NORTH CENTENNIAL MANOR

Zero Tolerance of Abuse and Neglect Program

Reviewed October 25, 2023

Table of Contents

Scope

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

PART A: POLICY

I. Policy Statement

All residents have the right to live in a home environment that treats them with dignity, respect and is free from any form of abuse or neglect at all times, and in all circumstances.

The Manor is committed to zero tolerance of abuse or neglect of its residents. Corrective action will be taken against anyone who abuses a resident or anyone who fails to immediately report witnessed or suspected abuse once it becomes known that he/she has been withholding such information.

This *Zero Tolerance of Abuse and Neglect* policy must be communicated and displayed in the Manor, in a manner that is both highly visible and legible for all residents, staff and visitors.

II. Definition of Abuse and Neglect

This policy uses the definitions of "abuse" and "neglect" from the LTCHA and its Regulation. These definitions are as follows:

- **"Abuse"** in relation to a resident, means physical, sexual, emotional, verbal or financial abuse, as defined in the regulations in each case - LTCHA Regulation 79/10, s. 5. *(See Appendix A: Definition of Abuse and Neglect* for definitions of each of the above terms.)
- **"Neglect"** means 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." LTCHA Regulation 79/10, s. 5.

Ill. Program for Preventing Abuse and Neglect

1. The Manor's management staff and the Board of Directors will ensure that the home has a program that complies with the LTCHA and its Regulation for preventing abuse and neglect - LTCHA Regulation, c. 8, s. 20 (2). The Home will ensure that the policy, definition and concept of abuse and neglect are reviewed with staff, volunteers, consultants and affiliates during orientation and training and annually thereafter.
2. The Manor's management staff will ensure that the policy to promote zero tolerance of abuse and neglect of residents is communicated to all staff, residents and residents' designated Power Of Attorney (POA's) - LTCHA 2007, c. 8, s. 20 (3).

IV. Overview of Investigation & Reporting of Abuse and Neglect

a) Investigation and Reporting (including notification to POA)

1. All Manor staff will ensure they take appropriate action in response to any suspected, alleged or witnessed incident of resident abuse or neglect as outlined in the *Procedures.*

Who reports?

- It is the duty of every Manor team member to report suspicious incidents witnessed or known otherwise centering on abuse or neglect of residents as soon as they became aware of it.
- Reporting to the administration of any incident is mandatory, failure to do so will result in disciplinary action including and up to termination of employment.

How to report?

- All Manor team members who suspect, or have witnessed an incident of resident abuse must

  (1) report the incident in detail to the RN or the Supervisor on Duty, giving full details of what they know and have seen with regards to the incident, (2) fill out and submit an Incident Reporting Form. These forms are available at both Nursing Station and in the Administration office.

Who investigates the incident?

- The RN
- The Supervisor on Duty
- The Director of Care
- The Administrator

How to resolve the issue and report appropriately?

- Assess the resident(s) and note the type of abuse in question.
- Interview all the team members that are directly involved in the incident.
- Follow the appropriate Decision Tree as laid out by the Ministry (see pages 29-36).
- Document as required.
- Inform all the appropriate people as mandated by Manor policies and Ministry legislation.

Refer to the **Incident Investigation Form** that can found in all Nursing Stations, the shared Nursing drive, the administration office, and or from the Director of Care.

2. Following an Investigation the Manor will notify the resident's POA, if any, and any other person the resident specifies:

(a) Immediately upon the Manor 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 residents' health and well-being; and

3. Within 12 hours of becoming aware of any other harmful or potentially harmful incident, suspected or witnessed incident of abuse or neglect of the resident. Staff and board members must *immediately* report every alleged, suspected or witnessed incidents of:

(a) Abuse of a resident by anyone, and

(b) Neglect of a resident by the licensee, a staff member (or affiliate) of the Manor.

All Manor staff must follow two types of procedures (internal and external) for the reporting all alleged, suspected or witnessed incidents of abuse or neglect. Procedures are outlined within Part B Section Two and Section Three of this document. The internal home reporting procedures are distinct and based on the organizational roles and responsibilities. The external reporting procedures are those procedures outlined in the LTCHA and its Regulation regarding the mandatory reports that must be made to the MOHLTC, using the Critical Incident System.

4. Staff must investigate immediately all reports by staff and board members under this policy, and third party reports of abuse or neglect, in accordance with the investigation procedures in Part B Part Two: Reporting and Notifications. LTCHA Regulation, s. 23(1).

5. A report shall be made to the MOHLTC Director 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. LTCHA Regulation, s. 23(2).

The report to the MOHLTC Director must meet the requirements in the LTCHA, which are set out in Appendix B to this policy. LTCHA Regulation, s. 23(3).

6. Staff must notify the resident and the resident's Power Of Attorney Maker (POA), if any, and any other person requested by the resident of the results of the investigation immediately upon the completion of the investigation under #5 above.

7. If the resident's Power Of Attorney Maker (POA) is the individual being alleged of abuse, the home will ensure that this fact is included within the reports to the MOHLTC Director and the police (e.g. financial abuse) and the home is not required to advise the POA of the results of the investigation.

8. Staff must notify the Medical Director and Police. The notifications to the police are guided by reference to the criminal code offences outlined in *Appendix F: June 13, 2012 MOHLTC Memo and Decision Trees {6} Regarding Abuse and Neglect.*

b) Mandatory Reporting under Section 24(1) of the LTCHA

1. LTCHA Regulation, s. 24(1) requires certain persons, including staff members, to make an immediate report to the MOHLTC Director where there is a **reasonable suspicion** that the following incidents occurred or may occur.

- Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.
- Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

- Unlawful conduct that is harmful to residents
- Misuse or misappropriation of a resident's money.
- Misuse or misappropriation of funding provided to a licensee under the LTCHA or the *Local Health System Integration*

Reporting to the Ministry should not be taken lightly, hence, it is imperative that information is recorded truthfully, conclusively, and that the investigation and documentation be done in a timely manner.

2. It is an offence under the LTCHA to discourage or suppress a report of abuse or neglect, both internally in the home, or to the MOHLTC Director.

The following are the procedures to be followed in order to determine whether a report to the MOHLTC Director under LTCHA Regulation, s. 24(1) is required in response to an alleged, suspected or witnessed incident of abuse or neglect of a resident. These procedures are in Part B of this document and are informed by the MOHLTC Licensee Reporting Decision Trees of May 2012 *(See Appendix F: June 13, 2012 MOHLTC Memo and Decision Trees {6} Regarding Abuse and Neglect).*

V. Consequences for those who Abuse or Neglect Residents

The consequences for staff or board members who abuse or neglect a resident, or those who fail to report an incident or alleged abuse or neglect are outlined in the procedures section of this document.

VI. Compliance with the Policy for Zero Tolerance of Abuse and Neglect

The Manor staff will ensure that the Zero Tolerance of Abuse and Neglect Policy of residents is evaluated for effectiveness annually and when an incident is suspected, alleged or has occurred. The findings will be used to determine what improvements (clinical, operational, environmental, financial management or training) are necessary to prevent further occurrences. The details of this review are found in the procedures section.

PART B: PROCEDURES

The procedures and tasks identified within this section have been adapted to suit the particular staffing structure, roles and responsibilities within the Manor.

Section One: Prevention of Abuse and Neglect

Residents, Families and Power Of Attorney Maker (POA)

The Manor will ensure that residents, families and POAs are aware of and receive written information at the time of admission regarding the Resident Bill of Rights and the Policy of Zero Tolerance of Abuse and Neglect of Residents.

Staff Education

ro Tolerance of Abuse and Neglect will be reviewed with each new employee during orientation and annually thereafter.

The staff education and training will include:

- Policy and Procedures for Zero Tolerance of Abuse and Neglect including definitions of abuse and neglect *(see Appendix A: Definition of Abuse and Neglect)* and use of MOHLTC Licensee Reporting Decision Trees of May 2012 *(see Appendix F: June 13, 2012 MOHLTC Memo and Decision Trees {6} Regarding Abuse and Neglect).*
- Policy and Procedures on Reporting and Whistle-blowing Protection Against Retaliation
- Policy and Procedures for Managing Complaints
- Policy and Procedures for Minimizing Restraining and Use of PASDs
- Training related to Elder Abuse Prevention Strategies and Educational Tools *(see Appendix H: Additional Resources and Educational Materials on Prevention of Abuse,* including *Prevention of Elder Abuse Policy and Program Lens,* by the Prevention of Elder Abuse Working Group, published by the Ontario Seniors Secretariat).
- Training related to the following concepts:
    - Understanding the nature of employment in the Long-Term Care Home environment and how it demands an ongoing capacity for compassion and patience for residents.
    - Power imbalances in resident care and the potential for abuse and neglect by those in positions of trust.
    - Implementation strategies that promote trusting relationships and mitigate power imbalances.
    - Situations that may lead to abuse or neglect and how to avoid them.
- Training related to the provision in the LTCHA, its Regulation and the MOHLTC Quality Inspection Protocols that address zero tolerance for abuse and neglect of a resident.
- Training related to the consequences for abusing or neglecting a resident or failure to report under this policy.

<u>Management staff</u>

The Manor management staff shall:

- Ensure that all staff and/or contracted individuals, students and volunteers have documented that they have read, understood, and agreed to the policy of Zero Tolerance of Abuse and Neglect. This documentation will be required following initial orientation, annual re-training or other in house educational events supported by the Manor.
- Maintain a tracking system to record the staff completion of the mandatory review of the Zero Tolerance of Abuse and Neglect policy.

- Copies of policy are available for viewing at all Nursing stations and from the Director of Care as well as the Administration Office.

For all employees responsible for investigation and or reporting, should there be sufficient evidence to support the allegations, please refer to the Incident Investigation Form as provided for all contact information for the MOHLTC Director (e.g. Mailing Address and MOHLTC toll-free Action Line), Director of Care and the Administrator.

Section Two: Reporting and Notifications about Incidents of Abuse or Neglect

Reporting an Incident

All staff, volunteers, contractors and affiliated personnel are required:

- To fulfill their legal obligation **to immediately and directly report** any witnessed incident or alleged incident of abuse or neglect to the MOHLTC. Note: A designate of the Manor is responsible for completing reports using Critical Incident System to the MOHLTC. This designate may make the MOHTLC report **together with** the person who witnessed the incident of abuse or neglect.
- To immediately, report to the Charge Nurse on duty (or on call) at the time of a witnessed or alleged incident of abuse or neglect. During office hours, you may contact the DOC when in doubt. *See Appendix I: for an Optional Sample of an internal reporting/documentation Form.*
- Maintain confidentiality regarding the report and names of all those involved in the incident.
- Fill out the Incident Reporting Form and drop it off at the Main Office.

