

	SECTION: Resident Care	
REGULATION: RHA 15	POLICY NAME: Zero Tolerance of Abuse and Neglect	
POLICY NO: RC 6.6	ORCA STANDARD: 3.01	EFFECTIVE DATE:
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## RC 6.6: Zero Tolerance of Abuse and Neglect

A retirement residence is committed to providing the highest level of quality care, which encompasses the dignity, respect and rights of its residents. A resident will be free from abuse or neglect by staff, volunteers, visitors and other residents.

The zero tolerance for abuse and neglect will be enforced in accordance with the Retirement Home Act (RHA) 2010 – “Every licensee (operator) of a retirement home shall protect residents from abuse and neglect by anyone (Section 67(1)).

According to S. 54(2) (c) – The Information Package provided to the Resident must include the Licensee’s policy to promote zero tolerance of abuse and neglect.

ORCA has developed generic policies and procedures that set out expectations through policy development and procedures aimed at the prevention of elder abuse and the appropriate handling of a case of suspected or witnessed abuse in keeping with internal policies and those that meet other legislative requirements – Criminal Code, Provincial Regulations applicable to sector (Retirement Home Act, 2010).

The following will be addressed (RHA O. Reg. Sec 15 (1-3)):

1. **RESIDENT ABUSE AND NEGLECT DEFINITIONS** - What constitutes resident abuse and neglect  
(RHA O. Reg. Sec. 15 (1))
  1. Situations that may lead to abuse and neglect – (RHA O. Reg. Sec. 15 (1b))
  2. Power Imbalances – (RHA O. Reg. Sec. 15 (1a))
2. **MEASURES AND STRATEGIES FOR THE PREVENTION OF ABUSE & NEGLECT** – (RHA O. Reg. Sec. 15 (3c))
3. **INVESTIGATING AND RESPONDING TO ALLEGED / SUSPECTED ABUSE** – (RHA O. Reg. Sec 15 (2))
  1. Assisting and supporting residents who have been abused/neglected or allegedly.  
(RHA O. Reg. Sec 15 (3a))
  2. Dealing with persons who have abused/neglected or allegedly. (RHA O. Reg. Sec 15 (3b))
  3. Reporting to substitute decision makers, police force, analysis of investigation  
(RHA O. Reg. Sec 15 (3d-3g))
4. **REPORTING PROCEDURES AND MANDATORY REPORTING OBLIGATIONS UNDER THE RHA**

### **1. RESIDENT ABUSE AND NEGLECT DEFINITIONS** **PURPOSE**

To clearly identify to all employees the definition of resident abuse and neglect that is the foundation within our retirement residence policies as they relate to abuse and neglect, expectation for employee standard of conduct in all interactions with residents. The zero –tolerance for resident abuse and standard of conduct in all interactions with residents. The zero –tolerance for resident abuse and

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neglect will be enforced and the mandatory reporting obligations as per the RHA, 2010.

**DOM LIPA RETIREMENT RESIDENCE** has a zero tolerance policy with respect to abuse of any kind including physical, sexual, emotional, verbal, financial, and neglect, from any person (e.g. staff to resident, family members/visitors/volunteers/resident to resident/staff, contracted staff, agency staff, paid companions (paid by resident, family member or SDM).

All staff members are required to report any suspicious, incidents or allegations of neglect and/or abuse immediately to their supervisor / designate for further investigation and follow the mandatory reporting obligations as per the RHA.

All staff members required to read and understand the Zero tolerance of Abuse and Neglect policy, as well as undergo annual training.

### **DEFINITIONS**

Abuse means any action or inaction that:

1. involves the misuse of power and/or betrayal of trust, respect, or intimacy by a person against a resident,
2. the person knew or ought to have known, their action may cause physical, emotional and/or financial harm to the resident’s health, safety or wellbeing.

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, behavior or remarks, including imposed social isolation, shunning, ignoring, lack of acknowledgement or infantilization that are performed by anyone other than a resident, or

(b) any threatening or intimidating gestures, actions, behavior or remarks by a resident that causes alarm or fear to another resident where the resident performing the gestures, actions, behavior 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 financière”)

**“Physical abuse” means,**

(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”)

*For the purposes of the definition of “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*

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*used is excessive in the circumstances.*

**“Sexual abuse” means,**

- (a) any consensual or non-consensual touching, behavior 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, behavior 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”)

*For the purposes of the definition of “sexual abuse”, abuse does not include,*

- (a) touching, behavior 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, behavior 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 commenced residency in the retirement home or before the licensee or staff member became a licensee or staff member.*

**“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”)

**“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. Such behaviours or remarks include, but are not limited to any form of:

- (a) not answering the call bell or requests for assistance
- (b) intentional and repeated failure or refusal to provide care as set out in the resident care plan or care for the existing condition of the resident
- (c) withholding food, medication, fluids and health services
- (d) failure to provide access to physician services as indicated in the resident care plan or required for an existing condition

**“Power Imbalances” - As per RHA O. Reg. Sec 15 (1a)**

Staff and resident relationship is of unequal power. The staff has more authority and the ability to advocate for the resident. The resident is dependent on the staff and has less ability to control situations and so is at a disadvantage. There is the potential for abuse and neglect by those in a position

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of trust, power and responsibility for resident care. A misuse of power is considered abuse.

It is important for staff to recognize the potential for resident to feel intimidated within this power imbalances and how this may lead to abuse and / or neglect. In order to facilitate the proper use of power, the staff shall create a therapeutic and trusting relationship while maintaining boundaries. The appropriate use of power between staff and residents ensure the resident's needs are foremost and their vulnerability is protected.

**In order to maintain trusting, respectful and professional staff-resident relationships, the staff must be cognizant of what crossing the boundary of appropriate to inappropriate uses of power. Some examples include:**

1. **Giving and receiving gifts.** A gift has potential to change nature of a relationship. Staff need to consider carefully the implications of giving or receiving any gift, including its value, intent and appropriateness. Any significant gift should be returned or redirected.
2. **Hugging or touching:** staff are to assess each situation and determine what supportive touch would be welcome. Be aware of the resident's perception of the meaning of the touch.
3. **Dual roles:** it is unacceptable for staff to engage in a friendship, romantic or sexual relationship. Important to maintain professionalism if there is an existing staff-resident relationship.
4. **Self disclosure:** occurs when staff shares personal information. This may be used in moderations as long as it focuses on the needs of the resident (therapeutic intent of reassuring, building rapport, etc.). Disclosing personal information that is lengthy, self-serving or intimate is not acceptable.

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**Resident Abuse / Neglect Indicator Table – As per RHA O. Reg. Sec 15 (1b):**

FORMS OF EMOTIONAL ABUSE		INDICATORS	
1.	Manipulation	1.	Appears shamed
2.	Intimidation through sarcasm, threats, yelling or insults	2.	Low self-esteem
3.	Dehumanisation, ridicule or humiliation	3.	Agitation
4.	Teasing, taunting, belittling, name calling or degrading	4.	Difficulty sleeping
5.	Non-verbal abuse/silence	5.	Withdrawn, passive
6.	Provoking fear, intimidation or retaliation	6.	Fearful interaction with a person, "what are you going to do to me?"
7.	Verbal abuse - shouting, yelling, scolding	1.	Invalid guilt
8.	Imposed social isolation from friends/family	2.	Tearfulness
9.	Withholding of companionship and love	3.	Excluded from family gatherings, not permitted to have friends visit, to go to church, denied access to grandchildren
10.	Lack of privacy	4.	Embarrassment
11.	Removal of decision-making process/power	5.	Loss of self determination
12.	Infantilization threats of abandonment, ignoring, isolating, denying participation in discussions in respect to their own life	6.	Infantilization, ribbons in hair, toys, "baby talk"
13.	Institutionalisation, physical abuse, withdrawal of love	7.	Depressed, hopeless, helpless
14.	Ignoring elderly person, or a request for assistance		
15.	Terrorizing or threatening		
VERBAL ABUSE		INDICATORS	
1.	Intimidation/threats	7.	Changes in personality/behaviours
2.	Humiliation Ridicule	8.	Witnessing arguments between person and resident
3.	Name Calling	9.	Low self esteem
4.	Harassing phone calls	10.	Agitation
5.	Habitual blaming	11.	tearfulness
6.	Arguments between resident and another person		

