POLICY FOR

ABUSE & NEGLECT

WHISTLE BLOWING PROTECTION

A. ABUSE AND NEGLECT DEFINITIONS

PURPOSE

To clearly identify to all employees the definition of resident abuse and neglect that is the foundation within our retirement residence polices as they relate to abuse and neglect, expectation for employee standard of conduct in all interactions with residents. The zero –tolerance for resident abuse and neglect will be enforced and the mandatory reporting obligations as per the RHA, 2010.

POLICY

L'chaim Retirement Home has a zero tolerance policy with respect to abuse of any kind including physical, sexual, emotional, verbal, financial, and neglect, from any person (e.g. staff to resident, family members/visitors/volunteers/resident to resident/staff, contracted staff, agency staff, paid companions (paid by resident, family member or SDM).

All staff members are required to report any suspicious, incidents or allegations of neglect and/or abuse immediately to their supervisor / designate for further investigation and follow the mandatory reporting obligations as per the RHA.

DEFINITIONS

Abuse means any action or inaction that:

- involves the misuse of power and/or betrayal of trust, respect, or intimacy by a person against a resident,

- the person knew or ought to have known, their action may cause physical, emotional and/or financial harm to the resident's health, safety or well being.

For the purposes of the definition of "abuse" in subsection 2(1) of the Act:

"Emotional abuse" means,
(a) any threatening, insulting, intimidating or humiliating gestures, actions, behavior 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, behavior or remarks by a resident that causes alarm or fear to another resident where the resident performing the gestures, actions, behavior or remarks understands and appreciates their consequences;

("mauvais traitement d'ordre affectif")

"Financial abuse" means, any misappropriation or misuse of a resident's money or property; ("exploitation financière")

"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 an inappropriate purpose, or
(c) the use of physical force by a resident that causes physical injury to another resident; ("mauvais traitement d'ordre physique")

For the purposes of the definition of "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.

"Sexual abuse" means,
(a) any consensual or non-consensual touching, behavior 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, behavior or remarks of a sexual nature or sexual exploitation directed towards a resident by a person other than a licensee or staff member; ("mauvais traitement d'ordre sexuel")

For the purposes of the definition of "sexual abuse", abuse does not include,
(a) touching, behavior 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, behavior 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 commenced residency in the retirement home or before the licensee or staff member became 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 his or her safety where the resident making the communication understands and appreciates its consequences.

“Neglect” means,

“neglect”, in relation to residents, means the failure to provide a resident with the care and assistance required for his or her health, safety or well-being and includes inaction or a pattern of inaction that jeopardizes the health or safety of one or more residents; (“negligence”) Such behaviours or remarks include, but are not limited to any form of:

(a) not answering the call bell or requests for assistance

(b) intentional and repeated failure or refusal to provide care as set out in the resident care plan or care for the existing condition of the resident

(c) withholding food, medication, fluids and health services

(d) failure to provide access to physician services as indicated in the resident care plan or required for an existing condition

Resident Abuse / Neglect Indicator Table:

FORMS OF EMOTIONAL ABUSE	INDICATORS
• Manipulation • Intimidation through sarcasm, threats, yelling or insults • Dehumanisation, ridicule or humiliation • Teasing, taunting, belittling, name calling or degrading • Non-verbal abuse/silence • Provoking fear, intimidation or retaliation • Verbal abuse - shouting, yelling, scolding • Imposed social isolation from friends/family • Withholding of companionship and love • Lack of privacy • Removal of decision-making process/power • Infantilization threats of abandonment, ignoring, isolating, denying participation in discussions in respect to their own life • Institutionalisation, physical abuse, withdrawal of love • Ignoring elderly person, or a request for assistance • Terrorizing or threatening	• Appears shamed • Low self-esteem • Agitation • Difficulty sleeping • Withdrawn, passive • Fearful interaction with a person, "what are you going to do to me?" • Invalid guilt • Tearfulness • Excluded from family gatherings, not permitted to have friends visit, to go to church, denied access to grandchildren • Embarrassment • Loss of self determination • Infantilization, ribbons in hair, toys, "baby talk" • Depressed, hopeless, helpless

