

**The Corporation of the  
City of Timmins**



**Policies and Procedures**

**ZERO TOLERANCE ABUSE AND NEGLECT**

**Golden Manor Administration**

**Policy No: COT-GM-ADM-C-10-v.12**

**PURPOSE**

The purpose of this policy is to ensure that all residents of the Golden Manor are free from all forms of abuse as enshrined in the Resident's Bill of Rights and in the Fixing Long-Term Care Act (FLTCA), 2012, ch. 29. The Home is committed to a zero tolerance of abuse or neglect of its residents. This policy defines abuse and neglect as well as the actions that will be taken should abuse or neglect of a resident be suspected or witnessed.

**DEFINITIONS**

**Abuse**

- 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 resident's health, safety or well-being.

**Physical Abuse**

- The use of physical force by anyone other than a resident that causes physical injury or pain;
- Administering or withholding a drug for an inappropriate purpose, OR
- The use of physical force by a resident that causes physical injury to another resident.

**Sexual Abuse**

- Any consensual or non-consensual touching, behaviour or remarks of a sexual nature or sexual exploitation that is directed towards a resident by a licensee or staff member; OR
- Any non-consensual touching, behaviour or remarks of a sexual nature or sexual exploitation directed towards a resident by a person other than a licensee or staff member.

**Sexual Abuse does not include:**

- Touching, behaviour, or remarks of a clinical nature that are appropriate to the provision of care or assisting a resident with activities of daily living. OR
- Consensual touching, behaviour or remarks of a sexual nature between a resident and licensee or a staff member that is in the course of a sexual relationship that began before the resident was admitted to the Golden Manor or before the licensee or staff member became a staff member.

**Emotional Abuse**

- 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 resident.
- Any threatening or intimidating gestures, actions, behaviour or remarks by a resident that causes alarm or fear to another resident where the resident performing the gestures, actions, behaviour or remarks understands and appreciates their consequences.

## **Verbal Abuse**

- 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 resident's sense of well-being, dignity or self-worth, that is made by anyone other than a resident. OR
- Any form of verbal communication of a threatening or intimidating nature made by a resident that leads another resident to fear for his or her safety where the resident making the communication understands and appreciates its consequences.

## **Financial Abuse**

- Any misappropriation or misuse of a resident's money or property.

## **Neglect**

- The failure to provide a 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 residents (Reg. 246/22, s. 7).

## **Staff**

- A person who work at the home,
  - As employees of the licensee,
  - Pursuant to a contract or agreement with the licensee, or
  - Pursuant to a contract or agreement between the licensee and an employment agency or other third party; ("personnel")

## **Substitute Decision-Maker (SDM) or Power of Attorney (POA)**

- a person who is authorized under the Health Care Consent Act, 1996 or the Substitute Decisions Act, 1992 to give or refuse consent or decide, on behalf of another person, ("mandataire special")

## **SCOPE**

This policy applies to all staff, contractors, students, volunteers, families, visitors, committee of management members, and individuals that are involved with the care of the resident and/or the safe operation of the Home.

## **RESPONSIBILITIES**

### **Administrator**

- Ensure the Home has a program that complies with the FLTCA and its regulation for preventing abuse and neglect
- Oversee the completion of all steps required by the policy and procedures, in order to manage the case to resolution.
- Ensure that if necessary, the Committee of Management Chair and the Medical Director are informed of any incidents of abuse/neglect.
- Oversee and ensure that reporting requirements to Ministry of Long-Term Care (MLTC) Director are undertaken.
- Ensure the Home's policy on Zero Tolerance of Abuse and Neglect is publicly posted in a highly visible public area of the Home.

### **Director of Care/ Assistant Director of Care**

- Complete the Critical Incident Reports in the Critical Incident System (CIS) related to abuse and neglect to the MLTC.
- Decide whether to submit a report in an alleged incident of abuse or neglect based on whether the circumstances of the alleged abuse or neglect meet the definitions of Abuse in this policy, if

it meets the FLTCA Mandatory Reporting and if questions answered lead to the after hours number on the Decision Trees (**Appendices C-I**)

- Submit the results of the investigation in the CIS within 10 business days.
- Submit a preliminary report submitted to the MLTC using the CIS if the Home cannot submit a report within 10 business days, and provide a final report within 21 days of the incident.
- Ensure the Medical Director/Physician/Nurse Practitioner are aware.

## Supervisors

- Maintain the security and integrity of the physical evidence at the site of the incident, including documenting this evidence appropriately.
- Fully investigate the incident, and complete the documentation of all known details of the reported incident.
- Determine the appropriate management action(s) to be taken as a result of the findings of investigation (e.g. education, discipline, policy revision, mandatory reporting to relevant professional college).
- Enforce appropriate consequences for anyone responsible for abuse of a resident (e.g. suspension pending investigation, dismissal, reporting to the police, etc.)
- Provide debriefs to the appropriate parties (e.g. Administrator, Committee of Management Chair, Ministry of Health and Long-Term Care (MLTC) Inspector, Senior Management Team, Medical Director, Staff Members) as necessary.
- Cooperate with police investigation (if applicable) in consultation with the Home's legal advisor.
- Ensure the policy is communicated to all staff, students, contractors and volunteers and that there is written record they have read, understood and agree to the policy, on an annual basis.
- Ensure records of training are in place for all staff.

