

Responding to Abuse, Neglect or Self-Neglect of Vulnerable Adults: For Designated Responder (DR) and Designated Responder Coordinators (DRCs)

Quick Links:

- [Emergency Assistance](#)
- [Support and Assistance Plan](#)

Site Applicability

All VCH sites

Practice Level

To be a Designated Responder you must be registered as one of the following professions and complete the following requirements:

Profession	Requirements	Clinical Skills Required
<ul style="list-style-type: none"> • Social Worker (SW) • Registered Nurse (RN) • Occupational Therapist (OT) • Registered Psychiatric Nurse (RPN) • Psychologist 	<ul style="list-style-type: none"> • Must be authorized by their Operations and Professional Practice Lead(s) to act as a Designated Responder • Must have additional education in Adult Abuse, Neglect and Self Neglect, ReACT modules 1-5, <i>at minimum</i>. • It is recommended to have at least 5 cases per year of suspected adult abuse, neglect or self-neglect to maintain competencies 	<ul style="list-style-type: none"> • Knowledge and understanding of the dynamics of abuse • Knowledge and understanding of capacity, dementia and mental illness, developmental life span theories • Comprehensive knowledge and application of related Acts and other processes within these acts, such as: <ul style="list-style-type: none"> • Power of Attorney (PoA) • Enduring Power of Attorney (EPOA) • Statutory Property Guardianship • Freedom of Information and Protection of Privacy (FOIPPA). • Knowledge of Adult Guardianship Act (AGA), part 3 tools, to investigate, gain access, warrants to enter for the purpose of interviewing, restraining orders, emergency provisions, support and assistance orders and guiding principles. • Able to screen, assess (includes a comprehensive risk assessment), investigate and intervene • Knows when to consult with internal and external resources (ie: Risk Management, Public Guardian and Trustee, Police, Practice Leads, Designated Responder Coordinators (DRC), ReAct, Ethicist) • Coordinates care plans with adult, family, inter-disciplinary teams with an inter-organizational approach • Ability to apply ethical decision making principles

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Requirements

The term 'adult' will be used to represent client/resident/patient who is 19 years of age or older throughout the document.

The term 'family' will be used to represent family/friends/personal caregivers who are identified as providing support.

- Designated Responders (DR) **must** receive and investigate all reports of suspected abuse, neglect and self-neglect of adults who may not be able to seek support and assistance due to a physical restraint, a physical handicap limiting their ability to seek help, or an illness, disease, injury, or other condition affecting their ability to make decisions about the abuse and neglect.
- DR **must** determine if the adult requires support and assistance due to the abuse, neglect and self-neglect and document how the determination was made.
- DR **must** determine if abused/neglected adults are incapable to refuse supports and assistance.
- DR **must** offer supports and assistance to abused/neglected adults who have been determined incapable to seek/refuse assistance, and pursue protective measures if the level of safety is intolerable and the adult refuses assistance.
- If using more intrusive tools of the legislation (i.e. [Section 59](#)), a Designated Responder Coordinator (DRC) and ReAct **must** be involved.
- DR **must** report the facts to the police if there is reason to believe a crime has been committed against an adult who is unable to seek support and assistance.
- The identity of the person who made the report **must** be kept confidential, and must **not** be entered into the health record.
- The investigation **must** be documented in the health record, using the heading **Investigation under the Adult Guardianship Act. Confidential. Do not disclose or release.**
- **When a report has been received, the name of the reporter, and other basic information about the investigation must be entered in to the ReAct Reporting System (RRS). Any use of AGA section 59 must be entered in to the RRS.**

Need to Know

Adult Protection Work

The purpose of the [Adult Guardianship Act \(AGA, part 3\)](#) is to respond to situations of suspected adult abuse, neglect and self-neglect and provide support and assistance to vulnerable adults. A vulnerable adult is an adult who is abused and/or neglected and is unable to seek support and assistance due to physical restraint, mental or physical disability, illness or injury.

[Adult Guardianship Act \(part 3\)](#) has appointed 5 Regional Health Authorities in the Province, Providence Health and Community Living BC, as Designated Agencies (DA). DA's are mandated to receive reports of abuse, neglect and self-neglect and are required to investigate these reports. DA's

must look into the situation, involve the adult as much as possible, report criminal offences, and keep the identity of the reporter confidential.

Throughout VCH, the policy [Adult Protection: Abuse, Neglect or Self-Neglect of Vulnerable Adults](#) and [framework](#) have been established to support and implement a coordinated response to reports of adult abuse, neglect and self-neglect. In particular, specific staff have been appointed as DR and DRC to assess, investigate and take action. DR are supported within their local teams by DRC, Practice Leaders, Supervisors and Managers. DRs are the primary contact for all AGA work, and should be in contact with the DRC.

The ReAct Adult Protection Program supports the adult protection response in VCH and PHC through education, coordination, consultation, systems and policy development, regional sustainment of the framework and policy, and is the central coordinating office for all statutory property guardianship processes. The ReAct Office also serves as the coordination office for all AGA matters requiring the involvement of Legal Services.