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PHYSICAL ABUSE		INDICATORS	
1.	Assault, beating, cutting, burning, forced feeding, hitting, slapping, pinching, punching, pushing, pulling hair, shaking, shoving	7.	Body or head injury
2.	Inappropriate use of drugs	8.	Unexplained bruises, welts, lacerations, swelling, fractures
3.	Restraints	9.	Signs of being restrained
4.	Confinement	10.	Rope/grip-marks
5.	Any physical pain or injury	11.	Internal injuries
6.	Punishment which results in physical harm	12.	Immobility
		13.	Broken eyeglasses
SEXUAL ABUSE		INDICATORS	
1.	Physical sex acts	7.	Bruises around breasts/genitals
2.	Rape	8.	Unexplained venereal disease/genital infections
3.	Showing pornographic material	9.	Unexplained vaginal or anal bleeding
4.	Forcing the elder person to watch sex acts	10.	Torn, stained, or bloody underclothing
5.	Forcing the elder person to undress		
6.	Intercourse without consent		

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FINANCIAL ABUSE	INDICATORS
<p>Misuse of personal cheques, credit cards  Steal cash, income cheques or household goods  Forge signature/identify theft  Phony charities, fraud, extortion  Missing Jewelry  Inequitable distribution of health care resources  Coercion  Resource abuse  Withholding pensions/insurance cheque  Misuse of Power of Attorney  Failure to move residents to long term care for financial gain</p>	<p>12. Under-diagnosis/under-treatment  13. "Borrowing" a resident's personal items and removing it from their person / place of residence  14. Inappropriate hospital discharge  15. Inappropriate transfer within institution  16. Nursing attitudes – lack of understanding, custodial, paternalism  17. Inadequate community supports  18. Overcharged for home repairs, funerals  19. "Con artists"  20. Illegal use of elder's possessions/property/ investments for profit/ personal gain  21. Abuser supports own drug/alcohol dependency  22. Forced to sign over control/power of attorney  23. Forced to change will, sell house  24. Used as baby sitter/housekeeper  25. No money for food/clothes  26. Inadequate living environment  27. Unable to afford social activities, travel  28. Disappearance of elder's possessions in institutions  29. Sudden inability to pay bills  30. Sudden withdrawal of money from</p>

	<p>accounts</p> <p>31. Open mail without permission</p>
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NEGLECT OF A RESIDENT	INDICATORS
<p>Neglect comes in two forms:</p> <p>Active: Intentional failure</p> <p>Passive: Unintentional failure (due to lack of knowledge, skill, illness)</p> <ol style="list-style-type: none"> <li>1. Withholding or inadequate provision of physical requirements such as food, housing, medicine, physical aids</li> <li>2. Inadequate supervision/safety precautions</li> <li>3. Over/under medications</li> <li>4. Denying access to services</li> <li>5. Inadequate hygiene, personal care</li> <li>6. Inadequate clothing</li> <li>7. Under medicated</li> <li>8. Sensory deprivation</li> <li>9. Lack of safety precautions</li> <li>10. Lack of supervision</li> <li>11. Withholding medical services/treatment</li> <li>12. Unjustified use of restraints</li> <li>13. Abandonment</li> </ol>	<ol style="list-style-type: none"> <li>14. Weight loss, malnourished, emaciated, no dentures, dehydration, mouth sores, confusion</li> <li>15. Impaired skin integrity, decubitus ulcers, rashes, urine burns, soiled linen, unkempt appearance</li> <li>16. Clothes in poor repair</li> <li>17. Over sedation – reduced physical/mental activity</li> <li>18. CNS depression</li> <li>19. Reduced/absent therapeutic response</li> <li>20. No glasses, hearing aid</li> <li>21. Dangerous environment</li> <li>22. Unattended, tied to chair/bed</li> <li>23. Not taken to doctor/dentist/therapist</li> <li>24. Muscle contractions, immobility, weakness</li> <li>25. Deserted</li> <li>26. Institutionalized</li> <li>27. Untreated physical problems</li> <li>28. Unsanitary living conditions</li> </ol>

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## **B. PREVENTION OF ELDER ABUSE / NEGLECT**

The Program includes training and retraining for all staff of the Residence. At least annually, our staff will receive training on topics including but not limited to:

1. The Residents' Bill of Rights;
2. The policy to promote zero tolerance of abuse and neglect or residents;
3. 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;
4. Situations that may lead to abuse and neglect and how to avoid such situations; and
5. The procedure for a person to complain to the Operator about the operation of the Residence and the way in which the Operator is to deal with complaints.
6. Measures and strategies to prevent abuse and neglect

### **Procedures:**

The most effective ways for a residence to **promote long-range prevention of resident abuse and neglect** is through 1) Proper Employee Selection; 2) Staff/Volunteer Education; 3) Resident Education; 4) Appropriate Staffing for Level of Resident Care

#### **1. PROPER EMPLOYEE SELECTION – HIRING PRACTICES:**

A residence will develop a comprehensive hiring policy, which includes recruitment and selection practices aimed at finding the best-suited and most qualified candidate for the job.

A residence will develop policies and programs to educate staff and volunteers on the prevention of resident abuse/neglect, at the time of initial orientation and at annual in-services thereafter.

A residence will utilize effective interviewing techniques and conduct the appropriate reference checks to assist in verifying the authenticity of qualifications and skills being presented by a person being hired. The following areas should be included, but not limited to:

1. Criminal reference checks – 2-types; criminal and local
2. Verify status and obtain proof of applicable licensing for any registered health professional hired directly by the residence (e.g. RN, In-House Physician)

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3. Pre-employment reference checks
4. **Ensure that any outside agency staff is required to have proper reference checks and training from the agency in which they are employed.**
5. Develop a comprehensive list of interview questions. Consider using a Behavioural / Situational Interview model which can be helpful in recruiting the person best suited to working in an environment dealing with a vulnerable population.
6. Look for any behavioural indicators (e.g. demeanour, attitude) during the employee's probationary review that may indicate that employee not suitable to work with older persons
7. Conduct on-going performance appraisals, in addition to reviewing job tasks, coping skills and attitude of the employee

A residence will ensure volunteers also submit to a criminal reference check prior to starting their service. The volunteer should not start their duties until proof of a *satisfactory* criminal reference check has been obtained.

#### 8. STAFF EDUCATION

The residence will clearly communicate that abuse (emotional, financial, physical, sexual, and verbal) and/or neglect (active and inactive) of any resident by staff and/or volunteers will not be tolerated.

#### Orientation

All new staff and volunteers will receive resident abuse prevention training as part of their initial hiring orientation and the mandatory reporting obligations as per the RHA.

#### Staff Orientation Checklist:

The following are included in the staff and volunteer orientation checklist:

1. Corporate / Philosophy on Resident Abuse (**includes Code of Ethics**)
2. What constitutes abuse and neglect
3. Zero tolerance for abuse
4. Whistle blowing protection
5. Identifying possible indicators of abuse and neglect
6. Mandatory Reporting Obligations under the RHA
7. Duties and obligation of the employee / volunteer to monitor for resident abuse/neglect and to report any witnessed or suspected resident abuse/neglect
8. Identify who to report witnessed or suspect resident abuse to in different situations. Provide the "Staff Mandatory Reporting Obligations Information hand out" – RC 8.10.1 Mandatory Reporting Obligations
9. Mandatory Reporting Obligations
10. 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

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### **Ongoing Education and Annual In-Services:**

A residence is responsible for providing ongoing educational opportunities on resident abuse prevention and awareness to staff and volunteers (e.g. workshops, in-services, ORCA Tutor, guest speakers, videos, books, periodicals).

An annual in-service should address:

1. The residence's policies and procedures on prevention of abuse and neglect.
1. The serious nature of abuse and neglect and the associated legal and ethical implications.
2. That monitoring for mistreatment of residents is an integral part of everyone's job and that under no circumstance is resident abuse tolerated
1. What constitutes abuse/neglect and how to recognize possible signs of abuse/neglect
2. The duty to immediately disclose misconduct of others (other staff, volunteers, family members, visitors, other residents); must provide accurate information and to explain suspicious circumstances
3. Procedure for reporting witnessed or suspected abuse (internally)
4. Mandatory Reporting Obligations to the Registrar of the RHRA (*Refer to "Mandatory Reporting Obligations Hand Out – Form RC 8.9.1 Mandatory Reporting Obligations"*)
5. Discuss resident treatment approach / understanding the rights of residents
6. Addressing potential barriers to staff recognition of resident abuse
7. Stress management

A residence will compile for its management a community resource listing of key agencies and organizations that can provide assistance in responding to situations beyond their ability.

