

## Abuse

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### 1.0 Introduction

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#### 1.1 Description

Providence Health Care (PHC) endeavors to foster an environment that protects patients, families and employees from abuse and provides an environment of trust and safety where all persons are treated with respect and dignity.

#### 1.2 Scope

This policy applies to all **Staff** at PHC and all PHC sites.

### 2.0 Policy

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PHC does not tolerate abuse of patients, families, residents, or employees.

All incidents or suspected incidents of adult abuse/assault are reported and investigated appropriately. Refer to the Appendix A for information about detecting elder abuse.

All adult patients presenting to PHC facilities are screened for domestic violence.

In accordance with the *Child and Family and Community Services Act*, any person who has reasonable grounds to believe that a child (or children) is in need of protection must report the situation to the Superintendent of Family and Child Service or his/her designate. No action may be taken against a person making a report under this *Act* unless the report is made maliciously or without reasonable grounds.

PHC supports a multidisciplinary approach that focuses on patient autonomy, safety and follow-up community support.

#### 2.1 Responsibilities

On admission, directly question the patient in private regarding the presence of violence or abuse in their lives. If a person discloses abuse by a present or former partner or family member, offer the patient a referral to the Social Worker and document accordingly in the patient's Health Record.

**Reporting/Documenting Abuse: All Employees**

When you suspect or witness incidents of abuse, ensure that the patient/resident's immediate safety is provided for, and then complete an Incident Report and forward it to the appropriate Supervisor or Leader.

Refer cases of elder abuse/neglect to the Social Worker who may refer the case to the Vancouver Health Department for investigation in the community. This also applies to situations where the patient is living in a Continuing Care facility or a privately operated group living home.

Immediately report suspected child abuse incidents to the Social Worker or telephone the Ministry of Children and Families (MCF) Emergency Service at 1-800-663-9122.

Hospital and medical staff are responsible for the medical care and management of the child or children and for cooperating with the MCF and the Police. The MCF is responsible for protecting the child (children), and the Police are responsible for the investigation.

If the victim is an employee, and the incident of abuse occurred at work, and the alleged abuser is someone other than a co-worker, (i.e., a patient, resident, patient/resident's family member, and/or a visitor) complete an Employee Incident Report and forward it to the Supervisor. The Supervisor, Occupational Health and Safety, and the Coordinator of Violence Prevention will follow-up on the incident. Refer to CPL0800: Incident Reporting Policy for Employees.

#### **Investigating Abuse: Supervisor/Leader/Vice President Responsibilities**

If the investigation supports the occurrence of patient/resident abuse, the Vice President proceeds as follows until such time as the charge is verified or dropped:

<b>Person Accused</b>	<b>Action</b>
Employee	Immediately place the employee on a paid leave of absence
Physician	Suspend the physician from practicing medicine within the Corporation (according to the Medical Staff Bylaws)
Volunteer	Suspend and investigate the volunteer
Visitor/Patient	Restrict the visitor/family member to visiting with staff supervision only or completely restrict him/her from visiting
Patient	Restrict an accused patient from visiting the victim

If necessary, inform Protection Services of the incident and request that they contact the Vancouver City Police for assistance with further investigation.

Refer to the following table for the Vice President's follow-up actions after the investigation is complete:

<b>UNSUBSTANTIATED CHARGE</b>	
<b>Person Accused</b>	<b>Follow-up Action</b>
Employee	Inform the employee that they may return to work. Within 18 months of the

	incident, Human Resources may remove all references to the incident from the employee's file.
Physician	Inform the physician in writing that the claim was unsubstantiated and they may assume their previous privileges.
Volunteer	Inform the person that they may resume their previous position.
Visitor/Patient	Inform the visitor/accused patient that they may resume visiting. If necessary, write a letter stating that the complaint was unsubstantiated and forward it to the visitor/patient.

<b>SUBSTANTIATED CHARGE</b>	
<b>Person Accused</b>	<b>Follow-up Action</b>
Employee	Take further action, including disciplinary measures as deemed appropriate as per the Collective Agreement. If appropriate, report the incident to the employee's professional association for a conduct review.
Physician	Suspend the medical privileges of the physician and report the incident to the College of Physicians and Surgeons for a conduct review.
Volunteer, Visitor or Family Member	Consult the patient and respect his/her wishes.
Patient	Conduct a case conference to address the patient's behaviour and take further action depending on the patient's medical/psychiatric condition. As a minimum restriction, the patient is permitted no further contact with the victim.

