ADULT PROTECTION

1. Introduction

1.1. Description

Vancouver Coastal Health Authority (VCH) has responsibilities under several pieces of legislation to engage in Adult Protection work, including:

- Investigating reports of Abuse, Neglect, and Self-Neglect and providing support and assistance to Vulnerable Adults as a Designated Agency under the *Adult Guardianship Act* (*AGA*);
- Providing health care and admitting Adults to care facilities under the *Health Care (Consent) and Care Facility (Admission) Act*;
- Providing psychiatric care and treatment under the *Mental Health Act*, including appropriate admission to a facility and treatment through Extended Leave provisions; and
- Taking other actions under the *Patients Property Act*, *Representation Agreement Act*, and *Power of Attorney Act*.

VCH Staff, Medical Staff, and Credentialed Medical Providers (CMPs) must comply with this policy if they believe a Vulnerable Adult is experiencing Abuse, Neglect, or Self-Neglect.

The purpose of this policy is to set out requirements for:

- VCH to fulfill its responsibilities as a Designated Agency;
- Staff, Medical Staff, and CMPs to respond to concerns regarding Abuse, Neglect, and Self-Neglect of a Vulnerable Adult;
- Designated Responders to respond to reports of Abuse, Neglect, and Self-Neglect; and
- Managers and Leaders to support Designated Responders to fulfil their duties.

1.2. Scope

This policy applies to all Staff, Medical Staff, and CMPs, and across all VCH facilities, services, and programs.

All references in this policy to Staff include Medical Staff and CMPs.

1.3. Exceptions

This policy does not apply to Abuse, Neglect, or Self-Neglect that occurs in a correctional centre.

This policy does not apply to abuse of a minor. Staff must follow the Reporting Child Abuse and Neglect policy.

2. Policy

2.1. Guiding Principles

The *Adult Guardianship Act* sets out guiding principles that apply to all Adult Protection work:

- Self-Determination and Choice: All Adults are entitled to live in the manner they wish, and accept or refuse support, assistance, or protection as long as they do not harm others and they are capable of making decisions about those matters.
- Most Effective and Least Intrusive: All Adults should receive the most effective, but the least restrictive and intrusive, form of support, assistance, or protection when they are unable to care for themselves or their financial affairs.
- Court is a Last Resort: The Court should not be asked to appoint, and should not appoint, guardians unless alternatives, such as the provision of support and assistance, have been tried or carefully considered.

2.2. Duties of All Staff

2.2.1. Duty to Report

If Staff have reason to believe that a Vulnerable Adult may be experiencing Abuse, Neglect, or Self-Neglect, Staff must promptly report this to:

- A Designated Responder;
- A Designated Responder Coordinator;
- Their supervisor;
- The department, clinic, team, or unit manager; or
- The ReAct Adult Protection Program (ReAct Program).

Staff must report all concerns related to Abuse, Neglect, or Self-Neglect of any Vulnerable Adult, regardless of how Staff become aware, including:

- Whether or not the Adult is already a Client of a VCH program;
- Whether or not the Staff personally witnessed the Abuse, Neglect, or Self-Neglect; and
- Concerns reported by Clients and members of the community.

2.2.2. Confidentiality

Staff must not disclose the identity of any person who makes a report of Abuse, Neglect, or Self-Neglect.

2.2.3. Cultural Safety and Humility

Staff must apply Indigenous Cultural Safety and Cultural Humility in all Adult Protection work. When working with individuals who self-identify as Indigenous, Staff must draw on

their training, approaching responsibilities with awareness of the impacts of Settler Colonialism, intergenerational trauma, and Racism.

Staff must comply with the Indigenous Cultural Safety policy.

2.3. Model of Response

Operations Directors and Managers within each Community of Care must establish, implement, and sustain an effective model of response for protecting Vulnerable Adults and responding to concerns regarding Abuse, Neglect, or Self-Neglect of a Vulnerable Adult.

Operations Directors and Managers must designate Designated Responders and Designated Responder Coordinators.

In some programs the operational responsibilities and practice leadership aspects of the DRC role are separated and delegated to more than one Staff, in which case Designated Responder Coordinators must collaborate to ensure all duties and responsibilities are fulfilled.