VERBAL ABUSE	INDICATORS
• Intimidation/threats • Humiliation Ridicule • Name Calling • Harassing phone calls • Habitual blaming • Arguments between resident and another person	• Changes in personality/behaviors • Witnessing arguments between person and resident • Low self esteem • Agitation • tearfulness

PHYSICAL ABUSE	INDICATORS
• Assault, beating, cutting, burning, forced feeding, hitting, slapping, pinching, punching, pushing, pulling hair, shaking, shoving • Inappropriate use of drugs • Restraints • Confinement • Any physical pain or injury • Punishment which results in physical harm	• Body or head injury • Unexplained bruises, welts, lacerations, swelling, fractures • Signs of being restrained • Rope/grip-marks • Internal injuries • Immobility • Broken eyeglasses
SEXUAL ABUSE	**INDICATORS**
• Physical sex acts • Rape • Showing pornographic material • Forcing the elder person to watch sex acts • Forcing the elder person to undress • Intercourse without consent	• Bruises around breasts/genitals • Unexplained venereal disease/genital infections • Unexplained vaginal or anal bleeding • Torn, stained, or bloody underclothing
FINANCIAL ABUSE	**INDICATORS**
• Misuse of personal cheques, credit cards • Steal cash, income cheques or household goods • Forge signature/identify theft • Phony charities, fraud, extortion • Missing Jewellery • Inequitable distribution of health care resources • Coercion • Resource abuse	• Under-diagnosis/under-treatment • "Borrowing" a resident's personal items and removing it from their person / place of residence • Inappropriate hospital discharge • Inappropriate transfer within institution • Nursing attitudes – lack of understanding,custodial, paternalism • Inadequate community supports • Overcharged for home repairs, funerals • "Con artists"

• Withholding pensions/insurance cheque • Misuse of Power of Attorney • Failure to move residents to long term care for financial gain	• Illegal use of elder's possessions/property/ investments for profit/ personal gain • Abuser supports own drug/alcohol dependency • Forced to sign over control/power of attorney • Forced to change will, sell house • Used as baby sitter/housekeeper • No money for food/clothes • Inadequate living environment • Unable to afford social activities, travel • Disappearance of elder's possessions in institutions • Sudden inability to pay bills • Sudden withdrawal of money from accounts • Open mail without permission
NEGLECT OF A RESIDENT	**INDICATORS**
Neglect comes in two forms: Active: Intentional failure Passive: Unintentional failure (due to lack of knowledge, skill, illness) • Withholding or inadequate provision of physical requirements such as food, housing, medicine, physical aids • Inadequate supervision/safety precautions • Over/under medications • Denying access to services • Inadequate hygiene, personal care • Inadequate clothing • Under medicated • Sensory deprivation • Lack of safety precautions • Lack of supervision • Withholding medical services/treatment • Unjustified use of restraints • Abandonment	• Weight loss, malnourished, emaciated, no dentures, dehydration, mouth sores, confusion • Impaired skin integrity, decubitus ulcers, rashes, urine burns, soiled linen, unkempt appearance • Clothes in poor repair • Over sedation – reduced physical/mental activity • CNS depression • Reduced/absent therapeutic response • No glasses, hearing aid • Dangerous environment • Unattended, tied to chair/bed • Not taken to doctor/dentist/therapist • Muscle contractions, immobility, weakness • Deserted • Institutionalized • Untreated physical problems • Unsanitary living conditions

B. PREVENTION OF ELDER ABUSE / NEGLECT

Policy: As per the RHA and Retirement Residence policy, L'chaim Retirement Home Inc. must establish and maintain a program for preventing abuse and neglect of residents (the "Program"). The Program includes training and retraining for all staff of the Residence. At least annually, our staff will receive training on topics including but not limited to:

a) The Residents' Bill of Rights;
b) The policy to promote zero tolerance of abuse and neglect or residents;
c) 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;
d) Situations that may lead to abuse and neglect and how to avoid such situations; and
e) The procedure for a person to complain to the Operator about the operation of the Residence and the way in which the Operator is to deal with complaints.

Procedures:

The most effective ways for a residence to promote long-range prevention of resident abuse and neglect is through 1) Proper Employee Selection; 2) Staff/Volunteer Education; 3) Resident Education; 4) Appropriate Staffing for Level of Resident Care

1) PROPER EMPLOYEE SELECTION – HIRING PRACTICES:

A residence will develop a comprehensive hiring policy, which includes recruitment and selection practices aimed at finding the best-suited and most qualified candidate for the job.

