Caressant Care Nursing and Retirement Homes Limited

POLICY NO. ADMIN-001	POLICY TITLE: ZERO TOLERANCE OF ABUSE AND NEGLECT

Policy Statement:

All residents have the right to live in a home environment that treats them with dignity, respect, security, safety, and comfort and is free from any form of abuse or neglect at all times, and in all circumstances. Caressant Care Nursing and Retirement Homes is committed to providing a zero tolerance of abuse or neglect of its residents.

This policy uses the definitions of "abuse" and "neglect" from the Fixing Long-Term Care Act (FLTCA) and its Regulation. These definitions are as follows:

- "Abuse" in relation to a resident, means physical, sexual, emotional, verbal, or financial abuse, as defined in the regulations in each case (See *Appendix A: Definition of Abuse and Neglect* for definitions of each of the above terms)
- "Neglect" means the failure to provide a resident with the treatment, care, services, or assistance required for health, safety, or well-being, and includes inaction or a pattern of inaction that jeopardizes the health, safety, or well-being of one or more residents.

Program for Preventing Abuse and Neglect:
As required by the FLTCA and its Regulation, Caressant Care has established a program to prevent abuse and neglect, which will be described below.

At orientation and/or admission, all staff, residents, and resident's Substitute Decision Makers (SDM) or other persons of importance to the resident will be made aware of Caressant Care's policy to promote zero tolerance of abuse and neglect.

a. All staff will receive education and training regarding the prevention of abuse and neglect.
b. All residents and resident's SDMs or other persons of importance to the resident will be provided with a copy of Caressant Care's Zero Tolerance of Abuse and Neglect Policy upon admission and as requested.

On an annual basis, all staff will receive mandatory education and training regarding the prevention of abuse and neglect. This will include, but is not limited to:

a. Training on the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power, and responsibility for resident care, and
b. Situations that may lead to abuse and neglect and how to avoid such situations.

Staff must follow two types of procedures (internal and external) for the reporting of all alleged, suspected or witnessed incidents of abuse and neglect. The internal home reporting procedures are based on the organizational roles and responsibilities (see *Procedure: Zero Tolerance of Abuse and Neglect*). The external reporting procedures are those procedures outlined in the FLTCA and its Regulation regarding the mandatory reports (see *Appendix B: Reporting Certain Matters to the Director) of the FLTCA* for what should be reported) that must be made to the MLTC, using the Critical Incident System (See *Procedure: Zero Tolerance of Abuse and Neglect*).

Risk

Corrective action will be taken against anyone who abuses a resident or anyone who fails to immediately report witnessed or suspected abuse once it becomes known that he/she has been withholding such information.

Anyone responsible for abuse or neglect of a resident, or a staff member responsible for neglect or abuse of a resident may face any or all of the following management and enforcement consequences:

- Retraining
- Discipline
- Dismissal
- Reporting to licensing body
- Charges under the Criminal Code

Responsibilities/Accountabilities

This policy applies to all staff, contractors, students, volunteers, families, visitors, and individuals that are involved with the care of the resident and/or the safe operation of Caressant Care.

Staff must ensure necessary actions are taken in response to any alleged, suspected or witnessed incident of resident abuse or neglect.

Evaluation

The Director of Care (DOC) and/or designate, will ensure an analysis of every incident of abuse or neglect of a resident at the Home is undertaken after the licensee becomes aware of it. These results will be considered in the annual Program Evaluation.

The Director of Care (DOC) and/or designate, will evaluate the effectiveness of the policy for prevention of abuse and neglect at least once per year, using the appropriate Program Evaluation template, to identify what changes and improvements are required to prevent further occurrences. Changes and improvements that have been identified will be implemented and documented consistently.

The following indicators may be measured to determine trends and assess the effectiveness of the prevention strategies:

- Number of incidents of alleged resident abuse/neglect.
- Number of incidents of proven resident abuse/neglect.
- Number of recurrences.
- Trends regarding types of incidents, location, time of day.

