decide when sexual activity between residents is based on mutual consent? How do they determine if one resident is or may be being intimidated or coerced into sexual activity by another resident or be a victim of unwanted sexual advances?

12. What do you see as the role of a guardian or other substitute decision maker relative to decisions about resident sexual activity?

13. What is your approach with families, generally, as to the sexual behavior of their relative? Is your approach different when the resident is competent vs. lacking decisional capacity?

14. How are the rights of other residents and roommates protected if other residents are sexually active?

15. How are staff trained to handle residents observed masturbating in public or private, undressing publicly, or fondling others?

16. Do you utilize the ombudsman in any of these situations? For consultation, training, mediation?

17. Is the resident's physician notified of resident sexual activity? When and under what circumstances would physician notification and involvement be appropriate?

18. Have the medications of the residents involved been evaluated? By whom? When? Do you consider initiation of sexual activity by a resident a change of condition?

19. Does your approach to resident sexuality change if both residents are of the same sex? If one resident chooses multiple partners?

20. Do you know the reporting requirements for possible abuse, especially sexual abuse? To whom would you report? When? What type of incidents would you report?
Refer to the addendum defining CDPHE Occurrence reporting requirements for sexual abuse.

21. Do staff keep any kind of record or documentation of behavior that would include resident to resident sexual activity? If so, how is the confidentiality of that information preserved? Ask to see the documentation and ask where it is kept.

22. How do the staff assure that residents who leave the facility with family or friends are safe while out of the facility? Are any assessments done before or after a home visit? Describe what staff response would be if staff suspected a family member might be mistreating a resident, especially on a visit outside of the facility

C. RECORD REVIEW

-Request and review these documents

1. Pre-admission intimacy profile, assessment or other admission information related to sexuality.

2. Resident Assessments as appropriate to the issues being investigated

3. Staff training and in-service records and materials related to resident sexuality.

4. All policies and procedure related to resident sexuality.

5. Any materials used with families related to resident sexuality.

6. Nursing notes for residents involved: Are they monitored for any adverse reactions, UTIs, rashes? Is infection control related to bodily fluids addressed? Are there issues related to sexually transmitted diseases or birth control in the chart? Is there documentation of education regarding safe sex practices?

D. FACILITY PROCESS REVIEW: look for evidence of the following:

Assessment
Staff education and training
Proper reporting of abuse or suspected abuse
Policies and procedures developed and implemented
Resident safety and privacy assured

E. ATTACHMENTS

Frequently Asked Questions and Answers

Occurrence Reporting Requirements for Sexual Abuse

Prepared by the Resident Intimacy and Sexuality Task Force
In conjunction with the
Colorado Department of Public Health and Environment
Health Facilities and Emergency Medical Services Division
Revised 9/13/04