If an incident of suspected, alleged or witnessed abuse or neglect meets the definitions of abuse in LTCHA s. 2(1) *(See Appendix F: June 13, 2012 MOHLTC Memo and Decision Trees {6} Regarding Abuse and Neglect,* as a guide), the Charge Nurse must report the incident to the MOHLTC Director in the manner outlined in the MOHLTC Reporting Trees.

Whistle Blower Protection

A Manor staff member filing a report is protected under s. 26 of the LTCHA (Whistle- blowing protection) which forbids retaliation, or threats of retaliation, against a person for disclosing anything to an inspector or the MOHLTC Director, or for giving evidence in a proceeding under the LTCHA, or during a coroner's inquest. Under section 26, employees, officers, and directors cannot discourage these disclosures. Staff will report any retaliation actions or threats of retaliation experienced related to the reporting of abuse or neglect under this policy.

Management Staff

When a head of department/designate or other receives an internal report from an employee on a suspected or alleged, or actual incident of abuse or neglect, they will assess the documented information and the decision path followed using the Ministry mandated Decision trees. The Charge Nurse/ DOC will upon a satisfactory assessment, immediately report to the MOHLTC (LTCHA Regulation 79/10 s. 98). The report may be completed **together with** the individual who alerted them of the incident or alleged incident of abuse or neglect. This report is submitted by using the Critical Incident System {CIS) form, under the "Mandatory Report Section". *(See Appendix E: MOHLTC Clarification of Mandatory and Critical Incident Reporting Requirements Memo-August 4, 2010}. Note: after hours (during weekends, statutory holidays and evenings), the report must be done by paging 1-800-268-6060. {See Appendix D: Table 1 - LTCHA Section 24 {1} Reporting Certain Matters to the Directors. Source: MOHLTC Clarification of Mandatory and Critical Incident Reporting Requirements -August 4, 2010, p.2).*

The Manor management staff will submit a report to the MOHLTC **within 10 days** or earlier if requested (LTCHA Regulations. 104(2)) using the Critical Incident System that includes, but is not limited to, the results of investigation and any action(s) taken in response to the incident. If the Home cannot submit the report within 10 days, it must submit a preliminary report to the Ministry using the Critical Incident System and provide a final report within 21days (LTCHA Regulations. 104 (3)) *(See Appendix G: March 29, 2012 Clarification Memo from the MOHLTC Director Regarding Timelines for Reporting Abuse and Neglect).*

The Manor management staff will report to the MOHLTC Director the results of every investigation the Manor conducts under this policy, and any action the Home takes in response to any incident of resident abuse or neglect. LTCHA Regulations. 23 (2).

The Ministry of Labour may need to be notified if a staff member has been physically injured as a result of the incident. *(See Appendix E: Appendix E: MOHLTC Clarification of Mandatory and Critical Incident Reporting Requirements Memo -August 4, 2010.}*

Workplace Safety and Insurance Board (WSIB) will need to be notified if an employee was physically injured as a result of the incident. Please ensure policies and procedures for reporting a workplace injury are followed.

A Professional College must be reported to in writing, if the alleged person is a member of a professional College under the *Regulated Health Professions Act, 1991),* This duty to report does include a drugless practitioner under the Drugless Practitioners Act, and members of the Ontario College of Social Workers and Social Service Workers. (LTCHA Regulations. 24 (4)).

Notification to POA or any other person specified by the resident

The Manor staff must notify the POA, if any, or any other person specified by the resident immediately if the resident is harmed and within 12 hours of becoming aware of the alleged, suspected or witnessed incident of abuse or neglect of a resident for all other situations (LTCHA Regulations. 97(1)(a) and (b)).

Staff must notify the SPOA immediately upon completion of the investigation to share the results of the investigation {LTCHA Regulations. 97(1-2)).

However, and despite the above, if the POA is the alleged perpetrator of the abuse there is no obligation to report to the POA any results of the investigation.

Reporting To Police

Staff must report to the police if the alleged, suspected or witnessed incident of abuse or neglect constitutes and criminal offence under the Criminal Code. To guide this process, staff are to refer to the MOHLTC Licensee Reporting Decision Trees of May 2012, which are located at Appendix F of this document.

The police will determine if there are 'reasonable grounds' for charges. (LTCHA Regulations. 98).

Section Three: Investigating and Responding to Alleged, Suspected or Witnessed Abuse and Neglect of Residents

Staff who are reporting a suspected, alleged or witnessed incident of resident abuse or neglect:

- Intervene if safe to do so, or identify needed interventions (e.g. call 911) to ensure resident or staff safety and well-being, when an incident is occurring/or has occurred.
- Document or write a brief, factual note (e.g. not allegations or opinion) writing 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 (e.g. home administrative staff, police, MOHLTC Inspector). Note: It is the right of an employee who witnesses or suspects alleged abuse or neglect to be accompanied by a co-worker (or legal or union representative) during the investigatory meeting.
- Seek supportive counseling or resources, if desired.
- Maintain confidentiality.

Management staff investigating the incident

Staff must investigate immediately all reports of abuse or neglect, in accordance with the investigation procedures set out in this document. LTCHA Regulations. 23(1).

During the investigation, this individual will need to consider:

- Whether the circumstances of the alleged, suspected or witnessed abuse or neglect meet the definitions within the LTCHA s. 2(1) *(also see Appendix A, C and* F). This includes a determination of whether the situation involved emotional and/or verbal abuse caused by a resident to another resident, was such that the resident causing either or both of these types of abuse understands and

appreciates their consequences. {Source: *see Appendix E: MOHLTC Clarification of Mandatory and Critical Incident Reporting Requirements Memo -August 4, 2010.}*

- Consider whether the incident relates to prohibited use of restraints.
- Who (which party) is the source of the report, including whether they are a resident, direct care or non-direct care staff member, board member, or third party (e.g. occasional employee, family member/significant person to a resident, volunteer, etc.).
- Whether the incident of abuse involved a physical injury to a resident, another resident, or a staff member. (Note: there may be reporting obligations to the Ministry of Labor if a staff member is injured. *Source: see Appendix E: MOHLTC Clarification of Mandatory and Critical Incident Reporting Requirements Memo -August 4, 2010.}*

Management Staff must:

- Maintain the security and integrity of the physical evidence at the site of 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, dismissal, discipline, reporting to the police, etc.)
- Provide debriefs to the appropriate parties (e.g. Board Chair, MOHLTC Inspector, the Manor management Team, Staff Members) as necessary.
- Cooperate with police investigation (if applicable) in consultation with the home's legal advisor.
- Maintain confidentiality regarding the report and names of all those involved in the incident.

Clinical Staff Responsible for Care of the Resident (s) harmed by the abuse or neglect

- Ensure the resident or residents are reassured and supported immediately in the appropriate manner to ensure their safety and security
- Provide interventions for the resident or residents who have been or allegedly abused or neglected and their roommates where appropriate.
- 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 resident(s) 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 Manager/ Administrator.
- Offer information about resources to residents and families involved in the alleged incident such as social work counseling, legal advice, pastoral care, CCAC, Physician, and Psychiatrist.
- Maintain confidentiality regarding the report and names of all those involved in the incident.

Staff Member alleged to have caused the abuse or neglect must:

- Document details as soon as possible including dates, times, witnesses.
- Maintain confidentiality regarding the report and names of all those involved in the incident.
- Understand the consequences for being responsible for abuse or neglect of a resident.
- Comply with human resources policies of the home.
- Cooperate fully with individuals or organizations responsible for the investigation.

And, he/she may also:

- Contact appropriate departments or organizations, e.g. human resource department, employee assistance program, union representative if applicable, legal advice as required.
- Seek supportive counseling if desired.

Administrator or Designate

The Administrator or designate oversees the completion of all steps required by the policy and procedures, in order to manage the case to resolution.

- Ensure that if necessary, the Board or Board Chair is informed.
- Oversee and ensure that reporting requirements to MOHLTC Director are undertaken.
- Ensure that the home's legal advisor has been contacted, particularly if the incident has the potential for lawsuit or criminal implications.
- Ensure that a copy of the documentation is stored within a secure area.

Section Four: Management and Enforcement of Consequences

Staff must ensure necessary actions are taken in response to any alleged, suspected or witnessed incident of resident abuse or neglect. LTCHA s. 20(2).

Anyone responsible for the abuse of a resident, or a staff member responsible for the neglect or the abuse of a resident may face any or all of the following management enforced corrective measures and or consequences:

- Retraining
- Discipline
- Dismissal
- Reporting to licensing body
- Charges under the criminal code

The Manor will communicate on a timely basis, the consequences applied to the person who has caused the abuse or the neglect to the resident, the POA or other person the resident specifies.

Section Five: Evaluation Policy and Procedures

Case Review

The Manor management staff will evaluate the effectiveness of the policy for prevention of abuse and neglect when an incident has been alleged or has occurred and determine what improvements (clinical, operational or training) are necessary to prevent further occurrences.

Policy Review

The Manors' management and staff will evaluate the effectiveness of the policy for prevention of abuse and neglect at least once per year to identify what changes and improvements are required to prevent further occurrences (LTCHA Regulations. 99). The results of the analysis of every incident of abuse or neglect are considered in the evaluation.

The Manors' management will maintain a written record of the abuse prevention policy and program review results, including the date of the evaluation, the name and relevant discipline of the individuals participating in the review, a summary of any changes arising from the review, and an action plan outlining the timelines for the implementation of the changes, and the date the changes or improvements were implemented.

The Manors' management staff will ensure that the identified changes and improvements are promptly implemented and documented consistently.

The following indicators may be measured to determine trends and assess the effectiveness of the prevention strategies:

- Number of incidents of alleged resident abuse/neglect.
- Number of incidents of proven resident abuse/neglect.

- Number of recurrences.
- Trends regarding types of incidents, location, time of day.

APPENDIX A: DEFINITION OF ABUSE AND NEGLECT

Note: There are changes to the order the paragraphs LTCHA and some terms are in bold to make the definitions easier to follow.

