

Prevention of Abuse & Neglect of a Resident	Policy Number: VII-G-10.00
Department: Nursing	Current Version Review Date: November 2024
Manual Owner: Director of Care	Original Policy Date: May 29, 2023
Attachment(s): G-10.00(a) Prevention of Abuse – Definitions of Abuse & Neglect G-10.00(b) Prevention of Abuse – Checklist for Investigating Alleged Abuse G-10.00(c) Prevention of Abuse – Investigation Template	Current Version Reviewed By: RHA Manager & QI Lead Director of Care

POLICY:

All residents have the right to dignity, respect, freedom from neglect, and to be protected from abuse. The organization has a Zero Tolerance policy for abuse of a resident by anyone and neglect of a resident by the community or one of its team members. Abuse and neglect are not tolerated in any circumstance, and may result in criminal charges, and for employees, termination of employment. Any deviation from this standard will not be tolerated.

This policy and procedure will be included in all resident move-in packages.

All team members (employees, volunteers, agency staff, private duty caregivers, contracted service providers) and families with reasonable grounds to suspect abuse of a resident (as defined in this paragraph) has occurred or may occur are required to report to the provincial health authorities and the Executive Director or designate in charge of the community, per timelines outlined in attachment “b”. Abuse is defined as:

- a. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.
- b. Abuse of a resident by anyone or neglect of a resident by the licensee or staff (team member(s)) that resulted in harm or a risk of harm to the resident.
- c. Unlawful conduct that resulted in harm or a risk of harm to a resident.
- d. Misuse or misappropriation of a resident’s money.

- e. Misuse or misappropriation of funding provided to a licensee under provincial legislation.

The duty to immediately report the above matters as defined in a, b, c, d, e is required as outline in the FLTCA, 2021, S.O. 2021, c. 39 as per section 28(1).

This policy is posted in each community, with contact information for reporting to the provincial health authorities and the Executive Director in charge of the community.

Support and/or counseling will be offered to all victims of alleged abuse/neglect and the alleged abuser.

All those who voice their concerns will be protected under the organization's Whistle Blower Policy. The Whistle Blower Policy provides anonymity (unless not required by judicial or government subpoenas, warrants, or orders) to the person who reports abuse or neglect and protects that person from any potential retaliation.

Annual mandatory education will be provided to all team members. This training will include criteria as outlined in provincial legislation, the Whistle Blower Policy, and the Prevention & Advocacy section of this policy.

For critical incident reporting requirements and timelines, refer to:

D-10.40 MLTC – Critical Incident Reporting (ON) & attachment

PROCEDURE:

If any team member or volunteer witnesses or suspects an incident of abuse of a resident by anyone, or neglect of the resident by the community or one of its team members, or has any knowledge of such an incident, that team member or volunteer is responsible to immediately take these steps:

1. Stop the abusive situation and intervene immediately if safe for them to do so while ensuring the safety of the resident.
2. Remove the resident from the alleged abuser, or if that is not possible, remove the alleged abuser from the resident if safe for them to do so while ensuring the safety of the resident.
3. Immediately inform the Nurse in charge in the community.

The Nurse will:

1. Check the resident's condition to assess their safety and emotional and physical wellbeing. If required, immediate medical attention must be sought,

either by contacting the attending physician/nurse practitioner or transferring the resident to a hospital.

2. Follow the steps outlined in the Checklist for Investigating Alleged Abuse.
3. Provide support to the team member reporting any alleged, suspected, or known incidents of abuse.
 - Team members should be prepared to discuss their suspicion and the information upon which it is based with the provincial health authority.
 - *All communities are to use provincial health authority resources for abuse to determine appropriate course of action and timelines.
4. Contact the Executive Director or designate (if not in the community) when it is confirmed that the resident is safe and has received appropriate care.
5. If the resident is not capable, the ED/DOC (or the Nurse at the direction of the ED/DOC) will inform the resident's Substitute Decision-Maker (SDM) or other representative (which could include a resident's Attorney for Care (under a Power of Attorney for Personal Care), or another person specified by the resident, immediately of the alleged, suspected, or witnessed abuse if the incident has caused harm, pain, or distress to the resident (all other incidents must be communicated within 12 hours) and the current status of the resident, assuring them of the resident's safety. Advise the resident's representative that an investigation will be carried out, and that communication with them will remain open. The Resident's SDM must be notified even if the resident has asked that the SDM not be notified. The only reason not to notify the SDM is if there are reasonable grounds to believe that the SDM is responsible for the incident.
6. After obtaining the resident's or resident representative's consent, take photographs demonstrating evidence of the abuse, if applicable.
7. Document the current resident status on the resident's health record and complete the required documentation for the provincial health authority. If the incident involved more than one resident, do this for all residents involved.
8. Update the resident's plan of care as appropriate, ensuring that direct care team members are made aware of current resident status. If the incident involved more than one resident, do this for all residents.
9. Notify the most responsible practitioner(s) for each resident involved.

The Executive Director or designate, upon first receiving notification by the team member(s), will immediately:

1. If applicable, determine whether or not the team member(s) should be sent home immediately. If so, the team member(s) must be told that they are being sent home with pay, pending investigation of the incident. Additionally, it is clearly communicated at this point of the investigation that this action does not constitute disciplinary action, but depending upon the outcome of the investigation, disciplinary action may ensue. The team member has the right to union/association representation.
2. Immediately notify the police of any alleged, suspected, or witnessed incident of abuse or neglect of a resident which may constitute a criminal offence. Notification to the police is required even if a capable resident asks that the police not be called.
3. Notify the Senior Management Team of the current situation and any other applicable support services office department.