A residence will develop policies and programs to educate staff and volunteers on the prevention of resident abuse/neglect, at the time of initial orientation and at annual in-services thereafter .

A residence will utilize effective interviewing techniques and conduct the appropriate reference checks to assist in verifying the authenticity of qualifications and skills being presented by a person being hired. The following areas should be included, but not limited to:

- Criminal reference checks – 2-types; criminal and local

- Verify status and obtain proof of applicable licensing for any registered health professional hired directly by the residence (e.g. RN, In-House Physician)

- Pre-employment reference checks

- **Ensure that any outside agency staff is required to have proper reference checks and training from the agency in which they are employed.**

- Develop a comprehensive list of interview questions. Consider using a Behavioural / Situational Interview model which can be helpful in recruiting the person best suited to working in an environment dealing with a vulnerable population.

- 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, in addition to reviewing job tasks, coping skills and attitude of the employee

A residence will ensure volunteers 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.

2) STAFF EDUCATION

L'chaim will clearly communicate that abuse (emotional, financial, physical, sexual, verbal) and/or neglect (active and inactive) of any resident by staff and/or volunteers will not be tolerated.

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 RHA.

Staff Orientation Checklist:

- Corporate / ORCA Philosophy on Resident Abuse
- What constitutes abuse and neglect
- Zero tolerance for abuse
- Whistle blowing protection
- Identifying possible indicators of abuse and neglect

- Mandatory Reporting Obligations under the RHA
- 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
- Provide the "Staff Mandatory Reporting Obligations Information hand out" – ***Appendix H***

Ongoing Education and Annual In-Services:

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

An annual in-service should address:

- The residence's policies and procedures on prevention of 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 misconduct 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 Registrar of the RHRA *(Refer to "Mandatory Reporting Obligations Hand Out* ***– Appendix H***
- Discuss resident treatment approach / understanding the rights of residents
- Addressing potential barriers to staff recognition of resident abuse
- Stress management

A residence will compile for its management a community resource listing of key agencies and organizations that can provide assistance in responding to situations beyond their ability.

3) RESIDENT EDUCATION:

L'chaim will also develop education programs for residents and provide information as per the RHA in the Residents Handbook (ORCA Sample Resident Handbook):

- What constitutes abuse/neglect
- What their rights/obligations are as a tenant (Rights under Residential Tenancies

Act, Advocacy Centre for the Elderly & Community Legal Education Ontario information/publications)

- Location of :
  - Bill of Rights as per the RHA
  - Complaints Procedure
- ORCA Code of Ethics
- Mandatory Reporting Requirements as per the RHA and poster location
- Local Organizations that offer help

4) APPROPRIATE STAFFING LEVELS: A residence will ensure that there is a system in place to determine that staffing patterns for each department are developed to meet the changing needs of the resident population.

C: INVESTIGATION AND RESPONDING TO ALLEGED/SUSPECTED ABUSE

PURPOSE

To outline standard process to be used during witness of abuse / neglect and/or on receiving a report of an allegation or suspicion; the reporting process includes:

- immediate response for the safety for all persons
- immediate care to the resident(s) that is individual, respectful, culturally sensitive and ethical in a therapeutic environment;
- accurate and timely reporting and documentation
- follow-up action plans and analysis which foster resident, visitor and staff safety

The retirement residence has an obligation to provide a safe environment for residents and staff. In the event of an incident or allegation of abuse, there is a responsibility and accountability to report and investigate to the applicable authorities (police and regulatory as applicable) and the corporation for reputational risk measures.

POLICY

Staff who suspect abuse/neglect should review the indicators to help them determine whether or not the action or inaction is abuse/neglect (See pages 5 to7 *Resident Abuse Possible Indicator Table).* It's important to note that the *"Possible Indicators"* are meant only as a guideline; personal discretion or "gut instinct" should be exercised. Reasonably suspected abuse/neglect must be reported immediately to the designated facility authority (GM/Manager) (or alternate authorities depending on the

circumstances-*see above*). Medical conditions (e.g. dementia) should be considered as part of the indicator checklist.

