


<b>KEMPTVILLE DISTRICT HOSPITAL POLICY</b>	
<b>Department:</b> ADMINISTRATION	<b>Policy Number:</b> VII-6
<b>Unit:</b> CLIENT SAFETY	<b>Date Approved:</b> March 2009
<b>Subject:</b> PATIENT/RESIDENT ABUSE AND NEGLECT: PREVENTION, MANAGEMENT AND REPORTING OF INTERIM LONG TERM CARE	<b>Revision Dates:</b> July 2009, Nov 2016, February 2021
<b>Approval:</b>  VP Nursing/Clinical Services, CNE	

### **POLICY STATEMENT:**

Kemptville District Hospital (KDH) believes that all patients and residents have the right to a safe environment; one which promotes independence and provides the necessary support while meeting physical, psychological, social and spiritual needs. KDH promotes a *zero tolerance* environment related to the abuse and/or neglect of all patients and residents we care for (O. Reg. 79/10, s. 96).

Patient/resident abuse and neglect is a direct violation of this right and will not be tolerated. To this end, KDH will investigate all reports of abuse and/or neglect and will notify the proper authorities (i.e., Ministry of Long-Term Care, Police) if indicated.

Confirmed cases of abuse and/or neglect will result in:

- Disciplinary action of the perpetrator up to and including dismissal
- Notification of professional regulatory associations of the incident (where applicable)
- Notification of police of the incident where appropriate
- Notification of victim's attending physician
- Notification of victim's next of kin

Failure to report suspected or known abuse and / or neglect will result in:

- Disciplinary action up to and including dismissal (2007, c. 8, s. 20(3))

### **POLICY:**

This policy applies to all individuals, who are associated with KDH, performing specific tasks including:

- All employees including but not limited to: nursing, allied health, environmental services, administration, building services;

- Physicians (professionals with hospital privileges) who are affiliated with the hospital through the process of credentialing and approval;
- Students who are gaining practical/clinical experience in the hospital whether directly affiliated with KDH or not;
- Volunteers who perform recognized functions within the hospital on a volunteer basis;
- Contractors who are performing work for the hospital on a temporary basis. These individuals may be under direct contract to the hospital or may be members of the third party, such as construction workers, landscaping/snow removal or agency nurses.

This policy also includes the measures to be taken to prevent and manage abuse committed by:

- another patient or resident;
- a patient/resident's family member, substitute decision maker or visitor;
- any other person attending KDH for any reason.

### **DEFINITIONS:**

**Patient / Resident:** These terms will be used interchangeably throughout this policy. The term "patient" will refer to those admitted for care within our inpatient or outpatient areas of the hospital. The term "resident" refers to those admitted to the Interim Long Term Care / Convalescent Care Unit.

**Licensee:** Refers to the Interim Long Term Care / Convalescent Care Unit at KDH for the purpose of the Decision Tree utilized in Appendices A-F.

**Director:** Refers to the Director of Performance Improvement and Compliance Branch at the Ministry of Long-Term Care for the purpose of reporting as utilized in Appendices A-F.

**Abuse:** For the purposes of the definition of "abuse" the following are taken from subsection 2(1) of the Long Term Care Homes Act, 2007:

#### **Emotional Abuse:**

- (a) 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 patient/resident, or
- (b) any threatening or intimidating gestures, actions, behaviour or remarks by a patient/resident that causes alarm or fear to another

patient/resident where the patient/resident performing the gestures, actions, behavior or remarks understands and appreciates their consequences;

**Financial Abuse:**

- (a) any misappropriation or misuse of a patient/resident's money or property;

**Physical Abuse:**

- (a) the use of physical force by anyone other than a patient/resident that causes physical injury or pain;
- (b) administering or withholding a drug for an inappropriate purpose, or;
- (c) the use of physical force by a patient/resident that causes physical injury to another patient/resident;
- (d) the inappropriate use of restraints;

