

# ZERO TOLERANCE OF ABUSE AND NEGLECT



## Zero Tolerance of Resident Abuse and Neglect Program

RC-02-01-01

LAST UPDATED: April 2017

### APPENDICES:

- Appendix 1 – Possible Signs of Abuse or Neglect

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### RELATED AND SUPPLEMENTAL POLICIES:

- RC-02-01-02, Zero Tolerance of Resident Abuse and Neglect: Response & Reporting, RCM
- RC-02-01-03, Zero Tolerance of Resident Abuse and Neglect: Investigation and Consequences, RCM
- RC-02-01-05, Whistleblower Protection, Resident Care Manual
- RC-02-01-04, Commitment to Resident-Centered Care and Resident Rights, Resident Care Manual
- RC-09-01-04, Complaints and Customer Service, Resident Care Manual
- RC-02-01-06, Supervised Visitation, Resident Care Manual
- RC-09-01-05/06, Mandatory and Critical Incident Reports, Resident Care Manual
- RC-17-01-04, Responsive Behaviours, Resident Care Manual
- RC-01-01-08, Primary Nursing Care, Resident Care Manual

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### REQUIRED DOCUMENTS:

- EDUCATION ATTENDANCE RECORDS – Ensure employees' names are documented upon completion of Zero Tolerance of Resident Abuse and Neglect education.

## POLICY

Extendicare is committed to providing a safe and secure environment in which all residents are treated with dignity and respect and protected from all forms of abuse or neglect at all times.

Extendicare has zero tolerance for abuse and neglect. Any form of abuse or neglect by any person, whether through deliberate acts or negligence, will not be tolerated.

Prevention of abuse and neglect is fundamental to the zero-tolerance program.

All homes will implement a comprehensive zero tolerance of resident abuse and neglect program including measures to:

- prevent, detect and immediately respond to any alleged incident of resident abuse or neglect;
- promote fulsome and timely internal and external reporting and disclosure;
- promptly and thoroughly investigate all alleged or reported incidents in a fair and transparent manner;
- identify and address root causes using quality improvement methods and tools and interdisciplinary care planning strategies;
- communicate with and support residents, families, witnesses, whistleblowers and others throughout the process; and
- monitor, evaluate and improve the program continuously.

## Zero Tolerance of Resident Abuse and Neglect Program

### POLICY

Zero Tolerance of Resident Abuse and Neglect policies will be widely communicated and displayed in the home in a manner that is both highly visible and legible to all residents, staff and visitors.

The home will comply with all provincial, regional and local health authority written directives regarding Zero Tolerance of Abuse and Neglect.

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

*The policy and procedures herein operate subject to applicable legislation and collective agreements.*

### PROCEDURES

- ADMINISTRATOR  
/ DESIGNATE
1. Display and communicate Zero Tolerance of Resident Abuse and Neglect policies in a manner that is both highly visible and legible to all residents, staff and visitors.
  2. Post the Administrator/designate contact information as well as other contact information (e.g., provincial, regional and local health authorities) for reporting incidents of abuse/neglect.
  3. Include information on the Zero Tolerance of Abuse and Neglect program policies, including how to report abuse, in the admission package for residents and families.
  4. Conduct pre-employment/engagement screening for all staff, volunteers, students and others in keeping with Extendicare HR policies, regulatory requirements and contractor policies. Personal Support Workers/Health Care Aides/Care Aides/Special Care Aides and Continuing Care Assistances will undergo a check of the provincial care aide registry, where available and required.
    - a. In Manitoba, all individuals must be subject to a check of the Adult Abuse Registry prior to hire; and
    - b. In Ontario, a criminal reference check and vulnerable sector screen will be conducted in accordance with legislation.
  5. Orient all new staff, volunteers, students, agency/contractors and other relevant persons to all the policies supporting the Zero Tolerance for Abuse and Neglect program. At minimum, the following information will be available:
    - a. Definitions of resident abuse/neglect and how to recognize and report it;
    - b. Consequences for abusing/neglecting a resident or failing to report it;
    - c. Whistleblower protection;
    - d. How to identify and manage signs and symptoms of caregiver burnout;





## Zero Tolerance of Resident Abuse and Neglect Program

### PROCEDURES

- a. Read and understand the definitions of abuse and neglect and relevant reporting requirements.
- b. Participate in training that supports the implementation of the Zero Tolerance of Abuse and Neglect Program.
- c. Report to the Director of Care any barriers to compliance with relevant policies.



