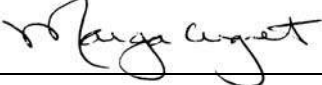





**SUN COUNTRY HEALTH REGION
&
AFFILIATES**

Section: HR: Human Resources	Policy & Procedure # HR-20-00	Page: 1	of: 10
Sub-section: HR - 20: Performance Management			
Subject: HR - 20-00: Abuse of Client/Patient/Resident			
Issued: February 2006			
Evaluated/Revised:			
Initiated By: 	Marga Cugnet VP Integrated & Primary Care		
Authorized By: 	Don Ehman, VP Human Resources		

POLICY:

The Sun Country Health Region endeavors to provide an environment free from physical, sexual, verbal, financial, psychological and medical abuse and violation of civil and human rights.

BACKGROUND:

This policy covers situations of abuse by or towards any client, employee, family member, visitor, volunteer or other employed personnel or contracted service.

Any incident of suspected or actual abuse is to be reported as soon as possible to the immediate supervisor and/or the senior manager on-call. A thorough investigation is conducted. Anyone who has been proven to have abused a client is subject to discipline up to and including dismissal and may be prosecuted under criminal law.

PURPOSE:

1. To maintain a safe and trusting atmosphere and environment whereby clients live and employees work without fear of mistreatment.
2. To establish a mechanism for receiving reports of alleged abuse.
3. To complete a full investigation of alleged abuse in a time appropriate manner.
4. To confirm that appropriate actions occur to resolve instances of actual abuse.
5. To uphold the rights of the alleged perpetrator during an investigation of alleged abuse.
6. To educate staff about abuse and their role and responsibility in its prevention.

DEFINITION:

Saskatchewan Health’s definition of abuse:

“Abuse is understood to mean acts of commission or deliberate omission resulting in physical injury or negatively affecting the person’s mental health or wellbeing.”

- Abuse involves both acts of commission (something we do) and acts of omission (something we leave undone). It includes: physical, sexual, verbal, psychological/emotional, material/financial, neglect and violation of civil/human rights.
- Abuse may or may not be criminal as defined by the Criminal Code of Canada. Criminal instances include: theft, fraud, forgery, extortion, assault, sexual assault, failure to provide necessities, criminal negligence, threats, intimidation, forcible confinement, murder and manslaughter.
- These acts result in harm (physical and/or psychological and/or financial) to the person to whom the acts are done or not done.
- Abusive acts are breaches of the Code of Ethics of health care professions.

Refer to Exhibit A for additional information about types of abuse and indicators of possible abuse.

PROCEDURE:

When an abuse is suspected, the following steps are to be followed:

1. Intervening, reporting and documenting:

- 1.1 If an abusive situation is witnessed, if at all possible, the staff person is to intervene in the situation. Usually this means making one's presence known and offering support. People are less likely to be abusive in the presence of another individual. If safety is at stake, call for help, including external sources such as the City Police or the RCMP.
- 1.2 If you witness or suspect abuse, it is important that it be reported to your supervisor or senior manager on-call as soon as possible with a follow-up written report by the end of the shift.
- 1.3 The supervisor immediately takes steps to confirm that:
 - 1.3.1 the comfort, safety, confidentiality and rights of the alleged victim and others in the facility are protected.
 - 1.3.2 the alleged perpetrator(s) does not have unnecessary and unsupervised contact with the alleged victim
 - 1.3.3 there is no possibility of the alleged perpetrator(s) committing similar or other offenses against other clients
 - 1.3.4 the family is notified
- 1.4 If the alleged perpetrator is:
 - 1.4.1 an employee, that employee is immediately suspended pending an investigation; the union is notified per collective agreements
 - 1.4.2 a volunteer, that volunteer is restricted from volunteering and unsupervised visiting in regional facilities
 - 1.4.3 a visitor, that visitor's visiting times are restricted to allow full supervision during visits;
 - 1.4.4 a resident, that resident is restricted from unsupervised contact with the alleged victim

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1.5 In the case of physical abuse, a preliminary examination of the client is arranged. Record on the client's health record any relevant injury, bruises or emotional upset. An incident report is completed and the region's Quality of Care Coordinator is notified.

1.6 Notification of Authorities:

- The Police Department or RCMP may be involved depending on the nature of the alleged abuse. The police department is contacted immediately if the perpetrator poses a further danger or threat to others or if a criminal act has been committed.
- The Vice President or designate advises the Police or RCMP if necessary.
- When it is suspected that a family or friend(s) is not handling a resident's financial affairs properly to serve the client's sole best interest, the matter is referred to the Public Trustee who has the authority to review the financial matter and monitor the trustee's or client's account(s) on an ongoing basis.

