

## Resident Care

SECTION 1 APPROVED BY VP OF QUALITY AND CLINICAL SERVICES	SUBJECT	POLICY # RC 02-01-02		
	ZERO TOLERANCE TO RESIDENT ABUSE AND NEGLECT	YY	MM	DD
GENERAL		2022	12	22

### **GOAL**

UniversalCare is committed to resident centered care through excellence and innovation. Each resident is an individual and must be treated as such through:

- Accountable interdisciplinary approach to care where the resident is seen as an individual
- Holistic approach to care based on each resident's beliefs, culture, background, race, religion, spiritual and psychosocial needs
- The plan of care shall be based on rehabilitation
- Meet the corporate standards and all the applicable legislations and best practices
- Create an environment that will foster everyone's safety

### **Legislation**

<b>Fixing Long Term Care Act 2021</b>	Sections 2, 3, 24, 25, 27, 28, 82, 84, 85
<b>O. Reg. 246/22</b>	Sections 2, 103, 104, 105, 106, 112, 252, 255

### **PURPOSE**

It is a requirement that the Long-Term Care Home under the *Fixing Long Term Care Act 2021* and ON Regulation 246/22 must have a written policy promoting zero tolerance to abuse and neglect of the residents, and the Home must also ensure that the policy is complied with. The Home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.

### **SCOPE**

This policy applies to all staff, including medical staff, contractors, students, volunteers, board members, and individuals that are involved with the care of the resident and/or the safe operation of the home.

### **STATEMENT**

The Home does not tolerate any type of abuse and neglect of residents. The Home has a Zero Tolerance to Abuse and Neglect program in place to promote prevention of any type of abuse and neglect.

### **POLICY**

**UniversalCare and the Home have ZERO tolerance to any type of abuse and neglect of the residents.**

Home's program for preventing abuse and neglect includes:

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1. Definitions for what constitutes abuse and neglect as defined in regulations, for preventing abuse and neglect
2. Explanation of the duty under section 28 to make mandatory reports
3. Procedure for investigating and responding to alleged, suspected or witnessed abuse and neglect of residents
4. Consequences for those who abuse or neglect residents
5. Notifications and reporting
6. Procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected
7. Procedures and interventions to deal with persons who have abused or neglected or allegedly abused or neglected residents, as appropriate
8. Measures and strategies to prevent abuse and neglect;
9. Investigation of allegations of abuse and neglect including who will undertake the investigation and who will be informed of the investigation
- 10. Training and retraining requirements for all staff**, including medical staff, contractors, students, volunteers, board members, and individuals that are involved with the care of the resident
11. 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
12. Situations that may lead to abuse and neglect and how to avoid such situations
13. Recruitment screening for staff, volunteers, managers, board members and management company members
14. Communication of Zero Tolerance to Abuse and Neglect policy
15. Posting of Zero Tolerance to Abuse and Neglect policy and contact information for the Ministry of Long-Term Care
16. Zero Tolerance to Abuse and Neglect Program Evaluation

### DEFINITION OF ABUSE AND NEGLECT

#### Interpretation under section 2 (1) In this Act:

“abuse”, in relation to a resident, means physical, sexual, emotional, verbal or financial abuse, as defined in the regulations in each case.

#### “Abuse” Definitions under Ontario Regulation 246/22:

##### “Abuse” — definition

2. (1) For the purposes of the definition of “abuse” in subsection 2 (1) of the Act, “emotional abuse” means,

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(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

**“financial abuse”** means any misappropriation or misuse of a resident’s money or property; (“exploitation financière”)

**“physical abuse”** means, subject to subsection (2),

(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 an inappropriate purpose, or

(c) the use of physical force by a resident that causes physical injury to another resident

**“sexual abuse”** means,

(a) subject to subsection (3), 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

**“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 their safety where the resident making the communication understands and appreciates its consequences.

(2) For the purposes of clause (a) of the definition of “physical abuse” in subsection (1), 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.

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(3) For the purposes of the definition of “sexual abuse” in subsection (1), sexual abuse does not include,

- (a) 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
- (b) 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.