## Supervisor on Call

- Respond to the call from the Charge Nurse regarding potential abuse.
- Review the Decision Trees (**See Appendices C-H**) for the type of abuse suspected. Through the review of the decision trees, this will determine if the situation is a **critical incident** requiring a telephone call to the Critical Incident System (CIS) after hours number or if the situation may be handled internally.
- If required to initiate the critical incident report after hours, take the unique number identified by the after-hours number so this can be given to the Assistant Director of Care on the first business day to file the online report.
- See **Supervisors Responsibilities** to ensure all appropriate steps have been taken.

## Admissions Nurse

- Ensure the policy is communicated to all residents and resident's SDM or POA at the time of admission.

## Charge Nurse/Registered Nurses

- Notify the Assistant Director of Care or if after normal business hours, the Supervisor-On-Call immediately upon receipt of the report of alleged, witnessed or un-witnessed abuse or neglect, and initiate the investigation.
- Notify police if the alleged, suspected, witnessed or un-witnessed incident of abuse or neglect of a resident may constitute a criminal offence (FLTCA O. Reg. 246/22, s. 105, 390 (2)). The

decision to notify police should be made in collaboration with the Assistant Director of Care or Supervisor on Call.

- Maintain the security and integrity of the physical evidence of the site of the incident, including documenting this evidence appropriately.
- Ensure the resident or residents are reassured and supported immediately in the appropriate manner to ensure their safety and security.
- Ensure that the resident is not left in the responsibility of the person alleged to have caused the abuse or neglect.
- Ensure safety and protection of staff and residents involved, and all other residents that may be exposed to the risk of harm.
- Conduct a head-to-toe physical assessment on the alleged victim and document findings if physical abuse is alleged.
- Contact physician if necessary, or other health practitioners for further assessment, treatment and follow-up, based on nursing assessment of injury, pain or suspected injury such as wounds, fractures or head injury.
- Document and communicate the status of the resident's health condition, further assessments arranged, and health investigation findings to the Assistant Director of Care/Supervisor- On-Call.
- **Immediately** notify SDM/POA and or person requested by the resident of the incident if the resident is harmed and within 12 hours for all other situations of alleged or witnessed abuse or neglect.
- Contact the SDM/POA of the resident that abused as well to inform of the allegations.

#### All Staff

- Must immediately and directly report any witnessed incident or alleged incident of abuse or neglect to the Assistant Director of Care or Supervisor on Call so the Critical Incident can be logged by phone call or through the Critical Incident System reporting.
- Must immediately report to the appropriate Supervisor at the time of the witnessed or alleged incident of abuse or neglect.
- Will be educated annually on policies including, but not limited to Zero Tolerance of Abuse and Neglect; Mandatory Reporting and Whistleblowing Protection; Complaints Policy.
- Will be educated on annual basis on the Fundamental Principle and Resident's Bill of Rights.

## PROCEDURE

1. Staff will ensure that they take appropriate action in response to any suspected, alleged or witnessed incident of resident abuse or neglect as outlined in the **Responsibilities Section**.
2. The Home will notify the resident's POA/SDM, if any, and any other person the resident specifies:
  - Immediately upon the Home becoming aware of an alleged, suspected or witnessed incident of abuse or neglect of the resident that resulted in physical injury or pain to the resident, or distress to the resident that has the potential to be detrimental to the resident's health and well-being; and
  - Within 12 hours of becoming aware of any other alleged, suspected or witnessed incident of abuse or neglect of the resident.

3. Staff must **immediately** report to the Assistant Director of Care (or if after business hours, the Charge Nurse who will notify the Supervisor on Call) for every alleged, suspected or witnessed incidents of:
  - Abuse of a resident by anyone, **and**
  - Neglect of a resident by the licensee, or a staff member of the Home.
4. Staff must investigate immediately all reports by staff under this policy, and third party reports of abuse or neglect.
5. A report shall be made to the MLTC Director by the Assistant Director of Care (or designate) with the results of every investigation conducted under this policy and any action the Home takes in response to any incident of resident abuse or neglect.
6. The report to the MLTC Director must meet the requirements in the FLTCA, which are set out in Reports to the Director.
7. Staff must notify the resident and the resident's SDM/POA if any and any other person requested by the resident of the results of the investigation immediately upon the completion of the investigation.
8. The Home is not required to advise the SDM/POA of the results of the investigation if the SDM/POA is the alleged abuser. This information will be included within the reports of the MLTC Director and the police.
9. The Medical Director and police (if warranted) will be notified by the Administration of the Golden Manor.

**If a Staff Member is alleged to have caused the abuse or neglect he or she:**

- Must maintain confidentiality regarding the report and names of all those involved in the incident.
- Must be informed of consequences for being responsible for abuse or neglect of a resident.
- Will be placed on a paid suspension pending investigation of the alleged abuse
- Has the right to be accompanied by a union representative during the investigatory meetings.
- In keeping with the zero-tolerance of abuse standard of care of the home, the staff shall have their employment terminated if investigation determined that abuse did occur
- Must cooperate fully with individuals or organizations responsible for the investigation.