## 2.2 Compliance

Employees proven to have abused a patient or resident are subject to disciplinary action up to and including termination of employment.

Failure to report a witnessed or suspected incident of abuse may result in disciplinary action.

## 3.0 References

### 3.1 Related Tools, Forms and Guidelines

None

### 3.2 Related Policies

CPL0800: Incident Reporting Policy for Employees  
 CPT1700: Domestic Violence Routine Screening Policy for Patients  
 CPT1800: Domestic Violence Policy for Employees  
 CPT 2700: Workplace Violence Prevention Policy

### 3.3 Definitions

**Abuse (adults)** means deliberate mistreatment of an adult that causes the person physical, mental, or emotional harm or damage to or loss of assets. It 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. Examples of abuse include:

- Physical Abuse: Acts of violence or rough treatment, including slapping, shaking, punching or rough handling
- Mental or Emotional Abuse (also referred to as psychological abuse): Severe and continuing intimidation, humiliation, isolation and exclusion from events, activities and decision-making
- Sexual Abuse: Any unwanted or exploitive sexual behaviour, including harassing, assaulting or using adults for sexual purposes without their consent
- Financial Abuse: Misusing an adult's money and property, including taking money, property or possessions by coercion; influencing the making of a will, cashing cheques without authorization, using bank accounts without authorization; or misusing a power of attorney or representation agreement
- Medication abuse: Withholding medication that the adult needs or giving too much or too little medication
- Violation of Entitlements: Censoring mail, invading or denying privacy, denying access to visitors, restricting the movement of an adult, or withholding information to which the adult is entitled

**Neglect** means any failure to provide necessary care, assistance, guidance or attention to an adult that causes the adult, or is reasonably likely to cause within a short time: Serious physical, mental or emotional harm and / or substantial damage to or loss of assets. Neglect may or may not be deliberate. For example, it can be the intentional withholding of food and personal care; or it can be unintentionally caused by lack of experience, information, knowledge or support. Neglect includes self-neglect.

**Self-neglect** means any failure of an adult to take care of himself or herself that causes serious physical, mental or emotional harm and / or substantial damage to or loss of assets. Self-neglect includes:

- Living in grossly unsanitary conditions
- Suffering from an untreated illness, disease or injury
- Suffering from malnutrition to such an extent that, without intervention, the adult's physical or mental health is likely to be severely impaired
- Creating a hazardous situation that will likely cause serious physical harm to the adult or others or cause substantial damage to or loss of assets
- Suffering from an illness, disease or injury that results in the adult dealing with his or her assets in a manner that is likely to cause substantial damage to or loss of the assets.

#### **Child in Need of Protection**

A child is defined as any person under the age of 19. Under the *Child and Family and Community Services Act, Part 3, Division 1, Section 13*, a child is in need of protection in the following circumstances:

- Actual or likely physical harm, sexual abuse or exploitation
- Actual or likely physical harm because of neglect

- Emotional harm
- Parent is not providing/consenting to necessary health care
- Abandonment
- Unwillingness of parent to resume care
- Linked to parental acts or the parent's failure to protect
- Parent is unable or unwilling to protect the child from physical harm, abuse or exploitation

**Staff** means all employees (including management and leadership), medical staff (including physicians, midwives, dentists, and nurses), residents, fellows and trainees, health care professionals, students, volunteers, contractors, researchers and other service providers engaged by PHC.

### 3.4 References

Public Trustee of British Columbia. Adult Guardianship Act, Part 3. (effective February 2000). Support and Assistance for Abused and Neglected Adults: A Guide for Communities.

Child and Family and Community Services Act, 1996.

Inter-ministry Child Abuse Handbook. (1998).

### 3.5 Keywords

Abuse; harm; neglect; incident; protection; violence

### 3.6 Appendices

Appendix A: Detecting Elder Abuse in Patients / Residents

**APPENDIX A: DETECTING ELDER ABUSE IN PATIENTS**

The following is a general guide for detecting elder abuse in patients / residents:

**Physical Abuse/Neglect**

- Bruises which do not correspond to the explanations given regarding how the injuries were sustained
- A person caring for an elderly person, where the latter is unkempt, dirty, has fleas, etc., and where signs or symptoms suggest the elderly person is abused or neglected
- A patient who is mentally impaired and shows abuse or neglect by the caregiver

**Financial Abuse**

- Where the elderly person's assets are being sold and/or given to a relative or other person
- Where a family member has control over the patient's assets, and the latter has no knowledge of the situation
- Where the patient has concerns about meeting basic needs but appears to have adequate income to meet those needs