**Sexual Abuse:**

- (a) any consensual or non-consensual touching, behavior or remarks of a sexual nature or sexual exploitation that is directed toward a patient/resident by a licensee or staff member, or;
- (b) any non-consensual touching, behavior or remarks of a sexual nature or sexual exploitation directed towards a patient/resident by a person other than a licensee or staff member;

**Verbal Abuse:**

- (a) any form of verbal communication of a threatening or intimidating nature or any form of verbal communication of a belittling or degrading nature which diminishes a patient/resident's sense of well-being, dignity or self-worth, that is made by anyone other than a resident, or;
- (b) any form of verbal communication of a threatening or intimidating nature made by a patient/resident that leads another patient/resident to fear for his or her safety where the patient/resident making the communication understands and appreciates the consequences.

**Neglect:**

- (a) the failure to provide a patient/resident with the treatment, care, services or assistance required for health, safety or well-being, and includes inaction or a pattern of inaction that jeopardizes the health, safety or well-being of one or more patients/residents (O. Reg. 79/10, s. 2(1)).

*NOTE: Physical abuse does not include the use of force that is appropriate to the provision of care or assisting a resident with activities of daily living, unless the force used is excessive in the circumstances (O. Reg. 79/10, s. 2(2)). Sexual abuse does not include touching, behavior or remarks of a clinical nature that are appropriate to the provision of care or assisting a patient/resident with activities of daily living. This also does not include consensual touching, behavior or remarks of a sexual nature between a patient/resident and a licensee or staff member that is in a romantic or sexual relationship that began before the patient/resident was admitted or before the licensee or staff member became a licensee or staff member (O. Reg. 79/10, S, 2(3))*

**PROCEDURE:**

**Prevention of Patient/Resident Abuse and Neglect:**

1. KDH requires criminal reference police checks on all persons associated with the organization who will be in contact with patients/residents.
2. The VP Nursing and Clinical Services / Manager of Nursing Services or delegate identifies the required training and retraining requirements and provides such training annually for all staff who will be in contact with patients/residents. The training will include but is not limited to:
  - Residents Bill of Rights (applicable to ILTC/CCP)
  - Power Imbalances: the relationship between power imbalances between staff and patients/residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for patient/resident care
  - How to avoid situations that may lead to abuse and neglect such as “Violence Prevention and Non-violent Crisis Intervention”
  - KDH Mission, Vision and Values
3. The Manager of Nursing Services / delegate will communicate to all family members, substitute decision-makers and visitors that KDH has and enforces this policy on abuse and neglect. All family members, substitute decision-makers and visitors are expected to comply with the policy and action will be taken against those who do not comply. Actions taken may include but are not limited to, mandatory reporting to the Ministry of

Long Term Care and contacting authorities where criminal activity is suspected. This is included in the admission agreement Form # 283 (2007, c.8, s. 20(3)).

4. The Manager of Nursing Services / delegate will communicate to each mentally capable resident and substitute decision maker, upon admission, the contents of KDH's policy on abuse and neglect and the expectation that the resident will comply with the policy and that action will be taken against those who do not comply. Actions taken include, but are not limited to, mandatory reporting to the Ministry of Long-Term Care and contacting authorities where criminal activity is suspected. This is included in the admission agreement Form # 283 (2007, c.8, s. 20(3)).
5. The Manager of Nursing Services / delegate will ensure that this policy and the admission agreement (Form # 283) are posted within the locked bulletin board within the Interim Long-Term Care Unit at KDH.
6. The Manager of Nursing Services / delegate assists in the prevention of abuse and neglect by ensuring that care plans are developed for each resident and communicated to direct care staff.

These care plans will include: a 24-hour care plan, an initial care plan and ongoing care plans that are reviewed and revised as required based on the resident's needs.

