STONEY HEALTH SERVICES

CLIENT ABUSE PREVENTION PROTOCOL

Effective: Jan, 10,2019	Policy No.:	Applies To:	✓ Leadership & Operations ✓ Programs & Services
Review:	Sheet: 1 of 9		
Next Revision: Jan.10, 2022	Approval:		

Related Policies and Procedures: SHS Code of Conduct; SHS Workplace Health & Safety Policy; SHS Incident Reporting, Analysis, Resolution & Disclosure Policy; SHS Ethical Decision-Making Policy; SHS Clients' Rights & Responsibilities; STA Staff Regulations

1. **POLICY:** Stoney Health Services (SHS) is committed to providing safe care / services that uphold the rights of our clients to be treated with dignity, and freedom for abuse, intimidation or fear of same by SHS personnel or other individuals. All Stoney Health Services employees, members of the medical staff, students and other persons acting on behalf of Stoney Health Services (including contracted service providers) operate under a duty-to care imperative which includes taking all reasonable means to protect clients from abuse while providing care/services; including taking all reasonable steps to provide for the immediate safety, security and well-being of a client for whom a report of abuse is made.

2. **RATIONALE:** When abuse occurs, there is always a power imbalance present, with one person being in a position of authority over the other. This power imbalance is often evident in relationships between individuals who are receivers (i.e. SHS clients) and other people are givers (SHS personnel, and/or other significant individuals in the client's life.). In this power imbalance, individuals who are abused often do not disclose this from fear, shame or a belief that there is no help available; they learn to be complaint and to defer to the opinions of others who may believe they know best. This becomes learned compliance, which makes them more vulnerable. Also**,** individuals who are abused may be isolated from the community or other from of support network, thus increasing their vulnerability to further abuse. Consequences of abuse can include (among others) decreased self-esteem and coping skills, self-blame, general isolation, depression, despair and sleep disturbances.

   Abused individuals who are receivers must be assisted to move from a receiver role to an empowered role of contribution, with SHS personnel or the client's 'significant others' moving from a protective role to a facilitative role**.** This is a core value that sits at the heart of the SHS Client and Family-Centered Care guiding principle. We strive to promote culturally-appropriate optimal health, wellness, independence and self-determination of our clients. Central to this, and in line with the Government of Alberta Protection for Persons in Care Act (PPCA; July 1, 2010), we DO NOT does not condone any INTENDED OR INADVERTENT BEHAVIOURS that are or are perceived to be abusive towards our clients and/or their family members.

3. **CLIENT ABUSE PREVENTION STRATEGIES:**

   A. **Awareness Campaigns:** SHS holds regular community awareness campaigns. one of which relates to the various forms of abuse and access to related services;

   B. **Clients' Rights and Responsibilities:** All SHS clients are formally introduced to SHS clients' Rights and Responsibilities Charter at first contact by the most responsible SHS healthcare provider**.** At this time, they are also provided with an explanation of how to make a complaint, if necessary. Clients are also helped to understand what abuse is and what their rights are.

C. **Confidentiality and Privacy for Victims of Abuse/Suspected Abuse:** While the individual's privacy rights and confidentiality should be respected to the greatest extent possible, there are circumstances, particularly in situations of suspected abuse, in which individuals' personal information can and should be disclosed to third parties. The Freedom of Information and Protection of Privacy Act (FOIP Act) governs the collection, use and disclosure of personal information by public bodies (such as PDD and PDD funded service provider agencies). Generally, if the disclosure is done with the individual's best interests in mind and strictly for the purpose of reporting suspected abuse to the appropriate external body or to PDD regional staff; it will be permitted by the FOIP Act. If in doubt about whether disclosure is permitted, contact the Human Services FOIP office at 780-427-2805 for further assistance.

D. **Identifying Persons at Risk for Abuse:** SHS personnel are often in a position to observe and/or be told of abusive situations. When said personnel are not sure what they are seeing/hearing, they can refer to SHS professional personnel, most specially the Turning Point Mental Health Program. Speciality examinations (vaginal bruising; malnutrition) and related screening for abuse-related issues are also available in the SHS Clinic by trained professionals.

