



NURSING & HOMEMAKERS INC.

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Abuse and Neglect Policy & Procedures

Policy No.	Leadership 502
Approval Committee	Management
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Accountable To: President & CEO

Key Policy Issues:

- To identify the different types of abuse and best practices guidelines.
- Compliance with Ontario Regulation 187/22 under the Connecting Care Act, 2019
- Compliance with Fixing Long-Term Care Act, 2021



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1. **ABUSE AND NEGLECT**

NHI Nursing & Homemakers Inc., promotes the philosophy of care, and that all residents/clients are treated with dignity, respect and courtesy at all times. NHI views most seriously, any type of abuse or neglect of a resident/client by any staff, volunteer, family, Substitute Decision-Maker (“SDM”), visitor, or any other persons who enter the premises at any Long-Term Care (“LTC”) facility that contracts to NHI.

As per National Initiative for the Care of the Elderly (“NICE”), every year approximately 10% of Canadian older adults (65 years and plus) are victims of crime, and up to 1% of Canadian seniors experience physical abuse/violent crimes.

[Elder Abuse in Canada - NICE Information Tool](#)

2. **DEFINITIONS OF ABUSE**

As per the Fixing Long-Term Care Act, 2021, abuse in relation to a resident means “*physical, sexual, emotional, verbal or financial abuse...*”

NHI Nursing & Homemakers Inc., defines "abuse" as the following:

2.1 **Emotional/Psychological Abuse**

- a) Any threats, insults, intimidation, humiliation gestures, actions, behaviour or remarks, including imposed social isolation, shunning, ignorance, lack of acknowledgement or infantilization, that are performed by anyone other than a resident.
- b) Any threats, insults, intimidation gestures, actions, behaviour or remarks by a resident that causes alarm or fear to another resident, if the resident performing the gestures, actions, behaviour or remarks understands and appreciates their consequences.
- c) As per the National Initiative for the Care of the Elderly (“NICE”), emotional abuse encompasses: threats, intimidation, or humiliation of an older adult, or if someone treats the person like a child, or does not allow them to see their family/friends.

[Elder Abuse in Canada - NICE Information Tool](#)

- d) Examples of emotional/psychological abuse include:
 - Words or actions that belittle an older adult, and they can be hurtful and make a person feel unworthy
 - Not taking into consideration an older adult’s wishes
 - Verbal aggression, humiliation, isolation, intimidation, name-calling and withholding any sort of affection

- Not respecting an older adult's belongings/pets
- Inappropriate control of activities, such as denying access to grandchildren/friends
- Threatening an older adult by telling them that they will be put into a "home"
- Treating an older adult like a child, and removal of decision-making power while the older adult is still competent

2.2 **Financial Abuse**

Any misappropriation/misuse of a resident's money or property.

As per the National Initiative for the Care of the Elderly ("NICE"), financial abuse encompasses someone deceiving or threatening older adults to take their money, property, or belongings, entailing forging checks, stealing retirement benefits, utilizing credit cards or bank accounts without permission, and making unauthorized changes to wills or property titles.

[Elder Abuse in Canada - NICE Information Tool](#)

2.3 **Physical Abuse**

- a) The use of physical force by anyone other than a resident that causes physical injury or pain.
- b) The utilization of physical force by a resident that causes physical injury to another resident.
- c) Examples of physical abuse include:
 - Pushing and shoving
 - Hitting, slapping and poking
 - Pulling hair, biting and pinching
 - Spitting at someone
 - Inappropriately confining or restraining a person
 - Administering or withholding a drug for an inappropriate purpose

As per the National Initiative for the Care of the Elderly ("NICE"), Physical abuse entails hitting or handling an older adult roughly (even if there is no injury). Providing too little or too much medication or restraining a person physically against their own will.

[Elder Abuse in Canada - NICE Information Tool](#)

2.4 Sexual Abuse

As per the National Initiative for the Care of the Elderly (“NICE”), sexual abuse happens if someone coerces an older adult into engaging in sexual activity, which may include verbal/suggestive behaviour. Also, not respecting personal privacy, sexual touching, or sex without the person’s consent.

