



Provincial Health Services Authority

Reporting of Suspected Abuse and Neglect Policy

NEW

Previous

New

BC Cancer

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REPORTING OF SUSPECTED ABUSE AND NEGLECT

1. Introduction

1.1. Purpose

- 1.1.1. To ensure that BC Cancer and its employees and service providers (“staff”) are fulfilling their mandatory reporting responsibility under the *Child, Family and Community Service Act* (“CFCSA”)
- 1.1.2. To ensure that [vulnerable adults](#) experiencing [abuse neglect](#) or [self-neglect](#), have access to the appropriate services and supports as provided for under the *Adult Guardianship Act* (“AGA”).
- 1.1.3. To provide guidance to all staff in reporting:
 - Suspected [child](#) abuse and neglect (a “[child in need of protection](#)”); and
 - Suspected abuse, neglect or self-neglect of vulnerable adults.

1.2. Scope

- 1.2.1. This policy applies to all staff and programs (direct and contracted) providing care on behalf of BC Cancer and applies whether the suspected child in need of protection or the suspected abuse, neglect or self-neglect of the vulnerable adult is observed in a BC Cancer facility, another program providing service by or on behalf of BC Cancer, or in another location.

2. Policy

- 2.1.1. All BC Cancer staff and providers who have a reason to believe that a child has been, or is likely to be abused or neglected must immediately report the matter to:
 - their leader or medical lead;
 - BC Cancer Patient and Family Counselling; **AND**
 - the Ministry of Children and Family Development (MCFD).

Abuse can be in the form of [physical](#), [emotional](#) or [sexual abuse](#).

- 2.1.2. All BC Cancer staff and providers who have reason to suspect that a vulnerable adult is being abused, neglected or is subject to self-neglect must immediately report the matter to:
 - their leader or medical lead; and

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- BC Cancer Patient and Family Counselling.

Abuse can be in the form of physical, emotional, sexual, or [financial abuse](#).

3. Responsibilities and Compliance

3.1. Compliance

3.1.1. All programs, services, staff and physicians affiliated with BC Cancer are required to comply with this policy.

4. Definitions

“Abuse” means the deliberate mistreatment of a child or vulnerable adult that causes physical, mental or emotional harm and includes, in the context of vulnerable adults, intimidation, humiliation, physical assault, sexual assault, overmedication, withholding needed medication, censoring mail, invasion or denial of privacy or denial of access to visitors.

“Child” means anyone under the age of 19.

“Child in Need of Protection” means:

- a child has been, or is likely to be, physically harmed, sexually abused or sexually exploited by a parent/caregiver or another person and the parent/caregiver is unwilling or unable to protect the child
- a child has been or is likely to be physically harmed because of neglect by the child’s parent/caregiver
- a child is emotionally harmed by living in a situation where there is domestic violence by or towards a person with whom the child resides
- a child is deprived of necessary health care
- the child’s development is likely to be seriously impaired by a treatable condition and the child’s parent/caregiver refuses to provide or consent to treatment, the child’s parent/caregiver is unable or unwilling to care for the child and has not made adequate provisions for the child’s care
- the child is or has been absent from home in circumstances that endanger the child’s safety or well-being
- the child’s parent/caregiver is dead and adequate provision has not been made for the child’s care
- the child has been abandoned and adequate provision has not been made for the child’s care, or

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- the child is living in a situation where there is domestic violence by or towards a person with whom the child resides.

“Designated Agency” means a public body, organization or person designated under section 61(a.1) of the *Adult Guardianship Act* for the purposes of that Part.

“Emotional Abuse” means acts or omissions by those in contact with a child or vulnerable adult that are likely to have serious, negative emotional impacts. Emotional abuse may occur separately from, or along with, other forms of abuse and neglect and includes the emotional harm caused by witnessing domestic violence. Emotional abuse can include a pattern of:

- scapegoating
- rejection
- verbal attacks on the child
- threats
- insults, and
- humiliation

“Financial abuse” means the improper, illegal or unauthorized use of an adult’s resources for the benefit of another.

“Physical Abuse” means deliberate physical assault or action by a person that results in, or is likely to result in, physical harm to a child or vulnerable adult.

“Sexual Abuse” means that a child is used (or likely to be used) for the sexual gratification of another person or that a vulnerable adult has sexual behavior directed towards them without their consent.

“Neglect” means, in the case of children, failure to provide for a child’s basic needs (food, shelter, basic health care, supervision or protection from risks) involving an act of omission by the parent or guardian, resulting in (or likely to result in) harm to the child, including harm to physical health, development or safety. In the context of vulnerable adults, **“Neglect”** means any failure to provide necessary care, assistance, guidance or attention to an adult that causes, or is reasonably likely to cause within a short period of time, the adult serious physical, mental or emotional harm or substantial damage to or loss of assets, and includes self- neglect.