Please review:

- [Guiding principles \(AGA Part 1 Section 2\)](#)
- [Presumption of capability \(AGA Part 1 Section 3\)](#)

Ensure Designated Responder Process includes:

1. **Interview the adult and assess immediate risks to adult**
2. Determine the urgency of the situation and the appropriate intervention(s)
3. Collect collateral information
4. Determine if the adult has a Representative, Committee, or Power of Attorney.
5. Consult with your DRC
6. Advise the Most Responsible Physician/Nurse Practitioner (MRP) of the situation and actions taken
7. Make reports as necessary to the Public Guardian and Trustee (PG&T) to safeguard the adult's assets
8. Report crimes committed against vulnerable adults who are unable to seek support and assistance to the Police
9. Document each step in the adult's health record, including whether or not the adult meets the criteria of the AGA
10. **Keep the identity of the person who made the report confidential**
11. When a report has been received, the name of the reporter, and other basic information about the investigation must be entered in to the RRS. Any use of AGA section 59 must be entered in to the RRS
12. Coordinate the development of a care plan to provide support and assistance

General Approaches to Investigation

- Consult with DRC
- Take a self-reflective and neutral (non-judgemental) fact finding approach to the investigation. These cases are often emotionally charged given the nature, and understandably bring out strong reactions from a variety of people. Some individuals are more comfortable with risk than others, so be mindful not to be swayed by a variety of parties' reactions e.g. family members, team members
- Be mindful and aware of personal values and beliefs, risk tolerance, values about autonomy, as well as remaining culturally sensitive
- Be mindful of the inevitable ethical dilemmas that arise in adult abuse and neglect investigations and be able to use an [ethical framework](#) throughout the investigation as you consider risk, versus autonomy and self-determination, expressed wishes from the adult or, family's concerns. You may choose to consult with [VCH Ethics Services](#).
- Always adhere to the guiding principles: respect for autonomy and life choices, apply the least intrusive most effective approach, involve the adult as much as possible, presume capability unless incapability has been determined and use court as a last resort

Doing the Investigation (this is not necessarily in chronological in order)

Designated Responder (DR):

- Review the adult's health record
- Speak with the adult and initiate a bio-psychosocial assessment, [screen for abuse](#), look to understand the nature of the abuse, and/or neglect, risks and safety concerns. Assess for vulnerability and ability for the adult to seek support and assistance, capacity, coping skills, strengths, social supports, caregiver burnout, substance use and mental health, income sources and ability of the adult to manage finances, housing, and meals. Be aware of relevant cultural or spiritual factors and, if there are advance care plans, expressed wishes for medical care/finances, a Committee, Representative and/or Power of Attorney appointed.
- Coordinate and gather relevant collateral from a variety of sources, MRP and interdisciplinary team, family, informal and/or formal social supports, community supports, community agencies, banks, police (if necessary), to inform bio-psychosocial assessment and care planning. In all interactions handle information discretely, always keeping the identity of the reporter confidential.
- Report criminal offences to the police ([See Appendix A: Working with Police](#)).
- Advise the team of situation and actions taken, and involve, when relevant, agencies such as PG&T) to safeguard assets, and community partners. ; In all interactions handle information discretely, always keeping the identity of the reporter confidential.

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- Document the bio-psychosocial assessment, as well as any factual and relevant data obtained during each step throughout the investigation, including status of investigation and relevant details (e.g.. who was contacted, what information they provided).
- Document the investigation in the health record using the heading of: **Investigation under the Adult Guardianship Act. Confidential. Do not disclose or release.**

Outcomes of Investigation

Please review the [ReAct Response Flow Chart](#).

Designated Responder DR determines based on the bio-psychosocial assessment and investigation, whether the adult is abused (A), neglected (N) or self-neglecting (SN) AND whether the adult is able to seek support and assistance.	
No abuse/neglect/self-neglect (A/N/SN) AND/OR the adult is capable of seeking support and assistance.	<ul style="list-style-type: none"> • DR documents in the health record: as a result of the investigation there is no evidence of A/N/SN and how this determination was made. • DR documents in the health record: adult is able to seek support and assistance specific to the alleged A/N/SN and how this determination was made. • DR documents that no further action is required. • DR documents what supports and services were offered to the adult and whether the adult accepted these supports and services.
Vulnerable to A/N/SN but capable of seeking support and assistance.	<ul style="list-style-type: none"> • DR speaks with the team and documents in the health record the outcome of investigation, that there is no evidence of A/N/SN, or that there are concerns about A/N/SN but the adult is capable to seek support and assistance specific to the A/N/SN but there are some risks. • DR articulates what the risks are (verbally to the team & in the DR's written documentation) and works with the team and relevant community partners to reduce and/or monitor these risks. • DR continues to work with the adult, family, team and relevant community partners to address and reduce risks (see below services to reduce risk). • DR provides ongoing monitoring of the situation when required. If appropriate, the DR should handover the case to the appropriate team member who is able to continue to monitor the situation. • DR informs the adult and, if applicable the family of supports available and provides the appropriate contact information including who to contact should the situation of the adult change.
A/N/SN and Mental Health	<ul style="list-style-type: none"> • If psychiatry determines that the adult meets the criteria for involuntary admission under the <i>Mental Health Act</i>, the DR consults with psychiatry and the adult's team to connect the adult with available treatment and services.