### **3) RESIDENT EDUCATION:**

A residence will also develop education programs for residents and provide information as per the RHA in the Residents Handbook (ORCA Sample Resident Handbook):

1. What constitutes abuse/neglect
2. What their rights/obligations are as a tenant (Rights under Residential Tenancies Act, Advocacy Centre for the Elderly & Community Legal Education Ontario information/publications)
3. Location of :
  1. Bill of Rights as per the RHA
  2. Complaints Procedure
4. ORCA Code of Ethics
5. Mandatory Reporting Requirements as per the RHA and poster location
6. Local Organizations that offer help

**4) APPROPRIATE STAFFING LEVELS:** A residence will ensure that there is a system in place to determine that staffing patterns for each department are developed to meet the changing needs of the resident population.

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### **C. INVESTIGATION AND RESPONDING TO ALLEGED/SUSPECTED ABUSE**

As per the RHA O. Reg. 15 (2).

**Staff who suspect** abuse/neglect should review the indicators to help them determine whether or not the action or inaction is abuse/neglect (See pages 5 to 7 *Resident Abuse Possible Indicator Table*). It's important to note that the "*Possible Indicators*" are meant only as a guideline; personal discretion or "gut instinct" should be exercised. Reasonably suspected abuse/neglect must be reported immediately to the designated facility authority (GM/Manager) (or alternate authorities depending on the circumstances-see *above*). Medical conditions (e.g. dementia) should be considered as part of the indicator checklist.

#### **PURPOSE**

To outline standard process to be used during witness of abuse / neglect and/or on receiving a report of an allegation or suspicion; the reporting process includes:

1. immediate response for the safety for all persons
2. immediate care to the resident(s) that is individual, respectful, culturally sensitive and ethical in a therapeutic environment;
3. accurate and timely reporting and documentation
4. follow-up action plans and analysis which foster resident, visitor and staff safety

The retirement residence has an obligation to provide a safe environment for residents and staff. In the event of an incident or allegation of abuse, there is a responsibility and accountability to report and investigate to the applicable authorities (police and regulatory as applicable) and the corporation for reputational risk measures.

#### **Intake/Documentation by the Designated Residence Authority:**

The ED/Manager is responsible for implementing a closed-door reporting policy to help maintain resident confidentiality, except in extenuating circumstances that warrant alternate reporting action.

For any report of witnessed or suspected abuse/neglect (the designated facility authority) must document the details of the situation in writing on an "Elder Abuse Reporting Forms for Management- See **Form RC 8.9.2 Elder Abuse Reporting Forms for RH Management**". Information should be collected from the person reporting the situation and/or the alleged victim, the alleged abuser(s), supervisors, and any witnesses.

If a resident is physically abused, the facility must ensure they are examined by a physician without delay and that a medical report is prepared.

#### **Assessment /Investigation Procedure by the (Designated Authority):**

It is important to ensure that any evidence accumulated during the course of an investigative process is documented.

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The ED and/or designate must use investigation to determine the validity of the alleged abuse/neglect:

Prior to commencing the investigation, it is important to review the procedures under the RHA, S. 75 and your retirement homes responsibilities:

1. Chart – Dealing with and Reporting Resident Elder Abuse (**Form RC 8.9.3 Dealing With Elder Abuse Reports and RC 8.9.4 Reporting Elder Abuse in Retirement Homes**)
2. Abuse Indicators and Clarifying Questions – helpful questions to assist in the investigation (**Form 8.9.5 Clarifying Questions on Various Types of Abuse**).

Following the investigation, As per 15 (e), The resident's substitute decision makers, if any, are notified of the results of an investigation described in clause 67 (5) (e) of the Act immediately upon the completion of the investigation.

**What to do if the police are contacted – As per RHA O. Reg. 15 (f):**

1. Without delay, determine if a criminal or emergency situation exists. If so, contact police immediately if:

You suspect a criminal offence has occurred (**Reference forms: [RC 8.10.4 Reporting Elder Abuse in Retirement Homes](#) and [Form RC 8.10.6 Resident Abuse: When to Call the Police](#)**)

The resident requests that the police be called

1. Someone is armed with a weapon, something that could be used as a weapon, or someone is threatening violence or harm to themselves or others

If the alleged abuser is staff person and police have been contacted, you should only speak with the staff person to inform them that an investigation is underway and that he/she is being removed from his or her duties (e.g. suspended with pay) or at a minimum is being removed from dealing with the alleged victim until the investigation is completed

If a police investigation is initiated, offer support and reassurance to the abused resident without discussing the actual facts of the case.

**What to do when the police are not contacted:**

1. Interview the resident first. Be sure the resident has sound mental capacity (has the ability to understand information and appreciate the decision that needs to be made). Be sensitive to their need for privacy and safety.
2. Interview any other witnesses to the incident.
3. Inform the implicated employee(s)/suspected abuser about the allegation. Interview them. If necessary remove the staff member from his or her duties or from dealing with the resident suspected of being abused.
4. Provide a witness for any interviews conducted during the investigation.

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5. Make collateral checks with appropriate others (e.g. physician, other staff). Depending on the type of information being sought, permission may need to be ascertained to allow you to discuss a residents' situation with third parties.
6. Support may be required. Determine whether the case should be referred to an outside source for further investigation and action (e.g. college of nurses, Advocacy Centre for the Elderly, police for surveillance support). (Permission from the resident / SDM should be ascertained prior to discussing their situation with a third party)
1. ALL instances of alleged and/or witnessed resident abuse / neglect are to be reported immediately to a designated supervisor for further investigation. The ED/designate is charged with the responsibility of responding to incidents of abuse as per the RHA.
2. A supervisor may include Director of Care (DOC) / Resident Services Manager (RSM) / Executive Director (ED) for further investigation.
3. Abuse investigations are confidential and any staff person violating confidentiality of the investigation is subject to discipline up to and including termination of employment.

## PROCEDURES FOR INTERVENTION

### Immediate Action – Resident - As per RHA O. Reg. 3 (a)

1. A staff member who has received a report and/or has observed anyone (another staff member, volunteer, family member, visitor, **contracted service provider** or resident) abusing / neglecting a resident in any manner, the staff member will:
  1. Stop the abuse immediately - quickly assess the situation for safety; at no time should a staff member put themselves or anyone else at risk of injury by intervening to stop abuse. If there is any concern for staff safety or safety of others in the area, immediately call 911 for police assistance.
  2. and have another staff member stay with them. Direct / remove the abuser to a location where there are no residents.
  3. Ensure the resident is safe; begin assessing for injury and appropriate follow-up; provide comfort measures and support. In the event personal injury or medical condition is evident and requires immediate transport to hospital, this is to be completed first. The police are to be notified if the abuse results in injury to a resident which requires the resident to be transferred to hospital.
  4. Immediately report the abuse to the ADM/or designate
5. **Receipt of abuse allegation / incident:**

The DOC / Designate upon receiving the report will immediately go to the situation to ensure the safety of all persons, provide required assessment and care. If required, 911 will be called to ensure the safety of the resident, staff and Home.

  6. **Assessment of resident immediately:** A Registered Staff / Designate will complete a resident assessment including the following:
    1. Hospital immediately. In incidents of suspected sexual abuse, the resident is to be transported to hospital with a sexual assault program.

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2. If the initial assessment indicates any injuries may be managed in the home and the resident will not be transported to head to toe physical assessment identifying on a body diagram all areas of concern and injury to specific to parts of the body.

3. If at any point there is concern with the residents' physical or emotional health status transport to hospital immediately.

1. As per RHA O. Reg. 15 3d i) & ii), 3e. The licensee of the retirement home shall ensure that the resident's substitute decision-makers, if any, and any other person specified by the resident are notified immediately upon the licensee becoming aware of an alleged, suspected or witnessed incident of abuse or neglect of a resident that has resulted in a physical injury or pain to a resident or that causes distress to a resident that could potentially be detrimental to the residents' health or well-being. They should also be notified within 12 hours upon licensee becoming aware of any other alleged, suspected or witnessed incident of abuse or neglect of a resident. Also, ensure the resident and substitute decision maker(s) are notified of the final investigation decision

1. Documentation to the Residents' health file/other includes:

1. all events related to a reported /alleged abuse in the resident chart;
2. all physical assessments/examinations are recorded with clear descriptions and specific itemized detail;
- c) completion of Resident Incident Report form –RC 8.10.7 & Elder Abuse & Neglect Reporting Form

**Key Points for completing written / oral or video report / documentation;** the information in the incident report is to be completed by person(s) involved in the allegation/incident, witness the allegation/incident and / or on duty at the time of allegation/incident. An incident is to be reported in the words of the person. Reporting and documenting is to be completed in a timely manner as soon as possible following receipt of information or witnessing an incident. A written / recorded / video report must include:

1. what the person saw;
2. what the person heard;
3. what the person was told by another person;
4. non-biased information and should not include a personal opinion, speculation or assumptions;
5. name of person, to whom the report is submitted, date of incident and date of report, time of incident and time of report, signature of scribe and witnessed as appropriate and

\* the person submits the report directly to the requesting supervisor.