### “Neglect” Definitions under Ontario Regulation 246/22:

7. For the purposes of the Act and this Regulation,

“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.

**ALERT: Failure to provide emergency treatment and management of reversible acute medical conditions will constitute neglect.**

**Intimate Images** (Protecting Canadians from Online Crime Act, Criminal Code ([https://laws-lois.justice.gc.ca/eng/annualstatutes/2014\\_31/](https://laws-lois.justice.gc.ca/eng/annualstatutes/2014_31/) )

**Definition:** Intimate *image* means a visual recording of a person made by any means including a photographic, film or video recording, using a cell phone to take the pictures.

The action of taking and distribution of intimate images, including of taking intimate photos and post such images on the internet, and any other social media, including **visual recording** such as photographic, film or video recording made by any means, i.e. telephone is un-acceptable conduct and may lead to disciplinary action, up to and including termination.

Each such incident shall be investigated thoroughly, including informing the police.

The distribution of **intimate images**, including taking intimate photos and posting such images on the Internet is a **violation of person’s privacy**, and may result in humiliation, embarrassment and feeling degraded.

Everyone who knowingly publishes, distributes, transmits, sells, makes available or advertises an intimate image of a person, may be criminally charged.

(Resources: Protecting Canadians from Online Crime Act, Criminal Code).

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**Reporting certain matters to Director** under Section 28 (1) of the Fixing Long Term Care Act 2021 (FLTC Act 2021)

**28 (1)** A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

1. Improper or 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 this Act, the *Local Health System Integration Act, 2006* or the *Connecting Care Act, 2019*.

UniversalCare and the Home shall comply with FLTC Act 2021 and requires making an immediate report to the Ministry of Long-Term Care Director, where there is a reasonable suspicion, or grounds to suspect that the following incidents occurred or may occur.

1. Improper or 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 this Act, the *Local Health System Integration Act, 2006* or the *Connecting Care Act, 2019*.

It is an offence under FLTC Act 2021 to discourage or suppress a report of abuse or neglect, both internally in the home, or to the Ministry of Long-Term Care Director.

It is an offence under FLTC Act 2021 to knowingly report false information to Ministry of Long-Term Care Director.

This is the UniversalCare and Home's policy and procedures to determine whether a report to the Ministry of Long-Term Care Director is required under legislation in response to an alleged, suspected or witnessed incident of abuse or neglect of a resident. This policy also includes the Ministry of Long-Term Care Licensee Reporting Decision Trees of May 2012 (*See June 13*,

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*2012 Ministry of Health and Long-Term Care Memo and Decision Trees (6) Regarding Abuse and Neglect (Appendix A, B, C, D, E, F).*

### Possible Signs of Abuse and Neglect

Possible signs of ABUSE	Possible signs of NEGLECT
<p><b>Physical/Psychological/Sexual</b></p> <ul style="list-style-type: none"> <li>• injuries to the upper extremity, trunk, head, neck and/or anogenital regions</li> <li>• depression, anxiety</li> <li>• change of behavior/mood in presence of the person abusing or neglecting</li> <li>• unexplained burns and bruises (may be in different stages of healing)</li> <li>• fractures (may be in different stages of healing)</li> <li>• evidence of sexual abuse (e.g., genital infections, trauma, bruising on inner thigh)</li> <li>• signs of hair being pulled</li> <li>• inadequate explanation or documentation of any injury (from employees)</li> <li>• evasive or defensive responses (from employees)</li> </ul> <p><b>Financial</b></p> <ul style="list-style-type: none"> <li>• irregularities in bank accounts and bills</li> <li>• living conditions that do not match income</li> <li>• missing money and personal belongings</li> <li>• payments to strangers or new “best friends”</li> <li>• inappropriate use of power of attorney authority</li> <li>• deception or coercion with regard to payments, gifts or change in wills</li> </ul>	<ul style="list-style-type: none"> <li>• dehydration</li> <li>• malnutrition</li> <li>• low blood albumin level</li> <li>• pressure ulcers/sores</li> <li>• poor body and oral hygiene/grooming</li> <li>• depression</li> <li>• despair</li> <li>• unclean living conditions</li> </ul>

### PROCEDURE

A staff member who is receiving a report of or observing anyone (another staff member, volunteer, family member, visitors or resident) abusing a resident in any manner will:

1. **Stop the abuse** –assess the situation for safety; at **no** time should a staff member put themselves or anyone else at risk of injury by intervening to stop abuse. If there is any

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concern for staff safety or safety of others in the area **immediately** call 911 for police assistance.