E. **Interventions to Protect Persons At-Risk for Abuse:** Native cultures teach the interconnected nature of all parts of life. This means that specific healing programs and strategies that work with extended families and with whole communities are needed, supported by individualized programs especially for victims and abusers. To get to the root causes of abuse and neglect, the entire system that allowed it to occur must be restored to balance. This means that the accumulated hurt of generations, carried by families and communities, needs to be released through a healing process. *(* Source: Health Canada, Family Violence Prevention Unit: (2001); Community Awareness and Response: Abuse and Neglect of Older Adults).*
Some intervention strategies currently used by SHS include:

   i. If a person's safety or well-being is in immediate danger, or if the abuse is criminal in nature, call the RCMP immediately (403) 932-2222.

   ii. For any other cases, further multidisciplinary action is required. Referrals shall be made to the appropriate SHS healthcare professional by the Manager receiving the report of abuse/suspected abuse and a multidisciplinary case discussion shall be carried out.

F. **Reporting, Review and Investigation of Abuse/Perceived Abuse** *(* Source PPCA):* It is important to note that each situation of abuse/suspected abuse is unique. Depending on the circumstances of each situation, the allegation may need to be reported to the police right away or other measures put in place. The allegation does not need to be intentional or to have caused harm to be reported.

   i. <u>Grounds for Reporting</u>: All members of SHS personnel /contractors who observes or believes that abuse is/has taken plan place shall immediately report this to his/her manager. All that is required

for reporting of client abuse /suspect abuse is "reasonable grounds to believe" that there is or has been abuse. Absolute proof od abuse in NOT a requirement for reporting the abuse.

ii. Mandatory Reporting by SHS Personnel/Contractors: Reporting abuse is mandatory under the PPCA. Consequently, failure to report abuse is an offence under PPCA for which individuals can be fined. Abuse must be reported "as soon as reasonably practicable"; the test for which is asking if: Given the *practical opportunity to report and the circumstances of the situation, could we reasonably have been expected to report earlier than we did? (* PPCA).* NB: A complainant must give their name, address and telephone number when reporting abuse.

iii. Reporting by Clients, Legal Guardians or Other Interested Individuals: Clients, their legal guardians or other interested individuals wishing to report abuse must do so within two years from the date of the alleged abuse. NB: All must give their name, address and telephone number when reporting abuse.

iv. How to Report:

a. Internal Reporting within Stoney Health Services should be carried out following the SHS Incident Reporting, Analysis, Resolution & Disclosure Policy.

b. External reporting /disclosure outside of Stoney Health Services is determined in accordance with specific types of abuse and may be reported directly as shown below. NB: Any individual making report in good faith shall not be penalized.

- To the Government of Alberta, Protection for Persons in Care reporting toll-free line at 1-888-357-9339. NB: If the person reporting is uncertain whether or not the PPCA applies, he/she is encouraged to call the reporting line as soon as possible. The PPC Intake person will review the situation and refer the reporter to an appropriate alterative body, if required.
- To the police if a person's life or well-being is in immediate danger;
- To the Mental Health Patient Advocate if the abuse/suspected abuse involves a client admitted within a mental health facility or subject to a community treatment order;
- To the Office of the Public Guardian and Trustee (OPGT) by calling 1-888-357-9339 in cases where there is a failure/suspected failure of a legal guardian to comply with a Court order or meet their duties results in physical, mental harm or financial loss of the represented adult.

- To the applicable professional association / body if the incident involves a professional (i.e. a registered nurse, a physician etc.)
- Mail or fax (Fax: 780-415-8611) a letter or an abuse report form (link to (http://www.health.alberta.ca/documents/PPC-Form-AbuseReport-fill.pdf) to Protection for Persons in Care, Box 476, Station M; Edmonton, AB T5J 2K1

G. **Staff Security Screening:** All SHS personnel shall have criminal record checks prior to hiring.

H. **Staff Training:** All SHS personnel shall receive training in abuse prevention.

4. INDICATORS AND FORMULAE:

Indicators /Measures	Calculation
Recorded reports of abuse & related follow-ups	
Clients at risk for abuse are flagged	Number of clients-at-risk for abuse with fagging in file x 100% Number of at-risk client files surveyed

5. DEFINITIONS:

- **Client Abuse:** Client Abuse can take many forms as noted below. The definition of "abuse" DOES NOT the element of intent. Abuse" means an act or omission to a client receiving care /services that:
  - causes serious bodily or emotional harm;
  - results in the administration, withholding or prescribing of medication for an inappropriate purpose, resulting in serious bodily harm;
  - subjects an individual to non-consensual sexual contact, activity or behavior;
  - involves misappropriating money or other valuable possessions;
  - results in failing to provide adequate nutrition, medical attention or other necessities of life without valid consent, resulting in serious bodily harm.