3. Pictures: Comfort and explain to the resident that pictures will be taken of red areas, injuries or other marks ensuring that the resident remains and feels safe. Ideally pictures should be taken with a digital camera with two copies printed immediately - one copy for police and one copy for file.

- Resident name, date of birth and room / suite number is to be recorded on the back of the photos.
- Photos are to be signed and dated by the person who took the pictures and if there was a witness to the picture taking they should sign and date as well.



- Picture is to be placed securely in the resident personal medical file with all incidents

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and assessment reports.

4. Statement from Resident: when possible, ask the resident to describe the incident and document the details you are provided by the resident in their words; read the statement back to the resident to confirm the information and have the resident sign and date the document; if you have a witness available have them sign and date the document as well. Place the document on file.
5. The Resident's Physician will examine the resident as soon as possible after the incident.
6. Proceed to investigation process (**See Section C. Investigating and Responding to Alleged/Suspected Abuse**).

#### NOTIFICATION

As per RHA O. Reg. 15(2)

The ED or Designate will immediately notify the following individuals:

1. Board of Directors of retirement home
2. Resident's Physician or Medical Director (if applicable)
3. Resident's family/Power of Attorney (POA)
4. Family/POA of the alleged abuser if another resident
5. Provincial regulatory authorities as required (RHRA)
6. Police authorities if indicated in the resident assessment process:
  1. Physical, sexual or fraud allegation
  2. Resident is transported to hospital for care.

#### Immediate Action – Alleged Abuser – As per RHA O. Reg. 15 (3b)

If the alleged abuser is:

Staff member:

- the person will be sent home immediately pending investigation
- ED/ Designate will contact Board of Directors
- review the employee's file for evidence of previous incidents

Family member, visitor, volunteer or other person

- separate the resident and the alleged abuser;
- speak privately with the alleged abuser indicating the inappropriate behavior and request that they stop visiting the resident pending investigation. Consult with police authorities if required.
- Following the investigation, if the allegation is substantiated further interventions may be required including police authorities

Another resident

- isolate the resident from the situation immediately, assess and address this resident' needs.

- refer this resident to the attending physician for assessment; it may be necessary for safety reasons to have the resident transferred to hospital for psychiatric assessment.

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A competent resident has the right to make contact with whomever they choose, regardless of the circumstances. Recommend to the resident that only supervised contact with the alleged abuser be allowed during the course of an investigation. Keep in mind that you do not have the right to impose restrictions on a resident’s visitation without their permission. In the case that the alleged abuser is staff or a volunteer, ensure that there is no unsupervised contact with the resident during the course of an investigation.

**Intervention/Action:**

Each case of suspected abuse or neglect must be considered individually to achieve the appropriate balancing of interests. The nature of the abuse or neglect, its severity and the implications to the person(s) involved will dictate the degree of intervention warranted (e.g. contacting the police, contacting family, contacting RHA).

If the resident accepts assistance, identify and locate appropriate resources to assist them. Respect their right to privacy and confidentiality. Action may include a coordinated response from a variety of services/agencies.

If the resident refuses assistance, provide a list of local resources and emergency numbers and offer future support. The resident may wish to speak with authorities (e.g. police) themselves and work with them directly to make a decision on whether or not to pursue further action.

Alternative methods of intervention in an abusive situation may be required if there is concern with the resident’s ability to make decisions (mental capacity) or the alleged abuser is a designated substitute decision-maker (e.g. Power of Attorney) for the resident. In either of these circumstances, the Office of the Public Guardian and Trustee should be contacted.

**Witness**

Have any witnesses’ immediately document the incident. Reporting in the alleged or witnessed incident in own words (Reference point 5 – Key Points for Documentation). Provide a witness for any interviews conducted during the internal investigation. Read witness statements back to them before getting a signature.

All evidence will be stored safely to secure confidential information based on the situation.

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### **Follow Up**

Follow up will be appropriate to the assessed needs of the situation and the resident's wishes. This may include future support and request for intervention, which was previously denied.

1. Depending on the outcome of an investigation, it may be necessary to discipline an employee, and could include termination of employment depending on the severity of the situation.
2. Professional associations or colleges will be contacted if applicable.
3. If resident abuse by a staff member is suspected but cannot be proven, (the designated facility authority) will take proactive measures to prevent further resident abuse by providing education to the employee, increasing supervisory needs within the department and/or reassign the employee to alternate duties.
4. If the abuse of a resident by a family member or visitor is investigated and substantiated, (the designated authority) within the facility should suggest to the resident that only supervised visits be allowed (resident's permission is required in order to impose these restrictions). If the safety of other residents is compromised as a result of a resident's decision to continue contact with an abuser, alternate measures must be taken to ensure adequate protection for the resident population as a whole.
5. If the resident is alleged to have been the abuser it is important to determine the cognitive level of the resident. Are they competent or capable of understanding right from wrong?
6. Assess the needs and determine the reason/triggers for the behavior. Communicate interventions and ensure all staff is aware of the situation. Evaluate the need for medical intervention. Identify this aggressive behavior and intervention on the resident care plan. Identify follow up plans with the family or POA's on planned interventions.
7. If the abuser is a student, volunteer or an outside service provider review and evaluate the circumstances and determine the most appropriate way to deal with the situation which may include notification to institutions or removal from the home.

### **ANALYSIS OF INCIDENTS – As per RHA O. Reg. 15 (g)**

As per the RHA, the Licensee will ensure that:

1. An analysis of every incident of abuse or neglect of a resident at the Residence is undertaken promptly after the Licensee becomes aware of it;
2. At least once in every calendar year, an evaluation is made to determine the effectiveness of the Zero Tolerance Abuse and Neglect Policy and what changes and improvements are required to prevent further occurrence of abuse and neglect of residents
3. The results of the analysis are considered in the evaluation of the policy
4. The changes and improvements to the policy are promptly implemented; and
5. A written report over everything provided for an evaluation and any changes and improvements, as well as the date of the evaluation, the names of the persons, who participated in the evaluation and the date the changes and improvements were implemented is promptly prepared.

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**Whistle-blowing Protection:** Under S. 115 of the RHA – The Retirement Home Act, 2010 offer protection against retaliation to any person who discloses information to an inspector or to the Registrar of the RHRA, or who gives evidence in legal proceedings. This protection is known as the “whistle-blowing” protection.

The whistle-blowing protection requires that the Licensee and its staff will not retaliate against any person, whether by action or omission, or threaten to do so because anything has been disclosed to an inspector or to the Registrar. In addition, no person will encounter retaliation because evidence has been or may be given in a proceeding, including a proceeding in respect of the *Retirement Homes Act, 2010* or its regulations, or in an inquest under the *Coroners Act*.

The Licensee or its staff will not do anything that discourages, is aimed at discouraging or that has the effect of discouraging a person from making a disclosure to an inspector or to the Registrar.

For the purposes of the whistle-blowing protection, “retaliation” includes, but is not limited to, disciplining or dismissing a staff member, evicting a resident from the Residence, subjecting a resident to discriminatory treatment, imposing a penalty upon any person, or intimidating, coercing or harassing any person. A resident shall not be evicted from the Residence, threatened with eviction, or in any way be subjected to discriminatory treatment (e.g. any change or discontinuation of any service to or care of a resident or the threat of any such change or discontinuation) because of anything mentioned above. Further, no family member of a resident, substitute decision-maker of a resident, or person of importance to a resident shall be threatened with the possibility of any of those being done to the resident.

#### **D. REPORTING PROCEDURES AND OBLIGATIONS**

In a retirement home any person may report an allegation of resident abuse/neglect to staff in the home, to corporate office through the Complaints Process and to governing provincial authorities.

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### **Mandatory Reporting**

As per the RHA, any form of resident abuse or neglect will not be tolerated at the Residence. A person who has reasonable grounds to suspect that any of the following has occurred or may occur must immediately report that suspicion and information upon which the suspicion is based to the Registrar appointed by the Retirement Homes Regulatory Authority:

1. Improper or incompetent treatment or care of a resident that resulted in harm or risk of harm to the resident
2. Abuse of a resident by anyone, or neglect of a resident by the Licensee or its staff, that resulted in harm or a risk of harm to the Resident
3. Unlawful conduct that resulted in harm or risk of harm to a resident; or misuse or misappropriation of a resident's money.