**If a Staff Member reporting witnessed or suspected alleged incident of abuse or neglect he or she must:**

- Intervene if safe to do so, or identify resident interventions (i.e. call 911) to ensure resident/staff safety and well-being, when incident of witnessed abuse or neglect is occurring/or has occurred.
- Report any witnessed, suspected, or alleged abuse to a Supervisor or the Assistant Director of Care immediately.
- Document or write a brief, factual note (e.g. not allegations or opinions) outlining the details of the suspected, alleged or witnessed incident of abuse or neglect as soon as possible.
- Cooperate fully with those responsible for the investigation.
- Report any retaliation actions experienced related to the reporting of abuse or neglect under this policy.

## **If a Volunteer is alleged to have caused the abuse, he or she**

- Will be suspended from entering the Home or having contact with residents pending the outcome of the investigation. The Administrator or designate will investigate immediately and take immediate action to protect all residents from further harm. If the abuse is not proven, however there is evidence to support that it occurred, the volunteer will be discharged from rendering services in the Home permanently.

## **If a Resident alleged to have cause abuse**

- Immediate measures will be taken to remove the resident from the area either temporarily or permanently if it is deemed that the abused resident(s) will continue to inflict harm. An internal investigation will be conducted and police may be contacted when warranted.

## **If a Resident's Family Member or POA/SDM alleged to have caused the abuse**

- The Administrator or designate will investigate immediately and take immediate action to protect residents from further harm. Abuse committed by a resident's family member or POA/SDM will not be tolerated. Pending the outcome of the investigation, immediate action will be taken to limit or restrict visitation to the resident. The restriction imposed will be at the discretion of the Administrator. Measures, which may be taken, could include, but not be limited to: supervised visits, limited visits, or suspended visits.

## **Interventions for Residents that have been Abused include**

- Immediate action to ensure the resident that has been allegedly abused is safe. This may include but not limited to: transferring resident temporarily to another room; removing staff from duty, etc.
- A physical exam and findings documented if physical abuse is alleged.
- Notification to the SDM/POA or any other person requested by the resident to be notified of the incident. Notification is immediate if the resident is harmed and within 12 hours for all other situations of alleged abuse or neglect.
- Holding a case conference if deemed appropriate, with all necessary disciplines present as soon as possible to identify ways to protect the abused resident going forward.
- Having a meeting with the resident/POA/SDM to identify what interventions would be beneficial for them to cope with the incident when applicable.
- Identification of any coping strategies in the care plan so all staff will be aware of how to help the resident.

## **Education and Training about Prevention of Abuse and Neglect**

- The Residents Bill of Rights and Policy on Zero Tolerance of Abuse and Neglect will be reviewed with each new employee during orientation and annually thereafter.
- The staff training and education will include:
  - Policy and Procedures for Zero Tolerance of Abuse and Neglect
  - Policy and Procedures on Whistle-blowing Protection Against Retaliation
  - Policy and Procedures for Managing Complaints
  - Prevention Strategies and Educational Tools



- Employees shall sign off that they have read and understood this policy following their orientation or annual retraining (Appendix B).
- The Golden Manor maintains a tracking system to record the staff completion of the mandatory training on the Zero Tolerance of Abuse and Neglect.
- All Residents and or SDM/family members will receive written information at the time of admission regarding the Residents Bill of Right, and the policy on Zero Tolerance of Abuse and Neglect of Residents.
- The Golden Manor's policy on Zero Tolerance of Abuse and Neglect of Residents is posted in the Main Lobby Entrance. Copies of the full policy can be obtained from the Front Office.

## **Evaluation**

### **Case Review**

The interdisciplinary team including the risk management coordinator reviews each incident that has been alleged or occurred and what changes and/or improvements (clinical, operational or training) are necessary to prevent further occurrences. In some situations these situations could be formal or informal meetings as to what changes may be made. These include but not be limited to room transfers, staff re-allocation, re-training of staff, etc.

### **Policy Review**

This policy will be evaluated annually for its effectiveness for prevention of abuse and neglect through the Continuous Quality Improvement Committee and the policy content will be reviewed every three years. Changes to the policy will be documented through the Quality committee minute meetings.

## **DOCUMENTS**

Fixing Long Term Care Act 2021  
 Ontario Regulation 246/22  
 Fundamental Principle and Residents Bill of Rights  
 Mandatory Reporting and Whistleblowing Protection (COT-GMA-N-15-v04)  
 City of Timmins Corrective Action Policy (COT HR-006-v05)  
 Complaints Policy (COT-GMA-N-05-v04)

## **FORMS**

Appendix A- Report of Abuse Form  
 Appendix B- Acknowledgement Letter Zero Tolerance of Abuse and Neglect  
 Appendix C – Reporting requirements Fact Sheet  
 Appendix D- Licensee Reporting of Physical Abuse  
 Appendix E- Licensee Reporting of Sexual Abuse  
 Appendix F- Licensee Reporting of Emotional Abuse

**SUMMARY INFORMATION**

**Policy Name:** Zero Tolerance of Abuse and Neglect  
**Issue Date:** September, 1998  
**Reviewed Date:** May 5, 2021  
**Reviewed and Revised Date:** September 7, 2023  
**Next Review Date:** September 7, 2023

**Approved by:** \_\_\_\_\_ **Approval Date:** September 7, 2023

*Lia Santana* \_\_\_\_\_

**Appendix A  
REPORT OF ABUSE FORM**

The person who witnesses abuse of a resident, or suspects that abuse has occurred, shall prepare a written report containing the following information:



Note: Use additional sheets of paper if necessary.