[Elder Abuse in Canada - NICE Information Tool](#)

Sexual Abuse:

- a) Any consensual or non-consensual touching, behaviour or remarks of a sexual nature or sexual exploitation that is directed towards a resident by a licensee or a staff member.
- b) Any non-consensual touching, behaviour or remarks of a sexual nature or sexual exploitation directed towards a resident by a person other than a licensee/staff member.
- c) Sexual abuse occurs if someone coerces an older adult into engaging in sexual activity without consent.
- d) Examples of sexual abuse include:
 - Verbal or suggestive behaviour
 - Not respecting personal privacy such as sexual touching
 - Coercing an older person through force, trickery, or threats
 - Sexual abuse also encompasses sexual contact with older adults who are unable to grant consent, including inappropriate sexual contact between service providers and their older adult clients

Note: *Sexual Abuse does not include:*

- Touching, behaviour or remarks of a clinical nature that are appropriate to the provision of care or assisting a resident with activities of daily living
- Consensual touching, behaviour or remarks of a sexual nature between a resident and a staff member, that is in the course of a sexual relationship that began before the resident was admitted to the long-term care home or before the licensee or staff member became a licensee or staff member

2.5 Verbal Abuse

- 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 the resident's sense of well-being, dignity or self-worth, that is made by anyone other than a resident.

- b) Any form of verbal communication of a threatening or intimidating nature made by a resident that leads another resident to fear for his/her safety where the resident making the communication understands and appreciates its consequences.

2.6 **Neglect**

- a) The failure to provide a resident with the treatment, care, services or assistance required for health, safety or well-being, and includes inaction or a pattern of inaction that jeopardizes the health, safety or well-being of one or more residents/clients. Neglect can be intentional or unintentional.
- b) Examples of neglect include, failing to provide:
 - Food and clothing
 - Safe shelter
 - Medical attention and personal care
 - Necessary supervision

3. **ZERO-TOLERANCE POLICY**

NHI Nursing & Homemakers Inc., maintains a Zero Tolerance for any type of abuse of a resident, family, substitute decision-maker, management, staff, volunteer, visitor or any other persons in a Long-Term Care ("LTC") facility.

Having a "zero-tolerance" policy means that NHI Nursing & Homemakers Inc., shall:

- a) Uphold the rights of all of residents/clients to be treated with dignity and respect, and to live free from abuse and neglect.
- b) Neither abuse, nor allow the abuse of resident(s) by staff or volunteers, nor condone the abuse of any resident(s) by any other person(s) at the facility.
- c) Provide information and education regarding resident abuse and neglect, and the prevention of resident abuse and neglect.
- d) Requirement of all staff and volunteers to report any and all suspected, alleged, witnessed, or actual incidents of resident abuse immediately.
- e) Treat allegation of abuse and neglect of a resident as a serious matter.
- f) Investigate every allegation of abuse and neglect of a resident.
- g) Take corrective action, including sanctions or penalties against those who have committed abuse against a resident.
- h) Chief Executive Officer and/or Director of Care and/or Director of Employee Relations will refer to the 'Decision Trees' when assessing the allegation, and for reporting purposes.
- i) Ensure that the resident's Substitute Decision-Maker, if any, and any other person specified by the resident:

Abuse & Neglect

- Are notified immediately upon the licensee becoming aware of an alleged, suspected or witnessed incident of abuse or neglect of the resident that has resulted in a physical injury or pain to the resident or that causes distress to the resident, that could potentially be detrimental to the resident's health or well-being
 - Are notified within 12 hours upon the licensee becoming aware of any other alleged, suspected or witnessed incident of abuse or neglect of the resident
- j) Ensure that the appropriate police force is immediately notified of any alleged, suspected or witnessed incident of abuse or neglect of a resident, that the licensee suspects may constitute a criminal offence.
- k) Ensure that the organization responds within 10 days to the complainant (duty to respond as per the Fixing Long-Term Care Act, 2021 and Connecting Care Act, 2019 - Ontario Regulation 187/22 - Home and Community Care Services).
- l) Ensure that the resident and the resident's Substitute Decision-Maker, if any, are immediately notified of the results of the investigation immediately upon completion of the investigation, as required by law.
- m) Please note, NHI Nursing & Homemakers Inc., is not required to notify a Substitute Decision Maker of any incidents of abuse and results of investigations of abuse if the Substitute Decision Maker is the alleged abuser.
- n) Take action against any person who in any way discourages a person from reporting an incident of abuse and/or who threatens, retaliates or mistreats a person reporting the abuse, even if the abuse is proven to be false.
- o) Make every effort to eliminate abuse and neglect of a resident through the in-house quality and risk management programs, including an annual evaluation of the effectiveness of our policy to promote zero tolerance of abuse and neglect of residents/clients. Any changes and improvements which are required to prevent further occurrences are implemented immediately.

4. **COMPLAINTS PROCESS AS PER ONTARIO REGULATION 187/22**

Please note NHI Nursing & Homemakers Inc., adheres to the Ontario Regulation 187/22 under the Connecting Care Act, 2019.

4.1 **In accordance with Clause 30 (12) (a) of O. Reg. 187/22**

In accordance with Clause 30 (12) (a) of O. Reg. 187/22, NHI (Service Provider Organization – SPO) has developed and implemented a process for reviewing complaints about the services, that incorporates Clause 30 (12) (a) of O. Reg. 187/22:

“(12) A health service provider or an Ontario Health Team shall ensure that their provider of home and community care services establishes a process for reviewing complaints respecting the services that includes, at a minimum,

(a) a process for immediately reporting to the provider or Team any incident that resulted in harm or a risk of harm to a patient”.

4.2 In accordance with Clause (12) (b) of O. Reg. 187/22

In accordance with Clause (12) (b) of O. Reg. 187/22, NHI (Service Provider Organization – SPO) has developed a process to review any allegation of abuse or neglect of a patient/client. The process includes the requirements set forth in Clause (12) (b) of O. Reg. 187/22:

“(12) A health service provider or an Ontario Health Team shall ensure that their provider of home and community care services establishes a process for reviewing complaints respecting the services that includes, at a minimum,

(b) in the case of a complaint described in paragraph 1 of subsection (1), requirements to,
(i) immediately report the complaint to the provider or Team,
(ii) provide a written record of the complaint to the provider or Team as soon as practicable,
(iii) inform the provider or Team of the response to the complaint, and
(iv) if requested by the provider or Team, provide written status updates on any investigation commenced by the provider of the home and community care services.”

4.3 As per Clause (12) (b): “paragraph 1 of subsection (1)”

As per Clause (12) (b): “*paragraph 1 of subsection (1)*”:

“30. (1) The process for reviewing complaints required by section 43.10 of the Act must include, at a minimum, review of the following types of complaints received from any person:

- 1. An allegation of abuse or neglect of a patient that resulted in harm or a risk of harm to the patient, or improper or incompetent service delivery to a patient that resulted in harm or a risk of harm to the patient by any of the following:*
 - i. The health service provider or Ontario Health Team.*
 - ii. A staff member of the health service provider or Ontario Health Team.*
 - iii. A provider of home and community care services of the health service provider or Ontario Health Team, including any employee or contractor of that provider.”*

As a patient/client, not only do you have rights and responsibilities, but you can also bring forward complaints through NHI’s complaint process. NHI will work collaboratively to address any concerns, grievances, issues and complaints. Complaints will be handled with compassion, support, specialized skills and special understanding.

PLEASE NOTE: Patient/Client Care and Service(s) will not be penalized for initiating a complaint.