The care plan must identify the resident and must include, at a minimum, the following:

- Any risks the resident may pose to themselves, including any risk of falling, and interventions to mitigate those risks;
- Any risks the resident may pose to others, including any potential behavioral triggers, and safety measures to mitigate those risks;
- The type and level of assistance required for activities of daily living;
- Customary routines and comfort measures;
- Known health conditions, including allergies and other conditions of which the licensee should be aware upon admission, including interventions;
- Medications and treatments required;
- Diet orders, including food texture, fluid consistencies and food restrictions;

The Manager of Nursing Services / delegate shall ensure that the care plan set out:

- The planned care for the resident; and
- Clear directions to staff and others who provide direct care to the resident

The Manager of Nursing Services / delegate shall ensure that the care set out in the care plan is based on the assessment of the resident and the needs and preferences of that resident with participation from them or their substitute decision-maker during the development and implementation of the care plan.

**Reporting Patient/Resident Abuse and Neglect:**

All reporting, investigating and intervention processes pertaining to patient/resident abuse/neglect must be documented thoroughly and chronologically using RIMS (Electronic Incident Management System).

1. All employees must report any and all cases of suspected or actual patient / resident abuse or neglect which violate this policy immediately to the VP of Nursing and Clinical Services / Manager Nursing Services / delegate. Failure to report an incident could result in disciplinary action (O. Reg. 79/10 s. 97(1)).
2. The VP of Nursing and Clinical Services / Manager of Nursing Services / delegate will immediately report the initiation of an abuse/neglect investigation to the Chief Executive Officer (CEO) or delegate.
3. The VP of Nursing and Clinical Services / Manager of Nursing Services / delegate will:
  - Ensure the immediate safety of the patient/resident
  - Remove the alleged abuser from the patient/resident area ( may call a “Code White” if necessary)
4. The VP of Nursing and Clinical Services / Manager of Nursing Services / delegate shall ensure that the patient/resident’s substitute decision-maker, if any, and any other person specified by the patient/resident:
  - Are notified immediately upon KDH becoming aware of an alleged, suspected or witnessed incident of abuse or neglect of the patient/resident that has resulted in a physical injury or pain to the patient/resident or that causes distress to the patient/resident that could potentially be detrimental to the patient/resident’s health or well-being; and
  - Are notified within 12 hours of KDH becoming aware of any other alleged, suspected or witnessed incident of abuse or neglect of the patient/resident (O. Reg 79/10 s. 97(2)).
5. The VP of Nursing and Clinical Services / Manager of Nursing Services / delegate shall ensure that the appropriate police force is immediately notified of any alleged, suspected or witnessed incident of abuse or neglect of a patient/resident that KDH suspects may constitute a criminal offence (O. Reg 79/10, s. 98).

6. The VP of Nursing and Clinical Services / Manager of Nursing Services / delegate will follow the attached Decision Trees (Appendix A – F) to guide mandatory reporting of resident incidents to the Director at the Ministry of Long Term Care:

- Appendix A – Reporting Emotional Abuse
- Appendix B – Reporting Financial Abuse
- Appendix C – Reporting Physical Abuse
- Appendix D – Reporting Sexual Abuse
- Appendix E – Reporting Verbal Abuse
- Appendix F – Reporting Neglect

**Investigating Patient/Resident Abuse and Neglect:**

1. Employees who have reported suspected abuse or neglect must provide written information related to the incident in a timely manner through use of RIMS (Electronic Incident Management System).
2. The VP of Nursing and Clinical Services / Manager of Nursing Services / delegate will interview the victim and maintain a written record of same.
3. The VP of Nursing and Clinical Services / Manager of Nursing Services / delegate will complete a Head to Toe assessment and will document same.
4. The VP of Nursing and Clinical Services / Manager of Nursing Services / delegate will contact the attending physician and request a complete medical exam.
5. The VP of Nursing and Clinical Services / Manager of Nursing Services / delegate may, when warranted, take photographs of the victim's injuries (with patient/ resident's permission).
6. The CEO / VP of Nursing and Clinical Services / delegate will contact the victim's next of kin and arrange an interview with them if possible.
7. It is up to individual(s) who conducted the investigation in consultation with Human Resources to determine if abuse or neglect has occurred. This determination will be based on their findings of their investigation.
8. The VP of Nursing and Clinical services and/or Chief Executive Officer will contact the police, if appropriate, and report the incident (O. Reg. 79/10, s. 98).