In a retirement home any person may report an allegation of resident abuse/neglect to staff in the home, to corporate office through the Complaints Process and to governing provincial authorities.

1. In the event an incident / allegation has been received by a ED/ Designate they are to immediately report it to the Board of Directors at the onset of the investigation process.
2. Reporting to the Registrar, provincial regulatory authorities:
  1. within the required time frame provided
  2. on specified form
  3. directed to correct source
  4. All sector specific provincial legislative reporting requirements will be followed.
  5. The Home shall ensure that the appropriate police force is immediately notified of any alleged, suspected or witness incident of abuse or neglect of a resident that the Home may suspects constitutes a criminal offence and or a resident is at imminent risk, resident requests the police be called.
  6. ***The ED/Designate is the only authorized home staff person to communicate directly with family members and/or Power of Attorney (POA) regarding abuse allegations and investigations.***

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## RC 6.6.1 Mandatory Reporting Obligations

Resident Abuse and Neglect as per the Retirement Home Act 2010 (RHA) (Sections 75 of the Act)

**Abuse** in relation to a resident means physical abuse, sexual abuse, emotional abuse, financial abuse, verbal abuse as defined in O.Reg 166/11 of the RHA (Section 1 - under definitions)

**Neglect** in relation to a resident means failure to provide a resident the care and assistance required for his/her health, safety and well-being and includes inaction or a pattern of inaction as defined in the RHA

WHAT	→	Acknowledge – know about the forms of abuse and neglect
TO DO		
CHECK FOR	→	Urgency – only suspected or witnessed abuse must be reported
		Standards – understanding & meeting RHA regulations along with your homes policies/procedures

All Acts of Abuse and Neglect are investigated by the Retirement Home Regulatory Authority (RHRA) and may include penalties / fines or a criminal offence punishable by law

### Do Your part in Preventing Resident Abuse / Neglect

- Understand that no measure of abuse or neglect of a resident is tolerated
- Know what constitutes abuse / neglect and what the possible signs are as outlined in the Retirement Home Act 2010 (see over)
- Recognize that abuse / neglect of a resident is criminal and can be punishable by law
- Monitor for mistreatment of any resident as a regular part of your job
- Duty to immediately disclose misconduct of others (other staff, volunteers, family members, visitors, other residents, contracted providers); must provide accurate information and to explain suspicious circumstances
- Be aware of the mandatory reporting obligations for reporting witnessed or suspected abuse / neglect as per the RHA

### Mandatory Reporting Obligations

If you see or suspect:

Harm or risk to a resident resulting from (Section 75(1) – RHA 2010:

- Improper or incompetent treatment or care of a resident that resulted in harm or risk of harm to the resident
- Abuse of a resident by anyone or neglect of a resident by the licensee or the staff of the retirement home of the resident if it results in harm or risk of harm to the resident
- Unlawful conduct that resulted in harm or risk of harm to the resident.
- Misuse or misappropriation of a resident's money

**You must report it** to the Registrar of the **Retirement Homes Regulatory Authority** along with any other relevant information. To make a report call:

**1 – 855-275-7472**



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Definitions as per the RHA Regulations (O.Reg. 166/11 – (1) Abuse	Forms of:	Possible Indicators
<p><b>Emotional abuse means</b>, (a) any threatening, insulting, intimidating or humiliating gestures, actions, behavior or remarks, including imposed social isolation, shunning, ignoring, lack of acknowledgement or infantilization that are performed by anyone other than a resident, or (b) any threatening or intimidating gestures, actions, behavior or remarks by a resident that causes alarm or fear to another resident where the resident performing the gestures, actions, behavior or remarks understands and appreciates their consequences;</p>	<ul style="list-style-type: none"> <li>-Intimidation through yelling/threats</li> <li>-Humiliation and ridicule</li> <li>-Ignoring elderly person</li> <li>-Isolation from friends/family</li> <li>-Terrorizing or threatening</li> <li>-Name calling</li> <li>-Removal of decision making power</li> </ul>	<ul style="list-style-type: none"> <li>-Low self esteem</li> <li>-Agitation / Difficulty Sleeping</li> <li>-Tearfulness</li> <li>-Denied visitors/outings</li> <li>-Withdrawn / Depressed</li> <li>-Fearful interaction with a person</li> <li>-Infantilization (eg. Baby talk)</li> </ul>
<p><b>Financial abuse means</b>, any misappropriation or misuse of a resident’s money or property</p>	<ul style="list-style-type: none"> <li>-Misuse of personal cheques, credit cards,</li> <li>-Steal cash, income cheques or household goods, Jewelry</li> <li>-Forge signature/identify theft</li> <li>-Phony charities, fraud, extortion</li> </ul>	<ul style="list-style-type: none"> <li>-Sudden inability to pay bills</li> <li>-Sudden withdrawal of money</li> <li>-Open mail without permission</li> <li>-Refusal to consider a move</li> <li>-Controlling money matters against will</li> <li>-Selling property w/out permission</li> </ul>
<p><b>Physical abuse means</b>, 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; 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 circumstances.</p>	<ul style="list-style-type: none"> <li>-Physical assault such as hitting or shoving</li> <li>-Inappropriate use of drugs</li> <li>-Restraints</li> <li>-Confinement</li> <li>-Any physical pain or injury</li> <li>-Punishment which results in physical harm</li> </ul>	<ul style="list-style-type: none"> <li>-Body or head injury</li> <li>-Unexplained bruises, welts, lacerations, swelling, fractures</li> <li>-Signs of being restrained</li> <li>-Rope/ grip-marks</li> <li>-Internal injuries / immobility</li> <li>-Broken eyeglasses</li> </ul>
<p><b>Sexual abuse means</b>, (a) subject to ss. (3), any consensual or non-consensual touching, behavior 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, behavior or remarks of a sexual nature or sexual exploitation directed towards a resident by a person other than a licensee or staff member; For the purposes of the definition of “sexual abuse” in ss. (1), sexual abuse <b>does not</b> include, (a) touching, behavior 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, behavior 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 commenced residency in the retirement home or before the licensee or staff member became a licensee or staff member.</p>	<ul style="list-style-type: none"> <li>-Physical sex acts</li> <li>-Showing pornographic material</li> <li>-Forcing the elder person to watch sex acts</li> <li>-Forcing the elder person to undress</li> <li>-Intercourse without consent</li> </ul>	<ul style="list-style-type: none"> <li>-Bruises around breasts/genitals</li> <li>-Unexplained venereal disease/genital infections</li> <li>-Unexplained vaginal or anal bleeding</li> <li>-Torn, stained / bloody underclothing</li> </ul>
<p><b>Verbal abuse means</b>, (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”)</p>	<ul style="list-style-type: none"> <li>-Humiliation/ ridicule</li> <li>-Name calling</li> <li>-Harassing phone calls</li> <li>-Habitual blaming</li> <li>-Arguments between resident and another person</li> </ul>	<ul style="list-style-type: none"> <li>-Changes in personality / behaviors</li> <li>-Witnessing arguments between person and resident</li> <li>-Low self esteem</li> <li>-Agitation / -Tearfulness</li> </ul>





## RC 6.6.2 Retirement Homes: Elder Abuse & Neglect Reporting Form

<b>Reporter Name:</b>	<b>Relation to Resident:</b>
<b>Person Accused:</b>	<b>Resident Involved:</b>
<b>Date of Allegation:</b>	<b>Report Date:</b>
<b>Witnesses (name &amp; contact information)</b>	
<b>Type of Abuse</b>	
<b>Emotional Abuse</b>	<b>Sexual Abuse</b>
<b>Verbal Abuse</b>	<b>Financial Abuse</b>
<b>Physical Abuse</b>	<b>Neglect</b>
<b>Misuse or misappropriation of residents money</b>	<b>Improper or incompetent treatment or care</b>



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Detailed Description of Incident		(Who, What, Where, When, Why)	
Signature of Reporter:		Date:	
RHRA called (yes/no):		Date:	Time of Call:
Report Received by:		Date:	

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**Elder Abuse/Neglect Management Report**

