

KINGSWAY LODGE ST. MARYS LIMITED

POLICY & PROCEDURE

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POLICY: Residents shall be treated with respect and dignity at all times by staff, visitors, volunteers, other residents and families. This policy on the prevention, reporting and elimination of abuse is a resident-centered, zero-tolerance policy. All confirmed or suspected incidents of resident abuse/assault shall be carefully investigated and decisive corrective action shall be taken as required. This policy applies to all incidents of abuse of residents, regardless of who commits the abuse.

DEFINITION OF ABUSE

Abuse of a resident means any action or inaction, misuse of power and/or betrayal of trust or respect by a person against a resident, that the person knew or ought to have known, would cause (or could reasonably be expected to cause) harm to the resident's health, safety or well-being. Abuse includes, but is not limited to: physical abuse, sexual abuse and sexual assault, emotional abuse, verbal abuse, financial abuse, exploitation of a resident's property or person, neglect, prohibited use of restraints, and measures used to discipline a resident.

Forms of Abuse include but are not limited to:

VERBAL ABUSE

Verbal Abuse of a resident means any form of communication, which demonstrates disrespect for the resident. Verbal Abuse includes, but is not limited to: swearing, name-calling, cultural or racial slurs, threats or insults, shouting, belittling, degradation, infantilization, sarcasm, teasing, taunting, intimidation, inappropriate tone of voice and manner of speaking which is upsetting and/or frightening to the resident.

PHYSICAL FORCE

Physical Abuse of a resident means any action of physical force or restraint that is contrary to the resident's health, safety or well being, and that may inflict pain or discomfort on, or injury to the resident. Physical abuse includes, but is not limited to: assault, forced confinement, slapping, pushing, pinching, beating, twisting, shaking, burning, forced feeding, rough handling, for example attempting to provide care to residents who are actively resisting, overmedication, withholding medication, or medicating a resident when it is not medically necessary to do so.

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SEXUAL

Sexual Abuse of a resident means any non-consensual sexual intercourse, or other form of non-consensual physical sexual relations, with a resident, any non-consensual sexual relations, with a resident, any non-consensual touching of a resident that is of a sexual nature, Behavior or remarks of a sexual nature towards the resident that are unwanted by the resident, including remarks that are sexually demeaning, humiliating, exploitative or derogatory, Any situation in which a staff member begins a sexual relationship with a resident, sexual assault of the resident.

EMOTIONAL

Emotional Abuse of a resident means any action or behavior that may diminish the sense of identity, dignity and self-worth of a resident, stress or distress, caused by abuse, threatening or insulting gestures, behaviour or language, imposed social isolation including ‘shunning, ignoring or lack of acknowledgement , the denial or deprivation of any of a resident’s rights as set out in the Residents’ Bill of Rights.

FINANCIAL

Financial Abuse means any misappropriation or misuse of a resident’s finances. Financial abuse includes, but is not limited to theft or unlawfully withholding a resident’s money, pension, securities, etc., fraud, forgery and extortion, or using power of attorney, substitute decision-making authority, or family relationship in a manner that is detrimental to the resident or the resident’s care and/or personal well being.

EXPLOITATION OF A RESIDENT’S PROPERTY OR PERSON

Exploitation of a resident’s property or Person means theft of or unlawfully withholding a resident’s property or possessions (including the resident’s food, and items of little monetary value), borrowing of a resident’s personal belongings by staff, using the property or the personal image/voice of a resident for personal, commercial or other purposes in a manner that is detrimental to the resident’s well-being, using any of the following, without the resident’s consent, and in a manner that is detrimental to the resident or the resident’s care (power of attorney, substitute decision-making authority, a family relationship)

NEGLECT

Neglect means the failure to provide the care and assistance required for the health, safety or well being of a resident. Neglect includes a pattern of inaction that jeopardizes the health or safety of one or more residents.

The term neglect includes but is not limited to the failure to provide the ongoing care set out in a resident’s plan of care; provide access to a physician’s services, when required;

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reduce and manage health and safety hazards in the facility on an ongoing basis; implement programs to identify and mitigate risks, so as to prevent and minimize health-care problems in the facility, including, but not limited to the following: pressure ulcers, dehydration, unplanned weight loss; summon or provide assistance, when required; respond to a resident’s request for assistance and/or report witnessed or suspected abuse.