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	<ul style="list-style-type: none"> Adults who are vulnerable to A/N/SN due to their mental health may require an adult protection investigation and intervention utilizing authority of other Acts (e.g. AGA Section 2.1 or HCCACFAA)
<p>A/N/SN is confirmed: It has been determined through the DR's assessment and investigation that the adult is "abused, neglected and/or self-neglected AND is unable to seek support and assistance due to: physical restraint, physical illness, disease or injury, or other condition that affects their ability to make decisions about the abuse and/or neglect."</p>	<ul style="list-style-type: none"> DR will work with the adult (and family if appropriate), the team, as well as other relevant service providers, and social supports to develop and implement a care plan, based on the guiding principles and the team's recommendations. Based on the AGA guiding principles of least to most intrusive interventions, the following supports and services may be offered: <ul style="list-style-type: none"> Community services and resources More formalized care planning Support and Assistance Plan (SAP) accepted by adult/family and implemented Court Ordered SAP Application for a Warrant to Enter to Interview or Access Order to examine the adult Emergency Assistance Referral to the PG&T or Bloom Group for financial management Support a Committee, Representative and/or POA to use their authority Admission to Long Term Care Provision of health care with substitute consent
<p>In all situations where the adult transfers or DR changes, the outgoing DR must provide a verbal handover, the SAP (if applicable) to the receiving DR and document confirmation of receipt of handover in the health record. Complete the appropriate sections of the RRS for statistical purposes.</p>	

Emergency Assistance: Review [Emergency Assistance \(AGA Section 59\(2\)\)](#)

Prior to providing **Emergency Assistance**, the DR must:

- Determine if the adult is apparently abused, neglected or self-neglected and apparently incapable to seek/refuse support and assistance specific to the abuse, neglect or self-neglect.
- Identify the conditions affecting the adult's ability to seek/refuse support and assistance.
- Identify the emergency and serious harm and document, when clinically able to do so, the reason that it is necessary to act without delay.
- Identify the least intrusive supports, assistance, or services that will help to meet the adult's care needs and mitigate the risks.
- Notify Security or Police, if required during the provision of the Emergency Assistance.

Requirements:

- Every reasonable effort to interview the adult must be made. In addition, the DR/DRC may interview the adult's spouse, near relatives, friends or anyone else who may assist, including other health care providers, social service providers, and anyone who manages the adult's finances.

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- All other less intrusive options **must** be explored before providing emergency assistance without the consent of the adult.
- The DRC **must** be consulted, preferably prior to using the emergency provisions of the AGA, and the ReAct Adult Protection Program **must** be notified as soon as reasonably possible. ReAct will engage Legal Services as required.
- DR/ DRC **must**, in a manner appropriate to the adult's skills and abilities, notify the adult of their legal rights, both orally and in writing utilizing Form A, AGA Notification of Emergency Assistance and Rights. See [Appendix B: Notification of Rights](#)
- The DR/DRC **must** also explain to the adult, in a manner appropriate to the adult's skills and abilities, the specific facts underlying the decision to use the Emergency Assistance provisions and how those facts related to and met the criteria for emergency assistance under the AGA, and the nature and timing of the development of a Support and Assistance Plan and, if applicable, an application for a court order.
- All instances where section 59 under the AGA is utilized **must** be recorded in the RRS.

Need to Know:

A situation may be determined to be an emergency when:

- the adult appears to be abused, neglected, self-neglected and is unable to seek help on their own due to a physical restraint, a physical handicap limiting their ability to seek help, or an illness, disease, injury, or other condition affecting their ability to make decisions about the abuse and neglect, **and**;
- it is necessary, in the opinion of the DR, to act without delay in order to preserve the adult's life, prevent serious physical or mental harm to the adult, or protect the adult's assets from significant damage or loss, **and**,
- the adult appears to be incapable of giving or refusing consent to the proposed intervention

In identifying a situation as an emergency, after all of the above criteria have been satisfied **and** there is evidence that the risk is intolerable, use of [Emergency Assistance \(AGA, sec 59\)](#) is warranted. Emergency Assistance may involve the following:

- a. enter, without a court order or a warrant, any premises where the adult may be located and use any reasonable force that may be necessary in the circumstances,
- b. remove the adult from the premises and convey him or her to a safe place,
- c. provide the adult with emergency health care,
- d. inform the Public Guardian and Trustee that the adult's financial affairs need immediate protection,
- e. take any other emergency measure that is necessary to protect the adult from harm.

Anticipated Use of the [AGA Certificate of Emergency Assistance](#) (examples below are not an exhaustive list):

- | |
|--|
| <ul style="list-style-type: none"> • To remove AGA clients without their, or their caregiver's consent and take them to a place of safety |
|--|

- To prevent an alleged/confirmed abuser from taking an incapable adult out of care when there is an immediate safety concern
- To prevent an incapable adult from leaving a facility or care environment when there are known and unmitigated safety concerns
- To request that the PG & T place protective measures on a bank account/asset

Efforts to assess risks/harm (consider using a [Risk Assessment Tool](#)) and to explore less intrusive options are informed by a psychosocial assessment of the adult and the adult's family when considering use of emergency assistance, which includes:

- medical, physical, and mental health care needs
- cognitive and executive functioning of the adult
- safety of the environment
- access to resources
- adult's cultural and individual values, wishes and beliefs
- safety of care-providers and others

Intervention

When using [Emergency Assistance under sec 59 \(AGA\)](#) the DR will:

1. Complete the required [Certificate of Emergency Assistance](#) and a [Safety and Alert Plan](#), if required and ensure it is placed in adult's health record. Copies may be provided, if requested to the following:
 - (i) Emergency responders (police, ambulance, fire)
 - (ii) Health care providers involved with providing health care
 - (iii) ReAct Adult Protection Program by fax 604.904.6179 or email ReAct@vch.ca.
 - (iv) Adult
2. Ensure the receiving facility completes a Safety and Alert Plan.
3. Notify the Police and/or Security (if needed due to safety concerns) prior to and/or after the Emergency Assistance is provided. DR coordinates with police/ambulance/physician/receiving program for the emergency assistance to be provided.
4. When safe and clinically appropriate to do so, DR and/or clinical team member with best rapport with the adult notifies the adult of their rights, including:
 - What the reasons for the Emergency Assistance are, what emergency measures are being taken, including where the adult is going (e.g. the hospital), how long the assistance may be provided and their right to contact a lawyer (providing access to a telephone if needed), and to have the Emergency Assistance reviewed by the Court. This notification must be done orally and in writing utilizing Form A, AGA Notification of Emergency Assistance and Rights. See [Appendix B](#).
6. Additionally, throughout the process, allow the adult the opportunity to ask questions and express their concerns.
7. Provide the adult written notification of their rights; including the Rights Notification form (legal above) and the [brochure "Understanding Your Rights"](#)

8. Consult, as soon as clinically able, the DRC, regarding all aspects of the Emergency Assistance, and the plan for doing the investigation under AGA. DR is encouraged to consult with their DRC throughout the course of the investigation, and the outcome of the situation, including when the adult is no longer subject to a Sec 59.
9. Consult with the ReAct Adult Protection Program. If court action is being considered, the ReAct Adult Protection Program will involve VCH Legal Services. The DRC will determine who else needs to be consulted and will involve the appropriate parties, in consultation with the DR.
10. Inform the team of the Emergency Assistance and the interim plans to keep the adult safe, pending the outcome of the investigation.
11. Speak with families, as appropriate, so they can have any questions answered about the situation, being careful to ensure the safety of the adult.
12. Consider next steps for developing a longer term plan such as the use of other legislated tools or developing a Support and Assistance Plan (SAP). This may include pursuing a court order, conducting an incapability assessment, treating medical conditions, obtaining substitute consent, referring to the PG & T, etc.
13. Consults with the DRC, who will consult with ReAct to determine what the reasonable timeframe under the circumstances to maintain the Certificate of Emergency Assistance. Unless otherwise specified to expire earlier, the Certificate of Emergency Assistance will expire after 5 days and may be renewed if the conditions of emergency continue to be met. The process for renewing a Certificate of Emergency Assistance is the same as creating a new one. Prior to renewing the Certificate of Emergency Assistance, consult the DRC and ReAct to ensure all appropriate supports have been considered.
14. After emergency assistance has been provided and the adult continues to meet the criteria for a SAP, then the DR must move expeditiously and as soon as clinically appropriate to develop the proposed supports and services in Section 4 of the SAP, or considers the use of other tools/options/legislation. If a SAP is developed and the adult refuses the SAP, then the DR must act expeditiously to consult with their DRC and ReAct to consider having the adult assessed by an AGA Part 3 Incapability Assessor authorized by the PG & T. If the adult is determined to be incapable, proceed without delay with an application to court for an order authorizing the provision of support and assistance to the adult without the adult's consent. Follow the steps in Support and Assistance Plans.

Support and Assistance Plans: Review [Support and Assistance Plans \(AGA Section 53\)](#)

Requirements:

- DRs/DRCs conduct adult protection investigations and develop SAP in accordance with the [Guiding Principles of the AGA](#) and [Presumption of Capability](#).
- The services proposed in [Section 4 of the SAP](#) must be developed in collaboration, wherever possible, with the adult and family and all team members who will be responsible for carrying out the SAP.
- All SAPs must be developed in consultation with the DRC.
- Section 4 of the SAP must be given to a receiving DR, the adult and the adult's support person, and anyone who is responsible for monitoring or carrying out the supports and services described, including the Most Responsible Physician/Nurse Practitioner (MRP).
- The complete [SAP Template](#) must be completed when applying to the PGT for an Incapability Assessment under Part 3 of the AGA.

Need to Know:

Please review: [Support and Assistance Plan \(SAP\) provisions under Section 53 of the Adult Guardianship Act](#)

- After all other less intrusive alternatives such as offering in-home and community supports, assistance from family members (when appropriate), care plans with the interdisciplinary team, have been explored and the risks have not been mitigated, consider a SAP.
- SAP differ from regular health care and social service planning in that they are designed to specifically meet and address the safety needs of adults who have heightened vulnerabilities and may be incapable of understanding the risks related to abuse, neglect or self-neglect.
- If a SAP is declined by the adult, a court ordered SAP may be obtained. Consult with the DRC.