2. **Separate resident and abuser** – staff are to take the resident to a quiet safe location and have another staff member stay with them. Direct the abuser to a location where there are no residents if possible.
3. **Ensure the resident is safe**
4. **Immediately report the abuse as per mandatory reporting (FLTC Act 2021 and ON Reg. 246/22)**
5. **Immediately inform Resident’s family/SDM**

The following individuals must also be notified:

- Administrator
- Director of Care/Designate
- Medical Director
- UniversalCare
- Police

1. The RN shall assess the resident and chart/record any and all findings. The safety and wellbeing of the resident should be of utmost importance first and foremost.

2. The Administrator and/or Director of Care/Designate will contact the Ministry Long Term Care, and report the abuse or alleged abuse to the Director.

The reporting is via Critical Incident System (CIS) during regular weekdays hours; after hours and during weekend and statutory holiday days, report using the Service Ontario phone number (1-888-999-6973 Service Ontario), then complete the Critical Incident (CI).

3. The Director of Care or designate will immediately begin the investigation process.

4. The Director of Care or designate will follow the protocol for the investigation of abuse or allegation of staff abuse of a resident. Activities include investigating:

- a. The staff member reporting the incident.
- b. The resident allegedly abused (e.g., review previous incident reports for that resident).
- c. Alleged abuser (e.g., review the employee’s file for evidence of previous similar incidents; review resident chart for previous similar behaviours)
- d. Interview witnesses of the abuse or alleged abuse event

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5. The alleged abuser should be dealt with in one of the following manners:
  - a. A staff member will be designated to contact the Police to assist in any or all of the steps.
  - b. A staff member who has allegedly abused a resident should be sent home pending investigation, and replaced immediately.
  - c. A resident who has allegedly abused another resident, If possible, in a safe manner, the resident should be moved to an area where he/she presents no further danger to anyone.
  - d. A family member/visitor/volunteer who has allegedly abused a resident should be escorted from the Home immediately or ultimately be escorted from the Home by the Police.

\*The Police must be contacted at any time to assist in any of the above steps.

\*\*The Director of Care or designate must complete the appropriate documentation and forward the results to the Administrator within 24 hours of the incident.

6. Staff involved in the reporting and investigation process shall comply with the Ministry of Long Term Care reporting regulations and any other health care regulating organizations as required.
7. Substantiated allegations of abuse of residents by staff members of The Home will result in immediate termination of employment. A Care Critical Incident shall be initiated immediately.
8. Administrator/Director of Care or designate report immediately to the Director at Ministry of Long-Term Care under mandatory reporting.

### INTERVENTIONS:

All homes will implement “Zero Tolerance to Abuse and Neglect” program that must include:

1. Prevention of any alleged incident of resident abuse or neglect
2. Detection of any alleged incident of resident abuse or neglect
3. Immediate response to any alleged incident of resident abuse or neglect
4. Assess residents involved in any alleged incident of resident abuse or neglect
5. Investigation:
  - immediately and thoroughly investigate all reported alleged incidents of resident abuse or neglect



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- investigate in a manner that is fair and transparent
6. Communicate with and support residents, families, witnesses, whistleblowers and others throughout the process
  7. Document findings and interventions of any alleged incident of resident abuse or neglect
  8. Monitor residents that interventions put in place are effective of any alleged incident of resident abuse or neglect

