

AH0100 - ABUSE-FREE ENVIRONMENT FOR CLIENTS

1.0 PURPOSE

To outline Interior Health's position regarding Abuse of Clients by Agents of Interior Health and consequences should Abuse of Clients occur.

2.0 DEFINITIONS

Agents: are individuals or organizations that have a business relationship with Interior Health. Examples of Agents include, but are not limited to, physicians and other privileged staff, health care providers, researchers, students, contractors, sub-contractors, vendors, suppliers, and any individual directly or indirectly associated with Interior Health.

Client: includes the terms patient or resident.

Abuse: means deliberate mistreatment of a Client that causes the Client:

- Physical, mental, or emotional harm, or
- Damage to or loss of assets.

and includes intimidation, humiliation, physical assault, sexual assault, over-medication, withholding needed medication, censoring mail, invasion or denial of privacy or denial of access to visitors. Abuse also encompasses neglect, which may be intentional or unintentional.

Examples include:

Physical/ Abuse

- Unwarranted/inappropriate use of physical force or restraint.
- Striking, slapping, pinching, pushing or other such actions.
- Handling a Client roughly or administering a procedure roughly.

Sexual Abuse

- Sexual harassment or molestation.
- Touching Clients in a manner that the Client or others may reasonably perceive as sexual.
- Initiating, encouraging, or engaging in sexual intercourse or other forms of physical sexual contact with Clients.

Emotional/Verbal Abuse

- Forms of communication which cause annoyance or discomfort and for which there is no therapeutic value, including communication that is demeaning, threatening, intimidating, derogatory, insulting, suggestive, seductive, exploitative, taunting, or manipulative. Observable behaviours of such Abuse include sarcasm, swearing or foul language, racial slurs, teasing or taunting, inappropriate tone and volume of voice.

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- Action which leaves no physical manifestation but which results in emotional damage or the infliction of mental cruelty.
- Any form of “punishment” behaviour or retaliation that is inappropriate by professional standards.
- Insensitivity to the Client’s culture, race, religious practice, economic status, education, sexual preferences.
- Confining, isolating, or ignoring the Client, and excluding from events, activities and decision-making.
- Denying rights/privileges.
- Deliberate withholding of information that could contribute to the Client’s well-being.

Financial Abuse

- Taking action with or without the informed consent of a Client that results in monetary, personal or other benefit, gain, or profit to the perpetrator or monetary or personal loss for the Client including theft, extortion, irregularities in handling a Client’s financial affairs, forced sale of possessions, coercion/influence to obtain the Client’s money or property, forced change of will, and Abuse of trusteeship, bank accounts, powers of attorney, representation agreement, or guardianship.

Treatment/Therapy/Medication

- Withholding treatment/therapy/medication that the Client needs or giving too much or too little medication.

Neglect

- Failing to meet the basic needs of Clients who are unable to meet them themselves including intentional (deliberate) withholding of basic necessities/care such as clothing, food, fluids, needed aids or equipment, medication, and personal or health care or unintentional caused by lack of experience, information, knowledge or support.

3.0 POLICY

Interior Health expects that Clients will be treated with respect and dignity, and in a culturally appropriate manner, that the environment in which care/service is delivered will promote Client trust and well-being, and that Clients will be free from the threat of Abuse from Agents associated with Interior Health.

Care/service providers who observe any situation, in which Client Abuse is evident or suspected, must report their observations immediately to the person-in-charge; failure to report can result in disciplinary action.

Licensed facilities must report all allegations of Abuse to Community Care Facilities Licensing (CCFL) immediately as per section 77(2) of the Residential Care regulation and also require immediate notification of the parent or representative, or contact person of the person in care, the medical practitioner or nurse practitioner, and the funding program.

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Assisted Living facilities must report allegation of abuse and neglect to the Assisted Living Registrar and Interior Health Community Integrated Health Services manager overseeing the P3 contract.

All reports of suspected/alleged Abuse will be investigated. Such investigation will be coordinated to the degree possible, given the legislative responsibilities and obligations of Interior Health under:

- The *Community Care and Assisted Living Act* and Residential Care Regulation.
- The *Adult Guardianship Act* and Regulations
- Labour Relations jurisprudence

Abuse of Clients will not be tolerated and will result in a review of the involved Agent's association with Interior Health; in addition, there may be potential for legal consequences.

4.0 PROCEDURES

4.1 Senior Executive and Corporate Directors are responsible for:

- ensuring that the provisions of this Policy are met;
- ensuring that Agents of Interior Health are advised of Interior Health's position regarding Abuse of Clients and the consequence of non-compliance;
- designating contacts for matters related to this Policy;
- ensuring that all possible breaches of this Policy are thoroughly investigated;
- based on the results of the investigation, ensuring that appropriate action is taken;
- ensuring that confidential information is handled with caution, discretion and according to the *Freedom of Information and Protection of Privacy Act*; and
- delegating authority and responsibility, where applicable, to apply this Policy within the organization.

4.2 Supervisors and Managers are responsible for:

- applying this Policy within the organization;
- advising staff on Abuse-Free Environment for Client Policy issues;
- investigating all allegations of Client Abuse, in conjunction with policies [AK0400 Incident Management](#), [AU0100 Standards of Conduct](#), [AU1000 Workplace Environment](#), and [AU4000 Theft, Fraud and Corruption](#) in consultation with Human Resources and/or Risk Management.
- reporting breaches of this Policy to the appropriate police force in consultation with Labour Relations and/or Risk Management, if a criminal offence may have occurred;
- reporting breaches of this Policy to the IH Director of Risk Management;
- reporting breaches in Contracted facilities to IH Business Integration and Development;
- reporting all allegations of Abuse in Licensed facilities to Community Care Facilities Licensing (CCFL) immediately as per section 77(2) of the Residential Care Regulation;

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- reporting all breaches to Professional Regulatory bodies as legally required;
- reporting to any other required legislative or other required authorities such as the Assisted Living Registrar, BC Housing, Community Living BC, Ministry of Children and Family Development and the Public Guardian and Trustee as appropriate; and
- ensuring that confidential information is handled with caution and discretion and according to the *Freedom of Information and Protection of Privacy Act*.

4.3 Employees, Contractors, Volunteers, Medical Staff, Students are responsible for:

- understanding and abiding by this Policy;
- fulfilling their assigned duties and responsibilities under this Policy; and
- disclosing and reporting all suspected or evidence-based Client Abuse situations to the person-in-charge, manager or supervisor or Interior Health Director responsible for the contract utilising the Patient Safety Learning System (PSLS) or other process if PSLS not accessible.

4.4 In the implementation of this Policy, the Human Resource Business Partner will:

- guide managers through the investigative process by applying the Abuse-Free Environment for Clients Policy, other Interior Health policies and labour relations jurisprudence when allegations of Client Abuse have been made;
- collaborate with Specialists including Labour Relations Specialists, as required;
- collaborate with Risk Management and Licensing investigators, as required; and
- maintain confidentiality, as required.

5.0 REFERENCES

1. Adult Guardianship Legislation
2. Community Care and Assisted Living Act and the Residential Care Regulation
3. [IH Policy AU0100 – Standards of Conduct](#)
4. [IH Policy AH0400 – Disclosure of Adverse Events](#)
5. [IH Policy AK0400 – Incident Management](#)
6. [IH Policy AU1000 – Workplace Environment](#)
7. [IH Policy AU4000 – Theft, Fraud, And Corruption](#)
8. Health Professions Act

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