Consideration is given to developing a SAP when:

- a) An investigation into a report has confirmed that the adult is abused, neglected or is self-neglected, and
- b) The adult appears to be unable to seek support and assistance because of:
 - i. physical restraint,
 - ii. a physical handicap that limits their ability to seek help, or
 - iii. an illness, disease, injury or other condition that affects their ability to make decisions about the abuse or neglect and
- c) The safety issues have not been resolved because the adult or their family refuse or are reluctant to accept recommended supports and services, or there is reason to believe that they will not adhere to the plan, or
- d) Emergency Assistance under Section 59 has been provided without the adult's consent

Intervention

The development of the SAP, may include teleconferences and in person meetings with:

- the adult and their support network as necessary
- their care teams
- police
- risk management,
- DRC
- ReAct
- the PG&T, and
- any other person who has a role in developing or implementing the plan for the adult.

In developing a SAP under AGA the DR/DRC may specify the kinds of support and assistance that are to be provided for the adult, including any of the following:

- (a) admission to an available care facility, hospital or other facility for a specified period of up to one year
- (b) the provision of available health care
- (c) the provision of available social, recreational, educational, vocational or other similar services
- (d) supervised residence in a care home, the adult's home or some other person's home, for a specified period of up to one year
- (e) the provision, for a specified period of up to one year, of available services to ensure that the adult's financial affairs are properly managed and protected, including any services that may be offered by the PG&T

A SAP may also include provisions for an adult who has abused the adult to:

- a. stop residing at and stay away from the premises where the adult lives, unless the person is the owner or lessee of the premises
- b. not to visit, communicate with, harass or interfere with the adult
- c. not to have any contact or association with the adult or the adult's financial affairs and/or
- d. comply with any other restriction of relations with the adult, for a period of up to 90 days

During this process the team needs to determine the supports they are able to provide, who should provide it and the strategy for monitoring the SAP. DR needs to agree to the specific wording of the SAP if the adult will be transferred between programs/settings/facilities. The proposed services and supports need to be as specific and clear as possible while remaining non-confrontational to support the adult/caregiver in understanding what they are accepting or refusing.

- DR and/or team member with best rapport with the adult presents Section 4 of SAP to adult/family
- DR Revises/amends Section 4 of the SAP as required

- If SAP is accepted, DR distributes it to all involved relevant parties and documents specific details in the health record and the RRS
 - If SAP is not accepted, review reasons, and amend as necessary
- If the SAP continues to not be accepted, see [Appendix C: Applying for Court Orders](#)
- DR refers to ReAct who will contact VCH Legal
- DR prepares the SAP template that specifies any services needed by the adult, including health care, accommodation, social, legal or financial services, and includes the [SAP History](#) of services that have been tried in the past
- Once the complete SAP template has been reviewed by ReAct and VCH Legal, an application will be made to the PG &T to authorize an [Incapacity Assessment](#) Under AGA Part 3

Documentation

1. DR documents the specific details of the report (i.e. what type of abuse, neglect or self-neglect was reported), all steps taken to assess, investigate and intervene each of the allegations in the adult's health record by the end of each day (i.e. assessment, contacts and collateral information, outcome of the interview with the patient/client/resident, and family and/or other social supports, financial institutions, consults with DRC, PG & T).
2. **The identity of the reporter must be kept confidential. Do not document it in the health record. It should be entered into the ReAct Reporting System (RRS) only. [See Practice Alert](#).**
3. The documentation heading in the health record should state: **Investigation under the Adult Guardianship Act. Confidential. Do not disclose or release.**
4. Documentation should contain only relevant, factual information, being sensitive to adult's privacy and family situation.
5. Documentation should include a bio-psychosocial assessment, including specifics of the nature of the suspected abuse, neglect, or self-neglect in general terms, using objective observations, again being careful to preserve patient confidentiality, the handling of sensitive material, and family relationships; consult with the DRC if you have questions about what to document.
6. Documentation must indicate the plans to further investigate & intervene in the situation.
7. Document:
 - the outcome of investigation, factual criteria about whether the types of A/N/SN were substantiated and why the adult is considered vulnerable under the act and a summary of the interventions taken to deal with the risk(s), OR
 - there is no evidence of abuse, neglect or self-neglect and why, OR
 - there is evidence of abuse, neglect or self-neglect but why the adult was considered capable to refuse supports and services.
8. Clearly articulate the care or safety plan, resources being offered, whether the individual and/or family/caregivers are accepting or declining the assistance, whether there were court orders obtained, and the nature of the orders, where appropriate and in consultation with the DRC.

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9. **Emergency Assistance:** DR documents the reasons how the criteria for providing emergency assistance has been met, the services and supports that were offered, what was accepted and what was provided without the adult's consent.

Document in the health care record:

- How the adult met the criteria for the use of Sec 59, and actions taken
 - Future steps that will be taken to investigate the abuse, neglect and/or self-neglect
 - Why you believe it is clinically necessary to act without delay
 - That the adult was notified of their rights, and whether written notification was provided, or why they were not notified (continue to go back when clinically appropriate to provide rights notification and document)
 - **Investigation under the Adult Guardianship Act. Confidential. Do not disclose or release.**
 - NOTE: As per the AGA, the identity of the reporter must be kept confidential. Do not identify this individual in the health record.
 - Refer to Appendix B for more details on Notifications of Rights and Documenting Notifications
10. **Support and Assistance Plans:** All SAP's must be available to the team in the health record and must be tracked and uploaded into the RRS.
 - Document the services and supports that were offered, what was accepted, who will monitor and the outcome
 11. Document the handover to the next most responsible DR (who the person is that will be continuing to investigate/ intervene or monitor the situation)

ReAct Reporting System (RRS) The RRS is a data collection tool that tracks, trends and quantifies adult protection work in VCH for aggregate reporting and securely stores evidentiary material.