### The Administrator/ DOC will:

1. Review the information and findings of the investigation
2. Contact Police to investigate
3. Review and complete the Critical Incident Report and submit to Ministry immediately
4. Arrange for follow-up Care Conference with resident/family/SDM, of both residents, (victim and abuser), to discuss the outcome of the investigation
5. Implement a plan of action, which may include:
  - **Staff:**
    - No action required when the allegation is not founded
    - Education of staff/ family/ residents/ volunteers
    - Discipline (up to termination)
    - Referral to a 3rd party community resource for counseling/support
  - **Family/volunteers**
    - Limiting visiting time
    - Supervised visits
    - No visitation
    - Referral to the Office of the Public Guardian and Trustee
    - Consultation with the Advocacy Centre for the Elderly
    - Offer support through Service Worker or 3<sup>rd</sup> party community resource
  - **Resident:**
    - Care conference with resident, family, interdisciplinary team
    - Refer to Psychogeriatric Outreach/Behaviour Support program for assessment
    - Medication review by physician
    - Offer support through Service Worker or 3<sup>rd</sup> party community resource

### SUPPORT SYSTEMS

- Physician to assess and review medication
- Social Worker

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- Refer the resident to an outside source/community support service as determined based on the assessment and investigation.
- Alzheimer's Society
- Psychogeriatric Resource Consultant or Psychogeriatric outreach team.
- Geriatrician
- Psychiatrist
- Behaviour Support Ontario
- Internal Responsive Behaviour system
- Care conference with resident, family, interdisciplinary team

**Note:** If this referral occurs ensure that any feedback and techniques/methods provided to the home by these professionals are noted in the residents' Plan of Care and communicated to nurses and care staff.

### RESIDENT ASSESSMENT

Registered Staff will complete a resident assessment including the following:

#### Physical Abuse:

1. If resident injuries indicate, transfer resident to hospital immediately.
2. Complete a Head-to-Toe physical assessment. **Take pictures** of red areas, injuries or other marks ensuring that the resident remains and feels safe. Ideally pictures should be taken with a digital camera with two copies printed immediately - one copy for police and one copy for Home file.
3. If photos are warranted to be taken, Resident Name, Date of Birth and room number is to be recorded on the back of the photos. Photos are to be signed and dated by the person who took the pictures and if there was a witness to the picture taking, they should sign and date as well. Any pictures taken for the investigation of the witnessed or alleged abuse are part of the investigation file.
4. Transfer to hospital if at any point there is concern with the resident's physical/emotional health status.

#### Physical Sexual Abuse:

##### Immediate Interventions

1. Notify Medical Director and Attending Physician
2. Attending Physician to assess resident
3. If attending physician not available to assess resident, call 911 and transfer resident to hospital for further assessment
4. Depending on the nature of the sexual abuse transport the resident to a local hospital with a Sexual Assault program

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5. Complete a Head-to-Toe skin assessment

### **Verbal/Emotional/Neglect/Deprivation:**

1. Move resident to an area where they feel safe and offer reassurance to resident that the abuse has stopped.
2. Refer to professionals for further assessment such as Physician, Dietitian, Social Worker/Social Practical Worker to assess if treatment change is needed.
3. Inform medical Director

### **DOCUMENTATION**

1. The Registered Staff immediately upon learning about an abuse incident, and once resident is safe, will complete The Home Incident/Electronic Risk Management Incident Report in Point Click Care, complete all triggered assessments/referrals, and inform the DOC
2. DOC/Designate will inform Administrator/Designate.
3. Administrator will inform UniversalCare

#### **The following information is to be reported:**

- name of alleged victim
  - name of person reporting the incident
  - name of alleged abuser.
  - details of the abuse - what? where? when? and
  - date, time and any other pertinent information.
  - location
  - environment assessment: noise level, temperature, furniture placement, odor, activity on the unit at the respective time, light
4. **The Director of Care/Designate will complete:**
    - The Home resident/staff incident form and
    - The Ministry of Long-Term Care Mandatory Reporting Critical Incident.
3. Using the CHECKLIST FOR INCIDENT INVESTIGATION Report, the Director of Care/Designate must record details of the incident and obtain written statements from all parties involved (residents, staff members, family members, visitors, volunteers). The Director of Care will provide the Administrator with a complete written, factual report upon completion of the above steps outlined under the protocol.