See Also:

Procedure: Zero Tolerance of Abuse and Neglect

APPROVED:	**REVISED/REVIEWED:**	**AUTHORIZED BY:**
	April 2022	Caressant Care Operations Team

APPENDIX A: DEFINITION OF ABUSE AND NEGLECT

"Abuse" – Definition:

1. "Emotional Abuse" means,
    a) Any threatening, insulting, intimidating or humiliating gestures, actions, behaviour, or remarks, including imposed social isolation, shunning, ignoring, lack of acknowledgement or infantilization that are performed by anyone other than a resident, or
    b) any threatening or intimidating gestures, actions, behaviour, or remarks by a resident that causes alarm or fear to another resident where the resident performing the gestures, actions, behaviour, or remarks understands and appreciates their consequences;
2. "Financial Abuse" means any misappropriation of misuse of a resident's money or property;
3. "Physical Abuse" means,
    a) The use of physical force by anyone other than a resident that causes physical injury or pain,
    b) Administering or withholding a drug for any inappropriate purpose, or
    c) The use of physical force by a resident that causes physical injury to another resident;
    d) physical abuse does not include: the use of force that is appropriate to the provision of care or assisting a resident with activities of daily living, unless the force used is excessive in the circumstances;
4. "Sexual Abuse" means,
    a) Any consensual or non-consensual touching, behaviour or remarks of a sexual nature or sexual exploitation that is directed towards a resident by a licensee or staff member, or
    b) Any non-consensual touching, behaviour or remarks of a sexual nature or sexual exploitation directed towards a resident by a person other than a licensee or staff member;
    c) Sexual abuse does not include: touching, behaviour or remarks of a clinical nature that are appropriate to the provision of care or assisting a resident with activities of daily living; or
    d) consensual touching, behaviour, or remarks of a sexual nature between a resident and a licensee or staff member that is in the course of a sexual relationship that began before the resident was admitted to the long-term care home or before the licensee or staff member became a licensee or staff member
5. "Verbal Abuse" means,
    a) Any form of verbal communication of a threatening or intimidating nature or any form of verbal communication of a belittling or degrading nature which diminishes a resident's sense of well-being, dignity, or self-worth, that is made by anyone other than a resident, or
    b) Any form of verbal communication of a threatening or intimidating nature made by a resident that leads another resident to fear for his or her safety where the resident making the communication understands and appreciates its consequences

"Neglect" Definition:

1. The failure to provide a resident with treatment, care, services, or assistance required for health, safety, or well-being, and includes inaction or a pattern of inaction that jeopardizes the health, safety, or well-being of one or more residents.

APPENDIX B: Mandatory Reporting under Section 28 of the FLTCA

FLTCA s. 28 (1) requires any person, including staff members, to make an immediate report to the MHLTC Director where there is reasonable suspicion that the following incidents occurred or may occur:

1. Improper of incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.
2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.
3. Unlawful conduct that resulted in harm or a risk of harm to a resident.
4. Misuse or misappropriation of a resident's money.
5. Misuse or misappropriation of funding provided to a licensee under the FLTCA or the *Local Health System Integration Act, 2006 or the Connecting Care Act, 2019.*

Caressant Care Nursing and Retirement Homes Limited

PROCEDURE NO. ADMIN-001	PROCEDURE TITLE: ZERO TOLERANCE OF ABUSE AND NEGLECT

Procedure:

Staff must follow two types of procedures **(internal and external)** for the reporting of all alleged, suspected or witnessed incidents of abuse or neglect. The internal home reporting procedures are based on the organizational roles and responsibilities. The external reporting procedures are those procedures outlined in the FLTCA and its Regulation regarding the mandatory reports that must be made to the MLTC, using the Critical Incident System. When following the procedure, please consider the following:

1. Any staff member that fails to make an internal or external mandatory report of Resident Abuse or neglect will face disciplinary action (*see Appendix A: Disciplinary Action for Abuse or Neglect).*

2. Failure to report abuse or neglect of a Resident suggests that the staff member has condoned the misconduct which can result in the staff member receiving the same disciplinary action as given to the abuser.