"abuse", in relation to a resident, means physical, sexual, emotional, verbal or financial abuse, as defined in the regulations in each case; ("mauvais traitement")

"Abuse" - definition

bJ .!1 For the purposes of the definition of "abuse" in subsection 2 (1) of the Act,

"emotional abuse" means,

(a) any threatening, insulting, intimidating or humiliating gestures, actions, behaviour or remarks, including imposed social isolation, shunning, ignoring, lack of acknowledgement or infantization that are performed by anyone other than a resident, or

(b) 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; ("mauvais traitement d'ordre affectif")

"financial abuse" means any misappropriation or misuse of a resident's money or property; ("exploitation financiere")

"physical abuse" means, subject to subsection (2),

(a) The use of physical force by anyone other than a resident that causes physical injury or pain,

(b) Administering or withholding a drug for an inappropriate purpose, or

(c) The use of physical force by a resident that causes physical injury to another resident; ("mauvais traitement d'ordre physique")

ill For the purposes of clause (a) of the definition of **"physical abuse"** in subsection (1), physical abuse does not include the use of force that is appropriate to the provision of care or assisting a resident with activities of daily living, unless the force used is excessive in the circumstances. 0. Reg. 79/10, s. 2 (2).

"sexual abuse" means,

(a) subject to subsection (3), 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

(b) 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; ("mauvais traitement d'ordre sexuel")

ill For the purposes of the definition of **"sexual abuse"** in subsection (1), sexual abuse does not include,

(a) 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

(b) consensual touching, behaviour or remarks of a sexual nature between a resident and a licensee or staff member that is in the course of a sexual relationship that began before the resident was admitted to the long-term care home or before the licensee or staff member became a licensee or staff member. 0. Reg. 79/10, s. 2 (3).

"verbal abuse" means,

(a) 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

(b) 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. ("mauvais traitement d'ordre verbal") 0. Reg. 79/10, s. 2 (1).

"Neglect" - definition

5. For the purposes of the Act and this Regulation,

"neglect" means 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. 0. Reg. 79/10, s. 5.

APPENDIX B: REPORTS TO *THE DIRECTOR*

Licensees who report investigations under s. 23 (2) of Act

104. (1) In making a report to the Director under subsection 23 (2) of the Act, the licensee shall include the following material in writing with respect to the alleged, suspected or witnessed incident of abuse of a resident by anyone or neglect of a resident by the licensee or staff that led to the report:

1. A description of the incident, including the type of incident, the area or location of the incident, the date and time of the incident and the events leading up to the incident.
2. A description of the individuals involved in the incident, including,
    i. names of all residents involved in the incident,
    ii. names of any staff members or other persons who were present at or discovered the incident, and
    iii. names of staff members who responded or are responding to the incident.
3. Actions taken in response to the incident, including,
    i. what care was given or action taken as a result of the incident, and by whom,
    ii. whether a physician or registered nurse in the extended class was contacted,
    iii. what other authorities were contacted about the incident, if any,
    iv. whether a family member, person of importance or a substitute decision-maker of any resident involved in the incident was contacted and the name of such person or persons, and
    v. the outcome or current status of the individual or individuals who were involved in the incident.
4. Analysis and follow-up action, including,
    i. the immediate actions that have been taken to prevent recurrence, and
    ii. the long-term actions planned to correct the situation and prevent recurrence.

5. The name and title of the person making the report to the Director, the date of the report and whether an inspector has been contacted and, if so, the date of the contact and the name of the inspector. 0. Reg. 79/10, s. 104 (1).

ill Subject to subsection (3), the licensee shall make the report within 10 days of becoming aware of the alleged, suspected or witnessed incident, or at an earlier date if required by the Director. 0. Reg. 79/10, s. 104 (2).

ill If not everything required under subsection (1) can be provided in a report within 10 days, the licensee shall make a preliminary report to the Director within 10 days and provide a final report to the Director within a period of time specified by the Director. 0. Reg. 79/10, s. 104 (3).

APPENDIX C: LTCHA MANDATORY REPORTS

Reporting certain matters to Director

24. (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.
2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.
3. Unlawful conduct that resulted in harm or a risk of harm to a resident.
4. Misuse or misappropriation of a resident's money.
5. Misuse or misappropriation of funding provided to a licensee under this Act or the *Local Health System Integration Act, 2006.* 2007, c. 8, ss. 24 (1), 195 (2).

Non-application re certain staff

105. Paragraph 4 of subsection 24 (5) of the Act does not apply to a staff member who,

(a) falls under clause (b) or (c) of the definition of "staff" in subsection 2 (1) of the Act;

(b) only provides occasional maintenance or repair services to the home; and

(c) does not provide direct care to residents. 0. Reg. 79/10, s. 105.

APPENDIX D: TABLE 1 - LTCHA SECTION 24 (1) REPORTING CERTAIN MATTERS TO THE DIRECTORS

Excerpt from MOHLTC Clarification of Mandatory and Critical Incident Reporting Requirements Memo August 4, 2010

Type of tn dent in LTC home	Section of the UCHA	A ion fo'bJ taken byl TC Honie t :ootify MOHLTC ti day-Friday sam .. 5pm;	II ot)8Hmies and $tatuti,ry holida}i$	Reporting Time Frame
Improper or incompetent treatment or care of a resident that resulted in hann or a risk of harm to the resident	LTCHAS. 24(1) 1.	Immediately initiate the on-line Mandatory Cntical Incident System (MCIS) form using the mandatory report section	Phone the After Hours Pager#	Immediately upon becoming aware of the incident
Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident"	LTCHAS. 24(1)2.	Immediately initiate the on-line MCIS form using the ma_ndatory report section	Phone the After Hours Pager#	Immediately upon becoming aware of the incident
Unlawful conduct that resulted in harm or a risk of harm to a resigent	LTCHAS. 24{1)3.	Immediately initiate the on-line MCIS fonn using the mandatory report section	Phone the After Hours Pager#	Immediately upon becoming aware of the incigent
Misuse or misappropriation of a resident's money	LTCHAS. 24{1) 4.	Immediately initiate the on-line MCIS form u·sing the mandatory report secuon	No after-hours reporting requirement	Immediately upon becoming aware of the incident
Misuse or misappropriation of funding provided to a licensee under the LTCHA or the *Local Health System Integration Act, 2006.*	LTCHAS. 24(1) 5.	Immediately initiate the on-line MCIS form using the mandatory report section	No after-hours reporting requirement	Immediately upon becoming aware of the incident

- ***Please ensure that the staff person reporting abuse of a resident has reviewed the definitions of abuse set out** in the **LTCHA, secuon 2(1) and the Regulauon,** **seclion 2**

, *Any person who is **aware** of an incident that must be reported to the Director under S. 24(1) of the LTCHA, 2007 and who*

does not have access to the home's critical incident reporling system should report using the to/J.free Action Line # at1· 866-434-0144.

APPENDIX E: MOHLTC MEMO OF AUGUST 4, 2010 REGARDING CLAR/FICA T/ON OF MANDATORY AND CRITICAL INCIDENT REPORTING REQUIREMENTS

Ministry of Health and Long-Tenn Care

Hulth Syllem A«uunt•bllity and p.,ronnance Dlvlsluo Performance Improve,nml aod
Cump li•m:e Branch

55 St. Clair AYOnue West, 8,. llluor
To ronto ON M4V 2Y7
Telephone: (416) 3 27-7 61
....., (416) 317-7603

Minlstere de la **Sant6 et des Soins da longua durea**

Dlvhleu **dt** I• ro1pon1ablll,allun et de **la** perfornwnce du 1y11llmei de santt!
Direction de l'nmtl lon1Uon de Jn perTorm11nu et do I• oonformJh!

55, avonuo St. Clair ouesl, 8' jl•g•
Toronto ON M4V 2Y7
T 6phone : (416) 327-7461
TM pleur : **(416)** 327-7603

f')h
t?ontario

Licensees, Long-Term Care (LTC) Homes

MEMORANDUM TO:

COPY TO: Administrators, LTC Homes
Directors or Nursing and Per onal Care, LTC Homes

FROM: Tim Burns
Director
Performance Improvement and Compliance Branch

DATE: August 4, 2010

RE: Clarification of Mandatory and Critical Incident Reporting Requke ents

The *Lqng-Term Cera Homes Act, 2007* (LTCHA) and 0. Regulation (Reg.) 79/10 came into effect on July 1. 2010. The previous long-term care home Acts and the regulations under them have been repealed and revoked, respectively.

The purpose of this memorandum is to clarify:

- the Mandatory Reporting to 1he Director under section 24 (1) of the LTCHA;
- **the** Licensee's reports or its investigations under section 23 of the LTCHA of alleged, suspected or witnessed incidents of abuse or neglect of residents
- the Reporting of Critical Incidents under section 107 of O. Reg, 79/10, and;
- the actions to be taken by the Licensees or others in relation to the reporting requirements.

LTCHA Section 24 (1)- 'Reporting Certain Matters to the Director'

A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall **immediately** report the suspicion and the information upon which it is based to the Director:

- Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident (LTCHA S. 24(1) 1).
  Abuse or a resident by anyone or neglect of a resi dent by the licensee or staff that resulted in harm or a risk of harm to the resident (LTCHA S. 24(1) 2).
- Unlawful conduct that resulted in harm or a risk of harm to a resident (LTCHA S. 24(1) 3.).
- Misuse or misappropriation of a resident's money (LTCHA S. 24(1) 4).
- Misuse or misappropriation of funding provided to a licensee under the Act or the *Local Health* System *Integration Act, 2006* (LTCHA S. 24(1) 5).

Table 1 in Appendix A, attached, highlights the actions to be taken by licensees or others in reporting the above matters.

LTCHA, section 23 - **Licensee must Investigate, respond and act** & **Reg., s. 104** - **Licensees who report investigations under s. 23(2) of Act**

The licensee is required to Investigate alleged, suspected or witnessed incidents of abuse of a resident by anyone or neglect of a resident by the licensee or staff that are known by or reported to the licensee. (Please refer to the definitions of abuse and neglect set out in the l TCHA and Reg.) Appropriate action must be taken in response to these incidents. Licensees must report to the Director the results of the Investigation and the actions taken in response **within 10 days** of the licensee becoming aware of the incident or at an earlier date if required by the Director. Section 104 of the Regulation sets out the requirements for the report to the Director. The on-line Mandatory Critical Incident System (MCIS) form may be used by licensees to forward the required report to the Director {see note at the bottom of Table 2).

Additional Clarification Regarding Reporting of Abuse of Residents:

In determining whether a mandatory r.eport under section 24 relating to abuse of a resident Is required or if section 23 applies, LTC Home licensees and staff should review the definitions of abuse set out in section 2(1) of the l TCHA and section 2 of the Regulation. In relation to the action of a resident towards another resident, the following definitions of abuse are relevant:

LTCHA, section .2(1):
"Abuse", in relation to a resident, means physical, sexual, emotional, verbal or financial abuse, as defined in the regulations In each case", **and**

Regulation, section 2, for example:

"Emotional Abuse" means:

(b) 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;**

"Physical Abuse• means:
{c) the use of physical force by a resident that causes **physical injury** to another resident;

"Verbal Abuse" means:
(b) 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.**

Under section 24 of the LTCHA, licensees are NOT required to report an assault on a staff member by a resident. There may be requirements to report these incidents to the Ministry of Labour

Reporting Critical Incidents

This reporting Is outlined under section 107 of the Regulation.