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4. The Social Worker/Social Support Worker may interview the resident and or family and record the information
  
5. A Mandatory Report Critical Incident will be completed by the Director of Care, Administrator or designate and forwarded to the Ministry of LTC Division **immediately** following the incident. Where the incident occurs after hours, or during weekend days, the Director of Care or designated personnel will call the after-hours Ministry of Long-Term Care using after hours number to report the incident and note the Critical Incident reference number. The Critical Incident is initiated immediately with all the information available and submitted on line to the Ministry by the Administrator, DOC or designated personnel.

### INVESTIGATION

- Investigation is confidential
- Violation by any staff of the investigation confidentiality is not tolerated and will result in disciplinary action
- The Administrator/DOC of the home must ensure that the resident and the resident's substitute decision-makers, if any, are notified of the results of an investigation described immediately upon the completion of the investigation;

### REPORTING under FLTC Act 2021 section 28

All staff, volunteers, contractors and affiliated personnel are required:

To fulfill their legal obligation **to immediately and directly report** any witnessed incident or alleged incident of abuse or neglect to the Ministry of Long-Term Care as per **FLTC Act 2021**

#### section 28:

For reporting purposes, the Ministry's normal business hours are Monday to Friday  
8:30 a.m. - 4:30 p.m.

Phone: Local: 905-546-8295 or Toll Free: 1-855-819-0879

Address: Centralized Intake, Assessment and Triage Team (CIATT)  
119 King Street West, 11<sup>th</sup> Floor  
Hamilton ON L8P 4Y7

After Hours Number: **1-888-999-6973 Service Ontario**  
(updated as of Thursday July 5, 2018)

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**Note:** Administrator/Director of Care/Designate of the home is responsible for completing reports using Critical Incident System to the Ministry of Long-Term Care. This designate may make the MTLC report **together with** the person who witnessed the incident of abuse or neglect.

Maintain confidentiality regarding the report and names of all those involved in the incident.

### **Whistle- blowing protection**

A staff member filing a report is protected under s. 30 of the FLTC Act 2021 (Whistle- blowing protection) which forbids retaliation, or threats of retaliation, against a person for disclosing anything to an inspector or the Ministry of Long-Term Care Director, or for giving evidence in a proceeding under the FLTC Act 2021, or during a coroner's inquest. Employees, officers, and directors cannot discourage these disclosures. Staff will report any retaliation actions or threats of retaliation experienced related to the reporting of abuse or neglect under this policy.

### **PREVENTION OF ABUSE & NEGLECT**

#### **Residents, Families and Substitute Decision Makers (SDMs)**

The Home will ensure that residents, families and SDMs are aware of and receive written information at the time of admission regarding the Resident Bill of Rights and the Policy of Zero Tolerance of Abuse and Neglect of Residents.

#### **Staff Education and Training**

- The Residents' Bill of Rights
- Policy on Zero Tolerance of Abuse and Neglect including definitions of abuse and neglect and use of Ministry of Long-Term Care Licensee Reporting Decision Trees of May 2012 (*June 13, 2012 Ministry of Health and Long-Term Care Memo and Decision Trees (6) Regarding Abuse and Neglect (Appendix A, B, C, D, E, F)*) will be reviewed with each new employee during orientation and annually thereafter.

The staff education and training will also include:

- i. Procedures on Reporting and Whistle-blowing Protection Against Retaliation
- i. Policy and Procedures for Managing Complaints
- ii. Policy and Procedures for Minimizing Restraining and Use of PASDs

Training related to the following concepts:

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- Understanding the nature of employment in the Long-Term Care Home environment and how it demands an ongoing capacity for compassion and patience for residents
- **Power imbalances** in resident care and the potential for abuse and neglect by those in positions of trust:

Staff and resident relationship are of unequal power. The staff has more authority and the ability to advocate for the resident. The resident is dependent on the staff and has less ability to control situations and so is at a disadvantage. There is the potential for abuse and neglect by those in a position of trust, power and responsibility for resident care. A misuse of power is considered abuse.