**Area or location of occurrence:**

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Describe the incident and events leading up to the occurrence:

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**Name of resident/s involved:**

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**Name of staff or persons present/witnessed and/or discovered the occurrence.**

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**Action taken to stop the abuse from continuing.**

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**Any other information pertaining to this occurrence.**

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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Appendix B SIGNATURE FORM

I, \_\_\_\_\_, have read the Golden Manor Abuse Policy, and I understand my responsibilities as relates to this policy.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

**Appendix C**  
**Reporting Requirements Reference Sheet**

# Ministry of Long-Term Care Reporting Requirements—Reference Sheet

October 2022

## Report Immediately

If during business hours (Monday to Friday, 8:30 a.m. to 4:30 p.m.), submit a Critical Incident System (CIS) report,

If outside of business hours or during a statutory holiday, call the Service Ontario After-Hours Line (1-888-999-6973), and submit a CIS report the next business day,

Investigate and report findings of the investigation via an amendment to the original CIS report within 10 days.

### ▶ Section 28(1) (Certain matters)

For example, improper or incompetent treatment or care of a resident, abuse of a resident, unlawful conduct, misuse or misappropriation of a resident's money or funding provided to a licensee. Refer to the *Fixing Long-Term Care Act, 2021* for full details.

### ▶ Regulation 115(1) (Critical Incidents)

For example, emergency situations, an unexpected or sudden death, a missing resident, outbreak of a disease of public health significance, contamination of the drinking water supply. Refer to the *Fixing Long-Term Care Act, 2021* for full details.

### ▶ Regulation 109 (Complaints)

A complaint that alleges harm or risk of harm, including but not limited to physical harm, to one or more residents.

## Report in 1 Business Day

Report via the Critical Incident System (CIS) within one business day. Do not call the after-hours telephone line.

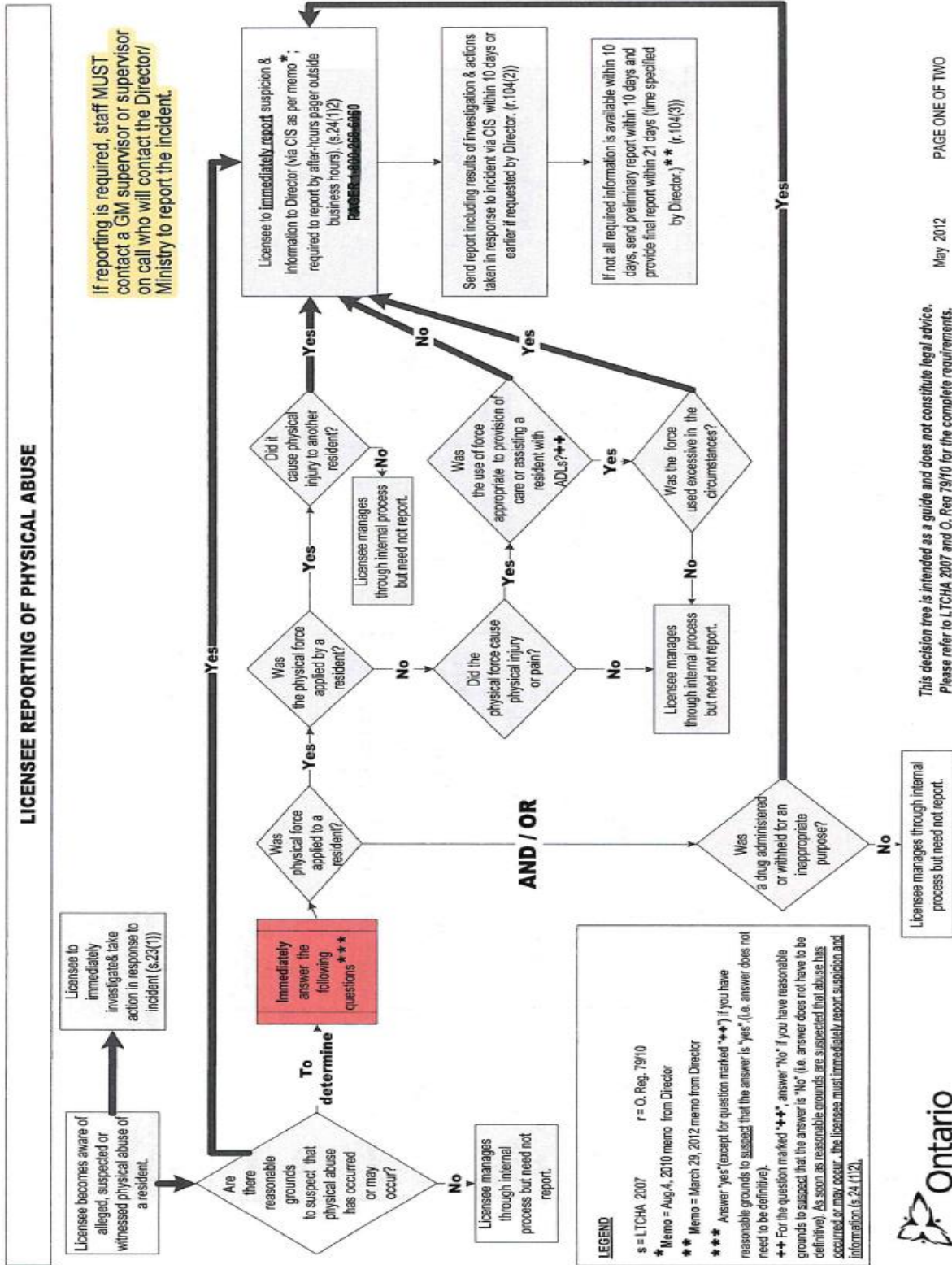
Investigate and report the findings of the investigation via an amendment to the original CIS report within 10 days