3. At no time shall a person or persons reporting the abuse of neglect be punished or retaliated against for reporting the abuse or neglect in compliance with reporting and whistle-blowing provisions of the FLTCA.

Internal:

1. Upon awareness of any alleged or actual abuse and neglect, staff will ensure the resident is assessed, assisted, and supported and provide interventions to ensure the safety and comfort of the resident, as well as any preventative measures to be applied for safety and prevention of any further occurrences. Staff should have a huddle to share interventions and schedule check-in(s) with the resident to assure their well-being. See Appendix B for additional potential interventions.

2. Staff must ***immediately*** **report** suspected or witnessed incidents of:
    a. Abuse of a resident by anyone,
    b. Neglect of a resident by the licensee, a staff member (or affiliate) of the Home, and
    c. Anything else provided for in the Regulations.

3. Staff must ***Immediately*** **inform** the Executive Director/designate. If the situation happens after regular business hours (Monday to Friday 0830 – 1630), *immediately* inform the Registered Nurse in charge. The Registered Nurse in charge will notify the Manager on-call of the situation. **Do not leave voice messages you must speak directly to a person.**

4. The Executive Director/designate will contact the MLTC during regular business hours. If after regular business hours, the Manager on call will direct the Registered Nurse to notify the MLTC as required. If the Registered Nurse is asked to contact the MLTC, the staff reporting the incident, and the staff members responding to the incident,

must be present/participate in the call to the MLTC where possible. The Manager on call may choose to contact the MLTC on behalf of the home.

5. Staff will notify the resident's SDM, if any, and any other person the resident specifies:

    a. *Immediately* upon becoming aware of an alleged, suspected or witnessed incident of abuse or neglect of the resident that resulted in physical injury or pain to the resident, or distress to the resident that has the potential to be detrimental to the resident's health and well-being.
    b. Within twelve (12) hours upon becoming aware of any other alleged, suspected or witnessed incident of abuse or neglect of the resident.

6. The staff members will work together to complete the following:
    - *Incident Report - Internal Reporting of an Alleged, Suspected or Witnessed Abuse or Neglect of a Person* (Appendix C attached below)
    - Assessment of the Resident- Notification to the MD/Physician/NP
      Progress notes in Resident's Chart
7. The department head/designate will begin the investigation as soon as possible, and keep the Executive Director apprised of the investigation, including the outcome of the investigation.

8. The Executive Director/designate will notify the appropriate police division if there is a potential criminal offence.

External:

The **on-line Mandatory Critical Incident System (CIS)** is to be used for external reporting for all incidents that have occurred or may occur under Section 28 of the FLTCA.

1. During regular business hours (Monday to Friday 0830 – 1630), the Executive Director/designate will initiate a CIS report immediately upon notification of suspected or witnessed abuse of a resident.

2. After hours/weekends/holidays, the Manager on call will direct Registered Staff to immediately report to the MLTC, all incidents of suspected or witnessed abuse of a resident. The report must be made by telephone for staff who do not have access to CIS reporting (MLTC Director 1-1-888-999-6973). The Manager on-call must send a notification of the reported incident to the Executive Director/designate.

3. All telephone reports to the MLTC must be followed up with an online CIS report completed by the Executive Director/designate on the next business day.

4. The Executive Director/designate must notify the resident and the resident's Substitute Decision Maker (SDM), if any, and any other person requested by the resident of the results of the investigation immediately upon the completion of the investigation.. If the resident's SDM is the individual being alleged of abuse, the Home will ensure that this fact is included within the report to the MLTC Director, and the Home is not required to advise the SDM of the results of the investigation.