PROCEDURE:

1. The administrator will
 - Ensure all staff, volunteers, residents, family members and visitors to Kingsway Lodge are aware of our Resident Assault/Abuse policy and they are aware that if anyone fails to comply with Kingsway’s policy on abuse/assault, measures will be taken. (A fact sheet will be given to care givers as well – see forms)These measures will include but are not limited to mandatory reporting to the MOHLTC and contacting police where criminal activity is suspected. Ways to ensure they are aware include but are not limited to:
 - a. posting Kingsway Lodge’s policy in locations within the facility
 - b. developing a handout to be distributed to the resident, family members and others upon a resident’s admission
 - c. reviewing Kingsway’s policy on abuse with resident’s council yearly
 - d. reviewing Kingsway’s policy on abuse with all of Kingsway’s Committees yearly
 - e. yearly training on the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for resident care
 - f. policy of abuse included in the resident’s admission pkg, new staff orientation pkg, and volunteer orientation pkg.
 - Ensure all staff, volunteers, residents, family members and visitors that resources are available to residents or their Substitute Decision Maker, in the event that an incident of abuse takes place, including the availability of independent advocates.
 - Ensure information on abuse and abuse prevention is available
 - Ensure that the awareness and education related to abuse prevention shall include information on how to recognize the signs of abuse and neglect, steps to take when abuse is suspected, issues related to the aging process and behavioural responses, workplace stress reduction, residents’ rights
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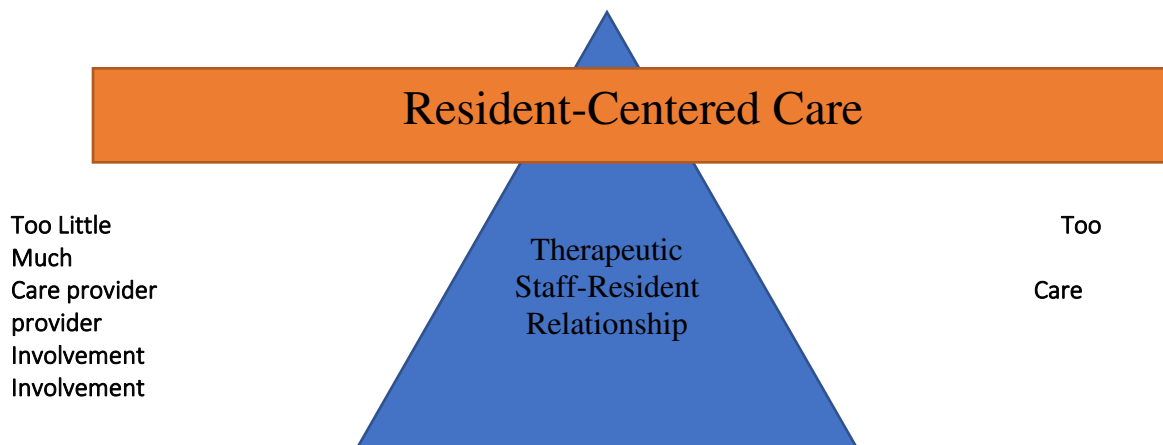
- and zero tolerance for abuse. Yearly in-services for staff on Abuse and Abuse Prevention.
- Ensure that an analysis of every incident of abuse or neglect of a resident at the home is undertaken promptly after the home is made aware of it.

Power Imbalances Between Staff and Residents

Understanding boundaries

Staff-resident relationships are therapeutic, focus on residents needs and are defined by professional boundaries. Professional boundaries are the spaces between the staff's power and the resident's vulnerability. These boundaries create a zone of helpfulness - allowing for a safe connection between you and our residents. One way to look at these boundaries is as a continuum or range of behaviors. At one end is the zone of over-involvement and at the other, under-involvement. The zone of helpfulness or therapeutic relationship is in the middle. Resident harm can occur at either end of the continuum.

A CONTINUUM OF PROFESSIONAL BEHAVIOUR



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As part of the care team, you are always responsible for establishing and maintaining appropriate boundaries, regardless of how a resident behaves. Some boundaries are clear-cut. Others are less clear and require your professional judgment. It's important that you are able to recognize when a professional relationship is slipping into the non-professional realm and take immediate action.