Designated Responders and Designated Responder Coordinators must be social workers, nurses, occupational therapists, psychologists, clinical counsellors, or psychiatric nurses, licenced or registered by their college or regulatory body. Programs that have clinical Staff from other disciplines may contact the ReAct Program for consideration of onboarding by exception.

If a Designated Responder or Designated Responder Coordinator is not appointed within a program, the program must have an agreement or protocol in place with another program to ensure there is an appropriate Adult Protection response when a report of Abuse, Neglect, or Self-Neglect is received or concerns are identified.

2.4. Responding to Reports

2.4.1. Designated Responder Duties

Upon receiving a report of Abuse, Neglect, or Self-Neglect, Designated Responders will investigate to determine if the Adult meets the statutory criteria for intervening to provide support and assistance under the *AGA*.

Designated Responders must make reasonable efforts to interview an Adult and determine their wishes and values.

Designated Responders will take the least intrusive but most effective steps to address the identified risks. This may include liaising with or referring to relevant VCH programs, social services, legal services, housing, or community services. If these measures are insufficient, the Designated Responder will coordinate the appropriate services or actions under the *AGA* and other applicable legislation.

Designated Responders may coordinate an assessment under the *Mental Health Act*, if appropriate.

2.4.2. Consent for Health Care

If Staff, including Designated Responders, provide health care or admit the Adult to long-term care, must obtain consent or substitute consent as per the *Health Care (Consent) and Care Facility (Admission) Act,* the Consent for Health Care policy, and the Care Facility Admission Consent policy.

2.4.3. Supporting Designated Responders

Staff, including Medical Staff and CMPs, must support Designated Responders to assess Vulnerable Adults and respond to concerns about Abuse, Neglect, and Self-Neglect.

Operations Directors and Managers must ensure adequate staffing capacity, coverage, and clinical competence for Designated Responders to fulfill their obligations under the *AGA.*

2.4.4. Abuse by Staff

Where Abuse, Neglect, or Self-Neglect by Staff is identified, Staff must initiate both the Adult Protection process and the Responding to Abuse of a Client policy requirements. Staff must also advise the ReAct Program manager.

2.4.5. Long-Term Care Discharge Requests

If a Substitute Decision-Maker (SDM) requests to discharge a Vulnerable Adult from long-term care and the long-term care Manager has reason to believe the SDM is abusing or neglecting the Adult, the Manager must not discharge the Adult until the Designated Responder reviews the circumstances and provides further instructions.

2.5. Capability

An Adult is capable in relation to a decision if they are able to understand the relevant information, appreciate that the information applies to them, and evaluate the benefits and risks of the decision and alternatives.

All Adults are presumed capable of making decisions about their personal care, health care, financial affairs, and legal matters until the contrary is demonstrated. An Adult's way of communicating with others is not grounds for deciding that the Adult is incapable of making decisions.

Incapability assessments must be timely. Capability can vary across time and depend on a Client's mental or physical well-being. Assessment is focused on the Adult's ability to make a specific decision about the Abuse, Neglect, or Self-Neglect, and does not imply a global finding of incapability.

If an Adult is capable and not harming others, the Adult is entitled to accept or refuse support, assistance, and protection.

Staff must involve the Adult as much as possible in developing support and assistance plans, even if the Adult is not capable of making health care or personal care decisions.

2.6. Collaboration

2.6.1. Collaboration across VCH Programs

When programs receive reports of Abuse, Neglect, and Self-Neglect, they must make a report to the Designated Responder, Designated Responder Coordinator, or the ReAct Program. If Staff encounter challenges or complexities with the investigation they must contact ReAct Program management.

All programs share responsibility for supporting VCH to fulfil its obligations as a Designated Agency, including coordinating assessments, care planning, risk mitigation, discharge

planning, providing interventions, and following up on Abuse, Neglect, and Self-Neglect concerns.

Programs must collaborate with each other when engaging in Adult Protection work. Providing support and assistance to Vulnerable Adults engages many different program areas, including but not limited to ReAct, mental health and substance use, acute care, community, home health, assisted living, and long-term care programs.