Reg., s.107 (1) - report of critical incident Immediately
The following critical incidents must be reported to the Director **Immediately,** in as much detail as possible, followed by the written report referred to In s. 107 (4) - see Appendix B:

- An emergency, including loss of essential services, fire, unplanned evacuation, Intake of evacuees or flooding.
- An unexpected or sudden death, including a death resulting from an accident or suicide.
- A resident who Is missing for three hours or more.
- Any missing resident who returns to the home with an injury or any adverse change in condition regardless of the length of time the resident was missing.
- An outbreak of a reportable disease or communicable disease as defined in the *Health Protection and Promotion Act.*
- Contamination of the drinking water supply.

Reg., s. 107(2)
After normal business hours, the immediate report of the above incidents must be made using the Ministry's after hours emergency contact **(i.e.** pager).

Reg., s. 107(3) • report of crltlcal Incident within one business day
The following critical incidents must oe reported' to the Director within **one business day,** followed by the written report referred to in s. 107 (4) - see Appendix **B:**

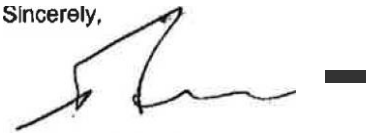
- A resident who Is missing for less than three hours and who returns to the home with no injury or adverse change in condition.
- An environmental hazard, including a breakdown or failure of the security system or a breakdo'M"l of major equipment or a system in the home that affects the provision of care or the safety, security or well-being of residents for a period greater than six hours.
- A missing or unaccounted for controlled suostance.
- An Injury in respect of which a person is taken to hospital.
- A medication incident or adverse drug reaction in respect of which a resident is taken to hospital.

The report under s. 107 (4) must be made within 10 days of the licensee becoming aware of the incident or at an earlier date If required by the Director. Table 2 in Appendix B, attached, highlights the actions to be taken by licensees or others in reporting critical Incidents under both s. 107 (1) and (3).

Tables 1 and 2 summarize the reporting requirements for critical Incidents, mandatory reporting under section 24 and reports of the licensee's investigations of abuse/neglect and actions taken under section 23

If you have further questions related to this memorandum, please contact your Service Area Office. Thank you for your attention to this matter.

Sincerely,



Tim Burns, Director
Performance Improvement and Compliance Branch

c: Ken Deana, **ADM,** Health System Accountability & Performance Division, MOHLTC
Donna Rubin, CEO, OANHSS
Christine Bisanz. CEO, OLTCA
Gary Switzer, CEO, Erie St Clair LHJN Micheal
Barrett, CEO, South West LHIN
Sandra Hanmer, CEO, Waterloo Wallington LHIN
Mimi Lowi-Young, CEO, Central West LHIN
Bill Macleod, CEO, Mississauga Halton LHIN Bonnie
Ewart, Interim CEO, Toronto Central LHIN Kim
Baker, CEO Central LHIN
Deborah Hammons, CEO, Central East LHIN
Paul Huras, CEO, South East LHIN
Dr. Robert Cushman, CEO, Champlain LHIN
Bernie Blais, CEO, North Simcoe LHIN Louise
Paquette, CEO, North East LHIN Laura
Kokocinski, CEO, North West LHIN
Pat Mandy, CEO, Hamilton, Niagara, Haldimand, Brant LHIN Kathryn
McCulloch, (A) Director, LLB, MOHLTC
Cathy Crane, Manager, MOHLTC Ann-
Marie Case, Manager, MOHLTC Mary
Diamond, Manager, MOHLTC Carole
Comeau, Manager, MOHLTC Linda
Toner, Manager, MOHLTC

Appendix A: -TABLE 1: LTCHA Section 24 (1) - Reporting Certain Matters to the Director

} ype f Incident In LTC home	Section of Frame the LTCH:A	Action to be taken by LI'G :t:torri to notify MQHLTC All otbeitime$ ancl -. S a.m.., p.m.	Statutorv.holidavs	Repqrtlng Time M:onday-friday
Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident	LTCHAS. 24(1)1.	Immediately initiate the on-line Mandatory Critical Incident System (MCIS) form using the mandatory rePQrt section	Phone the After Hours Pager#	Immediately upon becoming aware of the incident
Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident*	LTCHAS. 24(1) 2.	Immediately initiate the on-line MCIS form using the ma.ndatory report section	Phone the After Hours Pager#	Immediately upon becoming aware of the incident
Unlawful conduct that resulted in harm or a risk of harm to a resident	LTCHA S. 24(1) 3.	Immediately initiate the on-line MCIS form using the mandatory report section	Phone the After Hours Pager#	Immediately upon becoming aware of the incident
Misuse or misappropriation of a resident's money	LTCHAS. 24(1) 4.	Immediately initiate the on-line MCIS form using the mandatory report section	No after-hours reporting requirement	Immediately upon becoming aware of the incident
Misuse or misappropriation of funding provided to a licensee under the LTCHA or the *Local Health System Integration Act, 2006.*	LTCHAS. 24(1) 5.	Immediately initiate the on-line MCIS form using the mandatory report section	No after-hours reporting requirement	Immediately upon becoming aware of the incident

- ***"Please ensure that the staff person reporting abuse of a resident h.is reviewed the definitions of abuse set out in the LTCHA, section 2(1) and the Regulation, section 2***
- ***Any person who is aware ofan incident that must be reported to the Director underS. 24(1) of the LTCHA, 2007 and who does not have access to the home's critical incident reporting system should report using the toll-free Action Line # at 1- 866-434-0144.***

Appendix B: TABLE 2: Critical Incident Reporting under 0. Reg. 79/10 s. 107 (1) and (3)

Type of Incident in LTC home	ion of O. Reg. 78/1-0	Action to be taken by L1'C Home to notify MOHLTC		Reporting Time Frame
		Monday - Ffday 8 00 - 5 p.m,	All other times and Statutqr:v bolid;i...	
An emergency, including loss of essential services, fire, unplanned evacuation, intake of evacuees or flooding	S. 107 (1)1.	Immediately initiate the on-line Mandatory Critical Incident System (MCIS)form	Phone the After Hours Pager#	Immediately upon becoming aware of the incident; full report within 10 days of becoming aware of the incident*
An unexpected or sudden death, including a death resulting from an accident or suicide.	S. 107 (1) 2	Immediately initiate the on-line MCIS form	Phone the After Hours Pager #	Immediately upon becoming aware of the incident; full report within 10 days of becoming aware of the incident
A resident who is missing for three hours or more.	S. 107 (1) 3.	Immediately initiate the on-line MCIS form	Phone the After Hours Pager#	Immediately upon becoming aware of the incident; full report within 10 days of becoming aware of the incident
Any missing resident who returns to the home with an injury or any adverse change in condition regardless of the tength of time the resident was missing.	S. 107 (1) 4.	Immediately initiate the on-line MCIS form	Phone the After Hours Pager#	Immediately upon becoming aware of the incident; full report within 10 days of becoming aware of the incident
An outbreak of a reportable disease or communicable disease as defined full in the Health Protection and Promotion Act.	S. 107 (1) 5.	Immediately initiate the on-line MCIS form	Phone the After Hours Pager#	Immediately upon becoming aware of the incident; report within 10 days of becoming aware of the incident

Type of Incident _inLT home - Section of 0. · Reg,.7W10		Action.t o 6e':faken by LTC flame to notify M'.OHLTC		**Reporting** Time Frame
		Mond - Friday a a.m. 5 p-,m.	**All other times an4 Statutory hc;,lidavs**	
Contamination of the drinking water supply.	S. 107 (1) 6.	Immediately initiate the on-line **MCIS** form	Phone the After Hours Pager#	Immediately upon becoming aware of the incident; full report within 10 days of becoming aware of the incident
A resident who is missing for le$s thl;ln three hours and who returns to the home with no injury or adverse change in cc;mr;lition.	S. 107 (3) 1.	Initiate the on-line MCIS form	No after-,hours reporting requirement	Within one business day of becoming aware of the incident; full report within 10 days of becoming aware of the incident
An environmental hazard, incluqing a breakdown or fiiilure of the s8Cl,Jrity system or a breakdown of major equipment or a system in the home th t affects the provision of care or the safety, security or well-being of residents fQr a period greater than $ix hours.	S. 107 (3) 2	Initiate the on-line MCIS form	No after-hours reporting requirement	Wrthin one business day of becoming aware of the incident; full report within 10 days of becoming aware of the incident
A missing or unaccounted for controlled substance.	S. 107 (3) 3	Initiate the on-line MCIS form	No after hours reporting requirement	Within one business day of l:)ecoming aware of the incident; full report within 10 days of becoming aware of the incident
An injury in respect of which a person is tal(en to hospital.	S. 107 (3) 4	Initiate the on-line MCI$ form	No after-hours reporting requirement	Within one business day of becoming aware of the incident; full report within 10 days of becoming **aware** of the inciderrt
A medication incident or adverse	S, 107 (3) 5	Initiate the on-line MCIS	**No** after-hours	Within one business day of

Type of Incjclent in LTC home	Sectfqi:a of 0 ; Reg. 79/10	Action to-be taken by. LTC Home to notify MOHLTC		Reporting Time Frame
		Monday - Friday 8 a.n;t. - 5-c.m.	AU other times an,:j StatutoFY ho,lidavs	
drug reaction in respect of which a resid nt is taken to hospital.		form	reporting requirement	becoming aware of the incident; full report within 10 days of becoming aware of the incide nt

Please note that the ***Mandatory*** *Critical Incident* System *form can also be used to report the results of the investigation undertaken by the licensee under Section 23 (1) of the Act with respect to an alleged, suspected or witnessed incident of abuse of a resident by anyone and neglect of a resident by the licensee* or *staff.*

- The full report under s. 107 (4) must be made within 1O days of the licensee becoming aware of the incident or at an ear1ier date if required by the Directo.r

APPENDIX F: JUNE 13, 2012 MEMO FROM THE DIRECTOR AND DECISION TREES (6) REGARDING ABUSE AND NEGLECT

Ministry of Health
and Long-Term Care

Health System Accountability end
Performance Division
Performance Improvement and
Compllence Branch

1075 Bay Street, 11'" Floor
Toronto ON M5S 2B1
Telephone: (416) 327-7461
Fax: (416) 327-7603

Ministere de la Sante
et des Soins de longue duree

Division de la responsablllsalion el de la
performance du SY3lirne de sanlit
Direction du l'amliliora tion de ta
performance
et de la confonnlle

1076, rue Bay, 11' lage
Toronto ON MSS 2B1
Tel phone : (416) 327-7461
Tlilecopie'!r: {416) 327-7603

f').:.-:
t?ontario

DATE: June 13, 2012

MEMORANDUM TO: Licensees, Long-Term Care (LTC) Homes

COPY TO: Administrators, LTC Homes
Directors of Nursing and Personal Care, LTC Homes

FROM: Karen Slater
Director (A)
Perfom,ance Improvement and Compliance Branch

RE: **Information Package: Licensee Reporting of Resident Abuse**

I am pleased to provide you with the attached infom,ation package to support licensee decision-making regarding the reporting of abuse and neglect as defined in lhe LTCHA, 2007 and O.Reg. 79/10.