Components of staff-client relationships

Power, trust, respect and **professional intimacy** are the key components of staff-resident relationships. Regardless of the context or length of an interaction, these components are always present.

Boundary Crossings

Boundary crossings are brief excursions across professional lines of behaviour that may be inadvertent, thoughtless or even purposeful, while attempting to meet a special therapeutic need of a resident.

Some individual behaviours may appear harmless but when put together, form a pattern indicating a boundary has been crossed.

Examples of boundary crossings:

- Calling the resident's family to access resident information when the resident did not want them involved.
- Driving a resident to do their banking because you were going that way

Boundary violations

- Boundary violations can result when there is confusion between the needs of the staff and those of the resident. Inappropriate relationships may start with something benign then gradually progress until the staff have clearly violated a boundary.
- Boundary violations can cause distress for the resident, which they might not recognize or feel until harmful consequences occur.

Examples of boundary violations:

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- Visiting with a resident when not at work
- Asking the resident, the accountant, the best way to invest money
- Referring the resident for foot care but only providing your own business card

Professional sexual misconduct is an extreme form of boundary violation and includes any behaviour that is seductive, sexually demeaning, harassing or responsibly interpreted as sexual by the resident. Professional sexual misconduct is an extremely serious violation of the care givers responsibility to the resident. It is a breach of trust.

Warning signs of boundary issues

The following behaviours can signal potential boundary issues. These signs indicate a need to reflect on the nurse-client relationship and clarify boundaries.

- Over involvement with a resident
 - Thinking about a resident frequently when you're away from work
 - Giving preferential care or time to the client and putting their needs above others
 - Feeling responsible for the resident's outcomes or lack of progress and being irritated by treatment delays or barriers
 - Having more physical contact than is required or appropriate
 - Spending breaks or time off with the resident, seeking social contact and providing information such as your email address or phone number.
 - Participating in personal conversations, flirtations, off-colour jokes or sexual innuendos

- Under involvement with a resident
 - Delaying care or treatment (e.g. waiting to answer a call bell or delaying a needed prn medication unnecessarily)
 - Taking short cuts in a residents care(e.g. neglecting to wash your hands or skipping a dressing change)
 - Blaming the resident for lack of progress
 - Being unnecessarily rough when providing care
 - Using disrespectful, demeaning insulting or humiliating tone
 - Inadequately draping a client during a procedure
 - Withholding information, the resident needs to make an informed decision.

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What to do if you see warning signs

Some boundaries are absolute and must never be violated. Others require judgment and careful consideration of the context. Some behaviours, while unacceptable in most contexts, may be acceptable and appropriate in special circumstances.

Reflect on your situation

Maybe you're uncertain or wonder if you've crossed a boundary with a resident. Perhaps someone points out how others could view your behaviour. If you're concerned a potential boundary issue—take steps to address it right away. Reflecting on the situation, your behaviour and exploring concerns can help you understand your own feelings and motives and recognize the effect of your actions on the client. Consulting with a you're Administrator or direct Supervisor is a good place to start.

DUTY TO MANDITORING REPORTING

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:
 - Registered Staff
 - Managerial Staff
 - Administrator (or Delegate)

An investigation will take place immediately. (See investigation report sheet)

2. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident. Abuse or 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 resulted in harm or a risk of harm to a resident. Misuse or misappropriation of a resident's money.

If the investigation results in a probable case of abuse, the matter will be reported to any of the following people:

- The Ministry of Health and Long-Term Care
- The toll-free LTC ACTION Line: 1-866-876-7658 or 416-326-6777(outside of Ontario)

Kingsway Lodge will not dismiss, discipline or penalize anyone who reports incidents of abuse. Kingsway Lodge shall protect any resident, staff member or volunteer who reports incidents of abuse from any retaliation by others, while that person is on the premises of Kingsway Lodge.

Steps to be taken in the event of any complaint of abuse of a resident

- A. Protect all residents immediately from further harm
- B. Follow chart outlining reporting of Resident Abuse issued by MOH.