Intake/Documentation by the Designated Residence Authority:

The GM/Manager is responsible for implementing a closed-door reporting policy to help maintain resident confidentiality, except in extenuating circumstances that warrant alternate reporting action.

For any report of witnessed or suspected abuse/neglect (the designated facility authority) must document the details of the situation in writing on an "Elder Abuse Reporting Forms for Management- See ***Appendix E***. Information should be collected from the person reporting the situation and/or the alleged victim, the alleged abuser(s), supervisors, and any witnesses.

If a resident is physically abused, the facility must ensure they are examined by a physician without delay and that a medical report is prepared.

Neglect & Abuse Amendment

September 14, 2017
The following information has been updated in the Neglect & Abuse Policy:

Assessment /Investigation Procedure:

L'chaim Retirement will ensure that a resident's substitute decision-makers (if any) and any other person specified by the resident are notified immediately upon the Licensee becoming aware of an alleged, suspected or witnessed incident of abuse or neglect of a resident that has resulted in a physical injury or pain to a resident or that causes distress to a resident that could potentially be detrimental to a resident's health or well-being. A resident's substitute decision-makers (if any) and any other person specified by the resident will be notified within **12 hours** upon the Licensee becoming aware of any other alleged, suspected or witnessed incident of abuse or neglect of a resident.

Upon becoming aware of an alleged, suspected or witnessed incident of abuse or neglect of a resident, the Licensee will immediately commence an investigation.

The investigation will be undertaken by the Residence's Administrator and/or Director of Care, and/or their designates. **The Licensee will ensure that the resident and the resident's substitute decision-makers (if any) are notified of the results of an investigation immediately upon the completion of the investigation.**

Assessment /Investigation Procedure by the (Designated Authority):

It is important to ensure that any evidence accumulated during the course of an investigative process is documented.

The (designated facility authority) must use investigation to determine the validity of the alleged abuse/neglect:

Prior to commencing the investigation, it is important to review the procedures under the RHA, S. 75 and your retirement homes responsibilities:

- Chart – Dealing with and Reporting Resident Elder Abuse ***(Appendix A and B)***
- Abuse Indicators and Clarifying Questions – helpful questions to assist in the investigation ***(Appendix D).***

What to do if the Police are contacted:

- Without delay, determine if a criminal or emergency situation exists. If so, contact police immediately if:
    - You suspect a criminal offence has occurred **(*See Appendix B and C)***
    - The resident requests that the police be called
    - Someone is armed with a weapon, something that could be used as a weapon, or someone is threatening violence or harm to themselves or others

If the alleged abuser is staff person and police have been contacted, you should only speak with the staff person to inform them that an investigation is underway and that he/she is being removed from his or her duties (e.g. suspended with pay) or at a minimum is being removed from dealing with the alleged victim until the investigation is completed.

If a police investigation is initiated, offer support and reassurance to the abused resident without discussing the facts of the case.

What To Do When The Police Are Not Contacted:

- Interview the resident first. Be sure the resident has sound mental capacity (has the ability to understand information and appreciate the decision that needs to be made). Be sensitive to their need for privacy and safety.
- Interview any other witnesses to the incident.
- Inform the implicated employee(s)/suspected abuser about the allegation. Interview them. If necessary remove the staff member from his or her duties or from dealing with the resident suspected of being abused.
- Provide a witness for any interviews conducted during the investigation.
- Make collateral checks with appropriate others (e.g. physician, other staff). Depending on the type of information being sought, permission may need to be ascertained to allow you to discuss a residents' situation with third parties.
- Support may be required. Determine whether the case should be referred to an outside source for further investigation and action (e.g. college of nurses, Advocacy Centre for the Elderly, police for surveillance support). (Permission from the resident / SDM should be ascertained prior to discussing their situation with a third party)
    - ALL instances of alleged and/or witnessed resident abuse / neglect are to be reported immediately to a designated supervisor for further investigation. The GM/designate is charged with the responsibility of responding to incidents of abuse as per the RHA.
    - A supervisor may include Director of Care (DOC) / Resident Services Manager (RSM) / General Manager (GM) / Administrator (ADM) or On-Call Duty Manager for further investigation.
    - Abuse investigations are confidential and any staff person violating confidentiality of the investigation is subject to discipline up to and including termination of employment.