See Also:

Policy: Zero Tolerance of Abuse and Neglect
Appendix A: Disciplinary Action for Abuse or Neglect
Appendix B: Interventions for Victims of Abuse or Neglect
Appendix C: Incident Report – Internal Reporting of An Alleged, Suspected or Witnessed Abuse or Neglect of a Person
Appendix D: Abuse and Neglect Investigative Checklist

APPROVED:	REVISED/REVIEWED: April 2022	AUTHORIZED BY: Caressant Care Operations Team

APPENDIX A: DISCIPLINARY ACTION FOR ABUSE OR NEGLECT

1. If a staff member is alleged, been suspected of, or witnessed to have abused and/or neglected a Resident, the staff member will be put out of the workplace on administrative leave with pay and will be required to leave the premises immediately pending investigation.

2. Any other person (not staff) who is alleged, suspected, or witnessed to have abused a Resident will be required to leave the home immediately and may be prohibited from further visiting or contacting the Resident pending an investigation.

3. The appropriate police force will be notified of any alleged, suspected or witnessed abuse or neglect of a Resident that may constitute a criminal offence. Staff members or other persons who abuse and/or neglect a Resident may face criminal charges.

4. If after an abuse investigation is completed, a staff member is found to have abused or neglected a Resident, or failed to report the incident/knowingly withheld information, will face any or all of the following:
    a. Retraining
    b. Discipline
    c. Dismissal
    d. Reporting to licensing body (e.g., CNO)

5. If after an abuse investigation is completed, and a person other than a staff member is found to have abused or neglected a Resident, that person may be prohibited from further contact with the Resident and/or be prohibited from attending at the home.

APPENDIX B: INTERVENTIONS FOR VICTIMS OF ABUSE & NEGLECT

Residents who have been victimized by abuse or neglect are vulnerable and may suffer from physical and emotional/psychological effects. Such Residents will be offering continuing care intervention following an incident of Resident abuse or neglect. Such interventions may include one or more of the following based on the Residents assessed need:

- Physical examination by Physician/NP
- Assess the Resident for pain
- Referrals and support to/from legal, medical, and psychological services in the community
- Monitoring for side effects and follow-up with any negative outcomes by all staff
- Counselling services through a Social Worker
- Assistance in seeking alternative placement if requested
- List of available resources for further consideration (e.g., Advocacy Center for the Elderly)
- Treatment at another care center for any physical injuries (e.g., hospital)
- Review and Revision of the Residents care plan and interventions
- The right to speak to the Executive Director, Regional Director, or Corporate Representative about the incident and/or concerns about Resident Rights
- All direct care staff will be advised at the start of their shift, the need for additional supports/interventions to be provided to the Resident- to continue for a minimum period of 72 hours or longer as required by the Residents needs.

Resident to Resident Abuse:

Residents with a history of aggression, violence and or Responsive Behaviours will be assessment by the attending physician and appropriate interventions offered including but not limited to:

- Implementation of a 1:1 care provider and request for approval for High Intensity Needs Funding to cover costs
- Medication review and adjustment/changes as required
- Assessment by the Multidisciplinary Care Team to determine if appropriately placed
- Assistance with obtaining alternate placement if required
- Admission to an acute care psychiatric program for further assessment
- Referral for and assessment by BSO (Behavioural Support Ontario) staff, psycho-geriatrician
- Counselling services through a Social Worker
- Review of behavioural triggers, behavioural mapping, completion of behavioural assessments and the development of strategies to manage the Residents behaviour
- Review and revision of Residents Care plan and interventions
- All direct care staff will be advised, at the start of their shift, of each Resident who require additional monitoring because such behavior may pose a potential risk to the Resident or others-- to continue for a minimum period of 72 hours or longer as required by the Resident's needs.