  Client abuse may be caused by:

  - the client's spouse, family member or friend;
  - an employee, volunteer or Contractor of Stoney Health Services;
  - another client or individual

**Source: Adapted from 'The Government of Alberta Protection for Persons in Care Act (PPCA), July 1,2010*

- **Child Abuse/Maltreatment:** Child maltreatment refers to the harm, or risk of harm, that a child or youth may experience while in the care of a person they trust or depend on, including a parent, sibling, other relative, teacher, caregiver or guardian. Harm may occur through direct actions by the person (acts of commission) or through the person's neglect to provide a component of care necessary for healthy child growth and development (acts of omission).

  There are five types of child maltreatment: 1) physical abuse or assault which is the application of unreasonable force by an adult or youth to any part of a child's body;2) sexual abuse defined as involvement of a child, by an adult or youth, in an act of sexual gratification, or exposure of a child to sexual contact, activity or behaviour; 3) neglect which is failure by a parent or caregiver to provide the physical or psychological necessities of life to a child 4) emotional harm defined as adult behaviour that harms a child psychologically, emotionally or spiritually and 5) exposure to family violence which includes circumstances that allow a child to be aware of violence occurring between a caregiver and his/her partner or between other family members. NB: Until recently, the exposure of children to family violence was considered to be a form of emotional harm. Most Canadian jurisdictions now categorize exposure to family violence as a distinct type of maltreatment in their child welfare legislation. The most frequent combinations of substantiated maltreatment are: 1) neglect and emotional harm; 2) physical abuse and emotional harm; and 3) emotional harm and exposure to family violence.

  Children who are maltreated do not all respond in the same way. The degree of impact on a child partly depends on the type of maltreatment that has occurred; its severity, frequency and duration; the number of perpetrators; and the relationship between the perpetrator (or perpetrators) and the child. The age of the child when the abuse or neglect occurred also influences the outcome.

  Children who are resilient to maltreatment are more likely to have certain personal characteristics known to act as protective factors. These include the ability to respond to danger, to form relationships for survival, to seek information and to think positively about the future. Resilient children also tend to mature earlier, have the conviction of being loved and demonstrate altruism, optimism and hope. NB: Resilient children may also be exposed to general life circumstances that buffer the impact of the maltreatment – such as access to health, social and education services or the availability of supportive and protective adults.

  Source: Health Canada website: Child Maltreatment in Canada; https://www.canada.ca/en/public-health/services/health-promotion/stop-family-violence/prevention-resource-centre/children/child-maltreatment-canada.html#Chi

- **Elder Abuse**: Elder abuse is any action by someone in a relationship of trust that results in harm or distress to an older person. Neglect is a lack of action by that person in a relationship of trust with the same result. Commonly recognized types of elder abuse include physical, psychological and financial. Often, more than one type of abuse occurs at the same time. Abuse can be a single incident or a repeated pattern of

behaviour. Financial abuse is the most commonly reported type of elder abuse. Older adults (more females than males) are more often abused by spouses and children than paid / volunteer caregivers; and, are more often abused by more than one person. Elder abuse can also include the misuse of an older person's medications and prescriptions, withholding medication, over-medication and/or not complying with prescription instructions

(**Source: Health Canada website: Elder Abuse; It's time to face reality;* www.canada.ca/en/employment-social-development/campaigns/elder-abuse/reality.html#b *and Health Canada, Family Violence Prevention Unit: (2001); Community Awareness and Response: Abuse and Neglect of Older Adults*

- **Emotional /Psychological Abuse:** Emotional abuse can involve words and/or behaviors that are /are perceived be rejecting, ignoring, criticizing, insulting, threatening, harassing, degrading, humiliating, intimidating or terrorizing by a person. Emotional abuse also may include acts or omissions that cause or are likely to cause conduct, cognitive, affective or other mental disorders, emotional stress or mental suffering. Possible indicators of emotional abuse, include among others:
  - sudden onset of speech disorders;
  - anxiety, anger and behavioural changes;
  - constant apologies;
  - nightmares or sleep disturbances etc.

  *Source: * AHS (2017) Persons with Developmental Disabilities (PDD) Program: Abuse Prevention and Response Protocol (APRP)*

- **Exploitation:** Exploitation involves taking advantage of a person which includes but is not limited to
  - taking money or possessions and persuasion to do things that are illegal or not in the individual's best interest
  - using someone's Treaty card to access benefits;
  - borrowing money or possessions without permission;
  - convincing someone to give away possessions;
  - convincing someone to do something they do not want to do etc.