The information package contains the following documents:

- 6 Decision Trees for Licensee reporting:
  - Licensee Reporting of Emotional Abuse
  - Licensee Reporting of Financial Abuse
  - Licensee Reporting of Neglect
  - Licensee Reporting of Physical Abuse
  - Licensee Reporting of Sexual Abuse
  - Licensee Reporting of Verbal Abuse
- legislative references chart
- Copies of documents referenced in the decision trees:
  - Director's memo of August 2010 (CIS and Mandatory Reporting)
  - Director's memo of March 29, 2012 (Timeframe of Final Report)

The purpose of the Decision Trees:

- Provide a visual aid to support licensees and inspectors in decision-making about licensee reporting of alleged, suspected, or witnessed abuse or neglect.
- Educate and guide licensees and sector staff to appropriately report as required in legislation.
- Educate and guide PICB inspectors.

.../2

Please note the following fundamental concepts which apply to the decision trees:

- The decision trees do not replace the need to understand and reference the legislation.
- "Harm" or "risk of harm" is implicit (a "given") in situations of alleged, witnessed or suspected abuse or neglect.
- Definitive answers (i.e. a definite "yes' or "no") to the questions on the decision trees are not necessarily required in order lo move to the next question or to determine "reasonable grounds" to give rise lo the reporting requirement.

You are not required to post the material s; however, if you do post them to assist your staff, please ensure that the after-hours pager number Is not posted 1n public areas - the pager contact is for the use of the licensee only,

The information package and an accompanying slide deck will also be the topic of a provincial webinar to be presented on three separate occasions:

July 1ih - 9:00 a.m. to 10:30 a.m.
July 23rd -1:00 p.m. to 2:30 p.m.
July 26th - 9:00 a.m. to 10:30 a.m.

The materials will also be posted electronically on www.ltchomes.net to coincide with the educational weblnars.

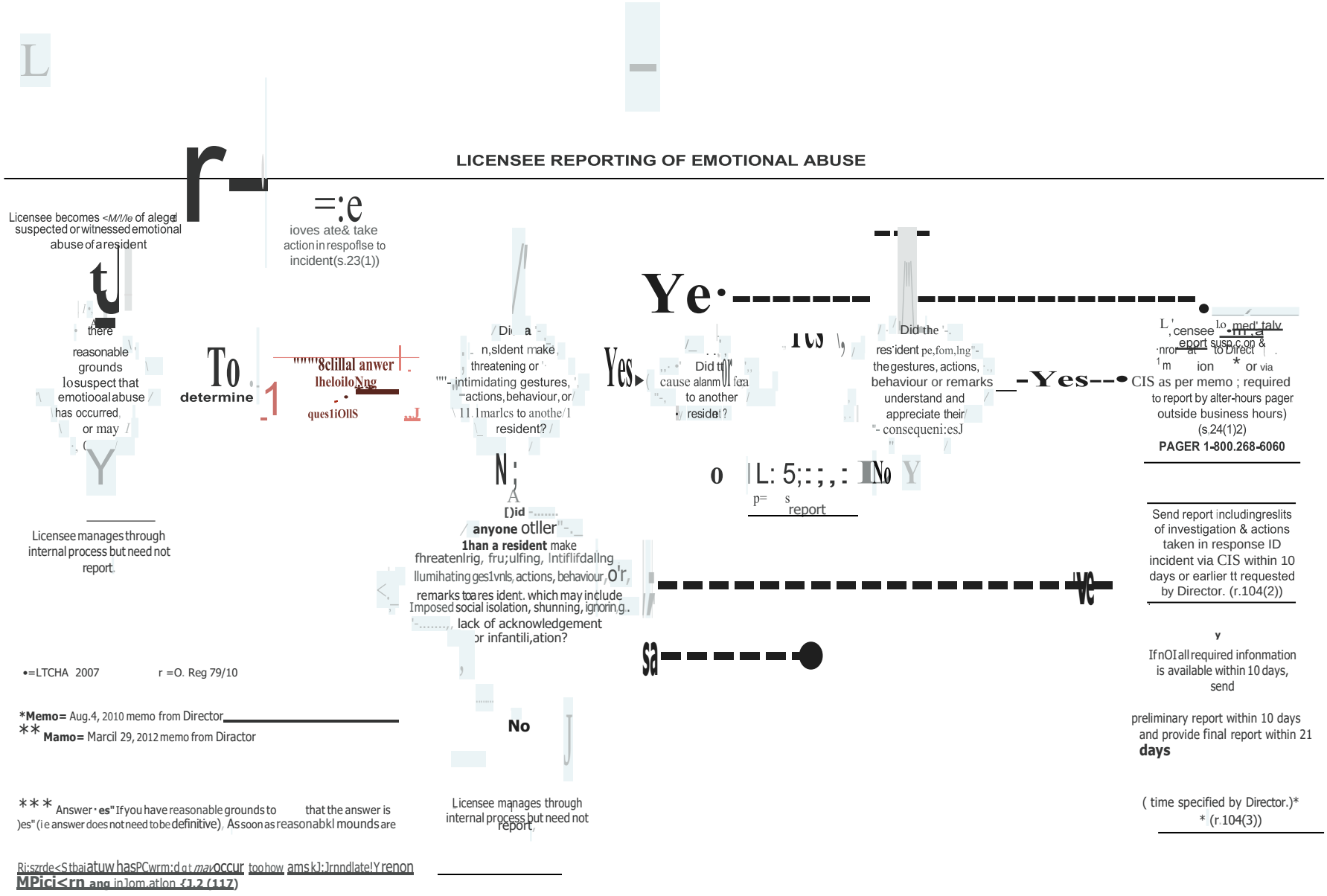
Karen Slater

c: Rachel Kampus, Acting Assistant Deputy Minister
Mary Nestor, Senior Manager
SAO Managers
Kathryn Pilkington, **OANHSS**
Nancy Cooper, OLTCA
Jane Meadus, Advocacy Centre for the Elderly
Sergeant Robin Sanders, OPP
Sergeant John Keating, Durham Regional Police
Tammy Rankin, Regional Municipality of Durham

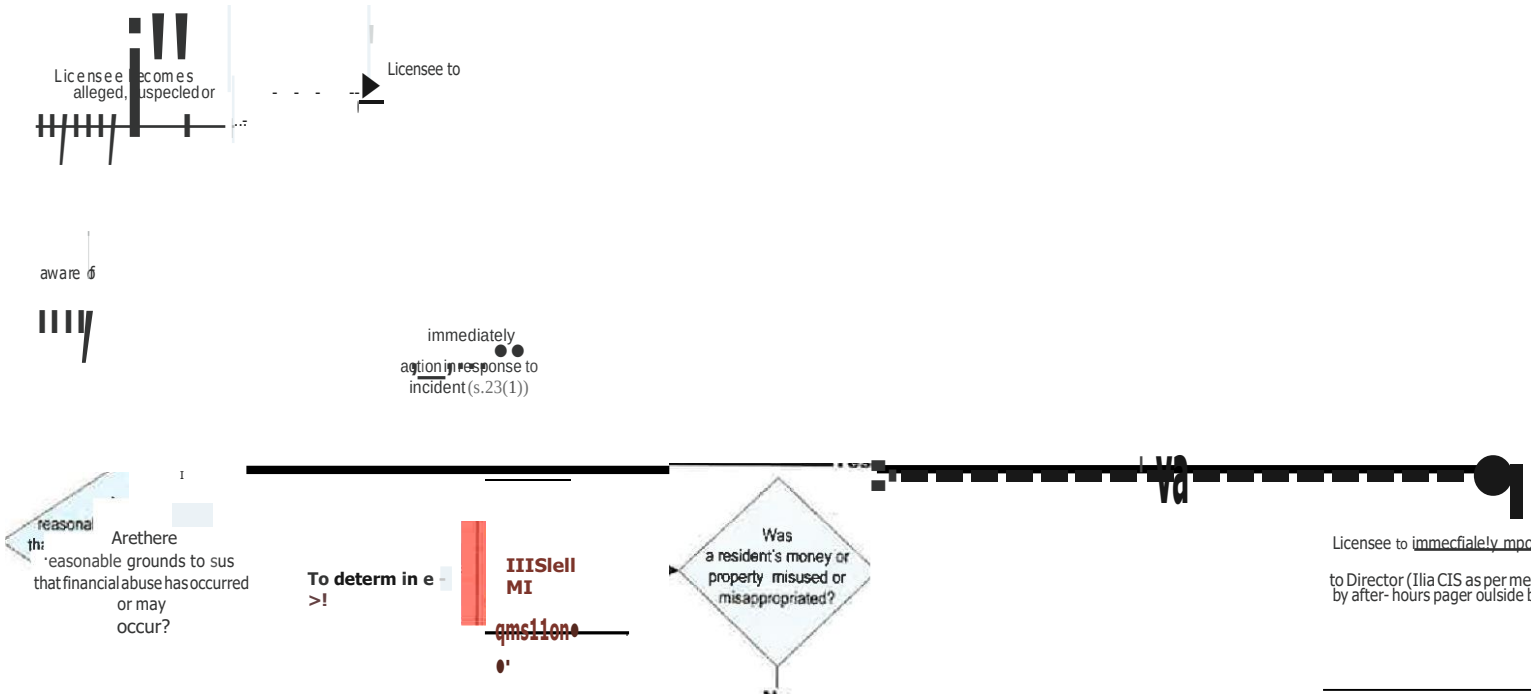
ABUSE DECI.SION TREES : LEGISLATIVE REFERENCES