PROCEDURES FOR INTERVENTION

Immediate Action – Resident

1. A staff member who has received a report and/or has observed anyone (another staff member, volunteer, family member, visitor, **contracted service provider** or resident) abusing / neglecting a resident in any manner, the staff member will:

a) Stop the abuse immediately - quickly 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 concern for staff safety or safety of others in the area, immediately call 911 for police assistance.

b) and have another staff member stay with them. Direct / remove the abuser to a location where there are no residents.

c) Ensure the resident is safe; begin assessing for injury and appropriate follow-up; provide comfort measures and support. In the event personal injury or medical condition is evident and requires immediate transport to hospital, this is to be completed first. The police are to be notified if the abuse results in injury to a resident which requires the resident to be transferred to hospital.

d) Immediately report the abuse to the ADM/or designate

2. **Receipt of abuse allegation / incident**:

The DOC / RSM / Designate upon receiving the report will immediately go to the situation to ensure the safety of all persons, provide required assessment and care. If required, 911 will be called to ensure the safety of the resident, staff and Home.

3. **Assessment of resident immediately**: A Registered Staff / Designate will complete a resident assessment including the following:

a) hospital immediately. In incidents of suspected sexual abuse, the resident is to be transported to hospital with a sexual assault program.

b) If the initial assessment indicates any injuries may be managed in the home and the resident will not be transported to head to toe physical assessment identifying on a body diagram all areas of concern and injury to specific to parts of the body.

c) If at any point there is concern with the residents' physical or emotional health status transport to hospital immediately.

4. Next of kin and/or Power of Attorney and any other person specified / requested by the resident if the incident has resulted in a physical or emotional injury / distress to the resident that could potentially be detrimental to the resident's health or well-being.

5. Documentation to the Residents' health file/other includes:

a) all events related to a reported /alleged abuse in the resident chart;
b) all physical assessments/examinations are recorded with clear descriptions and specific itemized detail;
c) completion of Resident Incident Report form – ***Appendix I;***

Key Points for completing written / oral or video report / documentation; the information in the incident report is to be completed by person(s) involved in the

allegation/incident, witness the allegation/incident and / or on duty at the time of allegation/incident. An incident is to be reported in the words of the person. Reporting and documenting is to be completed in a timely manner as soon as possible following receipt of information or witnessing an incident. A written / recorded / video report must include:

- what the person saw;
- what the person heard;
- what the person was told by another person;
- non-biased information and should not include a personal opinion, speculation or assumptions;
- name of person, to whom the report is submitted, date of incident and date of report, time of incident and time of report, signature of scriber and witnessed as appropriate and

* the person submits the report directly to the requesting supervisor.

6. Pictures**:** Comfort and explain to the resident that pictures will be taken 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 file.
   - Resident name, date of birth and room / suite 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.
   - Picture is to be placed securely in the resident personal medical file with all incidents and assessment reports.

7. Statement from Resident: when possible, ask the resident to describe the incident and document the details you are provided by the resident in their words; read the statement back to the resident to confirm the information and have the resident sign and date the document; if you have a witness available have them sign and date the document as well. Place the document on file.

8. The Resident's Physician will examine the resident as soon as possible after the incident.

9. Proceed to investigation process (Section C. Investigating and Responding to Alleged/Suspected Abuse).

NOTIFICATION

The ADM or Designate will immediately notify the following individuals:

a) Owner, operator of retirement home
b) Resident's Physician or Medical Director (if applicable)
c) Resident's family/Power of Attorney (POA)
d) Family/POA of the alleged abuser if another resident
e) Provincial regulatory authorities as required (RHRA)
To make a report call: **1 – 855-275-7472**
f) Police authorities if indicated in the resident assessment process:
   - Physical, sexual or fraud allegation
   - resident is transported to hospital for care

Immediate Action – Alleged Abuser
If the alleged abuser is:

Staff member:
- the person will be sent home immediately pending investigation
- ADM / Designate will contact Director, Human Resources or Director, Labour Relations/Operator or owner
- review the employee's file for evidence of previous incidents

Family member, visitor, volunteer or other person
- separate the resident and the alleged abuser;
- speak privately with the alleged abuser indicating the inappropriate behavior and request that they stop visiting the resident pending investigation. Consult with police authorities if required.
- Following the investigation, if the allegation is substantiated further interventions may be required including police authorities

Another resident
- isolate the resident from the situation immediately, assess and address this resident' needs.
- refer this resident to the attending physician for assessment; it may be necessary for safety reasons to have the resident transferred to hospital for psychiatric assessment.