It is important for staff to recognize the potential for resident to feel intimidated within this power imbalances and how this may lead to abuse and / or neglect. In order to facilitate the proper use of power, the staff shall create a therapeutic and trusting relationship while maintaining boundaries.

The appropriate use of power between staff and residents ensure the resident's needs are foremost and their vulnerability is protected.

**In order to maintain trusting, respectful and professional staff-resident relationships, the staff must be cognizant of what crossing the boundary of appropriate to inappropriate uses of power. Some examples include:**

1. **Giving and receiving gifts.** A gift has potential to change nature of a relationship. Staff need to consider carefully the implications of giving or receiving any gift, including its value, intent and appropriateness. Any significant gift should be returned or redirected.
2. **Hugging or touching:** staff are to assess each situation and determine what supportive touch would be welcome. Be aware of the resident's perception of the meaning of the touch.
3. **Dual roles:** it is unacceptable for staff to engage in a friendship, romantic or sexual relationship. Important to maintain professionalism if there is an existing staff-resident relationship.
4. **Self-disclosure:** occurs when staff shares personal information. This may be used in moderations as long as it focuses on the needs of the resident (therapeutic intent of reassuring, building rapport, etc.). Disclosing personal information that is lengthy, self-serving or intimate is not acceptable.

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- Implementation of strategies that promote trusting relationships and mitigate power imbalances.
- Situations that may lead to abuse or neglect and how to avoid them.
- Training related to the provision in the FLTC Act 2021 and its Regulation that address zero tolerance for abuse and neglect of a resident.
- Training related to the consequences for abusing or neglecting a resident or failure to report under this policy.

### **Management staff shall:**

- Ensure that all staff including medical staff and/or contracted individuals, students and volunteers have documented that they have read and understood the policy of Zero Tolerance of Abuse and Neglect. This documentation will be required following initial orientation, annual re-training or other educational events supported by the home.
- Maintain a tracking system to record the staff completion of the mandatory training on this policy of Zero Tolerance of Abuse and Neglect.
- Publicly post the home's policy on Zero Tolerance of Abuse and Neglect of Residents in an accessible location and visible public area of the home.
- Include the contact information for the home's most senior manager or designate responsible for responding and the contact information for the Ministry of Long-Term Care Director (e.g. Mailing Address and Ministry of Long-Term Care toll-free Action Line).

### **Orientation**

All new staff and volunteers will receive resident abuse prevention training as part of their initial hiring orientation and the mandatory reporting obligations as per the Ministry of Long-Term Care.

### **Staff Orientation Checklist:**

Include in your staff and volunteer orientation checklist:

- Residents' Bill of Rights
- Corporate Philosophy on Resident Abuse (**includes Code of Ethics**)
- What constitutes abuse and neglect
- Zero tolerance for abuse
- Whistle blowing protection
- Identifying possible indicators of abuse and neglect
- Mandatory Reporting Obligations under the Ministry of Health and Long-Term Care

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- Duties and obligation of the employee / volunteer to monitor for resident abuse/neglect and to report any witnessed or suspected resident abuse/neglect
- Identify who to report witnessed or suspect resident abuse to in different situations

### **Ongoing Education /Training and Annual In-Services:**

The Home is responsible for providing ongoing educational opportunities on resident abuse prevention and awareness to staff and volunteers (e.g. workshops, in-services, guest speakers, videos, books, periodicals).