LTCHA Section 23	Licensee must investigate, respond and act; Reports of investigation; Manner of reporting
LTCHA Section 24	Reporting certain matters to Director
0. Reg. 79/10 Section 2	"Abuse• -definition
0. Reg. 79/1D Section 5	"Neglect" -definition
0. Reg. 79/10 Section 103	Complaints - reporting certain matters to the Director
0. Reg. 79/10 Section 104	Licensees who report investigations under s.23(2) of the Act
0. Reg. 79/10 Section 105	Non-application re certain staff
Criminal Code (Department of Justice)	http://laws-lols.justice.gc.ca/eng/acts/C-46/
LTCHA 2007 (e-laws)	httrr//www.e-laws.gov.on.ca/htmlLstatutes/english/elaws statutes 07108 e.htm
LTCHA 2007 Regulations (e-laws)	http://www.e-laws.gov.on.ca/html/source/regs/english/2011/elaws src regs r11363 e.htm

f'):..;
t?ontario


LICENSEE REPORTING OF EMOTIONAL ABUSE
Licensee becomes
suspected or witnessed emotional abuse of a resident
ioves ate& take action in respoflse to incident(s.23(1))
there reasonable grounds lo suspect that emotiooal abuse has occurred, or may
determine
ques1iOllS
Did a n,sident make threatening or intimidating gestures, actions, behaviour, or 11 .Imarlcs to anothe/1 resident?
Yes
Did t cause alanm fca to another reside!?
Did the res'ident pe,fom,lng the gestures, actions, behaviour or remarks understand and appreciate their consequeni:esJ
Yes
CIS as per memo ; required to report by alter-hours pager outside business hours) (s.24(1)2)
PAGER 1-800.268-6060
Licensee manages through internal process but need not report.
No
[)id anyone otller 1han a resident make fhreatenlrig, fru;ulfing, Intiflifdallng llumihating ges1vnls, actions, behaviour, O'r remarks toares ident. which may include Imposed social isolation, shunning, ignorin g.. lack of acknowledgement or infantili,ation?
report
Send report includingreslits of investigation & actions taken in response ID incident via CIS within 10 days or earlier tt requested by Director. (r.104(2))
IfnOI all required infonmation is available within 10 days, send
preliminary report within 10 days and provide final report within 21 days
(time specified by Director.)*
*Memo= Aug.4, 2010 memo from Director
**Mamo= Marcil 29, 2012 memo from Diractor
Licensee manages through internal process but need not report,
This decision tree is intended as a guide and do not constitute legal advice.
Please refer to LTCHA 1007 and O. Reg 79110 for the complete requirements.
May 2012
PAGE ONE OF TWO

LICENSEE REPORTING OF FINANCIAL ABUSE



s = LTCHA 2007 r = O. Reg. 7911a

***Memo=** Aug.4, 2010 memo from Diractor

** **Memo** = March 29, 2012 memo from Director

• ** Ans-)95" you haw reasonable grounds lo that the answer is)es '-· • answer does nol need lo be definidve)

h.

„JW!UM tm9Qib'e arooods am susoected rhat atmse has-9t9Jtt'f!d oe may occm we fbm.sre nar;t

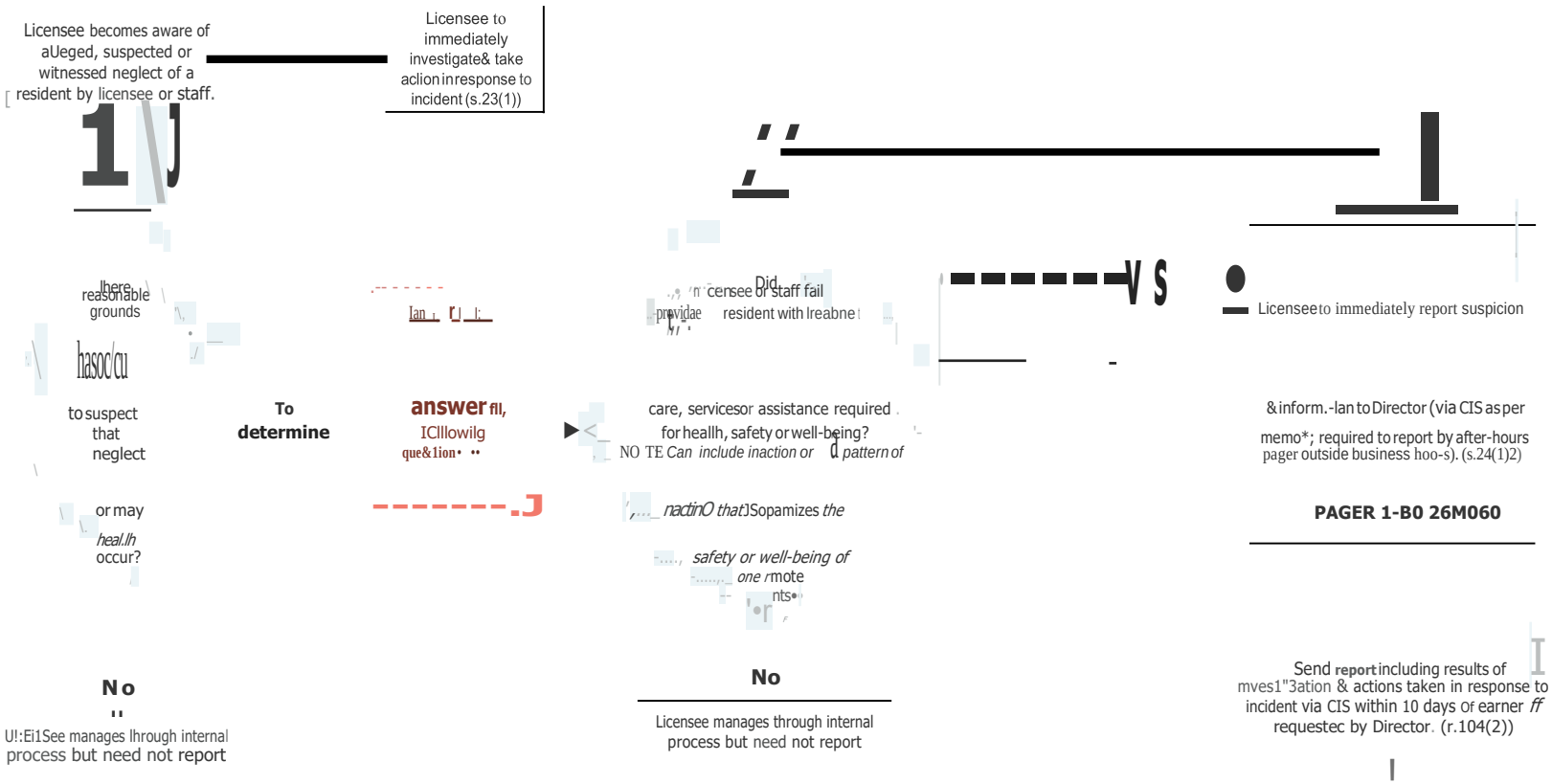
£;. Ontario

>

This decision tree is *intend&d as a guide and* does *not constitute legal advice.*
Please *refer* to *LTCHA 2007 and* 0. *Reg 79M0 for the* complete *requirements.*

May 2012

LICENSEE REPORTING OF NEGLECT



LEGEND

• =LTCHA 2007 r= 0 . Reg. 79110

***Memo=** Aug.4, 2010 memo from DirectD<

** **Memo=** March 29, 2012 memo ir001 Director

• • • **Answer •yes" / you have reasonable grounds to tt, at the answer** IS .(e.anr.wr doe> no! need lo be dilfinitiw). A.<S0011 ..]!!ISOO>ble qr0<m dsan, suspected t\)8t neglect has Oe9]qed qc may qccv•r]he licensee must Invnoqoa]m mDO!I

,CiWRPo eod i0W a1i20 fs2' Cll2l

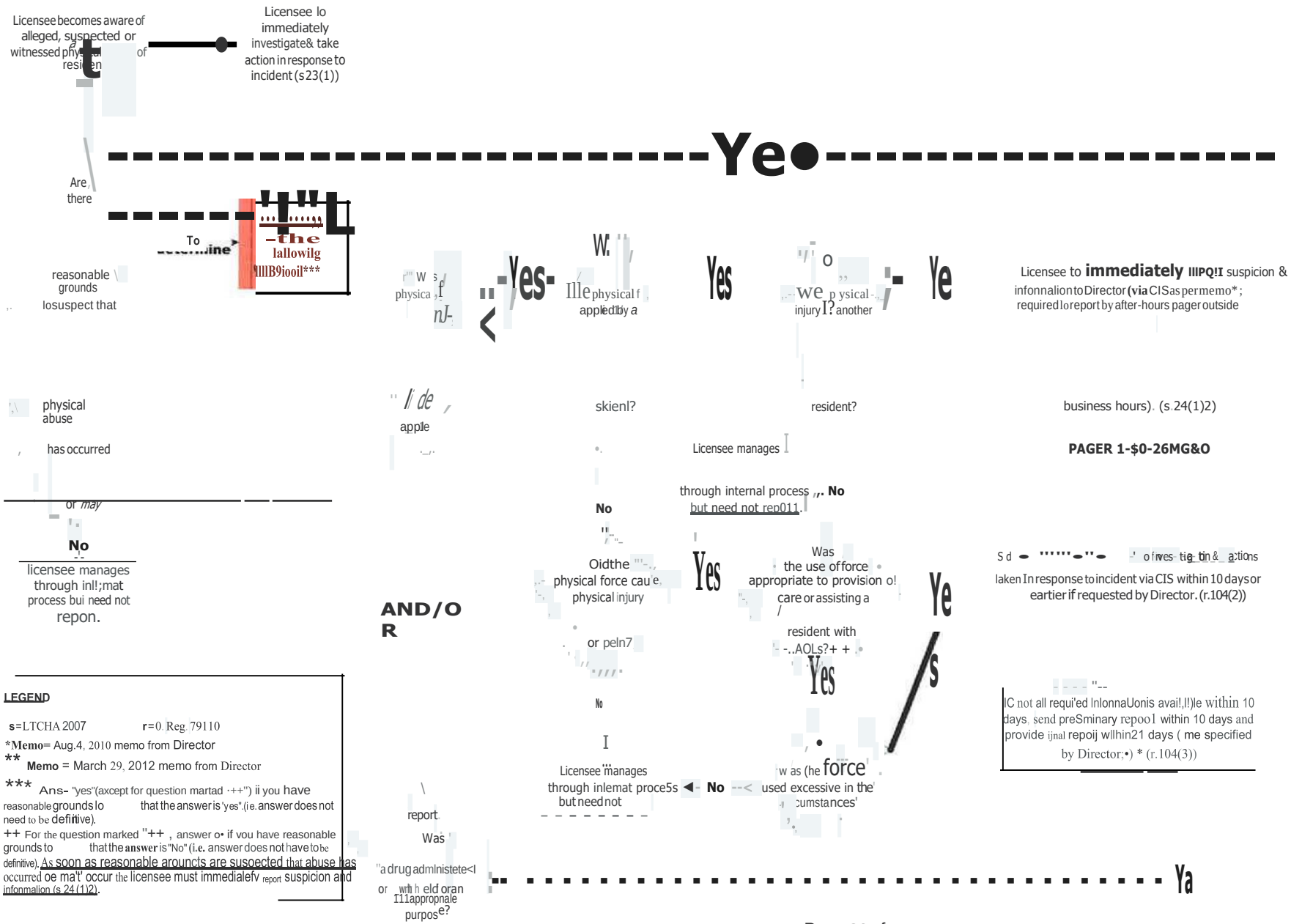
£;.>**Ontario**

This decision **tree** is irmmded ***as a* guide** *and* ***does not*** constitute *legal* advice.