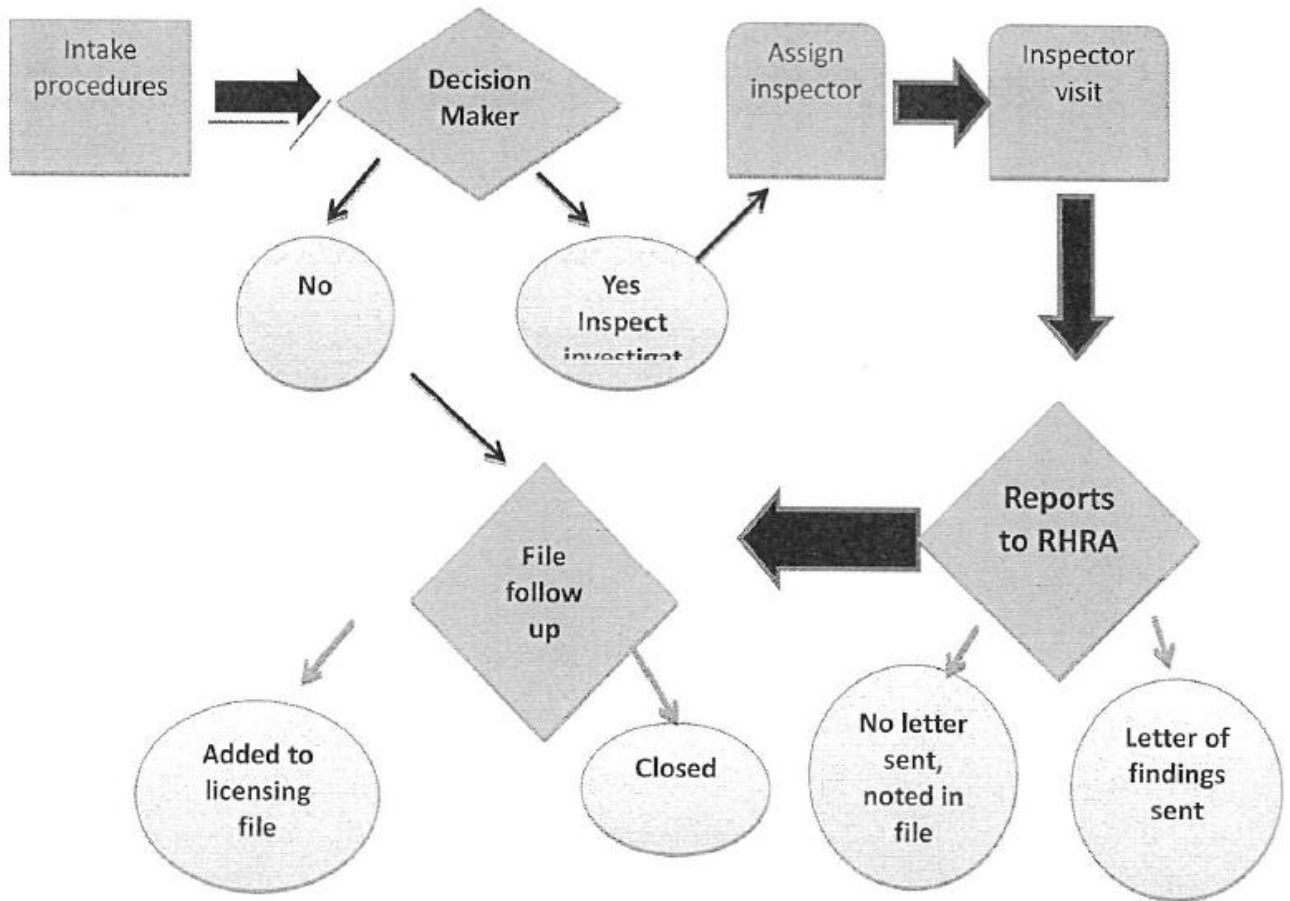
General Information		
<b>Manager/Owner Name:</b>		<b>Date:</b>
<b>RHRA Called</b>	<b>(Yes/No):</b>	<b>Date and time of call</b>
	<b>Staff who called:</b>	
Resident Statement Taken	Yes	No (explain)
Physical Injury	Yes (specify)	No
Medical Follow Up	Yes (specify)	No
Photo Evidence	Yes (specify)	No
SDM/POA Family Notified	Yes (specify)	No
Police Called	Yes	No
Resident Statement (voluntary)		
<p>Ask resident to verify facts of report. Resident can write account of the incident or manager can document facts based on the information received from the resident.</p>		
Retirement Staff Involved (List name and disciplinary action taken)		
<b>Name:</b>		<b>Disciplinary Action (Yes/No):</b>



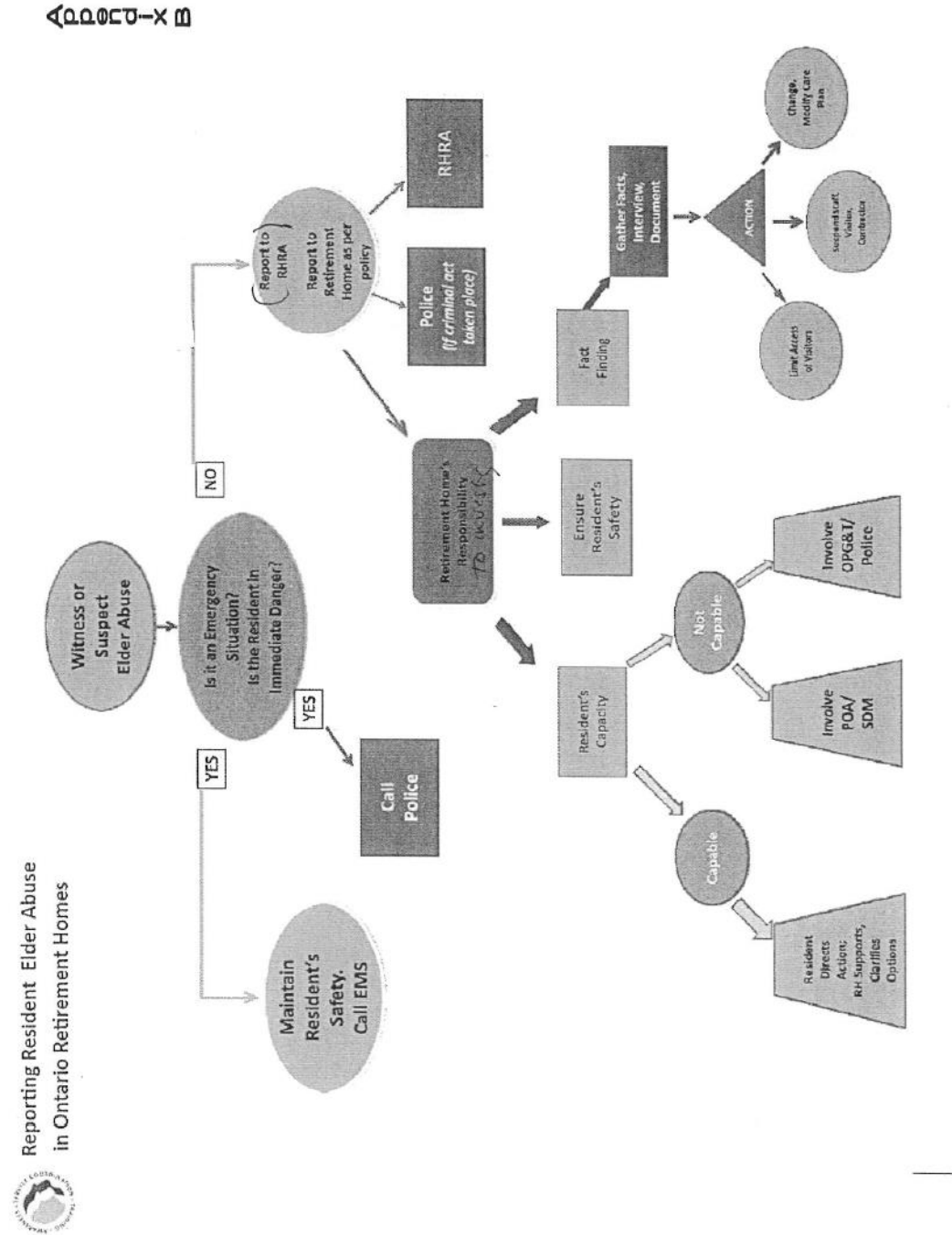
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Summary of Outcome & Follow Up Measures