### ▶ Regulation 115(3) (Critical Incidents)

For example, a breakdown of the security system, a loss of essential services, flooding, a missing or unaccounted for controlled substance, certain incidents that cause injury to residents, a medication incident or adverse drug reaction. Refer to the *Fixing Long-Term Care Act, 2021* for full details.

When making a report to the Director, be sure to include a description of the incident, the actions taken in response, an analysis of the incident, and follow-up actions being taken. Also, include the name, title, and contact information of the person making the report.

## Appendix D: PHYSICAL ABUSE DECISION TREE



1-888-999-6973

O.Reg.79/10,s.98

Every licensee of a long term care home shall ensure that the appropriate police force is immediately notified of any alleged, suspected or witnessed incident of abuse or neglect of a resident that the licensee suspects may constitute a criminal offence.

LTCHA 2007

Financial Abuse

Physical Abuse

Sexual Abuse

Emotional Abuse

Verbal Abuse

Neglect

Criminal Code Offences that May Apply

Theft (Sec.322 C.C.)

Assault (Sec.265 C.C.)

Sexual Assault (Sec.271 C.C.)

Intimidation (Sec.423 C.C.)

Intimidation (Sec.423 C.C.)

Criminal negligence causing bodily harm or death (Sec.220 -21 C.C.)

Theft by holding Power of Attorney (Sec.331 C.C.)

Assault with a Weapon or causing bodily harm (Sec.267 C.C.)

Sexual Assault with a weapon, threats to a third party or causing bodily harm (Sec.272 C.C.)

Uttering Threats (Sec.264.1 C.C.)

Uttering Threats (Sec.264.1 C.C.)

Breach of Duty to provide necessities (Sec.215 C.C.)

Stopping Mail with Intent (Sec.345 C.C.)

Aggravated Assault (Sec.268 C.C.)

Aggravated Sexual Assault (Sec.273 C.C.)

Harassing Telephone Calls (Sec.372.3 C.C.)

Harassing Telephone Calls (Sec.372.3 C.C.)

Extortion (Sec.346 C.C.)

Forcible Confinement (Sec.279 C.C.)

Aggravated Sexual Assault (Sec.273 C.C.)

Harassing Telephone Calls (Sec.372.3 C.C.)

Harassing Telephone Calls (Sec.372.3 C.C.)

Forgery (Sec. 365 C.C.)

Murder (Sec.229 C.C.)

Aggravated Sexual Assault (Sec.273 C.C.)

Harassing Telephone Calls (Sec.372.3 C.C.)

Harassing Telephone Calls (Sec.372.3 C.C.)

Fraud (Sec. 380 C.C.)

Manslaughter (Sec.234 C.C.)

