


MOMIJI HEALTH CARE SOCIETY

	Developer: PSC	Category: Health & Safety	Domain:	Policy #:
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PURPOSE

This policy has been established to

1. Prevent abuse from happening at Momiji Health Care Society (MHCS) be it against client, staff, volunteer or others;
2. Define abuse and neglect;
3. Express the duty to make mandatory reports of alleged and confirmed incidents of abuse or neglect; and
4. Describe the steps involved in investigating a reported incident of abuse
5. Outline the consequences for anyone involved in an incident of client abuse
6. To ensure appropriate action is taken following a report of abuse

POLICY

All clients shall be treated with respect and dignity, protected from abuse and neglect by staff, service providers, volunteers, students and others associated with MHCS.

MHCS has **Zero Tolerance** for abuse. All allegations of client abuse will be handled in a confidential manner and shall be carefully investigated and addressed.

MHCS shall make every effort to ensure that there are no repercussions for the reporting party.

All MHCS constituents are legally, morally and ethically obligated to report any incidents of abuse they witness.

MHCS will accept and act upon anonymous reports. However, complainants should understand that Management's ability to take meaningful and effective follow-up action, or any action at all, may be unduly compromised when the source of complaint could not be followed up with.

Zero Tolerance within this policy means that MHCS shall:

- Uphold rights of everyone to be treated with dignity and respect on MHCS premises and to be free from abuse and neglect
- Not allow the abuse of any client by staff or volunteers, nor condone the abuse of any person by any other at MHCS
- Treat every allegation of abuse as a serious matter and investigate

- Take corrective action, including sanctions or penalties against perpetrators of abuse.
- Report to the relevant authority every suspected or confirmed incident of abuse
- Make every effort to eliminate abuse through staff education, quality improvement, client/resident safety and risk management measures
- Develop and post a Clients' Bill of Rights, this Zero Tolerance of Abuse Policy and a Whistle Blowing Protection Policy
- Provide information and education regarding abuse and its prevention as a part of orientation for new staff and volunteers
- Ensure clients and substitute decision makers are informed upon admission of MHCS's Zero tolerance of Abuse policy and their duty to report abuse

SCOPE

This policy applies to all residents/clients, staff, families, volunteers, students and other service providers.

PROCEDURES

A. ABUSE EDUCATION AND PREVENTION

1. Ensure all clients, their families and substitute decision-makers are aware of:
 - The Zero Tolerance of Abuse Policy
 - The expectation that the policy will be complied with at all times
 - The actions that clients or their SDM should take in the event that an incident of abuse takes place
2. Conduct Criminal Record Check on all prospective employees and volunteers who are likely to work with vulnerable individuals prior to their being accepted into the Centre.
3. Post the abuse policy in areas easily accessible to the public.
4. Include a statement about the abuse policy in the Senior Residence tenants' handbook and highlight the policy to all tenants and/or their SDMs upon admission.
5. Annually provide a reminder to tenants about the abuse policy.
6. Annually review with and educate staff about zero tolerance for abuse and neglect, mandatory reporting requirement, whistleblowing protection.

B. WHEN ABUSE IS SUSPECTED

1. Any staff, volunteer or student who witnesses, or suspects alleged abuse or neglect will intervene to ensure client/staff safety and well-being.
2. Any other person who has first knowledge of abuse or suspected abuse are encouraged to inform a member of MHCS staff.
3. A MHCS staff who is advised of or who has first knowledge of abuse or suspected abuse shall immediately inform their supervisor who will immediately ensure the wellbeing of the victim and help accessing help.

4. The Executive Director and Director of Care will be immediately notified of any allegation/incident of abuse/neglect.
5. The Executive Director will notify the Board Chair of all suspected/alleged abuse/neglect.
6. The victim of abuse will be assessed by the nurse on site for injury and help access further medical examination if needed.
7. The Director of Care will secure and ensure the integrity of the evidence at the site, take pictures of the site, or any injury suffered by the victim.
8. Disclosure of information related to incidence of abuse will be made in accordance with the guidelines of the “Municipal Freedom of Information and Protection of Privacy Act”, and the “Personal Health Information Protection Act” by the Executive Director, the Director of Care or a duly appointed delegate.
9. In the situation where there are reasonable grounds to believe that the substitute decision-maker/family is responsible for the alleged, suspected or witnessed incident of abuse or neglect, the Executive Director/Director of Care is not required to speak to them of the incident or the result of the investigation.
10. The Executive Director will provide notification of all allegations of abuse to the relevant authority e.g. the police.

C. INVESTIGATION OF SUSPECTED OR WITNESSED ABUSE/NEGLECT

1. Investigation of any allegation of abuse/or neglect shall be conducted in compliance with the Quality of Care Information Protection Act (QCIPA).
2. An investigation shall be initiated immediately for any allegation of abuse and/or neglect.
3. An investigation shall also commence in response to any alleged abusive action conducted by a family member, visitor or any other individual.
4. Where the abuse or suspected abuse or neglect is alleged to have been the result of an employee’s action, an internal investigation shall be initiated with the Executive Director, or his/her designate, with support from Human Resources personnel. Meetings will be set with the implicated employees(s), witnesses and all other employees and individuals who may have knowledge of the incident under investigation.
5. The employees(s) in question shall immediately be placed on a Leave of Absence from active duty with pay at the discretion of the Executive Director and upon further investigation with the possibility of discipline or dismissal to follow.
6. Volunteer(s) suspected of abuse will not be permitted to carry out volunteer activities pending further investigation with the possibility of termination of association with MHCS to follow.
7. Individuals external to MHCS (i.e. family members, visitors, etc.) suspected of abuse shall not be permitted to access MHCS premises pending further investigation with the possibility of barring of further attendance at MHCS.