- All persons, including but not limited to employees, physicians, residents, students, contracted individuals, and volunteers, are encouraged to report breaches of the home's policies and procedures that apply to the home. Refer to policy, RC-02-01-05, *Whistleblower Protection*.



#### **ABUSE**

In relation to a resident, means physical, sexual, emotional, verbal or financial abuse.

#### **PHYSICAL ABUSE**

The use of physical force by anyone other than a resident that causes physical injury or pain; administering or withholding a drug for an inappropriate purpose, or the use of physical force by a resident that causes physical injury to another resident.

Examples: attacking, slapping, striking, hitting, pinching, pulling, rough handling, pushing, grabbing (in an attempt to control or destroy a part of one's anatomy), misuse of restraints, forced confinement to room, beating, cutting, burning, striking with any object or weapon.

**Note:** Does not include the use of force that is appropriate to the provision of care or assisting a resident with activities of daily living, unless the force used is excessive in the circumstances.

#### **SEXUAL ABUSE**

Any consensual or non-consensual touching, behaviour, or remarks of a sexual nature or sexual exploitation that is directed towards a resident by a licensee or staff member, or any non-consensual touching, behaviour, or remarks of a sexual nature or sexual exploitation directed towards a resident by a person other than a licensee or staff member.

Examples: sexual speech, unwanted touching or molestation that is sexual in nature, engaging residents in conversation about sexual acts without clinical justification, sexual assault, sexual harassment, rape.

**Note:** 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.

Does not include consensual touching, behaviour, or remarks of a sexual nature between a resident and a licensee or staff member that is in the course of a sexual relationship that began before the resident was admitted to the home or before the licensee or staff member became a licensee or staff member.

## Zero Tolerance of Resident Abuse and Neglect Program

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### **EMOTIONAL ABUSE**

Any threatening, insulting, intimidating or humiliating gestures, actions, behaviour or remarks, including imposed social isolation, shunning, ignoring, lack of acknowledgement or infantilization, that are performed by anyone other than a resident, or any threatening or intimidating gestures, actions, behaviour or remarks by a resident that causes alarm or fear to another resident where the resident performing the gestures, actions, behaviour, or remarks, understands and appreciates its consequences.

Examples: humiliation, intimidation, infantilization, imposed or sudden isolation, sarcasm, mocking, ridiculing, name calling, scolding, any forms or acts of punishment, threats, instilling fear, withholding companionship or desired items, social isolation, withholding of critical information, denial of privacy, removal of the decision-making process, lack of acknowledgement or intentional ignoring.

### **VERBAL ABUSE**

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 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.

Examples: inappropriate tone of voice abusive language, yelling, swearing rude, offensive or sexual comments or gestures.

### **FINANCIAL ABUSE**

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

Examples: theft, extortion, unauthorized consumption of resident food, misusing resident telephone to make local and long distance calls, withholding or borrowing money or valuables, money, valuables or property being taken away from a resident, forging of a resident signature, cashing a cheque or possessing/using a resident credit/debit card without authority, or falsely acting as a power of attorney.

### **NEGLECT**

The failure to provide a resident with the treatment, care, services or assistance required for health, safety or well-being - includes inaction or a pattern of inaction that jeopardizes the health, safety or well-being of one or more residents.