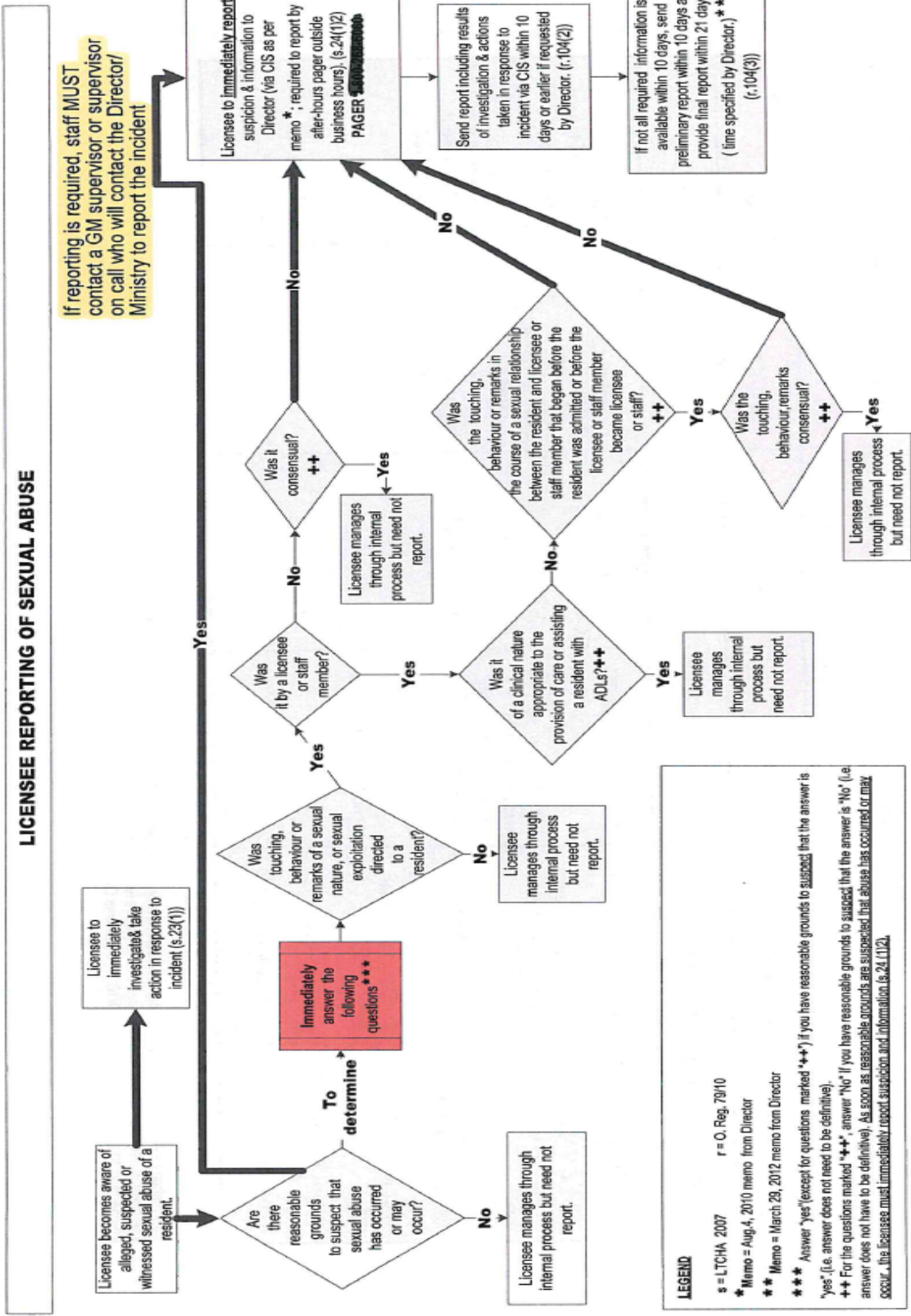
Aggravated Sexual Assault (Sec.273 C.C.)

Harassing Telephone Calls (Sec.372.3 C.C.)

Harassing Telephone Calls (Sec.372.3 C.C.)



# Appendix E SEXUAL DECISION TREE



This decision tree is intended as a guide and does not constitute legal advice. Please refer to LTCHA 2007 and O. Reg 79/10 for the complete requirements.

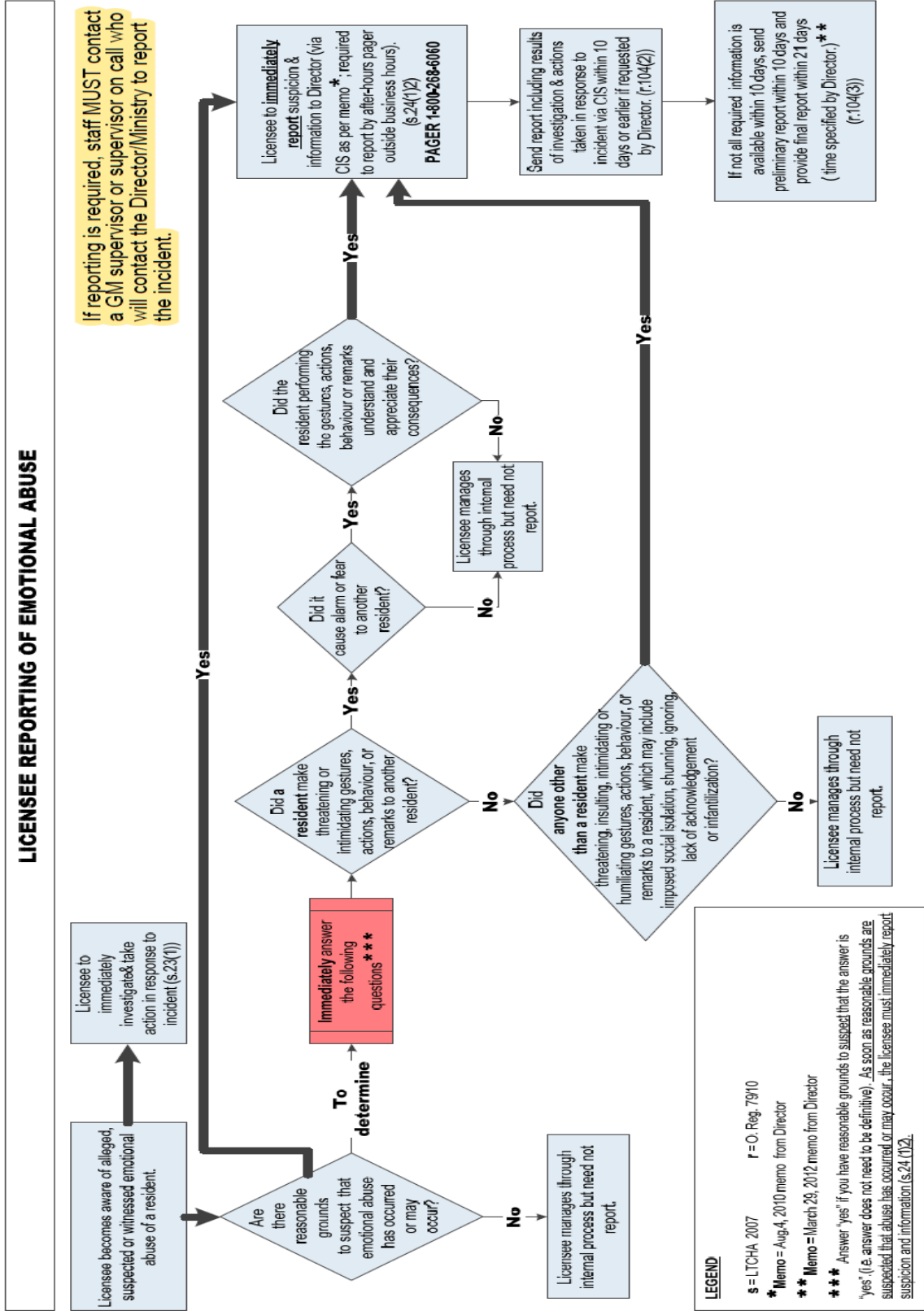
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ONLY ELECTRONICALLY VIEWED DOCUMENTS ARE CONTROLLED DOCUMENTS. ANY PAPER COPIES ARE UNCONTROLLED DOCUMENTS AND MUST BE VERIFIED AGAINST THE ELECTRONICALLY CONTROLLED COPY BEFORE USING!