  *Source: * AHS (2017) Persons with Developmental Disabilities (PDD) Program: Abuse Prevention and Response Protocol (APRP)*

- **Inappropriate Use of Restrictive Procedures:** A restrictive procedure is an act that restricts the rights, freedoms, choices, mobility or self-determination of an individual. It can be a response to a situation or behaviour of concern that restrains an individual's normal range of movement or behaviour. It can also be limiting a person's access to events, relationships, or possessions that would normally be available to that

individual. There are times when restrictive procedures may be required either in emergency situations or in the home setting to ensure the health and safety of an individual. If this occurs more than once, a planned procedure should be developed to address the situation.

All planned restrictive procedures need to have preventative components, to be developed with by the individual and/or guardian before being implemented and to be approved by a qualified SHS professional. Possible examples of inappropriate use of restrictive procedures:

- withholding an individual's personal possessions;
- using medications outside of the approved planned approach;
- refusing access to mobility devices (e.g., wheel chair, walker, etc.); or
- refusing to allow the individual to partake in religious or spiritual activities of their choice.

*Source: * AHS (2017) Persons with Developmental Disabilities (PDD) Program: Abuse Prevention and Response Protocol (APRP)*

- **Negligence:** Negligence includes failure to provide or make available necessities that may include but are not limited to such things as food, clothing, shelter, hygiene, and medical care, protection from hazardous environments, and support or supervision appropriate to the person's age, development or situation. Possible indicators of negligence are, among others:
  - health concerns that are ignored or go untreated;
  - loss of weight without a medical reason;
  - always tired and falling asleep;
  - frequent falls, injuries and recurring minor accidents etc.

  *Source: * AHS (2017) Persons with Developmental Disabilities (PDD) Program: Abuse Prevention and Response Protocol (APRP)*

- **Physical Abuse:** Physical acts that include but are not limited to hitting, punching, kicking, biting, throwing, burning or violent shaking that causes, or could cause physical injury. Possible indicators of physical abuse include, among others:
  - unexplained or unusual injuries;
  - defensiveness in regards to injuries;
  - sudden fear of physical contact;
  - sudden inability to sleep at night.

  *Source: * AHS (2017) Persons with Developmental Disabilities (PDD) Program: Abuse Prevention and Response Protocol (APRP)*

- **Sexual Abuse:** Sexual abuse includes a sexual act (touching of a person's sexual features without consent) and/or sexual harassment (any conduct, comment, gesture or contact of a sexual nature likely to cause offence or humiliation to an individual, including the misuse of technology such as posting inappropriate pictures of the individual on the internet (cyber sexual abuse). ***NB:*** *Due to the power imbalance in the client/care provider relationship, it is unethical, and in certain cases illegal, for a staff member and an individual who receives support to engage in a sexual relationship.*

  Possible indicators of sexual abuse include, among others:

  - pain or injury to genital areas;
  - difficult time walking or sitting;
  - sudden childlike actions; or
  - sudden sexual acting out.

  *Source: * AHS (2017) Persons with Developmental Disabilities (PDD) Program: Abuse Prevention and Response Protocol (APRP)*

- **Spousal Abuse:** Physical or emotional injury to one spouse (partner in a marriage or common-law relationship) by the other.

6. REFERENCES:

- Accreditation Canada, Qmentum Standards. (2019) Leadership for Aboriginal Health Services; For Surveys Starting After: January 10, 2019
- Alberta Health Services (2017) Persons with Developmental Disabilities (PDD) Program: Abuse Prevention and Response Protocol (APRP)
- Alberta Health Services (July 10,2016); Keeping Patients Safe from Abuse (Document # 1153)
- Alberta Health Services (2010); Protection for Persons in Care Act: Duties & Reporting
- Alberta Health Services (2010); Protection for Persons in Care Act: Investigations & Reporting
- First Nations Child & Family Caring Society of Canada (2018) Spirit Bear
- Health Canada; (website) Child Maltreatment in Canada; https://www.canada.ca/en/public-health/services/health-promotion/stop-family-violence/prevention-resource-centre/children/child-maltreatment-canada.html#Chi
- Health Canada, Family Violence Prevention Unit: (2001); Community Awareness and Response: Abuse and Neglect of Older Adults
- Health Canada website: Elder Abuse; It's Time to Face Reality; www.canada.ca/en/employment-social-development/campaigns/elder-abuse/reality.html#b

- Law Central, Alberta https://www.lawcentralalberta.ca/en/spousal-abuse

7. RESPONSIBILITIES:

A. **Managers:** Responsible for review, monitoring and compliance with this policy.

B. **All medical, allied health and nursing staff, other employees of Stoney Health Services:** Responsible for complying with this policy.

8. DEVELOPED BY:

____________________________ _______________
Brent Hancock — Date
Safety Officer

9. APPROVALS:

____________________________ _______________
Aaron Khan — Date
Chief Executive Officer