Examples: unreasonably ignoring a call for assistance, refusing to provide assistance to the bathroom when the resident requests or requires such assistance, neglecting the resident's physical needs with respect to cleanliness, such as neglecting to provide grooming, bathing, hair care, or teeth and nail care, sensory deprivation (glasses, hearing aids, dentures, prolonged inactivity), withholding meals and/or nutritional fluids, or lack of necessary safety precautions to prevent injury to the resident.



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## Zero Tolerance of Resident Abuse and Neglect Program

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*Note: Ontario LTC home staff should review the definitions of abuse and neglect as set out in subsections 2(1) of the LTCHA and section 2 of the Regulation. Under section 24 of the LTCHA homes are not required to report an assault on a staff member. Although homes may be required to, or should report these incidents to other required bodies or entities such as the Ministry of Labour or the police.*

### **THERAPEUTIC RELATIONSHIP**

At the core of care provided by healthcare providers is the therapeutic relationship. The relationship is based on trust, respect, empathy and professional intimacy, and requires appropriate use of the power inherent in the care provider's role. Regardless of the context, length of interaction and whether a healthcare provider is the primary or secondary care provider, these components are always present. A boundary in the therapeutic relationship is the point at which the relationship changes from professional and therapeutic to unprofessional and personal. Crossing a boundary means that the health care provider is misusing the power in the relationship or behaving in an unprofessional manner with the client. The misuse of power does not have to be intentional to be considered a boundary crossing.

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Adult Abuse Registry Act, 2011, Manitoba

<http://web2.gov.mb.ca/laws/statutes/ccsm/a004e.php>

The Protection for Persons in Care Act, Manitoba C.C.S.M. c P144

<http://web2.gov.mb.ca/laws/statutes/ccsm/p144e.php>

Protection for Persons in Care Act, Alberta Regulation 104/210

[http://www.qp.alberta.ca/1266.cfm?page=2010\\_104.cfm&leg\\_type=Regs&isbncln=9780779750047&display=html](http://www.qp.alberta.ca/1266.cfm?page=2010_104.cfm&leg_type=Regs&isbncln=9780779750047&display=html)

RNAO.ca/elder-abuse

<http://rnao.ca/bpg/guidelines/abuse-and-neglect-older-adults>

Bill 205, The Protection for Persons in Care Act, Saskatchewan

<http://www.qp.gov.sk.ca/documents/english/Opposition/2002/bill-205.pdf>

Ombudsman Saskatchewan

<https://www.ombudsman.sk.ca/>



## Zero Tolerance of Resident Abuse and Neglect: Response and Reporting

LAST UPDATED: April 2017

### APPENDICES:

- Appendix 1 – Extencicare Abuse and Neglect Decision Tree
- Appendix 2 – Jurisdictional Reporting Requirements
- Appendix 3 – Alberta Abuse Reporting Form
- Appendix 4 – Manitoba Abuse Reporting Form
- Appendix 5 – Ontario LTC Critical Incident Reporting Form
- Appendix 6 – Ontario LTC Verbal Abuse Decision Tree
- Appendix 7 – Ontario LTC Emotional Abuse Decision Tree
- Appendix 8 – Ontario LTC Financial Abuse Decision Tree
- Appendix 9 – Ontario LTC Sexual Abuse Decision Tree
- Appendix 10 – Ontario LTC Physical Abuse Decision Tree
- Appendix 11 – Ontario LTC Neglect Decision Tree
- Appendix 12 – Extencicare Internal Incident Report Form

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### RELATED AND SUPPLEMENTAL POLICIES:

- RC-02-01-01, Zero Tolerance of Resident Abuse and Neglect Program, Resident Care Manual
- RC-02-01-03, Zero Tolerance of Resident Abuse and Neglect: Investigation and Consequences, RCM
- RC-02-01-05, Whistleblower Protection, Resident Care Manual
- RC-02-01-04, Commitment to Resident-Centered Care and Resident Rights, Resident Care Manual
- RC-09-01-04, Complaints and Customer Service, Resident Care Manual
- RC-02-01-06, Supervised Visitation, Resident Care Manual
- RC-09-01-05/06, Mandatory and Critical Incident Reports, Resident Care Manual
- EP-07-01-01, Code White – Violent Situation, Emergency Preparedness and Response Manual
- RC-17-01-04, Responsive Behaviours, Resident Care Manual

### POLICY

Anyone who witnesses or suspects abuse or neglect of a resident by another resident, staff or other person must report the incident. The report may be made to the home and/or external authorities. At minimum, any individual who witnesses or suspect abuse or neglect of a resident must notify management immediately.