## Appendix F EMOTIONAL ABUSE DECISION TREE

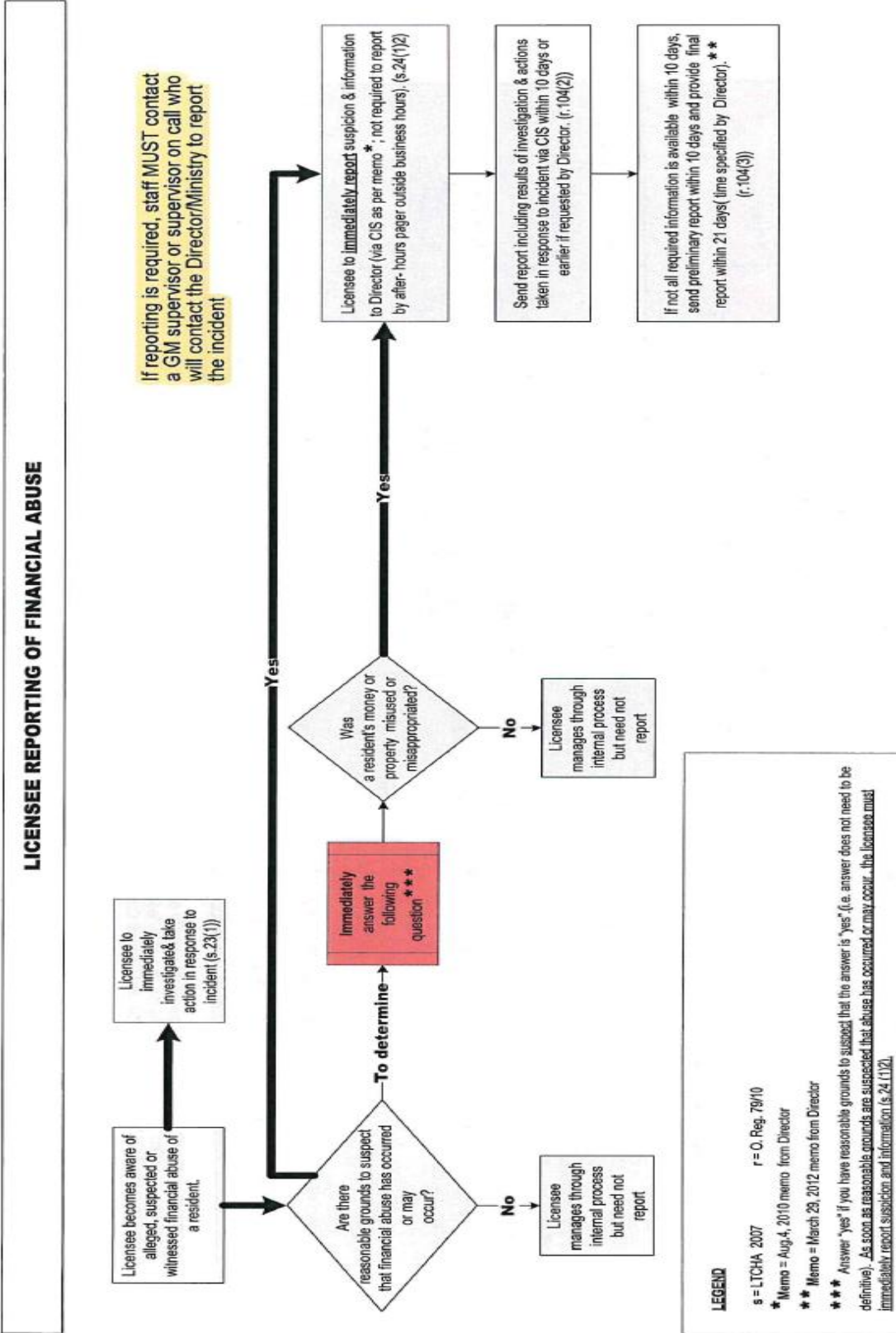


*This decision tree is intended as a guide and does not constitute legal advice. Please refer to LITCHA 2007 and O. Reg 79/10 for the complete requirements.*