Resident to Staff Abuse:

Assistance to staff with respect to incidents of Resident to Staff abuse can be provided through additional support such as transfer/medical assessment/crisis counselling if warranted or requested

APPENDIX C: INCIDENT REPORT - INTERNAL REPORTING OF AN ALLEGED, SUSPECTED OR WITNESSED ABUSE OR NEGLECT OF A PERSON

INFORMATION	
Name (against whom the alleged, suspected or witnessed abusive action or neglect was committed)	
Date of Incident (YYYY/MM/DD)	**Time of Incident (HH/MM)**
Name of the person who is alleged, suspected, or witnessed to have committed the abusive action or neglect of a person	
Previous incidents involving this individual (Y/N)	

WITNESS INFORMATION (any residents, staff, or other individuals who may have knowledge of the incident)
Name
Name
Name

INCIDENT INFORMATION			
Location of Incident			
☐	Resident Bathroom	☐	Lounge
☐	Dining Room	☐	Outdoors
☐	Hall	☐	Administrative (i.e. Financial)
☐	Bedroom	☐	Other
Type of Alleged, Suspected or Witnessed Abusive Action of Neglect (Check all that apply)			
☐	Emotional	☐	Sexual
☐	Financial	☐	Verbal
☐	Physical	☐	Failure to Provide

Description of the Incident (including the events leading up to the incident)

STAFF INFORMATION (staff members who responded or are responding to this incident)
Name
Name
Name

APPENDIX D: ABUSE AND NEGLECT INVESTIGATIVE CHECKLIST

Abuse & Neglect Investigative Checklist: **Resident Name: _____ Date/Time of Incident: _____**	**Check When Completed**
Assured the Residents Safety	
Provided immediate care and treatment to the Resident - head to toe assessment to determine any injuries	
If accused was identified, statement obtained and accused relieved of his/her duties (as applicable) pending an investigation	
Documentation of assessment findings	
Interview conducted with the Resident (victim) and documented	
Attending physician/MD/NP notified of incident, assessment findings, determination if additional Evaluations are needed	
Executive Director and Director of Care Notified	
Executive Director/Designate has notified: • MLTC as required • Police as required • Social Services - Social Worker as required • Corporate Regional Director of Operations	
High Alert email notification has been sent out	
Family/SDM notified Name: _____	
Obtained a completed incident report	
Initiate CI as required	
Objective documentation about incident and surrounding circumstances placed in Residents Clinical Chart – Progress notes, health records, assessments	
Residents care plans reviewed and updated	
Review staffing schedules to ensure all potential witnesses are identified	
All persons involved in incident are identified (including the accused), written statements received, and interviews conducted- within 24 hours where possible	
Review accused employee file and determine if there have been past incidents of abuse/neglect-suspected or actual	
Determine last abuse/neglect training the accused participated in Date : _____	
Identify Visitors who may have been present at the time of the incident have been interviewed	
Other cognitive Residents on the same unit, in the area of the incident have been interviewed	
Resident's clinical record/history reviewed - determine if there has been past abuse instances	
Complete a comprehensive review of all evidence/written statements etc. and determine whether the allegation of abuse/neglect occurred	
Determine if disciplinary action is warranted – consult HR	
Complete disciplinary action as needed	
CI amended with final outcome of investigation – completed within 10 days of initial awareness	
Corporate office - Regional Director – Operations notified of investigation outcome	
Family/SDM notified of investigation outcome	
Place all documentation in an investigative file with this checklist including but not limited to: • Incident report, RMM report • All statements • All interview notes • Copies of assessments- initial and follow-up • Copy of original care plan • Copy of updated care plan	

• Staff schedules and assignment sheets • Employee profile information • Nursing documentation 72 hours post incident • Photos as applicable • ER/MD assessments • Copies of Behavioural assessments/psychiatric assessments as applicable • Appropriate HR records • Copy of initial and final CI • Police report	
Quality Improvement review completed as applicable	