- Name and contact details of the reporter of abuse/neglect are to be recorded in the RRS
- Track all reported suspected abuse, neglect or self-neglected cases in the RRS. Rule of thumb is if it was given to a DR to investigate from an adult protection lens then it needs to be tracked even if the adult was determined to be capable or if the allegations were unsubstantiated
- Upload any evidentiary materials. Originals may be securely destroyed
- Upload SAPs, the Certificate of Emergency Assistance and any restraining orders or protective orders, if received
- DR to detail steps of investigation and complete all the mandatory fields in the forms. There is no need to duplicate clinical notes in the RRS; DR to state: "See clinical documentation in the health care record, and the specific date(s)"

Related Documents

Related Policies/Guidelines

- [Adult Protection: Abuse, Neglect or Self-Neglect of Vulnerable Adults](#)
- [Release of Information and Belongings to Law Enforcement](#)
- [Guideline for Special Consent Situations](#)
- BC [Practice Guidelines for Seeking Consent to Care Facility Admission](#)
- [Cultural Competency and Responsiveness](#)
- [Supporting Choices through Informed Decision-Making and Collaboration](#)
- [Ethical Decision Making Framework](#)
- [Involuntary Admissions under British Columbia's Mental Health Act \(MHA\) – Mandatory Form Completion](#)

ReAct Resources

- [VCH ReAct Adult Protection Program](#)
- [VCH ReAct Manual](#)
- [ReAct Quick Assessment Guide](#)
- [ReAct Clinical Assessment Tools](#)

Related Acts

- [Adult Guardianship Act](#)
- [Freedom of Information and Protection of Privacy Act](#)
- [Public Guardian and Trustee Act](#)
- [Health Care \(Consent\) and Care Facility \(Admission\) Act](#)
- [Mental Health Act](#)
- [Power of Attorney Act](#)
- [Representation Agreement Act](#)
- [Patient's Property Act](#)

Related Provincial Resources

- [Mental Health and Substance Use - BC Ministry of Health](#)
- [Public Guardian and Trustee of British Columbia](#)
- [Community Living British Columbia](#)

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- [Certificate of Incapability](#)
- [Health Care Providers Guide to Consent to Health Care \(add link\)](#)
- [Seniors Abuse and Information Line](#)
- [Seniors First BC: Elder Abuse- What is it?](#)
- [BC Government Protection from Elder Abuse and Neglect: Where to get Help](#)
- [BC Association of Community Response Networks](#)

Police and Justice System Resources:

[Vancouver Police Department](#)

- Non-Emergency Line: (604) 717-3321
- [Elder Abuse Team](#): (604) 717-9888

[West Vancouver Police Department:](#)

- Non-Emergency Line: (604) 925-7300
- [Victim Services](#): (604) 925-7468

[RCMP \(BC\)](#)

[Health Authority Guide to Court Applications](#)

References

1. [Adult Guardianship Act](#)
2. [Freedom of Information and Protection of Privacy Act](#)
3. [Public Guardian and Trustee Act](#)
4. [Health Care \(Consent\) and Care Facility \(Admission\) Act](#)
5. [Mental Health Act](#)
6. [Power of Attorney Act](#)
7. [Representation Agreement Act](#)
8. [Patient's Property Act](#)
9. Marshall, J., Cotterell, D., Chan, P., Scott, M. & Clements, G. (2017). Protection of the Vulnerable Older Adult: A review of the legislation, relevant case law and common clinical practices. BCMJ 59 (7) 356-261
10. O'Connor, D., Hall, M., & Donnelly, M. (2009). Assessing capacity within a context of abuse and neglect. Journal of Elder Abuse and Neglect. 21: 156 – 169

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11. Young, J. & Everett, B. (2018). When Patients choose to live at risk. BCMJ 60 (6) 314- 318.

Definitions

See definitions in [Adult Protection: Abuse, Neglect or Self-Neglect of Vulnerable Adults Policy](#).

Appendices

- [Appendix A: Working with Police/Emergency Responders](#)
- [Appendix B: Notification of Rights and Documenting Notifications of Rights](#)
- [Appendix C: Applying for Court Orders](#)

Appendix A: Working with Police/Emergency Responders

Need to know:

Police, Ambulance, Fire and Security Services/Integrated Protection Service are crucial partners when responding to emergencies involving vulnerable adults under the Adult Guardianship Act (AGA). **It is important to note that Police/Fire/Ambulance have no specific or additional authority under the AGA and are therefore unlikely to be familiar with the Act or the authority of the Designated Agency.**

There are a number of circumstances where working with the local Police Department is helpful and/or mandatory. If uncertain, or if support may be required, consult with the Adult Protection Social Work Lead and/or DRC or ReAct. See below circumstances:

- The situation is potentially unsafe for staff members, adult and/or other member(s) of the adult's support network.
- There is previous known or suspected criminal activity, or other potentially unsafe situations connected to the adult's place of residence, or to the adult or their support network.
- There is known or suspected criminal activity related to the abuse and/or neglect for an adult who meets the [AGA criteria under Section 44](#) (Note: in these situations, reporting to the police mandatory).

