

PPG-00100
Abuse (Client)



Area	Clinical (General)		
Section	Client Safety		
Subsection	N/A		
Document Type	Policy		
Scope	Applies to all staff of PMH, students, volunteers, contracted employees/agencies, affiliates, and organizations grant funded by PMH.		
Approved By	Original Effective Date	Revised Effective Date	Reviewed Date
Penny Gilson, CEO	2015-May-27	2016-Sep-28	2016-Sep-28

DEFINITIONS

Abuse: Includes financial, human rights/civil, neglect, physical, psychosocial or emotional, sexual, and verbal mistreatment. Any of these alone or in combination, is considered “abuse” if the mistreatment causes or is reasonably likely to cause death, serious emotional or physical harm or significant loss of property.

Types of Abuse:

Financial Abuse: Any situation involving the dishonest or illegal use of a client’s money (including borrowing), property, or possessions that results in monetary or personal gain for another.

Human Rights/Civil Abuse: The unlawful or unreasonable denial of fundamental rights and freedoms including but not limited to: discrimination based on race, national or ethnic origin, color, religion, age, sex, sexual orientation, marital status, family status, disability and/or conviction for which a pardon has been granted (Canada Human Rights Act).

Neglect: Any action or inaction that results in the needs/necessities of life being ignored or withheld and is detrimental to the client’s well-being.

Physical Abuse: A deliberate action or inaction which results in or was intended to produce bodily harm, pain or discomfort.

Psychosocial or Emotional Abuse: Any action, inaction or use of language designed to diminish the individual’s sense of dignity or self-worth, or which results in emotional trauma, fear or intimidation of the individual.

Sexual Abuse: Any sexual advance or inappropriate behavior of a sexual nature such as harassment, failure to respect another person’s right to privacy, exposure to sexual explicit material or other acts of similar nature with or without the individual’s consent. Under the Child and Family Services Act, the sexual exploitation of any child under the age of majority with or without consent constitutes as sexual abuse.

Verbal Abuse: Behavior or remarks using language which could be perceived as derogatory, humiliating, insulting or threatening against the client or his/her family.

Categories of Abuse:

Criminal Abuse: Abuse punishable by law involving crime. Examples include but are not limited to: theft, fraud, forgery; assault, sexual assault, failure to provide the necessities of life, criminal neglect, intimidation, threats, murder, manslaughter, and forcible confinement.

Non-Criminal Abuse: Abuse that is not punishable by law and without crime. Examples include but are not limited to: mental cruelty, ignoring, isolation, frightening, non-criminal neglect, intimidation, threats, insulting, infantilizing.

Affiliate: Not for profit organizations that operate health care facilities associated to PMH.

Alternate Decision Maker: An individual who has decision making capacity and is willing to make decisions on behalf of a client who does not have the capacity to make a decision. An alternate may be legally authorized (e.g. health care proxy or committee) or may be a person designated (e.g. family member) in the absence of a legally authorized individual.

Client: An individual and/or their family/care provider who accesses and/or receives health care related services from a PMH facility or program, including affiliate or grant funded agencies. Clients may be patients in an acute care setting, residents in a personal care home or clients in a community program or facility.

Grant Funded Agencies: Public monies provided by the Manitoba Government or health authorities to non-civil servant staff, agency or organization to provide health related services to a community or target group(s) on behalf of the government. (MB Government, 2008)

Guardian: The parent(s) of a person under eighteen years old, or a person appointed Guardian of a person under eighteen years old by a court.

Health Care Provider (HCP): Refers to all employees (including contracted individuals, students and volunteers) of PMH who provide direct care or indirect non-contact care as a result of their duties/tasks of their position. A Health Care Provider spans the continuum of services/care that a client may receive from a PMH facility or program. For the purpose of this policy, HCP also includes employees of affiliates and grant funded agencies.

Imminent Danger: Immediate serious risk of death or serious physical harm.

Investigator: A PMH staff member who is appointed to investigate allegations of abuse.

Mandatory Reporting: Under Mandatory Reporting Legislation (*Child and Family Services, Vulnerable Persons Living with a Mental Disability, Protection for Persons in Care*) there is a requirement to report where there is a reasonable basis to believe that a person is or is likely to be abused or in need of protection. Where there is mandatory reporting legislation, the obligation to report is permitted by the *Personal Health Information Act*.

Non- Mandatory Reporting: Non-mandatory reporting of suspected abuse is applicable to all clients receiving health care services not mandated by legislation, including clients in the community, or clients who are outpatients in diagnostic services or ambulatory care programs (excluding Emergency departments which fall under mandatory reporting requirements). Where there is no mandatory reporting legislation, under exceptional circumstances and following consultations with the Manager and the PMH

Regional Manager of Privacy, reporting may be permissible under the *Personal Health Information Act (Manitoba)* including, under Section 22 (2), by disclosure without an individual's consent.

Victim: Someone or something that is adversely affected by an act or circumstance.

Vulnerable Person: An adult living with a mental disability in need of assistance to meet his/her basic needs with regard to personal care or management of his/her property. *Vulnerable Persons Living with a Mental Disability Act* provides for the protection of vulnerable persons from abuse or neglect.