An annual in-service should address all of the above identified under sections “Staff Education and Training” and “Orientation Checklist”:

- The Home’s policies and procedures on zero tolerance for abuse and neglect.
- The serious nature of abuse and neglect and the associated legal and ethical implications.
- That monitoring for mistreatment of residents is an integral part of everyone’s job and that under no circumstance is resident abuse tolerated
- What constitutes abuse/neglect and how to recognize possible signs of abuse/neglect
- The duty to immediately disclose abuse of others (other staff, volunteers, family members, visitors, other residents); must provide accurate information and to explain suspicious circumstances
- Procedure for reporting witnessed or suspected abuse (internally)
- Mandatory Reporting Obligations to the Ministry of Long-Term Care
- Discuss resident treatment approach / understanding the rights of residents
- Addressing potential barriers to staff recognition of resident abuse
- Stress management

### **PROPER EMPLOYEE SELECTION – HIRING PRACTICES:**

- Recruitment and selection practices aimed at finding the best-suited and most qualified candidate for the job.
- Educate staff and volunteers on the prevention of resident abuse/neglect, at the time of initial orientation and at annually thereafter.
- Effective interviewing techniques
- Appropriate reference checks to assist in verifying the authenticity of qualifications and skills being presented by a person being hired.
- Working with Vulnerable Person Screening” from the local police and complete yearly Declaration Statement



## Resident Care

SECTION 1 APPROVED BY VP OF QUALITY AND CLINICAL SERVICES	SUBJECT	POLICY # RC 02-01-02		
	ZERO TOLERANCE TO RESIDENT ABUSE AND NEGLECT	YY	MM	DD
GENERAL		2022	12	22

- Verify status and obtain proof of applicable licensing for any registered health professional hired directly by the Home
- **Ensure that any outside agency staff is required to have proper reference checks and training from the agency in which they are employed.**
- Look for any behavioural indicators (e.g. demeanour, attitude) during the employee's probationary review that may indicate that employee not suitable to work with older persons
- Conduct on-going performance appraisals
- Volunteers and students also submit to a criminal reference check prior to starting their service. The volunteer should not start their duties until proof of a *satisfactory* criminal reference check has been obtained.

### **Forms to be completed:**

- Checklist for reporting/investigating alleged abuse - send one copy to UniversalCare
- Checklist for Incident investigation
- Incident Report/Electronic Risk Management Incident Report
- Mandatory report to Ministry of Health and Long-Term Care under CIS management system

### **POLICY REVIEW AND EVALUATION**

There will be an annual evaluation of the effectiveness of the policy and the program. Leadership staff will evaluate the effectiveness of the policy for prevention of abuse and neglect at least once per year to identify what changes and improvements are required to prevent further occurrences (ON Reg. 246/22 s. 106). The results of the analysis of every incident of abuse or neglect are considered in the evaluation.

Management staff will maintain a written record of the abuse prevention policy and program review results, including the date of the evaluation, the name and relevant discipline of the individuals participating in the review, a summary of any changes arising from the review, and an action plan outlining the timelines for the implementation of the changes, and the date the changes or improvements were implemented.

Leadership staff will ensure that the identified changes and improvements are promptly 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.

## Resident Care

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

### References:

- Fixing Long Term care Act 2021
- Ontario Regulations 246/22
- RAO Best Practice Guideline: Preventing and Addressing Abuse and Neglect of Older Adults: Person-Centred, Collaborative, System-Wide Approaches

### Review

Administrator	Name	Signature	Review Date YY/MM/DD
DOC			

Initial Date YY/MM/DD	Revision Dates YY/MM/DD	Related Policies & Procedures	Related Forms
2010/08/01	2012/02/13 2013/12/31 2016/12/31 2018/10/07 2019/07/01 2021/03/26 2022/12/22	RESIDENT BILL OF RIGHTS COMPLAINTS PROCEDURE CRITICAL INCIDENTS-CRITICAL INCIDENTS ANALYSIS WHISTLEBLOWER POLICY LEAST RESTRAINT-PROGRAM OVERVIEW HIRING PRACTICES	CHECKLIST FOR INCIDENT INVESTIGATION CHECKLIST FOR REPORTING- INVESTIGATING ALLEGED ABUSE INVESTIGATION OBSERVATION Appendix 36LTC – Declaration <i>Decision Trees (6) Regarding Abuse and Neglect: Appendix A, B, C, D, E, F</i> Zero Abuse Program Evaluation