When a Designated Responder (DR) has determined that Emergency Assistance (Sec. 59 AGA) is appropriate, the DR follows the process in the guideline [“Responding to Abuse, Neglect or Self-Neglect of Vulnerable Adults: For Designated Responder \(DR\) and Designated Responder Coordinators \(DRCs\)”](#). The DR/DRC contacts the appropriate Emergency Responder to coordinate the response.

In general, if an adult requires transportation to a safe place (usually a hospital) against their wishes, BC Emergency Health Services (BCEHS) do not have authority to compel/restrain them to get into the ambulance. In these instances, **the paramedics will require that the DR be in attendance at the scene** to assess and determine that the adult meets the criteria of the AGA and is taking responsibility for directing the paramedic to transport the client despite their refusal. In some situations and where it is safe to do so, **the DR may be asked to ride in the ambulance with the adult** in case something comes up during transport (e.g. the adult demands to be released).

Planning Ahead

Whenever possible, the DR should try to coordinate the emergency response ahead of time, including consultation with your DRC/ReAct and consideration of who else may need to be consulted (eg VPD Elder Abuse Team, specialized MH unit).

Calling for Police/Ambulance Assistance (911 or Non-Emergency):

The DR should advise dispatch of the following:

- This is confirmed AGA situation and you are calling from a Designated Agency – the paramedic/police officer should call their supervisor if they are unfamiliar with AGA.
- If the adult is independently mobile or if they will need a fully equipped ambulance.

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- If there are any environmental or other safety hazards where the adult is being assessed.
- If there is a risk that the adult or anyone else may be combative or violent.
- Which hospital the adult is to be transferred to (if there have been some pre-arrangements or there is a preference e.g. to a VCH or PHC hospital and not FHA).
- If there is a risk adult may refuse to being transported, in which case police must be called as well.
- If police, BCEHS and Health Authority staff will be attending, ensure that a coordination plan has been communicated clearly and if they are to wait for the DR/DRC to arrive, or whether they can enter upon arrival or wait until all parties have arrived.
- Be prepared to share your name, role, Employee ID with dispatch.

Coordinating the response:

- Have the Certificate of Emergency Assistance package prepared, and make a copy. Bring this paperwork with you.
- If both BCEHS and Police are required the DR/DRC should call to the local police department staff sergeant or police/RCMP MH/AGA Liaison to explain the situation, including that an ambulance has/will be requested for transport, and that AGA Emergency Assistance (Section 59) is going to be used. Often the police will dispatch a member and sometimes they may prefer to coordinate with BCEHS directly and choose a mutual time to meet at the location of the adult.
- Ask for an estimated wait time for the emergency responders to arrive.
- Liaise with the receiving hospital, if applicable.
- Be prepared and plan that emergency responders may show up earlier or much later than expected.
- Notify your supervisor/manager that this process may take an extended amount of time (and may require overtime hours).
- Plan for the event that the DR may need to ride in the ambulance (securing/parking DR's car/returning back to the office after the client arrives at the hospital).

At the location:

- When the emergency responders arrive, introduce yourself, state your role and show your ID.
- Review the situation and plan, and state your authority under the AGA to remove the client to a safe place. Provide a copy of the Certificate of Emergency Assistance to the BCEHS, if requested.

Resources/References

Emergencies Call 911

In non-emergent situations, call the police detachment listed below and ask for the Staff Sergeant or the Domestic Violence/Mental Health/Elder Abuse Liaison.

<u>City</u>	<u>Detachment</u>	<u>Phone Number</u>
Bowen Island	Bowen Island Detachment	(604) 947-0516
Gibson	Gibson Detachment	(604) 885-2266
North Vancouver	North Vancouver Detachment	(604) 985-1311
Pemberton	Pemberton RCMP	(604) 894-6634
Powell River	Powell River Detachment	(604) 485-6255
Richmond	Richmond Detachment	(604) 278-1212
Sechelt	Sunshine Coast Detachment	(604) 885-2266
Squamish	Sea-to-Sky Regional Police Services	(604) 892-6100
Vancouver Police Department	Non-Emergency Line	(604) 717-3321
	Elder Abuse Unit	(604) 717-9888
Vancouver (RCMP)	University Detachment	(604) 224-1322
West Vancouver Police Department	Non-Emergency Line	(604) 925-7300
	Victim Services	(604) 925-7468
Whistler Department	Whistler Detachment	(604) 932-3044

BCEHS Non-Emergency Dispatch Lower Mainland (604) 872-5151
 BCEHS Lower Mainland Operations Manager (604) 828-4510

[Release of Information and Belongings to Law Enforcement](#)

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Appendix B: Notification of Rights and Documenting Notifications of Rights