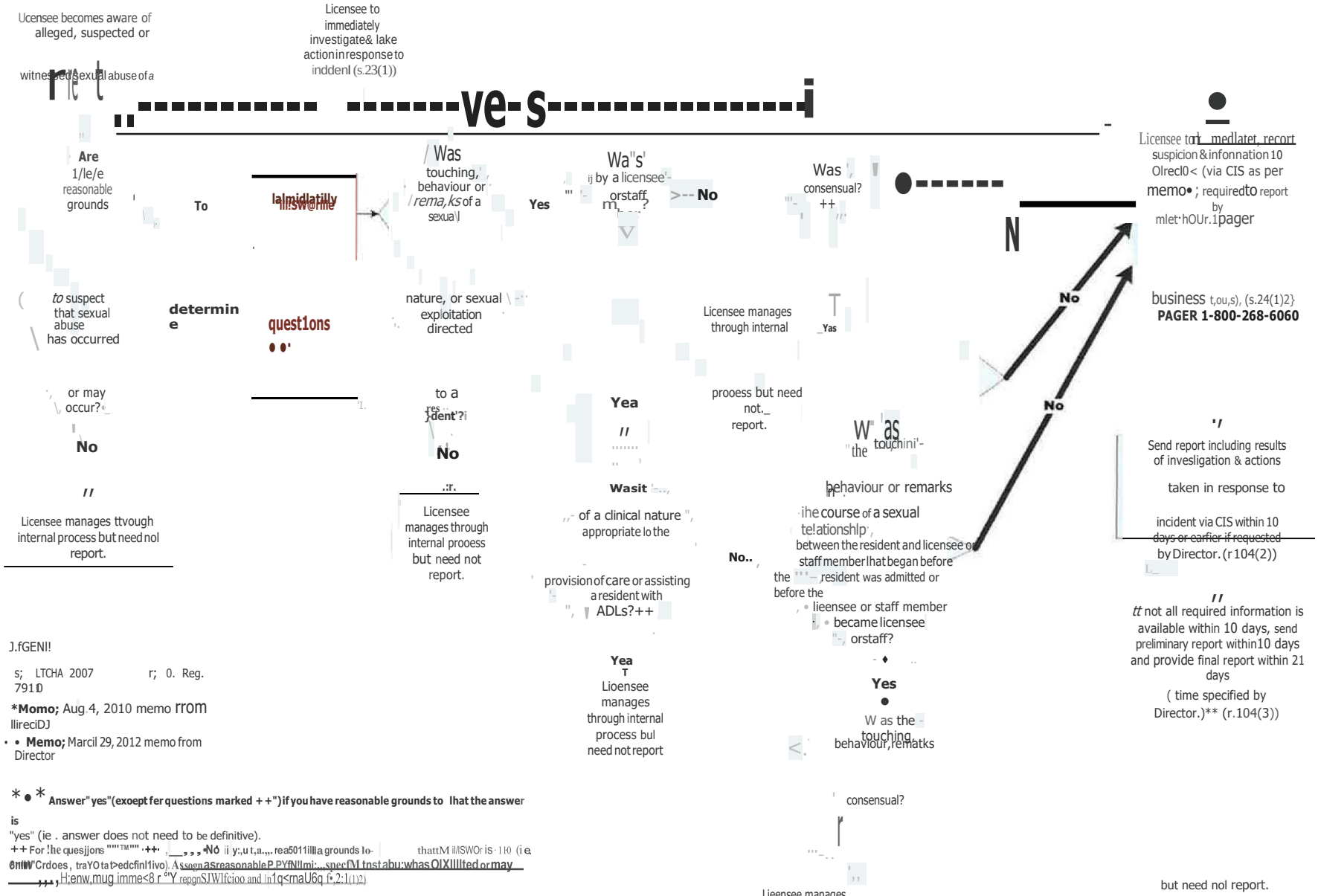
Please refer *to LTCHA 2007 and* 0. *Reg 79/10 for* the comp/eta *rriquirements.*

May 2012 PAGE ONE OF IWO

LICENSEE REPORTING OF PHYSICAL ABUSE



LICENSEE REPORTING OF SEXUAL ABUSE



J.fGENI!

s; LTCHA 2007 r; 0. Reg. 7910

***Momo;** Aug 4, 2010 memo rrom llireciDJ

• • **Memo;** Marcil 29, 2012 memo from Director

* • * **Answer "yes" (exoept fer questions marked + +") if you have reasonable grounds to lhat the answer is** "yes" (ie . answer does not need to be definitive).

++ For !he quesjjons """™"" ·++· ,__,,,•Nó ii y:,u t,a.,,,. rea5011illa grounds lo- thattM il/SWOr is·1 l0 (i e. 6rilW'Crdoes, traYO ta t>edcfinl1ivo). Assogn as reasonable P.PYfNIImi:...specfM tnst abu:whas OlXIIIIted or may H;enw,mug imme<8 r ''Y repgnSJWlfcioo and in1q<maU6q f•.2:1(1)2)

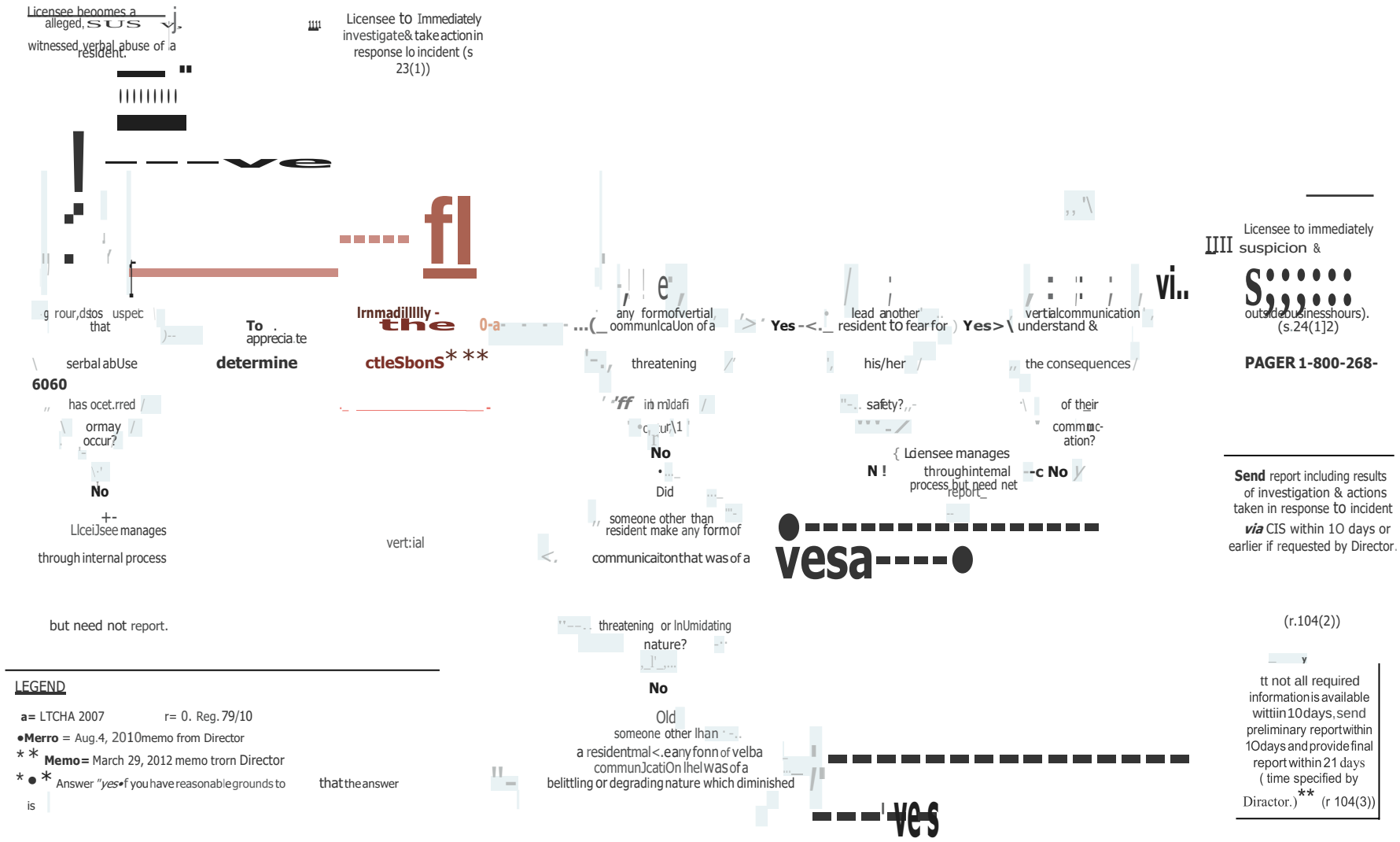
f?ontario

This decision tree *is intended as a guide and does not constitute legal adviCf!.*

Please refer to *LTCHA* 2007 *and 0. Reg 79110 for the complete requirements.*

May 2012 PAGE ONE OF TWO

LICENSEE REPORTING OF VERBAL ABUSE



LEGEND

a= LTCHA 2007 r= 0. Reg. 79/10

•Merro = Aug.4, 2010memo from Director

** Memo= March 29, 2012 memo trorn Director

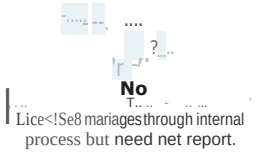
• Answer "yes•f you have reasonable grounds to that the answer is

"Yes":(i.e. 'does noi oc-ed to be deff00'/11\. As soon asrauora:bf• grwnds am susPUlled that attuac basttetmed or ma:.:ooc:w the !ctmeen JSt ®OOSrrtt (ft«]

sv.@911Mdink.ima&a..16

2.111\21

£ o nt ario



Lice<!Se8 mariages through internal process but need net report.