**Long Term Care Specific Requirements for Investigation:**

A thorough and detailed report will be provided to the Director within 10 days of becoming aware of the alleged, suspected or witnessed incident, or at an earlier date if required by the Director.

In making a report to the Director, the VP of Nursing and Clinical Services / Manager of Nursing Services / delegate shall include the following material in writing with respect to the alleged, suspected or witnessed incident of abuse or neglect of a resident by anyone that led to the report:

- A description of the incident, including the type of incident, the area or location of the incident, the date and time of the incident and the events leading up to the incident.
- A description of the individuals involved in the incident including:
  - Names of all residents involved in the incident;
  - Names of any staff members or other persons who were present at or discovered the incident, and;
  - Names of staff members who responded or are responding to the incident.
- Actions taken in response to the incident, including:
  - What care was given or action taken as a result of the incident, and by whom,
  - Whether a physician was contacted,
  - What other authorities were contacted about the incident, if any,
  - Whether a family member, person of importance or a substitute decision-maker of any resident involved in the incident was contacted and the name of such person or persons, and
  - The outcome or current status of the individual or individuals who were involved in the incident.
- Analysis and follow-up action, including:
  - The immediate actions that have been taken to prevent reoccurrence, and
  - The long-term action planned to correct the situation and prevent reoccurrence.
- The name and title of the person making the report to the Director, the date of the report and whether an inspector has been contacted and, if so, the date of the contact and the name of the inspector.



If not everything can be provided in a report to the Director within 10 days, KDH shall make a preliminary report to the Director within 10 days and provide a final report to the Director within a period of time specified by the Director.

**Interventions:**

1. The VP of Nursing and Clinical Services / Manager of Nursing Services / delegate in consultation with the Manager Of Human Resources and the CEO, will provide direction as to action to be taken with the perpetrator(s), and initiation of further reporting which could include:
  - Suspension of employee (with or without pay) pending further investigation
  - Disciplinary action up to and including dismissal
  - Notification of professional regulatory bodies (i.e., The College of Nurses)
2. The VP of Nursing and Clinical Services / Manager of Nursing Services / delegate and/or CEO will provide a supportive environment for the victim and family by allaying fears of reprisal and promoting open expression of concerns or questions.
3. In consultation with the victim, family and attending physician, the VP of Nursing and Clinical Services / Manager of Nursing Services / delegate will facilitate prescribed or recommended victim follow-up (i.e., social work consult, counseling, pastoral care visitation).
4. KDH shall ensure that the patient/resident and the resident's substitute decision-maker if any, are notified of the results of the investigation of the incident immediately upon the completion.

**Evaluation of Incidents and Compliance:**

1. At least once in every calendar year, an evaluation is made to determine the effectiveness of this policy to promote zero tolerance of abuse and neglect of residents, and what changes and improvements are required to prevent further occurrences;
2. That the results of the analysis undertaken are considered in the evaluation;
3. That the changes and improvements as a result of the evaluation are promptly implemented, and;
4. A written record of the evaluation process, findings and improvement including the date of the evaluation, the names of the persons who participated in the evaluation and the date that the changes and improvements were implemented is promptly prepared. (O. Reg. (79/10, s.99)

**REFERENCES:**

Long-Term Care Homes Act, 2007, S.O. 2007, c. 8 Retrieved from  
<https://www.ontario.ca/laws/statute/07108#BK98>

Ontario Regulation 79/10 under the Long-Term Care Homes Act, 2007 (2010). Retrieved from  
<https://www.ontario.ca/laws/regulation/r10079>