The Investigation (initiated and coordinated by the Executive Director or designate):

1. Refer to G-10.00(b) Checklist for Investigating Alleged Abuse, and follow steps regarding investigation.
2. The Executive Director or designate initiates the investigation by requesting that anyone aware of or involved in the situation write, sign, and date a statement accurately describing the event, reiterating anonymity and protection against retaliation.
3. The alleged abuser is also asked to write, sign, and date a statement of the event.
4. The written statements are obtained as close to the time of the event as possible.
5. All investigative information is kept in an investigation report that is separate from the resident's clinical and administrative records.
6. The Executive Director or designate interviews the resident, other residents, and/or persons who may have any knowledge of the situation. If possible, include a witness during interviews with all residents; the witness should be management from the community. The witness takes detailed notes of the conversation.
7. The Executive Director or designate will also interview any person(s) who completed written and signed statements.
8. The Executive Director or designate interviews the alleged abuser. If the alleged abuser is a team member, the Executive Director or designate will interview the team member in the presence of union/association

- representation. If the team member refuses union/association representation, the Executive Director or designate will interview the alleged abuser in the presence of a witness.
9. If there is reason to believe that abuse has occurred, the Executive Director or designate will notify:
 - The police, if there is reason to believe that a criminal offense has been committed.
 - The team member's regulatory body if the team member is a Regulated Health Professional and the reporting criteria has been met. Involved the HR Business Partner in the reporting process.
 10. Anyone with knowledge of the incident must report the incident to the Executive Director and the Director of Care if the nurse in charge does not take action in accordance with this procedure.
 11. An Interprofessional Team Debriefing meeting may be arranged as soon as feasible to debrief the team regarding the incident, discuss strategies to prevent reoccurrence (immediate and long-term), review and revise the resident's plan of care as needed, and communicate results with the resident/POA/SDM.
 12. The resident and the resident's SDM or other representative (as identified by the resident or a Power of Attorney), must be notified of the results of the investigation as soon as the investigation is completed. Investigation timelines will adhere to provincial requirements.
 13. The Resident/Family/Representative and alleged abuser are offered emotional support and provided with a list of internal resources, including the social worker, pastoral care, and external local resources as available.
 14. The community (via the Executive Director or designate) is required by law to report the results of the investigation via the applicable provincial reporting requirements.
 15. The community should not release or commit to releasing any documentation or evidence to any third party without consultation with ED, HR, and Legal team where appropriate.

Prevention & Advocacy

The organization advocates and practices strategies for prevention of resident abuse and neglect through:

- A clearly defined and communicated statement of Purpose, Vision, and Values.
- Criminal Police Check for all new team members.

- Team member orientation and annual in-services, which will include:
 - Information regarding zero tolerance for abuse and neglect, abuse recognition and prevention, and team member's responsibilities to report incidents of abuse and neglect/reportable matters as found in this Prevention of Abuse & Neglect of a Resident Policy
 - Information about protection for those who report abuse and neglect of a resident, as set out in the Whistle Blower Policy
 - Residents' Bill of Rights
 - Standards of Conduct
 - Training on the relationship of power imbalances between team members and residents and the potential for abuse and neglect by those in a position of trust, power, and responsibility for resident care
 - The duty to make mandatory reports per provincial legislative requirements
 - The community's policy to minimize the restraining of residents and how to minimize resident restraint in accordance with the policy and the law
 - Behaviour management, mental health issues, and caring for residents with dementia
 - Information about how to minimize the risk of altercations and potentially harmful interactions between residents by identifying factors, based on an interdisciplinary assessment and on information provided to the community or through observation, that could potentially trigger altercations between residents
 - All managers demonstrate a commitment to our Zero Tolerance Policy and actively support team members, residents, and family members who intervene and report an alleged or suspected incident of abuse and/or neglect while applying the organization's Whistle Blower Policy.
 - Discussing this Prevention of Abuse and Neglect of Residents Policy with each new resident and their representative during move-in and including a copy with each move-in package.
 - Recognition of stresses found in the workplace and taking action to mitigate these stresses through education, training, and support.
 - Promotion of a manager open door policy so that team members under personal stress will be supported through the services of an Employee Assistance Program. Additional resources can be accessed by contacting the HR Department.
- Person(s) involved in causing the abuse or neglect will be encouraged to seek the counseling of their choice.

Evaluation & Quality Improvement

The Executive Director and the Interprofessional Team will evaluate and develop quality improvement strategies to prevent and reduce incidents of abuse and neglect by:

- Reviewing all reported incidents and outcomes of abuse and neglect.
- Reviewing and evaluating all current strategies and practices.
- Reviewing current orientation and educational plan for abuse and neglect.
- Developing and implementing improvement strategies for the prevention and management of abuse and neglect based on recognized evidence based practices.
- Keeping a written record of each evaluation, which will include dates, names of persons participating in the evaluation, a summary of changes made, and the date the changes were implemented.

References: eLearning modules on Prevention of Abuse and Neglect Fixing Long-Term Care Act, 2021, S.O. 2021, c. 39, Sched. 1

Attachments:

G-10.00(a) Prevention of Abuse – Definitions of Abuse & Neglect

G-10.00(b) Prevention of Abuse – Checklist for Investigating Alleged Abuse

G- 10.00(c) Prevention of Abuse – Investigation Template