Staff must complete an internal incident report and notify their supervisor (or during after-hours the Nurse on site). The Nurse would then call the Manager on-call or General Manager/designate immediately upon suspecting or becoming aware of abuse or neglect of a resident.

Management will promptly and objectively report all incidents to external regulatory authorities, including the police if there are reasons to believe a criminal code offence has been committed.

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## Zero Tolerance of Resident Abuse and Neglect: Response and Reporting

### POLICY

Reported or suspected incidents alleging financial abuse related to misappropriation of funds in resident accounts must be reported to the FASST team for an audit and investigation, as well as possible notification of law enforcement authorities.

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

**Note:** *The policy and procedures herein operate subject to applicable legislation and collective agreements.*

### BACKGROUND

Extendicare has a zero tolerance for abuse and neglect. Any form of abuse or neglect by any person interacting with residents, whether through deliberate acts or negligence will not be tolerated.

### PROCEDURES

- |                                 |  |
|---------------------------------|--|
| ADMINISTRATOR<br>/ DESIGNATE    | 1. Refer to the <i>Extendicare Abuse and Neglect Decision Tree, Appendix 1</i> .   |
|                                 | 2. Immediately initiate an investigation of the alleged, suspected or witnessed abuse.   |
| DIRECTOR OF CARE<br>/ DESIGNATE | 3. Notify police authorities, as per jurisdictional and legislative requirements, as applicable. <i>See Jurisdictional Reporting Requirements, Appendix 2.</i>   |
| SUPERVISOR<br>/ DESIGNATE       | 4. Follow province-specific reporting requirements. <i>See Jurisdictional Reporting Requirements, Appendix 2.</i>  |
|                                 | 5. Complete province-specific reporting form: <ul style="list-style-type: none"><li>a. Appendix 3 – Alberta Abuse Reporting Form</li><li>b. Appendix 4 – Manitoba Abuse Reporting Form</li><li>c. Appendix 5 – Ontario LTC Critical Incident Reporting Form</li></ul> <p><b>Note:</b> <i>Use the Extendicare Internal Incident Report Form, Appendix 12 if there is no province-supplied Reporting Form.</i></p> |
|                                 | 6. If a staff member, volunteer, student or agency/contractor has been injured or requires debriefing counseling as a result of the incident, follow Extendicare OH&S policies.  |
|                                 | 7. Consult with the Regional Director and, if applicable, Labour Relations, regarding the investigation process.   |
|                                 | 8. The Administrator has the authority to place an employee on Leave of Absence with pay, pending results of the investigation.  |

## Zero Tolerance of Resident Abuse and Neglect: Response and Reporting

### PROCEDURES

#### ALL STAFF

1. Refer to the *Extendicare Abuse and Neglect Decision Tree, Appendix 1*.
2. Immediately respond to any form of alleged, potential, suspected or witnessed abuse (physical, verbal, emotional, sexual, financial and neglect).
3. Intervene if safe to do so. If necessary to maintain safety and security of any individual of the home, call a CODE WHITE or contact police immediately if resident in danger.
4. Ensure the safety of, and provide support to the abuse victim(s), through completion of full assessments, a determination of resident needs and a documented plan to meet those needs.
5. Transfer the resident(s) to hospital for assessment if necessary.
6. Contact the Physician/Nurse Practitioner for further assessment if required and communicate the status of the resident.
7. Offer specialized supports to resident/families involved in the alleged incident (e.g., social work, counseling, victim's support services, regulatory health authority).
8. Consult with the interdisciplinary team to develop strategies to provide immediate and long-term support to the resident.
9. In cases of physical and/or sexual abuse, it is imperative to preserve potential evidence as the incident may result in criminal charges and ensure that:
  - a. Consent is obtained to take pictures of any injuries or evidence;
  - b. Accurate detailed descriptions of injuries/condition are documented in the resident chart; and
  - c. In the case of sexual abuse, ensure that the resident, their clothing and linens are not washed to preserve evidence.