1. Designated Responder (DR) must consult with the ReAct Adult Protection Program, if court action is being considered; the ReAct Adult Protection Program will involve VCH Legal Services.
2. As soon as clinically appropriate to do so, the DR must explain, in a manner that is appropriate to the adult's skills and abilities, why Emergency Assistance, a Support and Assistance Plan (SAP) or other interventions are being proposed or have been used.
3. If Emergency Assistance is used, the adult must also be provided with written information, ["Notification to Adult" form](#) regarding why Section 59 Emergency Assistance provisions have been used, what their rights are, including their right to legal counsel. A [brochure](#) will be provided to the adult as well. If the adult is not able to comprehend their rights as provided, leave the Form A and ensure that the adult is informed again within 24 hours. Document each time the adult is informed of their legal rights.
4. If the adult requests to speak to their lawyer they must be given access to a telephone and any necessary physical assistance to make the call.
5. If the adult requests assistance to find a lawyer, the adult may be given assistance to call one of the referral sources provided on Form A. DR/clinicians are not to engage the lawyer, speak with the lawyer about the adult, or provide any confidential patient information or interpret any information from the lawyer to the adult. DR/clinicians are strictly authorized only to assist the adult to make the call.
6. The adult may identify someone that they would like to receive notification of the interventions of the Designated Agency clinicians must use best clinical judgment and consult with their Practice Lead or Designated Responder Coordinator (DRC) about notifying a support person. If there are safety concerns for the adult or staff about an identified person knowing where the adult is, precautions must be taken to not disclose that information.
7. If there is no known legal representative or substitute decision maker the DR will contact the PG &T to determine if they have a role as Committee of Person or Estate, Substitute Decision Maker for Health Care or Facility Admission, or as Litigation Guardian.
8. Consult with DRC as soon as possible.
9. DR is required to clearly document all of the above in the health record.
10. All AGA interventions should be documented in the health record. Ensure verbal communication with the team (including Most Responsible Physician/Nurse Practitioner (MRP), and security (if applicable).

Documenting Notification of Rights in the health record:

To help guide clinicians to document Notification of Rights, the following examples may be used:

- "The patient was provided with Notification of Rights, however, given the clinical presentation and noted cognitive impairment, it is likely that he/she did not fully comprehend these rights"
- "The patient was provided with Notification of Rights, and appeared to fully comprehend"

Appendix C: Applying for Court Orders

This section is led by ReAct with VCH Legal

There are times when the risk of harm is too great, an adult has declined assistance, the care plan and/or the Support and Assistance Plan (SAP), and it has been determined that the adult is unable to seek support and assistance. More intrusive tools under the Act are available to help support the adult such as:

- [Interim Restraining Order](#)
- [Warrant to Enter to Interview](#)
- [Access Order](#)
- [Court Ordered Support and Assistance Plan](#)

If any one of these measures is taken the DR is in consultation with the DRC, who will be involved in the process. The DRC will be the primary contact and determine who to consult with (i.e. PG&T, Risk Management, Legal and/or ReAct).

DR/DRC review/revise with ReAct and Legal, the SAP as necessary, confirm all other options have been explored and exhausted, and if the decision is to pursue a court order, the DR/DRC or ReAct refers to the Public Guardian and Trustee of BC (PGT) who arranges for the adult to be examined by an assessor, or a team of assessors, for an Incapability Assessment pursuant to [Adult Guardianship \(Abuse and Neglect\) Regulation](#). The test for incapability to proceed with a court order is based on whether the adult understands:

- a. The services described in the SAP
 - b. Why the services are being offered to the adult, and
 - c. The consequences to the adult of not accepting the services
1. DR/DRC must advise the adult and their near relative that an order under the AGA is being considered and the adult must be notified of their right to contact a lawyer. Designated Responders must provide any assistance needed by the adult to contact a lawyer.
 2. If the adult requests access to a lawyer and they do not have one, they can contact or be assisted to contact:
 - Community Legal Assistance Society (CLAS) at 604-685-3425 or 1-888-685- 6222
 - Seniors First BC at 604-688-1927 or 1-866-437-1940
 3. Legal counsel will prepare affidavits in consultation with ReAct, DR/DRC, Risk and the health care team. For more information on the process see [A Guide to Court Applications Under Part 3 of the AGA: Support and Assistance for Abused and Neglected Adults](#).
 4. Legal will complete and submit the [Application to Obtain an Order](#), along with the Incapability Assessment Report completed by the Assessor (Form 1 issued under the AGA (*Abuse and Neglect*) Regulation) to the local BC Provincial Court. At least 7 business days before the hearing, a copy of the application, a copy of the Support and Assistance Plan, and a copy of the Incapability Report will be served on the adult, the adult's spouse/near relative, the PGT, adult's attorney or Committee, person in charge of any hospital or residence where the adult may be

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receiving care, anyone against whom a restraining order is being sought, and any other person the court directs. DR/DRC supports legal with determining the most clinically appropriate way for the adult and the adult's family to be served.

5. Legal counsel for the Designated Agency and the DR/DRC will attend the scheduled hearing. If an order is made, legal counsel for the DA will serve a copy on the same people that were served with a copy of the application.
6. DR/DRC will direct the implementation of the supports and services in the plan, document the outcomes and the monitoring strategy in the health record. ReAct will upload all orders, legal filings and affidavits in the RRS. Re-engage the team and DR/DRC if alerted to non-compliance, a new report of abuse, neglect or self-neglect, or any change in adult's environment, personal, financial or medical condition that affects their health care needs or safety status.
7. Review/update SAP as per court order, on a yearly basis or earlier if the clinical situation has changed.

Refer to following [support tools and guidelines](#):

- [A Guide to Court Applications Under the AGA \(Part 3\)](#)
- [HA DR Supplemental Guide to Court Applications](#)
- [Practice Guidelines for Incapability Assessments for AGA \(Part 3\)](#)

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