2.6.2. Collaboration with External Partners

VCH will establish and maintain relationships with external partners involved in Adult Protection work, including police services, the Public Guardian and Trustee, other Designated Agencies, Community Living BC, First Nations communities, and organizations serving or representing Indigenous Peoples. VCH will coordinate with these partners to support timely information sharing, Culturally Safe practices, risk mitigation, and effective interventions. VCH will open and document ReAct Program Reports on shared Clients even if the other Designated Agency is taking the primary role under the *AGA*.

2.7. Emergency Assistance

If Designated Responders provide emergency assistance under section 59 of the *AGA*, the assistance must be proportional to the identified risk. Emergency assistance must be the most effective but least intrusive option.

All decisions to provide an Adult with emergency assistance under s 59 of the AGA must involve the ReAct Program, a Designated Responder, or a Designated Responder Coordinator. The Designated Responder and/or Designated Responder Coordinator will advise the ReAct Program.

The emergency assistance must end when the immediate risk has been mitigated, or the statutory criteria are no longer met. Staff must conduct daily reviews of any Adult who is being provided with emergency support and assistance under s 59. If a Designated Responder or Designated Responder Coordinator is not available, the responsible VCH Operational Director or Manager must contact the ReAct Program to ensure that the review occurs and that appropriate action is taken.

The use of emergency assistance may lead to further investigation under the *AGA*.

2.7.1. Notification of Rights

Designated Responders must provide the Adult with the Notification of Rights Form, the Understanding your Rights Brochure, and a copy of the Certificate of Emergency Assistance. Designated Responders must provide this notification of rights as soon as possible.

Designated Responders must verbally explain the Notification of Rights Form to the Adult in a Trauma-Informed, accessible, and plain-language manner. Designated Responders must use a communication method suited to the Adult's abilities and needs, including engaging an interpreter if appropriate. Free services include PHSA Provincial Language Services and the VCH Virtual Interpreter.

If providing the rights notifications is, in the opinion of the Designated Responder, likely to result in serious physical or mental harm to the Adult, or serious harm or loss to the Adult's assets, the Designated Responder may delay the process until it is safe.

If the Adult is not capable of understanding the rights notifications, the Designated Responder must advise the Substitute Decision Maker, family, or next-of-kin, unless doing so is likely to result in serious physical or mental harm to the Adult, or serious harm or loss to the Adult's assets.

If subsequent Certificates of Emergency Assistance are issued, Designated Responders must again notify the Adult of their rights.

2.8. Transfer of Investigative Responsibility

If the Adult is transferred to a different VCH program or to another Designated Agency, Designated Responders must complete an oral handover and transfer all relevant investigation and care planning documents to the receiving Designated Responder to ensure continuity of investigation, planning, and risk mitigation.

If a support and assistance plan is developed in one program area, and the Adult is transferred to another program (i.e., acute to community), the original program must liaise with the receiving program prior to the transfer to ensure the support and assistance plan can be implemented by the receiving program.

2.9. Statutory Property Guardianship

Operations Directors and Managers within each Community of Care must designate Qualified Health Care Providers (QHCPs) for conducting assessments as part of the Statutory Property Guardianship certificate of incapability process. QHCPs must be a physician, social worker, nurse, psychiatric nurse, occupational therapist, or psychologist who is registered with their college.

Operations Directors and Managers must support QHCPs in conducting assessments as part of the Statutory Property Guardianship certificate of incapability process and ensure adequate staffing coverage for QHCPs to conduct their assessments.

QHCPs must complete role-specific education and training.

2.10. Supports for Staff

Engaging in Adult Protection work can be complex and challenging. Staff, Medical Staff, and CMPs may access VCH Wellness Services for emotional support. Ethics Services is available to Staff, Medical Staff, and CMPs for additional support, such as moral distress debriefs.

Leadership must assist managers and teams who require additional supports.

2.11. Education and Training

Designated Responders and Designated Responder Coordinators must complete role-specific education and training.

Operations Directors and Managers must ensure Designated Responders and Designated Responder Coordinators have access to, and protected time for, initial training and ongoing education.

2.12. Responsibilities

2.12.1. Operations Directors and Managers

Operations Directors and Managers will:

- Ensure their portfolio is fulfilling its statutory obligation as a Designated Agency;
- Ensure all programs and services within their portfolio that provide services to Vulnerable Adults develop and sustain the model of response;
- Appoint Designated Responders and Designated Responder Coordinators within their portfolio and support training required under this policy;
- Appoint QHCPs within their portfolio; and
- Ensure their portfolio is fulfilling its obligations in the statutory property guardianship process.