2. Investigating:

2.1 Method of Receiving a Complaint

- 2.1.1 it may be received from a client, family member, staff member, volunteer, or anyone else
- 2.1.2 it may be verbal or in writing; for verbal complaints, the details are verified with the person reporting and the person is asked to sign the written document
- 2.1.3 any staff member who receives a complaint forwards the complaint to the immediate supervisor, Nurse Manager or designate who forwards it to the Vice President; serious complaints are forwarded immediately to the Vice President or Senior Manager on call

2.2 Individual Responsible for Investigation of Complaints

- 2.2.1 the Vice President or designate establishes whether or not there is reason to warrant an investigation
- 2.2.2 the Vice President or designate is responsible for investigating all complaints, involving the union where applicable
- 2.2.3 The Vice President or designate is responsible for maintaining a confidential report of the investigation
- 2.2.4 the Vice President informs the CEO, the VP-Human Resources and the Quality of Care Coordinator and keeps them informed of the progress of the investigation
- 2.2.5 if the investigation involves the Vice President, the CEO is responsible and reports directly to the Regional Health Authority.
- 2.2.6 if the investigation involves the CEO, the investigation follows the policy of the Regional Health Authority

2.3 Processing a Complaint

- 2.3.1 the complainant is advised of the method of processing the complaint and (if appropriate) his/her rights and/or details of steps taken to assure the

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reporter's safety and confidentiality. S/he is advised that the complaint is taken seriously; that an investigation will be undertaken; that sources of information will not be revealed to people being questioned and confidentiality of the investigation is maintained. The investigator confirms that the complainant understands the seriousness of the allegations and the possibility of having to testify if criminal charges are laid or if the employee grieves the discipline

2.3.2 if the alleged victim reported the incident, steps are taken to assure the individual is as comfortable as possible with the process

2.3.3 details will be verified

2.3.4 the investigator obtains relevant information from:

- the alleged victim
- the alleged perpetrator(s)
- all witnesses
- the supervisor(s) of the alleged perpetrator(s)
- others, as required

2.3.5 the investigator assesses:

- how critical the situation is
- extent of abuse
- frequency of abuse
- impact of incident on the resident
- residents security relative to further abuse

2.3.6 the following principles apply in the fact-finding process:

- full and fair treatment is accorded to all concerned in the matter
- bargaining unit staff are permitted to have union representation
- others are permitted to have legal representation at their cost
- the alleged victim(s) is permitted to have someone of his/her choosing accompany or represent him/her during the investigation
- an advocate (spokesperson) for the alleged victim(s) may be appointed, if this is deemed in the best interest of the victim(s)
- the process is completed in an expeditious and timely manner
- the investigator may appoint a witness or recorder for any interviews conducted during the investigation
- each person interviewed is requested to provide a written, signed and dated detailed description of the alleged incident
- if a person is not able to prepare a written statement, the investigator documents the incident in the way it was reported; for verification and signature or mark, the final report is read back to the complainant in the presence of a witness
- *the alleged abuser may have a supervised meeting with the complainant upon mutual agreement*

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3. Resolution

- 3.1 Upon completion of the investigation, a report is forwarded to the appropriate Vice President and the CEO of the Health Region.
- 3.2 The report is to contain
- a statement of facts
 - conclusions regarding the veracity of the allegation
 - recommendations for action
- 3.3 If the abuse was found to have happened and the perpetrator is an employee:
- the employee is notified of the findings of the investigation
 - the employee is disciplined up to and including termination
 - a report is placed on the personnel file of the employee
 - the professional association or licensing body is notified (if applicable)
- 3.4 If the abuse was found to have happened and the perpetrator was a visitor or family member, legal restraint procedures are obtained if necessary
- 3.5 If the abuse was found to have happened and the perpetrator was a resident, a case conference is held to determine further action
- 3.6 If the allegation is not substantiated all documentation about the alleged offense is removed from the staff member's personnel file or the client's file

4. Support

- 4.1 The need for Critical Incident Stress Debriefing (CISD) or support is determined on the basis of direct and obvious symptoms (e.g. injury, shock) displayed by the victim and is addressed on an immediate basis by the supervisor.
- 4.2 The review of every reported incident of abuse includes a determination of whether or not additional follow-up is required. CISD is offered. If support is required or the client's family requests support, the nature and level of support required is identified and arranged.

EDUCATION

- management, staff and volunteers are informed and educated regarding this policy
- alleged abuse including the process of lodging a complaint

CONFIDENTIALITY

- the employer does not disclose the identity of the alleged abuser or the circumstances of the complaint except where disclosure is necessary for the purposes of investigation or taking disciplinary action in relation to the complaint or where such disclosure is required by law.

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STRATEGIES FOR ABUSE PREVENTION

- Prevention of abuse is much more effective than detection and reporting. The staff education program identifies strategies that assist staff to prevent and decrease abusive incidents.