4.4 **Process for Reporting Complaints**

Process for reporting any incident that resulted in harm or risk of harm to a patient/client:

- a) A complaint can be launched by the patient/client/family/Substitute Decision Maker (“SDM”).
- b) Any incident that resulted in harm or a risk of harm to a patient must be reported immediately.
- c) All complaints should be addressed in writing to the President and CEO of NHI Nursing & Homemakers Inc. Alternatively, complaints and concerns can be addressed verbally/writing with NHI’s Nursing Supervisor/Staffing Coordinator.
- d) The complaint will be reviewed as soon as possible or within 24 hours of receipt.
- e) A member of the leadership team will contact and collaborate with the patient/client/family/SDM/complainant, and inform them that the complaint has been received and is being reviewed.
- f) A member of NHI’s leadership team will investigate the matter with the staff involved.
- g) NHI leadership team will report the incident to Ontario Health atHome.
- h) If requested by Ontario Health atHome, NHI will provide written status updates to Ontario Health atHome on any investigation commenced by NHI.
- i) A member of NHI’s leadership team will then follow-up with the staff as necessary for disciplinary or remedial actions.

4.5 **Process for Reviewing Complaints**

Process for reviewing any allegation of abuse or neglect of a patient/client that resulted in harm or a risk of harm, or improper or incompetent service delivery to a patient/client that resulted in harm or a risk of harm to the patient/client by the Service Provider, a Service Provider employee, Ontario Health at Home, or Ontario Health atHome employee:

- a) Immediately report the complaint to Ontario Health atHome.
- b) Provide a written record of the complaint to Ontario Health at Home as soon as practicable.
- c) Inform Ontario Health atHome of NHI’s response to the complaint.
- d) If requested by Ontario Health atHome, NHI will provide written status updates to Ontario Health atHome on any investigation commenced by NHI.

NHI will comply with policies and procedures related to Abuse and Neglect in any facility.

5. ACKNOWLEDGMENT AND AGREEMENT

I, (_____) Employee Name acknowledge that I have read and understand the Abuse and Neglect Policy of NHI Nursing & Homemakers Inc. I agree to adhere to this Policy, and will ensure that employees working under my direction adhere to this Policy. I understand that if I violate the rules set forth by this Policy, I may face disciplinary action up to and including termination of employment.

Name: _____

Signature: _____

Date: _____

Witness: _____

6. REFERENCES

1. Registered Nurses' Association of Ontario (RNAO). Long-Term Care Best Practices Toolkit, 2nd Edition. Implementing and Sustaining Evidence-Based Practices in Long-Term Care. https://ltctoolkit.rnao.ca/clinical-topics/prevention-abuse-neglect?field_resource_type_updated_tid=98&items_per_page=5
2. Registered Nurses' Association of Ontario (RNAO). Clinical Best Practice Guidelines. Promoting Safety: Alternative Approaches to the Use of Restraints (February 2012). [Promoting Safety - Alternative Approaches to the Use of Restraints 0.pdf](#)
3. Registered Nurses' Association of Ontario (RNAO). Toolkit. Decision Tree. <https://ltctoolkit.rnao.ca/search/node/decision%20tree>
4. Registered Nurses' Association of Ontario (RNAO). Clinical Best Practice Guidelines. Preventing and Addressing Abuse and Neglect of Older Adults: Person-Centred, Collaborative, System-Wide Approaches (July 2014). [file:///C:/Users/bkng/Downloads/Preventing Abuse and Neglect of Older Adults%20BP G.pdf](file:///C:/Users/bkng/Downloads/Preventing%20Abuse%20and%20Neglect%20of%20Older%20Adults%20BP%20G.pdf)
5. National Initiative for the Care of the Elderly (NICE). <https://www.nicenet.ca/articles/elder-abuse-in-canada>
6. Government of Ontario. E-laws. O. Reg. 166/11: GENERAL. <https://www.ontario.ca/laws/regulation/110166>
7. Government of Ontario (Ontario.ca). e-Laws. Connecting Care Act, 2019 Ontario Regulation 187/22 - Home and Community Care Services. [O. Reg. 187/22 HOME AND COMMUNITY CARE SERVICES | ontario.ca](#)
8. Government of Ontario (Ontario.ca). e-Laws. Fixing Long-Term Care Act, 2021. [Fixing Long-Term Care Act, 2021, S.O. 2021, c. 39, Sched. 1 | ontario.ca](#)