POLICY STATEMENT

Prairie Mountain Health (PMH) is committed to promoting an environment that is free from abuse. Abuse towards clients will not be tolerated. For abuse to staff, please refer to the Respectful Workplace (PPG-00066) policy.

All reported and suspected abuse shall be investigated and addressed in a professional, confidential, and timely manner.

All allegations of abuse are reported to the appropriate management, external agencies, and the client's alternate decision maker promptly. Exceptions to this occur when the alleged abuser is the Supervisor/Manager in which case the Director/Regional Manager and a member of the Executive Management Team is notified.

Adverse employment action is prohibited against a staff member who reports abuse in good faith.

PMH will ensure that a fair and impartial investigation of any allegations of abuse is conducted. Interference with an investigation or not reporting in good faith may result in disciplinary action according to Human Resource policies.

Confidentiality regarding the identities of the individuals involved in the allegations of abuse is maintained to the greatest extent possible. Information will be shared only as required for investigation.

PROCEDURE/RESPONSIBILITIES

Refer to Abuse (Client) Algorithm (PMH451).

1. SCREENING FOR ABUSE:

Where there are presenting signs and symptoms that could be consistent with possible abuse (e.g. unexplained bruising or physical injuries, reports from client/family/others of abuse, witnessed abuse, etc), the HCP should ask further assessment questions to identify client risk and potential for immediate harm.

2. RESPONSE TO ABUSE:

- **Ensuring Client Safety**

- a. Upon witnessing or becoming aware of an abusive incident, whether the client is in a facility or community program, the HCP takes steps to ensure the immediate safety of the client. If safe to do so, the HCP separates the client from the suspected abuser.
- b. The HCP utilizes professional judgment to determine next steps. Action taken is dependent upon the type of abuse/potential abuse, the competence of the client, and his/her willingness to participate in his/her own safety planning.

- c. In a community program, if the client is in imminent danger or the abuse cannot be stopped, the HCP calls 911. In the facility, the HCP initiates a Code White as per the Disaster and Emergency Response Plan if appropriate.
- d. The HCP arranges for medical attention if required.
- e. The HCP provides support to the client, which may include referral for assessment, counseling, or the involvement of other community resources/agencies. For immediate support, contact the Westman Crisis Services at 1-888-379-7699 or for Brandon area, call 204-725-4411.

- **Reporting of Suspected Abuse**

- a. The HCP reports incident to Supervisor/Manager/designate as soon as possible.
- b. The HCP reports to client's designate/guardian/alternate decision maker if appropriate. If the client's designate/guardian/alternate decision maker is suspected to be the abuser, the HCP may need to seek further direction from the supervisor or client's physician.
- c. Mandatory Reporting of Suspected Abuse:
 - i. Under the *Child and Family Services Act*, a HCP having information causing them to believe that a child, defined as a person under the age of 18, is or might be in need of protection follows procedures as outlined in Reporting and Disclosure of Personal Health Information to Child and Family Services (PPG-00095).
 - ii. Under the *Vulnerable Persons Living with a Mental Disability Act*, a HCP who has reasonable grounds to believe, that a "vulnerable person", to whom they provide service, is or is likely to be abused or neglected, immediately reports belief and relevant information to the Executive Director appointed under this statute by calling the Family Services Intake phone line for the Supportive Living Program at 1-866-726-6438 or Family Services After Hours phone 1-866-559-6778.
 - iii. Under the *Protection for Persons in Care Act*, a HCP who has a reasonable basis to believe that an adult client who is receiving care in a health facility (including the Emergency Department) is or is likely to be abused and/ or neglected, promptly reports the belief and the information on which it is based by documenting on the PPCO form <http://www.gov.mb.ca/health/protection>. If the HCP is uncertain if the action or inaction constitutes abuse or neglect, the PPCO may be consulted by calling 1-866-440-6366. The PPCO will endeavor to protect the anonymity of the person making the report.

Note: For any of the mandatory reporting requirements above, the HCP may consult with their Supervisor/Manager/Designate and/or the appropriate agency regarding measures to ensure the safety of the client.

- d. Non Mandatory Reporting of Suspected Abuse – in the absence of legislation and under exceptional circumstances, the HCP consults with the Manager and PMH Regional Manager of Privacy if disclosure without a client's consent is being considered.

3. DOCUMENTATION:

- Documentation includes completion of:
 - a. Collection of events in the client's health record. This may include but is not limited to:
 - i. Description of the client including any signs and symptoms of abuse. Drawings may be useful to pinpoint the area, size, and color of injuries related to reports of physical abuse.
 - ii. Client behavior both in the presence of and without the presence of the person suspected of abuse.
 - iii. Statements as described by the client.
 - iv. Statement of any witnesses to the abuse in witness's own words.
 - v. Results of any consultation with other health professionals.
 - vi. The name of the agency, persons contacted and a summary of information disclosed.