This *decision* I/ff *Is Intended as* **a guide** ***and does*** *not constitute* f ***advice.***
Please mer *to LTCHA 2007 and* 0. *Reg 79/10 for the complete iequirenumm.*

May 2012 PAGE ONE OF TWO

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 s usJ!ccts may cons titute a crimin al offence.

LTCI:IA 2007

Fina neial Ab use	P hysical Abuse	Sexual Ab11se	Emotional Abu:ie	Ver b,a l Abpse	Neglect
Criminal Code Offences that May Apply					
Theft (Sec.322 C.c.) Theft by holding Power of Attorney (Sec:.331 **Stopping Mail with** Intent (Sec.345 C.C.) Extortion (Sec.346 C.C.) C.C.) Forgery (Sec:. 365 C.C.)	Assault (Sec.265 C.C.) Assault with a Weapon or causing bodily harm C.C.) C.C.) (Sec.264.l C.C.) **Aggravated Assault** (Sec.268 C.C) Forcible Confinement (Sec.279 C.c.) Murder (Sec.229	Sexual Assa■lt (Sec.271 C.C.) Sexual Assault with a (Sec.267 C.C.) **third party or causing** bodily harm (Sec.272 C.C.) Aggravated Sexual Assault (Sec.273	Intimidation (Sec:.423 C.C) Uttering Threats weapon, threats to a **Harassing Telephone** Calls (Sec.372.3 C.C.)	Intimidation (Sec.423 C.c.) Uttering Threats (Sec.264.1 C.C.) Harassing Telephone Calls (Sec.372.3 C.c.)	Cr iminal negligence caus ing bodily har m or death (S.111:.220 -21 Breach of-Outy to provi e n essities. (Sec.215 C.C.)

C.C.) Fraud (Sec. 380 C.C.)

Manslaughter

(Sec.234

C.C.)

Information used with permission of Regional Municipality of Durham and Durham Regional Police Service.
The chart is intended as a guide and does not constitute legal advice.
Please refer to LTCHA 2007, O.Reg.79/10, and Criminal Code for the complete requirements.

APPENDIX G: MARCH 29, 2012 CLARIFICATION MEMO FROM THE MOHLTC DIRECTOR REGARDING TIMELINES FOR REPORTING ABUSE AND NEGLECT

Ministry of Health
and Long-Term Cant

Health System Accountabllity •nd **Performance** DIYlalon **Parfonnance Impr-ntand** Compliance **Branch**

1076 **Bay StrNI,** 11'" Fl_. Toronto **ON MSS 281**
Telephone: 1•1e) 321-7461
Fax: (418) 327-7803

MInlatent de la Sante
et des Solns de longue duree

DMslon de la responublllntlon et de la perfonna du**ayst•ma de** aant6 Direction **de** ram6Uonitlon de la **perfonnanca** et de la conformlUI

1075, **rue Bay,** 11 • **611111•** Toronto Olt M5S 281 T61iphona : (418) 327-7461
T61Koplaur: (416) 327•7803

DATE: **March 28, 2012**

MEMORANDUM TO: Licensees, Long-Term Care (LTC) Homes

COPY TO: Administrators, LTC Homes
Directors of Nursing and Personal Care, LTC Homes

FROM: Karen Slater
Director (A)
Performance Improvement and Compliance **Branch**

RE: **Reporting Investigations Under LTCHA S. 23(2) and Time frame of Final Report Under 0. Reg, 79/10 S.104 (3)**

The *Long-Term Cara Homes Act, 2007* (LTCHA) section 23 requires the licensee to Investigate and take appropriate action relating to every alleged, suspected or witnessed incident of abuse or neglect of a resident that Is known by or reported to the licensee/ the staff of LTC Home. The results of the investigation and the action taken must be reported to the Director.

Any person who has reasonable grounds to believe that a resident has been abused or neglected must Immediately report this suspicion to the Director under section 24 of the LTCHA.

Section 104 of the Regulation sets out the information that must be Included In the report to the Director. The licensee must provide this report within 10 days of becoming **aware** of the alleged, suspected or witnessed incident, or earlier if required by the Director. If the Home cannot provide a report within 10 days that includes all of the types of information, it must send In a preliminary report within 10 days and provide a final report within the lime specified by the Director.

The purpose of this memorandum Is to clarify that the time specified by the Director, referenced in section 104(3) or the Regulation Is twenty-one (21) days, unless otherwise specified by the Director.

As a reminder, the licensee should use the Critical Incident System form to provide any preliminary reports and the final report.

Karen Slater

APPENDIX H: ADDITIONAL RESOURCES AND EDUCATIONAL MATERIALS ON PREVENTION OF ABUSE

College of Nurses of Ontario:

Abuse Prevention Program: One is One Too Many

Ontario Network for the Prevention of Elder Abuse

Training Tools
posted on the Ontario Network for the Prevention of Elder Abuse website

Ontario Seniors Secretariat

Prevention of Elder Abuse and Neglect - Policy and Program Lens published by the Ontario Seniors Secretariat

Registered Nurses' Association of Ontario:

Promoting the Awareness of Elder Abuse in Long -Term Care

Amanda Waring Film, What Do You See?

htt p:lj www .amandawarin g.com/ films/ w hat -do -you -see

Ontario Provincial Police

Mandatory Training Video regarding Long-Term Care - TBC

Appendix I: ADDITIONAL RESOURCES FOR DOCUMENTING ALL SUSPECTED INCIDENTS OF ABUSE OR NEGLECT OF RESIDENTS

INCIDENT INVESTIGATION FORM

To be completed by the designated Staff member investigating the incident; that is either the **Charge Nurse,** the **Director of Care** including the **Administrator** (as required by the case of the nature of the incident).

INCIDENT REPORTING FORM

To be filled out by the team member reporting an incident.

Please ensure that all progress notes with the appropriate highlighted Decision Tree that has been highlighted are signed by the Charge Nurse and attached to this form.

Please ensure that all progress notes with the appropriate highlighted Decision Tree that has been highlighted are signed by the Charge Nurse and attached to this form.

Manoir North Centennial Manor Inc.

A **MEMBER** OF THE ONTARIO ASSOCIATION OF NON-PROFIT HOMES AND SERVICES FOR SENIORS

Incident Investigation Form - Abuse/Neglect

Please follow the Pathway from the appropriate Decision Tree from the North Centennial Manors Zero Tolerance of Abuse and Neglect Policy and please fill the following information

Incident details	
Type of incident:	
Reason for suspicion:	
Date and time of incident:	Location :
Name of resident(s) involved:	
Person alleging abuse/neglect:	
Name of employee investigating (completing this form):	Position:

Step 1: Resident Interview and Physical and Emotional Assessment of Resident	
Interview/Assessment Date and Time:	
Resident's Description of Incident: - document what the resident said in his/her own words in the progress notes and attach progress note to this sheet.	
Physical Assessment	Emotional Assessment
0 Any new marks, scratches, redness open areas, pain, etc. 0 Document all findings or lack of findings in progress notes and attach progress note to this sheet 0 Document facts only- do not speculate	0 Mental status - any new or abnormal crying, yelling, quietness, etc. 0 Does the resident feel safe? 0 What would the resident like done - if resident cannot answer- what does the NOK want done 0 Document all findings in progress note and attach to this form 0 Document facts only - do not speculate
Comments: Reminder - start you progress note with: "Emotional and Physical Assessment" - do not mention the word alleged abuse or alleged neglect. Keep all detail factual - do not speculate.	

Please ensure that all progress notes with the appropriate highlighted Decision Tree that has been highlighted are signed by the Charge Nurse and attached to this form.

Step 2 Fact Gathering - Interview all Staff involved and all witnesses-

DO NOT DOCUMENT THIS INFORM ATION IN THE RESIDENT'S CHART

Name	Position	Date and Time of Interview	Facts -write what is said by the staff member/witness
	0 Staff member 0 Volunteer 0 visitor		
	0 Staff member 0 Volunteer 0 visitor		
	0 Staff member 0 Volunteer 0 visitor		

Step 3- Notifications and Completion of Appropriate Decision Tree Pathway

Notification of Administrator- Date and Time: Notification of DOC- Date and Time:
Notification of NOK - Date, Time, Name, Relationship Response of NOK:

Decision Tree Outcome	Appropriate Action
0 Manage internally	0 take steps to ensure all residents ongoing safety and comfort 0 attach all pertinent documentation including all progress notes and highlighted decision tree and place **in** Administrators mailbox in front office
0 Contact the MOH after hours pager 0 **1-800-268-6060** Date and Time of contact : Name of MOH Agent: Incident Reference #:	0 **If the NOK cannot be reached** - proceed to calling the MOH anyway as reporting suspected/alleged abuse requires immediate notification and you cannot wait for the NOK to return your call. 0 Report to MOH the event exactly as your documentation indicates it happened ensuring that you stress to the MOH ag ent that this is either **an alleged or suspected incident and has yet to be confirmed** 0 Do not label events- such as resident was "sexually. inappropriate" - on ll,'. state the facts su ch as resident 1;1ut his hand on a female resident's breast.

Please ensure that aft progress notes *with the appropriate highlighted Decision Tree that has been highlighted are signed by the Charge Nurse and attached to this form.*

Incident Reporting form

Name of Employee reporting: .....

Date of incident: ..... Location: .....

Time of incident: ..... Time at report: .....

Description	Details
What did you see/hear?	
What did you do?	
Who did you report it to?	Position: .....

Signature: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Date received: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Office use only

Follow up:	If reported	Status of file
Signature:	MOHLTCRef #.....	Open Q Closed 0 Date: _____

Please ensure that all progress notes with the appropriate highlighted Decision Tree that has been highlighted are signed by the Charge Nurse and attached to this form.

FOR FURTHER IFORMATION PLEASE CONTACT THE FOLLOWING:

ADMINISTRATOR.....CLAUDE TREMBLAY.....705-335-6125 EXTENSION 223

DIRECTOR OF RESIDENT CARE.....WENDY TREMBLAY.....705-335-6125 EXTENSION 225

BOARD CHAIRPERSON.....DIANE BELISLE.....705-335-3351

COMPLIANCE ADVISOR

DUTY OFFICER

MINISTRY OF HEALTH PHONE 1-705-564-7489

LONG -TERM DIVISION OR 1- 705-564-3133

159 CEDAR STREET, SUITE 603 OR 1-800-663-6965

SUDBURY, ON P3E 6A5

Please ensure that all progress notes with the appropriate highlighted Decision Tree that has been highlighted are signed by the Charge Nurse and attached to this form.