RESOURCES:

Pasquia Health District	Harassment Policy (4-40) Prevention of Abuse (4-50)
Peace Lutheran Center	Resident Abuse A.4.m Abuse of Residents D.13.b
Salem Home, Inc., Winkler, MB	Zero Tolerance Abuse Policy- resident
Yellowknife Assoc. Of Concerned Senior Citizens	Abuse B010
Assiniboine Valley DHB	Abuse of Clients 1000:abu1
Moose Jaw Thunder Creek HD	Pioneer Lodge

TYPES OF ABUSE, EXAMPLES AND INDICATORS

1. Physical Abuse

Examples:

- in bodily harm, pain or discomfort
- assault: slapping, hitting, pinching, shoving, kicking, punching, poking, choking, biting
- rough handling: excessive force applied during lifts, transfers, activities of daily living
- gross neglect: withholding food, personal, nursing or medical care
- forcible, unauthorized or unnecessary confinement
- inappropriate use of restraints (physical or chemical)
- medical treatment without consent
- not acting in accordance with healthcare directives

Indicators of physical abuse

- unexplained injuries, such as fractures, bruises, bumps, lacerations, burns, welts, ulcers, grip or rope marks
- unusual patterns of injuries
- delay in seeking treatment
- unexplained falls, immobility, or pain
- behavioral clues such as expressions of fear in the presence of specific people
- evidence of unauthorized or inappropriate use of restraints or medications such as prolonged use, use for the convenience of staff, or where alternatives have not been explored

2. Verbal Abuse

Examples:

- threats (physical or jurisdictional)
- negative insinuations or accusations
- defamation
- sexual suggestion
- profanity
- intimidation
- yelling

3. Sexual Abuse

Examples:

- any sexual advances or behaviors directed to a person without the full knowledge or consent of the person, or where consent is obtained by taking advantage
- sexual harassment
- indecent exposure

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- fondling, masturbation, penetration
- leering
- disrespecting the resident's right to privacy (e.g. while (un)dressing)
- sexual innuendo
- inappropriate disclosure of sexual preferences or practices
- unnecessary exposure of a person to sexually explicit materials
- use of a person for purposes of pornography or prostitution

Indicators of Sexual Abuse

- pain, swelling or bleeding in the genital area
- fear of pericare
- fear of specific persons or fear of being alone with them

4. Psychological or Emotional Abuse

Examples:

- any act which may diminish the sense of identity, dignity or self-worth of a person; inflicting mental anguish or provocation of fear of violence or isolation
 - name calling, yelling, insulting, ridiculing, swearing
 - threats of abandonment, withdrawal of love, institutionalization or poverty
 - intimidation
 - humiliation
 - infantilization (treating like a child)
 - ignoring
 - isolating from others (family, friends, visitors)
 - excluding from decision making
 - the use of punishment
 - treatment that reduces dignity and self-worth

Indicators of Psychological Abuse

- low self esteem
- feelings of shame and guilt
- hopelessness
- withdrawal
- unwillingness to have eye contact
- passivity
- fearfulness
- symptoms of depression
- exclusion from family or facility gatherings
- denial of visitors, church or group attendance
- talk of punishment of the resident or of the resident as a burden
- failure to provide stimulation

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5. Material/Financial Abuse

- the misuse of funds/assets without the persons knowledge and full consent or in the case of a person who is not competent, not in the person's best interest
- may occur through fraud, force, misrepresentation, ignorance or withholding
 - theft or misuse of money/property
 - attempts to influence the will
 - use of person's money/property without authorization or against the person's express wishes
 - attempts to trick, persuade or threaten a person out of money/property
 - misuse of the power of attorney or guardianship
 - solicitation of compensation or reward
 - use of a person's labor (without consent) for another's personal gain
 - forcing a person to commit an illegal act
 - inappropriate or unauthorized use of a person in research

Indicators of Material/Financial Abuse

- lack of necessities or comforts affordable by the person
- evidence of unauthorized use of the person's money or property by others
- disappearance of the person's property

6. Neglect

- the failure of a designated caregiver to meet the needs of a resident unable to meet them himself/herself
- lack of provision of necessities such as food, water, clothing, adequate housing and bedding
- omission of prescribed medications or misuse of medications
- lack of recommended aids or equipment
- lack of attention to needed medical, nursing, therapeutic or social assessment and treatment
- inattention to safety precautions, including the need for supervision
- abandonment

Indicators of Neglect

- dehydration, malnutrition
- evidence of improper administration of medication
- absence of needed clothing, aids, equipment and comforts
- refusal to allow health or social services
- lack of attention
- dirty, torn, inappropriate clothing
- poor hygiene
- failure or delay in answering residents' request for assistance or call bell
- inadequate care of the physical environment

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7. Violation of Civil/Human Rights

- denial of the basic rights of Canadian citizenship
- forcing someone to marry/ or refusing to allow marriage
- forcing someone to change his/her will
- forcing someone to move
- excluding someone from decision-making
- not allowing privacy
- withholding information
- not informing of rights; including right to refuse treatment
- not allowing association with persons chosen
- interfering with mail or mail censorship

8. Inappropriate Treatment

- purposeful withholding of appropriate treatment or administration of inappropriate treatment with the intent of harming the person
- practices contravening professional code of conduct
- breach of confidentiality
- administration of treatment without consent
- administration of treatment outside scope of practitioner
- misuse of medications/prescriptions

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