A competent resident has the right to make contact with whomever they choose, regardless of the circumstances. Recommend to the resident that only supervised contact with the alleged abused be allowed during the course of an investigation. Keep in mind that you do not have the right to impose restrictions on a resident's visitation without their permission. In the case that the alleged abuser is staff or a volunteer, ensure that there is no unsupervised contact with the resident during the course of an investigation.

Intervention/Action:

Each case of suspected abuse or neglect must be considered individually to achieve the appropriate balancing of interests. The nature of the abuse or neglect, its severity and the implications to the person(s) involved will dictate the degree of intervention warranted (e.g. contacting the police, contacting family, contacting RHA).

If the resident accepts assistance, identify and locate appropriate resources to assist them. Respect their right to privacy and confidentiality. Action may include a coordinated response from a variety of services/agencies.

If the resident refuses assistance, provide a list of local resources and emergency numbers and offer future support. The resident may wish to speak with authorities (e.g. police) themselves and work with them directly to make a decision on whether or not to pursue further action.

Alternative methods of intervention in an abusive situation may be required if there is concern with the resident's ability to make decisions (mental capacity) or the alleged abuser is a designated substitute decision-maker (e.g. Power of Attorney) for the resident. In either of these circumstances, the Office of the Public Guardian and Trustee should be contacted.

Witness

Have any witnesses' immediately document the incident. Reporting in the alleged or witnessed incident in own words (Reference point 5 – Key Points for Documentation). Provide a witness for any interviews conducted during the internal investigation. Read witness statements back to them before getting a signature.

All evidence will be stored safely to secure confidential information based on the situation.

Follow Up

Follow up will be appropriate to the assessed needs of the situation and the resident's wishes. This may include future support and request for intervention, which was previously denied.

- Depending on the outcome of an investigation, it may be necessary to discipline an employee, and could include termination of employment depending on the severity of the situation.
- Professional associations or colleges will be contacted if applicable.
- If resident abuse by a staff member is suspected but cannot be proven, (the designated facility authority) will take proactive measures to prevent further resident

abuse by providing education to the employee, increasing supervisory needs within the department and/or reassign the employee to alternate duties.

- If the abuse of a resident by a family member or visitor is investigated and substantiated, (the designated authority) within the facility should suggest to the resident that only supervised visits be allowed (resident's permission is required in order to impose these restrictions). If the safety of other residents is compromised as a result of a resident's decision to continue contact with an abuser, alternate measures must be taken to ensure adequate protection for the resident population as a whole.
- If the resident is alleged to have been the abuser it is important to determine the cognitive level of the resident. Are they competent or capable of understanding right from wrong?
- Assess the needs and determine the reason/triggers for the behavior. Communicate interventions and ensure all staff is aware of the situation. Evaluate the need for medical intervention. Identify this aggressive behavior and intervention on the resident care plan. Identify follow up plans with the family or POA's on planned interventions.
- If the abuser is a student, volunteer or an outside service provider review and evaluate the circumstances and determine the most appropriate way to deal with the situation which may include notification to institutions or removal from the home.

ANALYSIS OF INCIDENTS

As per the RHA, the Licensee will ensure that:

- An analysis of every incident of abuse or neglect of a resident at the Residence is undertaken promptly after the Licensee becomes aware of it;
- At least once in every calendar year, an evaluation is made to determine the effectives of the Zero Tolerance Abuse and Neglect Policy and what changes and improvements are required to prevent further occurrence of abuse and neglect of residents
- The results of the analysis are considered in the evaluation of the policy
- The changes and improvements to the policy are promptly implemented; and
- A written report over everything provided for an evaluation and any changes and improvements, as well as the date of the evaluation, the names of the persons, who participated in the evaluation and the date the changes and improvements were implemented is promptly prepared.