### RC 6.6.3 Dealing with Elder Abuse Reports



## RC 6.6.4 Reporting Elder Abuse in Retirement Homes



## RC 6.6.5 Clarifying Questions on Various Types of Abuse

Type	Criminal Offences	Recognize Red Flags/Indicators	Questions for the Retirement Home	Questions for the Senior
<b>Physical</b>	<ul style="list-style-type: none"> <li>• <b>Assault</b></li> <li>• <b>Assault With a Weapon</b></li> <li>• <b>Sexual Assault</b></li> <li>• <b>Forcible Confinement</b></li> </ul>	<ul style="list-style-type: none"> <li>• Change in hygiene, grooming.</li> <li>• Inappropriate dress for the season</li> <li>• Skin shows signs of dehydration, lacerations, burns, bites..</li> <li>• Multiple hospital admissions for fractures, unexplained injuries, history of accidents.</li> <li>• Multiple Falls</li> </ul>	<ul style="list-style-type: none"> <li>• Is the senior anxious around the caregiver, certain staff or family members?</li> <li>• Is the senior physically isolated from everyone with no access to a phone or a lifeline?</li> <li>• Is there evidence of medical, chemical or physical restraints?</li> <li>• Are there unexplained injuries (for instance, grip marks on the forearms)?</li> </ul>	<ul style="list-style-type: none"> <li>• Does anyone ever touch you without your consent?</li> <li>• Can you tell me about a time recently when someone made you do things you didn't want to do?</li> <li>• Does anyone close to you ever try to harm or hurt you? Tell me about it</li> <li>• Do you have any close family members who abuse drugs, gambling and/or alcohol, or have a psychiatric or mental illness? Tell me how it affects you?</li> </ul>

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Type	Criminal Offences	Recognize Red Flags/Indicators	Questions for the Retirement Home	Questions for the Senior
<p><b>Sexual</b></p>	<ul style="list-style-type: none"> <li>• <b>Sexual Assault</b></li> <li>• <b>Sexual Exploitation of Person With Disability</b></li> </ul>	<ul style="list-style-type: none"> <li>• Difficulty sitting or walking;</li> <li>• Bloody or stained clothing</li> <li>• Itching, painful genital area</li> </ul>	<ul style="list-style-type: none"> <li>• Is there evidence that sexual or other abuse is happening?</li> <li>• Have you asked the senior about the nature and quality of their relationship with the caregivers/staffs/family/strangers coming into the home?</li> <li>• Have you documented all the evidence? Files could be used for court/prosecution in the future. Use quotes from senior.</li> </ul>	<ul style="list-style-type: none"> <li>• Does anyone ever touch you without consent?</li> <li>• Can you tell me about a time recently when someone made you do things you didn't want to?</li> <li>• Are you alone a lot?</li> <li>• Does anyone close to you ever try to harm or hurt you? Tell me about it.</li> </ul>



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Type	Criminal Offences	Recognize Red Flags/Indicators	Questions for the Retirement Home	Questions for the Senior
<p><b>Emotional</b></p> <p><b>Verbal</b></p>	<ul style="list-style-type: none"> <li>• <b>Uttering Threats</b></li> <li>• <b>Intimidation</b></li> <li>• <b>Criminal Harassment</b></li> </ul>	<ul style="list-style-type: none"> <li>• Indicators includes changes in tone or verbal, or non verbal aggression, insults, threats, lack of eye contact, aggressive body language or gestures, i.e. glaring at the senior as he or she speaks.</li> <li>• Depression, fear, anxiety, or withdrawal.</li> <li>• Behaviour changes when caregivers/staffs/family enter or leave the room.</li> </ul>	<ul style="list-style-type: none"> <li>• Have you noticed sudden changes in the older adult's behavior (e.g. depressed rather than content)?</li> <li>• Does the senior appear fearful of family an/or caregivers?</li> <li>• How do family member behave toward the older adult? Are they verbally abusive? Do they always speak for the older person?</li> </ul>	<ul style="list-style-type: none"> <li>• Can you tell me about a time recently when someone talked to or yelled at you in a way that made you feel bad about yourself?</li> <li>• Does anyone ever scold or threaten you? Can you give me an example?</li> <li>• Do you feel safe living here?</li> <li>• Does anyone ever tell you that you're sick when you know you aren't? Can you give me an example?</li> <li>• When was the last time you got to see your relatives or friends?</li> <li>• Do you have any access to a telephone? If not why not?</li> </ul>

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Type	Criminal Offences	Recognize Red Flags/Indicators	Questions for Retirement Home	Questions for Senior
<p><b>Financial</b></p>	<ul style="list-style-type: none"> <li>• <b>Theft</b></li> <li>• <b>Theft by Power of Attorney</b></li> <li>• <b>Fraud</b></li> <li>• <b>Forgery</b></li> <li>• <b>Extortion</b></li> <li>• <b>Criminal Breach of Trust</b></li> </ul>	<ul style="list-style-type: none"> <li>• Changes in senior’s appearance; presenting somewhat disheveled</li> <li>• Appears confused about financial status, banking process, where money is kept</li> <li>• Unpaid bills; notice to terminate service</li> <li>• Missing or absent financial records, statements, bank/credit cards</li> <li>• Disappearance or absence of possessions, i.e. no TV, jewellery</li> </ul>	<ul style="list-style-type: none"> <li>• Does the senior appear to have a different standard of living than others in the residence</li> <li>• Has there been a sudden change in standard of living, change of residence or living arrangement?</li> <li>• Does the senior refuse to spend money without consulting family?</li> <li>• Is there an unexplained or sudden inability to pay bills, account withdrawals, changes in their will, establishment of Power of Attorney, or disappearance of possessions?</li> </ul>	<ul style="list-style-type: none"> <li>• Have you ever been asked/forced to sign papers you didn’t understand? Tell me about it</li> <li>• Does anyone ever take anything from you or use your money without permission? Can you give me an example?</li> <li>• Who does you finances? Are you comfortable with how they handle your finances?</li> <li>• Do you have any close family members who abuse drugs/alcohol or have a psychiatric or mental illness? Tell me about how this affects you.</li> <li>• Do you feel obligated or forced to hand over money when you don’t want to? Tell me about it.</li> </ul>

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Type	Criminal Offences	Recognize Red Flags/Indicators	Questions for the Retirement Home	Questions for the Senior
Neglect	<ul style="list-style-type: none"> <li>• <b>Fail to Provide Necessaries of Life</b></li> <li>• <b>Criminal Negligence Causing Bodily Harm/Death</b></li> </ul>	<ul style="list-style-type: none"> <li>• Inadequate staffing in home.</li> <li>• Disheveled physical appearance, poor nutritional status</li> <li>• Poor oral and physical hygiene</li> <li>• Unclean premises, dirty clothing</li> <li>• Lack of food in fridge</li> <li>• Inappropriate temperature in apartment</li> <li>• Prescriptions not filled appropriately (e.g. inadequate time frame between prescriptions).</li> <li>• Lack of privacy; caregiver is always present at visits and reluctant to leave senior to speak privately</li> <li>• Needed medical/health aid not obtained. No walker, dentures, glasses, hearing aids, etc.</li> <li>• Untreated medical conditions</li> </ul>	<ul style="list-style-type: none"> <li>• Does the family/caregiver appear indifferent to the needs of the senior?</li> <li>• Is there evidence of any company/visitors coming to see the senior?</li> <li>• Does the senior ever get out of the home or are they left alone for long periods of time with no stimulation or social/recreational activities provided?</li> <li>• Are service providers ever left alone with the person? Does someone else always answer questions on behalf of the senior?</li> <li>• Is senior living in unsafe living conditions such as filth, fire hazards, hoarding, etc.?</li> </ul>	<ul style="list-style-type: none"> <li>• Are you getting all the help you need</li> <li>• Are you having any problems getting out of your doctor's office, pharmacy, etc.?</li> <li>• Are you alone a lot?</li> <li>• Does anyone ever let you down when you need help?</li> <li>• Do you feel that your food, clothing, and medications are available to you at all times?</li> <li>• When was the last time you had visitors?</li> <li>• Do you have ready access to a telephone? If not why not?</li> <li>• Do you have the glasses/dentures/cane that you need? If not why?</li> </ul>

## RC 6.6.6 Resident Abuse: When to Call the Police



### Appendix C:

## Resident Abuse: When to Call the Police

Retirement Home receives report of resident abuse, neglect, unlawful conduct resulting in harm or risk of harm, or misuse/misappropriation of resident's money.