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- C. The following people shall be informed:
 - a. Physician;
 - b. The home will immediately notify the POA or substitute decision maker where suspected or witnessed incidents of abuse or neglect have resulted in physical injury or pain to a resident or that causes distress to a resident that could be detrimental to a resident's health or well-being.
 - c. The home will notify within 12 hours of becoming aware of any other alleged or suspected or witnessed incidents of abuse or neglect of a resident.
 - d. Local Police shall be notified of all criminal offences
 - e. The MOHLTC shall be notified of all physical abuse/assault incidents
- F. Pertinent documentation shall be entered on the interdisciplinary Progress Notes or Nurses' Notes and an incident report completed.
- G. Each staff member/volunteer on duty at the time of discovery as well as the preceding shift/shifts shall be interviewed by Administrative staff to assist in the Home's investigation. The investigation will take no longer than 1 month.
- H. Application shall be made to transfer the resident to more secure accommodation if deemed necessary for the protection of the aggressor and/or other residents.
- I. In the case of staff to resident assault/abuse, appropriate disciplinary action will be carried out after discussion with the Administrator and the Department Supervisor. (see policy ADM-7023). In the case of volunteer to resident assault/abuse, the volunteer will be relieved of all duties at Kingsway Lodge.
- J. In the case of resident's family member, substitute decision-maker, visitor or outside service provider to resident assault/abuse the person will be asked to remove themselves from the premises of Kingsway Lodge. They will be made aware of our zero tolerance policy of Resident abuse/assault.
- K. In the case of resident to resident assault/abuse, both residents will be removed from the area where the abuse took place and returned to their room or to the infirmary. Immediate counselling to affected parties by Reg. Staff to ensure a safe environment for all residents will take place. A family conference will be held within 3 days or the resident who is the aggressor will be transferred to a more secure accommodation.

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- L. It will be ensured that the resident who has been abused is permitted to communicate in private with independent advocates.
- M. Ongoing monitoring of any situation where abuse is suspected will be adhered to.
- N. Review of Respecting Life Form
- O. POA or substitute decision maker will be notified of results of investigation immediately upon completion.
- P. An annual review of policy will take place to determine what changes are needed if any

WHISTLEBLOWER PROTECTION

- A. Where and resident (employee see HR 5.11) acting in good faith and on the basis of reasonable belief, becomes aware of actual, suspected or intended misconduct, unlawful activity, suspicious financial management or other accountability concerns, he or she has a right to report to lawful authorities without being threatened, intimidated or harassed in any way.

Date Reviewed: _____

Date Revised: 2015

Investigation of an Alleged Report of Abuse

Date:	Person Reporting to Administration
Type of Alleged Abuse:	
<u>Description of Incident from person reporting incident to you:</u> Time/Date, Where it happened, Who involved, Witnesses, What was the person doing at this time---Incident form filled out?	
<u>Description of Incident from person allegedly abused:</u> <small>(If reporter not person that was allegedly abuse, Manager should interview within 24hours)</small> Time/Date, Where it happened, Who involved, Description of Incident, Witnesses, What was the person doing at the time	

Interviews of Staff on floor and shift that the alleged abuse took place – names and their comments

Dates of Interviews and Names of Staff members

(within the following 48 hours of incident)

Interviews of Staff on the two shifts after the alleged abuse took place – names and their comments

Dates of Interviews and Names of Staff members

(within 48 hours of incident)

Skin Assessment done within 24hours after alleged physical abuse report	Date: Attach a completed skin assessment
Skin Assessment done 3 days after alleged physical abuse report	Date: Attach a completed skin assessment
<p><u>Interview with person accused of committed the alleged abuse:</u></p> <p>A. If Staff to Resident: Description of working with the resident at the time the alleged abuse took place</p> <p>B. If Family Member to Resident: Description of incident at the time the alleged abuse took place</p> <p>C. If cognitively well Resident to Resident: Description of incident at the time the alleged abuse took place</p> <p>D. If cognitively challenged Resident to Resident: Discussion with family re incident at the time of the alleged abuse took place</p> <p>E. If outside service provider to Resident: Discussion with Service Provider's management</p> <p>Date: _____</p>	

**Interviews of
Residents on the
same floor –Dates of
Interviews and
Names of Residents
and their comments**

**(Within 48 hours of
incident)**

<p>Administration's assessment: (Enough evidence to suspect a case of abuse?)</p> <p>Date: _____</p>	<p>Administration staff present:</p> <p>Conclusion of Discussion:</p>
<p>Resident/Family notified and their concerns</p> <p>Date: _____</p>	
<p>Action Plan, Timelines</p>	
<p>Report Completed Date:</p>	<p>Administration Staff Signature:</p>