Whistle-blowing Protection: Under S. 115 of the RHA – The Retirement Home Act, 2010 offer protection against retaliation to any person who discloses information to an inspector or to the Registrar of the RHRA, or who gives evidence in legal proceedings. This protection is known as the "whistle-blowing" protection.
The whistle-blowing protection requires that the Licensee and its staff will not retaliate against any person, whether by action or omission, or threaten to do so because

anything has been disclosed to an inspector or to the Registrar. In addition, no person will encounter retaliation because evidence has been or may be given in a proceeding, including a proceeding in respect of the *Retirement Homes Act, 2010* or its regulations, or in an inquest under the *Coroners Act*.

The Licensee or its staff will not do anything that discourages, is aimed at discouraging or that has the effect of discouraging a person from making a disclosure to an inspector or to the Registrar.

For the purposes of the whistle-blowing protection, "retaliation" includes, but is not limited to, disciplining or dismissing a staff member, evicting a resident from the Residence, subjecting a resident to discriminatory treatment, imposing a penalty upon any person, or intimidating, coercing or harassing any person. A resident shall not be evicted from the Residence, threatened with eviction, or in any way be subjected to discriminatory treatment (e.g. any change or discontinuation of any service to or care of a resident or the threat of any such change or discontinuation) because of anything mentioned above. Further, no family member of a resident, substitute decision-maker of a resident, or person of importance to a resident shall be threatened with the possibility of any of those being done to the resident.

D. REPORTING PROCEDURES AND OBLIGATIONS

In a retirement home any person may report an allegation of resident abuse/neglect to staff in the home, to corporate office through the Complaints Process and to governing provincial authorities.

Mandatory Reporting Obligations

As per the RHA, any form of resident abuse or neglect will not be tolerated at the Residence. A person who has reasonable grounds to suspect that any of the following has occurred or may occur must immediately report that suspicion and information upon which the suspicion is based to the Registrar appointed by the Retirement Homes Regulatory Authority:

If you see or suspect:

Harm or risk to a resident resulting from (Section 75(1) – RHA 2010:

- Improper or incompetent treatment or care of a resident that resulted in harm or risk of harm to the resident
- Abuse of a resident by anyone or neglect of a resident by the licensee or the staff of the retirement home of the resident if it results in harm or risk of harm to the resident

- Unlawful conduct that resulted in harm or risk of harm to the resident. Misuse or misappropriation of a resident's money

You must report it to the Registrar of the Retirement Homes Regulatory Authority along with any other relevant information.

To make a report call: **1 – 855-275-7472**

In a retirement home any person may report an allegation of resident abuse/neglect to staff in the home, to corporate office through the Complaints Process and to governing provincial authorities.

A poster, as per the RHA, must be posted in a visible spot in your residence with the RHRA number to call to report abuse and neglect (see Appendix H)

1. In the event an incident / allegation has been received by a Director of Care they are to immediately report it to their Founder and Director at the onset of the investigation process.
2. Reporting to the Registrar, provincial regulatory authorities:
   - within the required time frame provided
   - on specified form
   - directed to correct source

CORPORATE PROCEDURES

- All sector specific provincial legislative reporting requirements will be followed.
- The Home shall ensure that the appropriate police force is immediately notified of any alleged, suspected or witness incident of abuse or neglect of a resident that the Home may suspects constitutes a criminal offence and or a resident is at imminent risk, resident requests the police be called.
- ***The ADM/Designate is the only authorized home staff person to communicate directly with family members and/or Power of Attorney (POA) regarding abuse allegations and investigations.***

Appendices:

A. Dealing with Resident Abuse Reports S. 75 – Flow Chart
B. Reporting Resident Abuse – Flow Chart
C. Resident Abuse: When to call the Policy Flow Chart
D. Clarifying Questions on various types of abuse – Grid
E. Elder Abuse Reporting Forms for Management
F. Elder Abuse Provincial Resources / Material
G. Retirement Homes Quick Reference Contacts
H. Staff Mandatory Reporting Obligations Hand Out
I. Resident Incident Report

References:

- *Ontario Network for the Prevention of Elder Abuse – www.onpea.org*
- *Elder Abuse Protocol Development Guide: Halton Regional Police Service, November 2001.*
- *Abuse Education, Prevention and Response: A Community Training Manual for those who want to address the Issue of the Abuse of Older Adults in their Community; Advocacy Centre for the Elderly, December 2002, Third Edition*
- *Support and Assistance for Abused and Neglected Adults – Ontario; Advocacy Centre for the Elderly, February 2001*