8. The Executive Director shall complete the investigation of any reported abuse within ten (10) days of becoming aware of the alleged, suspected or witnessed incident, or at an earlier date if required by the relevant authority.
9. The Executive Director shall notify the police after reviewing and ensuring that pertinent information exists that supports an allegation of abuse, determined to be intentional in nature, by an employee, volunteer, family members, visitor or any other individual external to the centre.
10. The Executive Director or designate shall ensure that the victim is permitted to communicate in private with independent advocates.
11. Where applicable, the Director of Care will report the confirmed incident to the staff member's professional regulatory bodies.
12. Capable clients who intended to or conducted an abusive action will be advised by the Executive Director or designate that their behavior is inappropriate, unacceptable and subject to reporting to law enforcement authorities.
13. Referral to support resources will be made available to all parties involved in the alleged abuse. Resources for clients include:
 - His/her and/or family member's minister or faith group leader, as appropriate
 - The client's and/or family member's physician
 - Any appropriate external health care professional
 - The Advocacy Centre for Seniors
14. The staff person involved will be referred to the Employee Assistance Program
15. The Executive Director shall ensure all appropriate incident related documentations including but not limited to electronic and handwritten investigation notes, records of analysis of incidents, internal meeting records, and interview notes with staff are centrally stored with access granted to senior leaders of the organization i.e. Executive Director, Director Care and Director of Finance & Human Resources only. No handwritten or electronic notes are to be left to individual possession.

D. FACTORS TO CONSIDER WHEN DETERMINING ACTION

- a. Mitigating Factors
 - Degree of harm
 - Provocation
 - Admission of guilt
 - Remorse
 - Existing abuse policy
 - Previous training
 - Momentary flare-up (recurrent history/isolated incident)
 - Intention or wilfulness to harm by abuse
 - Employment/service record (length of employment/performance issues)
 - Consistency of discipline (previous discipline)
 - Awareness of personal/emotional issues of abuser

- b. Aggravating Factors
 - Use of weapon
 - Potential for serious harm
 - Number of blows
 - Similar past behavior
 - Denial of action

E. ACTION TO BE TAKEN FOR CONFIRMED ABUSE

- 1. Staff
 - Disciplinary action up to and including dismissal.
 - Counselling of the staff through Employee Assistance Program
 - Referral to the police for further investigation and possible criminal charges being laid
 - Barring of the individual from MHCS
- 2. Volunteer
 - Sanctions up to and including barring of the individual from MHCS
 - Referral to the police for further investigation and possible criminal charges being laid
 - Referral to community support services, if necessary
 - Barring of the individual from MHCS
- 3. Student
 - Sanctions up to and including dismissal from placement at MHCS
 - Referral to the police for further investigation and possible criminal charges being laid
 - Referral to the educational institution involved for appropriate follow-up action
 - Barring of the individual from MHCS
- 4. Contracted Service Provider
 - Sanctions up to and including dismissal
 - Informing the employer of the service provider
 - Referral to the police for further investigation and possible criminal charges being laid
 - Barring of the individual from MHCS
- 5. Family Member/Visitor
 - Counselling with the social worker
 - Sanctions up to and including barring of the individual from MHCS
 - Referral to the police for further investigation and possible criminal charges being laid
 - Barring of the individual from MHCS

6. Capable Client
 - Referral to the police for further investigation and possible criminal charges being laid
 - Sanctions up to and including barring of the individual from MHCS

Appendix

DEFINITIONS

Abuse of a client

- Means any action or inaction, misuse of power and/or betrayal of trust or respect by a person against a resident, that the person knew or ought to have known, would cause (or could reasonably be expected to cause) harm to the client's health, safety or well-being; and
- Includes, but is not limited to: physical abuse, sexual abuse and sexual assault, emotional abuse, verbal abuse, financial abuse.

Physical Abuse means the use of physical force by anyone other than a client that causes physical injury or pain to a client;

Sexual Abuse means any consensual or non-consensual touching, behaviour or remarks of a sexual nature or sexual exploitation that is directed towards a client by a staff member by a person other than a staff member;

Emotional Abuse means any threatening, insulting, intimidating or humiliating gestures, actions, behaviour or remarks, including imposed social isolation, shunning, ignoring, lack of acknowledgement or infantilization that are performed by anyone other than a client where the person performing the gestures, actions, behaviour or remarks understands and appreciates their consequences;

Verbal Abuse means 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 client's sense of well-being, dignity or self-worth, that is made by anyone who understands and appreciates its consequences;

Financial Abuse means any misappropriation or misuse of a client's money or property.

Neglect means the failure to provide a client with the care, services or assistance required for health, safety or well-being, and include inaction or a pattern of inaction that jeopardizes the health, safety or well-being of one or more clients.

Substitute Decision-Maker (SDM), in relation to a client, means the person who is authorized by law to make decisions concerning the client's property, and/or personal care, if the client is incapable of making the decision

Consent in this policy refers to: the consent of a client who is capable of making the decision, or the consent of the client's legally authorized substituted decision-maker (SDM), if the resident is incapable of making the decision.