**RH to Investigate – Fact Finding, as per policy**

**Do you suspect a criminal offence?**

**Do you suspect a Section 75 RHA matter?**

**If yes, contact local Police**

**If yes, contact the RHRA**

*"Reasonable grounds" are what an average person, given his or her training, background and experience, exercising normal and honest judgment, would suspect.*

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## RC 6.6.7 Resident Incident Report Form

Name of Resident \_\_\_\_\_ Suite No. \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Type of Incident: \_\_\_\_\_

Description of Incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Person, + Category, who discovered/observed incident: \_\_\_\_\_

\_\_\_\_\_

Physician Notified: Yes \_\_\_ No \_\_\_ Reason: \_\_\_\_\_

Name of Physician Notified: \_\_\_\_\_

Time: \_\_\_\_\_ Time Physician Responded: \_\_\_\_\_

Was resident sent to hospital: Yes \_\_\_ No \_\_\_

Name of Hospital: \_\_\_\_\_

Physician's Orders: \_\_\_\_\_

Physical Condition of Resident: \_\_\_\_\_

Mental Condition of Resident: \_\_\_\_\_

Sedation Prior to Incident: Yes \_\_\_ No \_\_\_

Were relatives notified: Yes: \_\_\_ No \_\_\_ Reason \_\_\_\_\_

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Person notified: \_\_\_\_\_ Time: \_\_\_\_\_

Report completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Nurse in Charge

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Manager / Designate

## **RC 6.6.8 Retirement Homes: Quick Reference Contacts**

<b>Advocacy Centre for the Elderly.....</b>	<b>416-598-2656</b>
<b>Alzheimer Society of Ontario.....</b>	<b>416-967-5900</b>
<b>LTC Action Line</b>	
<b>Ministry of Health and Long Term Care.....</b>	<b>1-866-434-0144</b>
<b>Office of the Public Guardian and Trustee.....</b>	<b>1-800-366-0335</b>
<b>Ontario Network of the Prevention of Elder Abuse.....</b>	<b>416-916-6728</b>
<b>OPP Senior Assistance Team.....</b>	<b>705-329-7693</b>
<b>Ontario Rental Housing Tribunal.....</b>	<b>1-888-332-3234</b>
<b>Ontario Seniors' Secretariat Info Line.....</b>	<b>1-888-910-1999</b>
<b>Retirement Home Complaints Response.....</b>	<b>1-800-361-7254</b>
<b>and Information Service</b>	
<b>Senior Crime Stoppers.....</b>	<b>1-800-222-8477</b>
<b>Senior's Safety Line.....</b>	<b>1-866-299-1011</b>

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## RC 6.6.9 Elder Abuse Provincial Resources

### Advocacy Centre for the Elderly (ACE)

The Advocacy Centre For the Elderly is a legal clinic funded by Legal Aid Ontario to provide legal services to low income seniors. Managed by a community Board of Directors, ACE provides a range of legal services, including telephone advice and information, representation before courts and tribunals, public legal education and services (speakers and publications), community development projects, and law reform activities.

Ace produces a newsletter twice a year (Spring and Fall). The ACE Newsletter highlights legal issues of current interest to the seniors community and to service-providers working with seniors. Articles from previous newsletters are also available on request.

Advocacy Centre for the Elderly  
2 Carlton Str., Suite 701, Toronto, ON M5B 1J3  
Tel: (416) 598-2656 Fax: (416) 598-7924  
Email: [wahlj@lao.on.ca](mailto:wahlj@lao.on.ca)  
[www.advocacycentreelderly.org](http://www.advocacycentreelderly.org)

### Office of the Public Guardian and Trustee (OPGT)

Information on Powers of Attorney, the Power of Attorney Kit, the Substitute Decisions Act, Capacity Assessment, and Guardianship, as well as other topics is available on the OPGT website. The pamphlet that describes the Office of the Public Guardian and Trustee can be obtained by contacting the regional office of OPGT (directory of regional offices available on website or by calling their toll-free 800 number).

Office of the Public Guardian and Trustee,  
Guardian Investigations Unit,  
595 Bay St., Ste. 800, Toronto, Ontario, M5G 2M6  
Tel: (416) 327-6348, or 800-366-0335  
[www.attorneygeneral.jus.gov.on.ca](http://www.attorneygeneral.jus.gov.on.ca)

### Ontario Association of Community Care Access Centre (OACCAC)

OACCAC's vision is to advance excellence in community health care in support of CCAC's and the clients they serve. It's mission is to serve as a collective voice for the contribution made to CCACs to an integrated health care system; and to provide leadership, inspiration and evidence-based outcomes in support of innovative and cost-effective community health care services.



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130 Bloor St. W Suite 200  
Toronto, ON M5S 1N5  
416-750-1720 or Call 310-CCAC (310-2222)  
[www.oaccac.on.ca](http://www.oaccac.on.ca)

### Investigation & Enforcement Unit of the Ministry of Municipal Affairs & Housing

Offences under Residential Tenancy Act can be reported to Investigation & Enforcement Unit of the Ministry of Municipal Affairs & Housing.

Tel: 416 585-7214 or 1-888-772-9277  
[www.mah.gov.on.ca/ieu](http://www.mah.gov.on.ca/ieu)

Landlord & Tenant Board:  
416 645-8080 or 1-888-332-3234  
[www.ltb.gov.on.ca](http://www.ltb.gov.on.ca) (fee for service)

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## Reference Materials

### Community Legal Education Ontario (CLEO)

A large number of publications are available from CLEO, some of which speak to the abuse of older adults specifically, and some of which provide useful information to you when you are assisting an older adult (e.g. publications on housing, benefits, Powers of Attorney, etc.) Some of these publications are available online (online order form is accessible on CLEO website); others must be ordered by contacting CLEO by email, telephone or mail. All publications are printed in English and French. Most are available free of charge. Inquire about cost when you contact CLEO.

A large number of publications are available from CLEO, some of which speak to the abuse of older adults specifically, and some of which provide useful information to you when you are assisting an older adult (e.g. publications on housing, benefits, Powers of Attorney, etc.) Some of these publications are available online (online order form is accessible on CLEO website); others must be ordered by contacting CLEO by email, telephone or mail. All publications are printed in English and French. Most are available free of charge. Inquire about cost when you contact CLEO.

CLEONET – an online clearinghouse of community legal education

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### Community Legal Education Ontario

119 Spadina Avenue, Suite 600,  
Toronto, Ontario. M5V 2L1  
Tel: (416) 408-4420  
Fax: (416) 408-4424  
Email: [cleo@cleo.on.ca](mailto:cleo@cleo.on.ca)  
[www.cleo.on.ca](http://www.cleo.on.ca)

### National Clearinghouse on Family Violence (NCFV)

The NCFV is Canada's national resource centre for information about family violence. The NCFV collects, develops and disseminates resources on prevention, protection and treatment. By increasing awareness, the NCFV encourages Canadian communities to become involved in reducing the occurrence of family violence.

National Clearinghouse on Family Violence  
Family Violence Prevention Unit  
Public Health Agency of Canada  
(Address Locator: 1907D1)  
7<sup>th</sup> Floor, Jeanne Mance Building, Tunney's Pasture  
Ottawa, Ontario K1A 1B4  
Telephone: 1-800-267-1291 or (613) 957-2938  
TTY: 1-800-561-5643 or (613) 957-2938  
Fax: (613) 941-8930  
Email: [ncfv-cnivf@phac-aspc.gc.ca](mailto:ncfv-cnivf@phac-aspc.gc.ca)  
[www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/](http://www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/)

### Ontario Network for the Prevention of Elder Abuse (ONPEA)

ONPEA is comprised on nine staff, including an Executive Director, a Multicultural Coordinator, six Regional Consultants, an Administrative Coordinator, and may Volunteers committed to promoting elder abuse prevention across the province. The regional offices are located throughout Ontario.

The Ontario Network for the Prevention of Elder Abuse (ONEPEA) is dedicated to raising awareness of elder abuse and neglect, through public education, professional training, advocacy, and service coordination. In addition to implementing Ontario's Strategy to Combat Elder Abuse, ONPEA supports a growing number of vital projects and research in elder abuse and neglect prevention.

ONEPEA's central office:

234 Eglinton Ave East, STE 500,  
Toronto, ON M4P 1K5  
Tel: (416) 916-6728 Fax: 416-916-6742  
[www.onpea.org](http://www.onpea.org)

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**References:**

*Ontario Network for the Prevention of Elder Abuse – www.onpea.org*

*Elder Abuse Protocol Development Guide: Halton Regional Police Service, November 2001.*

*Abuse Education, Prevention and Response: A Community Training Manual for those who want to address the Issue of the Abuse of Older Adults in their Community; Advocacy Centre for the Elderly, December 2002, Third Edition*

*Support and Assistance for Abused and Neglected Adults – Ontario; Advocacy Centre for the Elderly, February 2001*

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