2.12.2. ReAct Adult Protection Program Leadership

ReAct Program Leadership will:

- Ensure VCH is fulfilling its statutory obligation as a Designated Agency;
- Provide education, consultation, and situation management for the model of response;
- Facilitate legal assistance in obtaining court orders;
- Lead communication with external partners involved in Adult Protection work;
- Represent VCH on all matters related to the *AGA* and Adult Protection, at provincial committees, working groups, inter-ministerial advisory committees;
- Measure and report the number and disposition of reports of Abuse, Neglect, or Self-Neglect under the *AGA;*
- Measure and report on the effectiveness of VCH's Adult Protection work; and
- Manage, supervise and support Adult Protection Leads in various communities of care within a matrix model with local site Operations Managers.

2.12.3. Adult Protection Leads

Adult Protection Leads will:

- Ensure their program is fulfilling its statutory obligation as a Designated Agency;
- Ensure Designated Responders and Designated Responder Coordinators are supported and competent to fulfill their responsibilities; and
- Provide education to Designated Responders and Designated Responder Coordinators within their portfolio.

2.12.4. Designated Responder Coordinator

Designated Responder Coordinators will:

- Ensure their program is fulfilling its statutory obligation as a Designated Agency;
- Provide oversight to the Adult Protection model of response;

- Identify, receive, and coordinate Adult Protection investigations;
- Coordinate the least intrusive and most effective interventions;
- Ensure that Designated Responders within their portfolio receive appropriate education;
- Notify the ReAct Program of who is appointed as a Designated Responder for their program.
- Ensure confidential information is not shared beyond the immediate care team and designated Staff;
- Ensure Adult Protection documentation flags and alerts are used;
- Advise the ReAct Program about any uses of Emergency Assistance under section 59 of the *AGA*;
- Consult the ReAct Program when considering applying for a court order; and
- Follow the guideline: Responding to Abuse, Neglect or Self-Neglect of Vulnerable Adults: For Designated Responder (DR) and Designated Responder Coordinators (DRCs).

2.12.5. Designated Responders

Designated Responders will:

- Identify, receive, and investigate reports of Abuse, Neglect, and Self-Neglect of Vulnerable Adults;
- Use the least intrusive and most effective interventions;
- Consult with Designated Responder Coordinators;
- Keep the identity of all persons who reports details of Abuse, Neglect, and Self-Neglect confidential;
- Report to police suspected crimes committed against Adults who are unable to seek support and assistance;
- Enter information on the report and steps taken in the health record under the heading “Investigation under the *Adult Guardianship Act.* Confidential. Do not disclose or release.”;
- Enter required information into the ReAct Program Reporting System (BC PSLS ReAct); and
- Follow the guideline: Responding to Abuse, Neglect or Self-Neglect of Vulnerable Adults: For Designated Responder and Designated Responder Coordinators (DRCs).

2.12.6. Regional Adult Protection Sustainment Committee

The Regional Adult Protection Sustainment Committee will:

- Provide guidance and feedback about VCH fulfilling its statutory obligation as a Designated Agency;
- Implement and sustain practice that is consistent with the legislation and policy;
- Identify solutions to gaps in service delivery;
- Review individual cases where there is opportunity for system learning;
- Advise on regional Adult Protection issues;
- Establish minimum education requirements for Designated Responders and Designated Responder Coordinators; and
- Report through the ReAct Program Director to the Executive Director of Risk, ReAct, Policy, PCQO.

2.13. Compliance

Staff who violate this policy may be subject to disciplinary action up to and including termination of employment, termination of contract, or, where the complaint involves Medical Staff, revocation of privileges in accordance with the Medical Staff Bylaws and Medical Staff Rules.

As per the *Adult Guardianship Act,* actions for damages cannot be brought against a person for reporting Abuse, Neglect, or Self-Neglect or assisting in an investigation, if the report is made in good faith.