Note: Do not document the name of the suspected/reported abuser in the client file. You may document the relationship of the abuser to the client e.g. PMH employee/type of employee, family member, etc.

Note: If an incident report or report to Protections for Persons in Care is completed, **do not** make reference to any form being completed in the client's file. Just indicate that it "was reported".

- b. Incident reporting form. **Note:** HCP do not submit an incident report for alleged client abuse if the alleged abuse was reported to occur at a time when PMH services were not provided and did not involve a PMH staff, physicians, volunteers or someone contracted by PMH.
- c. Mandatory reporting form, where applicable. Any mandatory reporting form (e.g. PPCO Facility Reporting form) must be maintained with the PMH incident report form and must not be retained in the client's health record. A copy of a mandatory reporting form or PMH incident form may be retained by the Manager/designate until the investigation is complete. When the Manager/designate no longer requires copies of these documents, they must be destroyed.

4. INVESTIGATION AND FOLLOW-UP:

- All reports of abuse or suspected abuse are reported and followed up for investigation. Investigators document actions including the assignment of responsibility and a timeline for completion.
- Depending on the severity of the situation, the Manager may consult with Director or Executive Management Team (EMT) member to determine the investigation method and the investigation team.
- During the Supervisor/Manager/designate's investigation, it may be determined that the client's care is or would be better managed either under a Private Committee or Public Trustee arrangement. In situations where collaboration with either a Private Committee or Public Trustee exists or is indicated, the supervisor/manager/designate works with the primary care provider, PMH programs (e.g. mental health) and external agencies as necessary.
- The investigation team prepares an investigation plan (as appropriate):

- Reviews relevant PMH policies and applicable legislation
 - Consults with Human Resources if abuse by staff is suspected.
 - Determines timelines for actions
 - Identifies and gathers relevant documents
 - Identifies potential witnesses
 - Determines the format for recording information
 - Defines the key issues
 - Prepares an outline of interview questions
 - Establishes secure files and records
 - Identifies lead investigator/s
- Supervisor/Manager/designate provides support to PMH staff involved in the investigation process unless they are the suspected abuser, in which case unionized staff are supported by a union representative and non-union staff may be supported by a staff member of their choice.
 - The EMT member or designate monitors the actions for completion. The EMT member or designate informs the CEO of progress of investigation and outcome.
 - In the event that the alleged abuser is a PMH staff, the Supervisor/Manager/designate initiates an investigation in consultation with Human Resource Services and the appropriate Director or EMT member.
 - If disciplinary action is required as a result of the investigation(s), the PMH Manager or designate refers to Human Resources. Where abuse by an employee to a client is founded, Human Resources assists with reporting to the employee's professional registering body as appropriate, as well as ensuring notification to the appropriate provincial abuse registry.
 - Investigations by external agencies, (e.g. Child and Family Services, Protections for Persons in Care Office) may occur simultaneously with regional investigations.
 - Ensure client/families are provided appropriate support and information on internal or external resources to assist them in coping with the situation. Clients who are seniors should be provided with the Senior's Abuse Resource Guide.

RELATED MATERIAL

[PMH451, Abuse \(Client\) Algorithm](#)

[PPG-00066, Respectful Workplace](#)

[PPG-00095, Reporting and Disclosure of Personal Health Information to Child and Family Services](#)

[Clinical Skills, Abuse and Neglect of Older Adults](#)

[Clinical Skills, Family Issue: Adolescent Patients](#)

[Clinical Skills, Agitation](#)

[Clinical Skills, Support System Issues](#)

[Clinical Skills, Defusing Anger](#)

[Clinical Skills, Aggressive Patients](#)

[Clinical Skills, Assessment: Self Harm and Aggression](#)

[Clinical Skills, Assessment: Self Harm and Aggression in Adolescent Patients](#)

[Clinical Skills, Home Care Safety: Adaptations for Patients with Cognitive Deficits](#)

REFERENCES

Abuse, Brandon Regional Health Authority, April 2010

Abuse (Reporting of), Assiniboine Regional Health Authority, June 5, 2012

Abuse (Reporting of), WRHA, June 2011

Protection from Abuse for Persons in Care, Parkland Regional Health Authority, October 1, 2003

Protection for Persons in Care Office Learning Package 2010

PPG-00100

Abuse (Client)

Seniors Abuse Resource Guide (ARHA, 2011)
Keeping our Seniors Safe (Brandon, June 2012)
Seniors Abuse Resource Guide (Parklands, 2012)

Manitoba Laws

http://web2.gov.mb.ca/laws/statutes/index_ccsm.php.

The Protection for Persons in Care Act, C.C.S.M. c. P144

<http://web2.gov.mb.ca/laws/statutes/ccsm/p144e.php>

The Child and Family Services Act, C.C.S.M. c. C80

<http://web2.gov.mb.ca/laws/statutes/ccsm/c080e.php>

Canada Human Rights Act:

<http://laws.justice.gc.ca/eng/acts/H-6/>

The Vulnerable Persons Living with a Mental Disability Act CCSM c V90

<http://web2.gov.mb.ca/laws/statutes/ccsm/v090e.php>