# Appendix G FINANCIAL ABUSE DECISION TREE



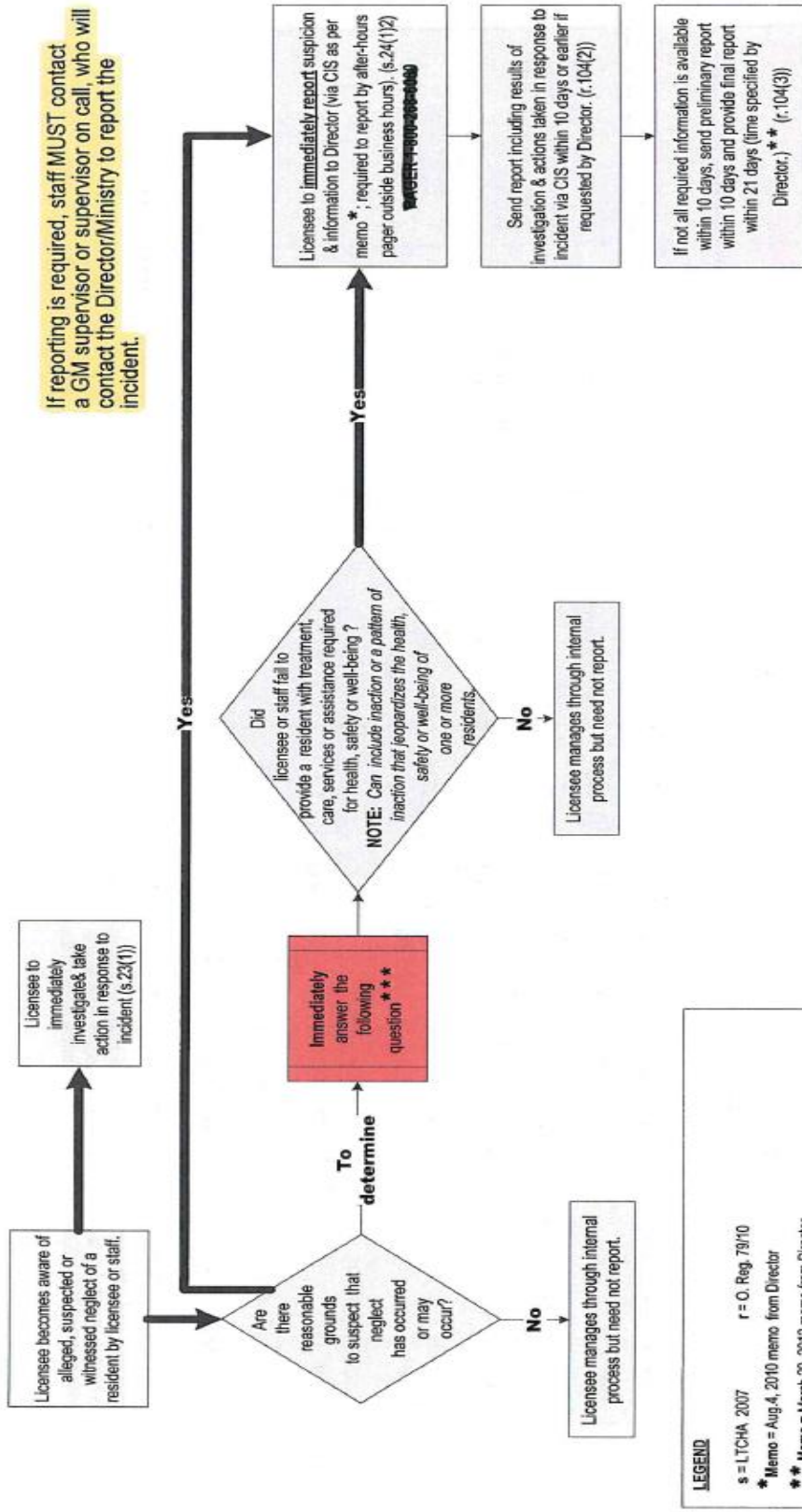
This decision tree is intended as a guide and does not constitute legal advice.  
Please refer to LTCHA 2007 and O. Reg 79/10 for the complete requirements.



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## Appendix H: NEGLECT ABUSE DECISION TREE

### LICENSEE REPORTING OF NEGLECT



**LEGEND**

s = LTCHA 2007      r = O. Reg. 79/10

\* Memo = Aug. 4, 2010 memo from Director

\*\* Memo = March 23, 2012 memo from Director

\*\*\* Answer "yes" if you have reasonable grounds to suspect that the answer is "yes" (i.e. answer does not need to be definitive). As soon as reasonable grounds are suspected that neglect has occurred or may occur... the licensee must immediately report suspicion and information (s.24 (1)2).



This decision tree is intended as a guide and does not constitute legal advice. Please refer to LTCHA 2007 and O. Reg 79/10 for the complete requirements.

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# Appendix I VERBAL ABUSE DECISION TREE