3. Supporting Documents and References

3.1. Legislation

- *Adult Guardianship Act*, RSBC 1996, c 6
- *Health Care (Consent) and Care Facility (Admission) Act*, RSBC 1996, c 181
- *Mental Health Act*, RSBC 1996, c 288
- *Patients Property Act*, RSBC 1996, c 349
- *Power of Attorney Act*, RSBC 1996, c 370
- *Public Guardian and Trustee Act*, RSBC 1996, c 383
- *Representation Agreement Act*, RSBC 1996, c 405

3.2. Related Policies

- Care Facility Admission Consent
- Consent for Health Care
- Indigenous Cultural Safety
- Responding to Abuse of a Client

- Reporting Child Abuse and Neglect

3.3. Guidelines, Procedures and Forms

- Administrator On-Call Guidelines (see the program's AOC Manual)
- Certificate of Emergency Assistance
- Notification of Rights Form
- ReAct Manual for Staff
- Responding to Abuse, Neglect or Self-Neglect of Vulnerable Adults: For Designated Responders (DR) and Designated Responder Coordinators (DRCs) Guideline
- Supporting Choices when Choosing to Live with Risk (Adult)
- Understanding your Rights Brochure

3.4. Keywords

Abuse, Adult, Adult Guardianship Act, AGA, Adult Protection Clinical Lead, Apprehension, Capability, Capacity, Consent, Designated Agency, Designated Responder, Designated Response Coordinator, Detention, Emergency Assistance, Incapability, Incapability Assessment, Incapacity, Neglect, ReAct, Removal, Rights Advice, Self-Neglect, Substitute Consent, Support and Assistance Order, Vulnerable

4. Definitions

"Abuse" means the deliberate mistreatment of an Adult that causes the Adult physical, mental, emotional, or financial harm, and includes but is not limited to intimidation, humiliation, physical assault, sexual assault, overmedication, withholding needed medication, censoring mail, invasion or denial of privacy, and denial of access to visitors.

"Adult" means any individual nineteen years of age or older.

"**Adult Protection**" means the assessment and response to reports of Vulnerable Adults who may require supports and services to protect them from Abuse, Neglect, or Self-Neglect. Adult Protection work includes using mechanisms from the *Adult Guardianship Act* and other legislation.

"**Credentialed Medical Provider (CMP)**" means a physician, nurse practitioner, midwife, or dentist who is credentialed with VCH to practice in a VCH community program or facility and provides clinical services in a VCH community program or facility pursuant to a contract or service agreement.

"Cultural Humility" is a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural Humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience.

"(Indigenous) Cultural Safety" is the desired outcome and can only be defined by the Indigenous person receiving care in a manner that is safe and does not profile or discriminate against the person but is experienced as respectful, safe and allows meaningful communication and service. It is a physically, socially and emotionally and spiritually safe environment, without challenge, ignorance

or denial of an individual's identity. It is an outcome of cultural competency, defined and experienced by Indigenous Peoples who receive the service, and their family. To be culturally safe requires positive anti-racism stances, tools and approaches and the continuous practice of cultural Humility (*In Plain Sight*, 2020).

"Designated Agency" means a public body, organization, or person designated under section 61 of the *Adult Protection Act*. The Designated Agencies are Fraser Health Authority, Interior Health Authority, Island Health Authority, Northern Health Authority, Vancouver Coastal Health Authority, Providence Health Care Society, and Community Living BC, as per the *Designated Agencies Regulation*.

"Designated Responder (DR)" means Staff who have responsibility to receive and investigate reports of potential Abuse, Neglect, or Self-Neglect of a Vulnerable Adult.

"Designated Responder Coordinator (DRC)" means Staff who have higher level training on Adult Protection, and are expected to steward, guide, and mentor Designated Responders who are doing investigations and ensure the VCH's obligations as a Designated Agency are being met. In some programs the operational responsibilities and practice leadership aspects of the DRC role are separated and delegated to more than one Staff.

"Medical Staff" means privileged, employed, or contracted medical providers and medical leaders working at VCH or providing health care services through VCH, including physicians, midwives, nurse practitioners, dentists, and fellows. For clarity, this includes medical providers working both in hospital and community sites.

"Neglect" means any failure to provide necessary care, assistance, guidance, or attention to an Adult that causes or is reasonably likely to cause the Adult serious physical, mental, emotional, or financial harm.