“Self-neglect” means any failure of a vulnerable adult to take care of himself or herself that causes, or is reasonably likely to cause within a short period of time, serious physical, mental or emotional harm or substantial damage to or loss of assets, and includes:

- living in grossly unsanitary conditions;
- suffering from an untreated illness, disease or injury;

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- suffering from malnutrition to such an extent that, without an intervention the adult's physical or mental health is likely to be severely impaired;
- creating a hazardous situation that will likely cause serious physical harm to the adult or others or cause substantial damage to or loss of assets, and
- suffering from an illness, disease or injury that results in the adult dealing with his or her assets in a manner that is likely to cause substantial damage to or loss of the assets.

“Vulnerable Adult” is anyone who has a reduced capacity to look after their own interests, needs and well-being and therefore may be at risk of abuse and neglect. This includes individuals with physical, sensory, mental health and intellectual disabilities, as well as some frail seniors and adults whose circumstances render them more susceptible to harm from themselves or others.

5. References

- [Adult Guardianship Act](#)
- [BC Centre for Disease Control \(2016\). Child Abuse or Neglect Policy.](#)
- [Child, Family and Community Service Act](#)
- [Vancouver Coastal Health \(2016\). Adult Protection: Abuse, Neglect or Self-Neglect of Vulnerable Adults Policy.](#)
- [Vancouver Coastal Health \(2018\). Duty to Report: Child Abuse and Neglect \(Community\) Policy](#)

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6. Appendices

Appendix A

Reporting Children in Need of Protection

1. Suspicions of child abuse and neglect must be reported to the Ministry of Children and Family Development (MCFD). This duty to report is mandatory even though the information reported may otherwise be confidential.
2. Definite evidence of abuse or neglect is not required before reporting. The reporter must simply have a reasonable suspicion that a child has been abused or neglected or is in a situation where there is a likelihood of abuse or neglect.
3. Recognizing Signs and Symptoms

Please refer to the resources below for information on the signs and symptoms of child abuse:

- BC Ministry of Children and Family Development (January 2016). The B.C. Handbook for Action on Child Abuse and Neglect (for Service Providers).
http://www2.gov.bc.ca/assets/gov/publicsafety-and-emergency-services/public-safety/protecting-children/childabusepreventionhandbook_serviceprovider.pdf
- HealthLink BC. Child Abuse and Neglect.
<http://www.healthlinkbc.ca/healthtopics/content.asp?hwid=tm4865>

3a. Urgent situations

- If there is immediate danger to the child, or the child makes a disclosure of abuse or neglect directly to a staff member, the staff must:
 - immediately notify MCFD at **1 800 663-9122** or, if necessary, call 911; and
 - Notify their leader and medical lead that a report has been made.

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3b. Non-urgent Situations

- When staff have concerns about the safety or well-being of a child, staff must promptly notify their leader and medical lead.
- The medical lead and other members of the health care team will report all suspected instances of child abuse or neglect to MCFD in a timely manner; the child should not be put at risk by any delay or delegation of the act of reporting.

4. Making a report to MCFD

- Where a report to MCFD is required, a member of the health care team should be designated to contact the Ministry's Provincial Centralized Screening team at **1 800 663-9122**.
- The reporter should provide:
 - Specific information about the child and family in question e.g. names, address, phone numbers, birth dates, etc.
 - Specific details of the concerns, including any statements the child has made about the alleged offender.
 - The names and contacts numbers of BC Cancer staff having pertinent information
 - The name and contact of BC Cancer staff member who will act as the primary liaison with the Ministry
- In addition, the reporter should:
 - Identify if there are any other children potentially at risk; and
 - Document the name and contact number of the ministry social worker so follow-up can occur, if necessary.
- The leader or other staff member makes the report, must advise the staff member who initially identified the concerns that the report has been made.
- Visit the MCFD website (<http://www2.gov.bc.ca/gov/content/governments/organizational/structure/ministries-organizations/ministries/children-and-familydevelopment>) for more information about reporting.

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Documentation:

- Details of the report must be documented immediately by the reporter in the discipline-related notes of the patient's health record.
- In addition, the underlying information giving rise to the suspicion that child abuse or neglect might be occurring should be clearly documented in the health record.

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Appendix B

Reporting Abuse or Neglect of Vulnerable Adults

1. Staff who suspects that a vulnerable adult is being abused or neglected or is subject to self-neglect must report the concern to their leader or medical lead.
2. The leader or medical lead determines whether a report to a Designated Agency under the AGA or other action is warranted.
3. If reporting is appropriate, the manager will do so promptly and will assist the Designated Agency in discharging their responsibility to confidentially investigate the suspected abuse, neglect or self-neglect and take appropriate action.
4. Details of any report must be documented immediately by the reporter in the health record.
5. Where a situation has been reviewed by the health care team and there is full agreement that a report to the Ministry is not indicated at that time, the reasons for not reporting should be clearly documented in the health record.

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