"Qualified Health Care Provider (QHCP)" means physicians, or social workers, nurses, psychiatric nurses, occupational therapists, or psychologists registered by their college who have completed role-specific education and training to conduct assessments for the Statutory Property Guardianship certificate of incapability process.

"Racism" is the belief that a group of people are inferior based on the colour of their skin or due to the inferiority of their culture or spirituality. Racism leads to discriminatory behaviours and policies that oppress, ignore, or treat racialized groups as "less than" non-racialized groups (*In Plain Sight*, 2020). Racism can be systemic when it is enacted through routine and societal systems, structures, and institutions such as requirements, policies, legislation, and practices that perpetuate and maintain avoidable and unfair inequalities across racial groups, including the use of profiling and stereotyping.

A **"Representation Agreement"** is a legal document that appoints a SDM or a decision-making supporter (called a representative) chosen voluntarily by an Adult.

"Self-Neglect" means any failure of an Adult to take care of themselves that causes, or is reasonably likely to cause, serious physical, mental, or financial harm, and includes but is not limited to:

- Living in grossly unsanitary conditions;
- Suffering from an untreated illness, disease or injury;

- Suffering malnutrition to the 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 or financial harm; and
- Suffering from an illness, disease, or injury that results in the Adult dealing with their financial affairs in a manner that is likely to cause substantial damage or loss in respect of those financial affairs.

"Settler Colonialism" occurs when groups of people or countries come to a new place or country and steal the land and resources from Indigenous Peoples and develop a set of laws and public processes that are designed to violate the human rights of the Indigenous Peoples, violently suppress the governance, legal, social, and cultural structures of Indigenous people, and force Indigenous Peoples to conform with the structures of the colonial state (*In Plain Sight*, 2020).

"**Staff**" means all employees (including management and leadership), Medical Staff (including physicians, midwives, dentists, nurse practitioners, and fellows), resident doctors, trainees, health care professionals, students, volunteers, contractors, and other service providers engaged by VCH.

"Substitute Decision Maker" (SDM) refers to an individual authorized to make health care, personal care, or other type of decisions on behalf of an Adult, including a committee of person, a representative under a Representation Agreement, and a temporary substitute decision maker (TSDM). For more on TSDMs see Appendix A of the Consent for Health Care policy.

"**Trauma Informed Practice**" is a framework grounded in an understanding of responsiveness to the impact of trauma. It refers to a system that takes into account an understanding of trauma in all aspects of service delivery and places a priority on the Client's safety, choice, and control. Such services create a treatment culture of non-violence, learning, and collaboration. Utilizing a Trauma-Informed approach does not require disclosure of trauma; rather, services are provided in ways that recognize the need for physical and emotional safety (Poole, Talbot, & Nathoo, 2017).

"Vulnerable Adult" means an Adult who is unable to seek support and assistance because of a physical restraint, physical disability, impairment, illness, disease, injury, or other condition that affects their ability to make decisions about Abuse, Neglect, or Self-Neglect.

5. Approval by Policy Owner

Issued by Name:	Jennifer Jackson	Signature:	
Title:	General Counsel	Date:	Sept 11/2026

Before starting a new policy, please contact the VCH Policy Office at policy@vch.ca.

Effective Date:	2026-September-14
First Released:	2006-July-11
Last Reviewed:	2026-September-14
Revision Date	**Summary of Changes**
2026-Sept-11	• Added section on Statutory Property Guardianship to incorporate legislation brought into force in 2014 that had not been previously included. • Added section on ethics, wellness, and emotional supports for staff to recognize the challenging nature of working with violence and abuse of vulnerable adults and our VCH value that we care for everyone. • Added cultural safety and humility section to support VCH Pillars of Indigenous Cultural Safety, Equity, Diversity and Inclusion, and Anti-Racism. • Expanded section on collaboration to promote better outcomes and better results by sharing the care as “One VCH” instead of protecting resources at the program level. • Added section on transfer of responsibilities to ensure that no vulnerable adult falls through the gaps. • Added content on mental capability and the presumption of capability, a fundamental principle of the AGA. • Added section on providing emergency assistance in response to the Human Rights Commissioner’s report.