#### RESIDENT TO RESIDENT INCIDENTS

1. Immediately respond and follow the procedures above.
2. Separate residents and move to another room or unit if appropriate.
3. Call the police if resident poses an immediate danger to self or others.
4. Transfer resident(s) to hospital for assessment, diagnosis and treatment if necessary.
5. Assess resident for responsive behaviours (see Responsive Behaviours Program) and implement management strategies if the resident can be safely managed in the home.

## Zero Tolerance of Resident Abuse and Neglect: Response and Reporting

### PROCEDURES

6. Contact local health authority and begin the discharge process if resident behaviour is not able to be managed in the home. Refer to policy, *Discharge, RC-03-01-05* in the Resident Care Manual.

### REPORTING

1. Any employee or person who becomes aware of an alleged, suspected or witnessed resident incident of abuse or neglect will report it immediately to the Administrator/designate/reporting manager or if unavailable, to the most senior Supervisor on shift at that time.

**Note:** In Ontario, in addition to the above, anyone who suspects or witnesses abuse, incompetent care or treatment of a resident, misappropriation of funds (resident or funds provided to the licensee under the LTCHA or the Local Health Systems Integration Act, and/or neglect that causes or may cause harm to a resident is required to contact the Ministry of Health and Long Term Care (Director) through the Action Line at 1-866-434-0144 and is protected by legislation (Whistleblower protection) from retaliation.

2. The person reporting the suspected abuse will follow the home's reporting process and provincial requirements to ensure the information is provided to the home Administrator/designate immediately.
3. Visitors, volunteers, students, employees and/or agency/contracted workers who violate this policy will be required to leave the premises immediately.
4. Disclosure of the alleged abuse will be made to the resident/Substitute Decision Maker (SDM)/Power of Attorney (POA), immediately upon becoming aware of the incident, unless the SDM/POA is the alleged perpetrator.
5. Cooperate fully with those responsible for the investigation.
6. Maintain confidentiality of all information related to the incident in keeping with the Whistleblower Protection policy (RC-02-01-05).



### WHISTLEBLOWER

A Whistleblower is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct.



Adult Abuse Registry Act, 2011, Manitoba

<http://web2.gov.mb.ca/laws/statutes/ccsm/a004e.php>

The Protection for Persons in Care Act, Manitoba C.C.S.M. c P144

<http://web2.gov.mb.ca/laws/statutes/ccsm/p144e.php>



RC-02-01-03

## Zero Tolerance of Resident Abuse and Neglect: Investigation and Consequences

LAST UPDATED: April 2017

### APPENDICES:

- Appendix 1 – Incidents That May Constitute a Criminal Offence
- Appendix 2 – National Workplace Investigation Toolkit
- Appendix 3 – Investigation Checklist

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### RELATED AND SUPPLEMENTAL POLICIES:

- RC-02-01-01, Zero Tolerance of Resident Abuse and Neglect Program, Resident Care Manual
- RC-02-01-02, Zero Tolerance of Resident Abuse and Neglect: Response and Reporting, RCM
- RC-02-01-05, Whistleblower Protection, Resident Care Manual
- RC-02-01-04, Commitment to Resident Centered Care and Resident Rights, Resident Care Manual
- RC-09-01-04, Complaints and Customer Service, Resident Care Manual
- RC-02-01-06, Supervised Visitation, Resident Care Manual
- RC-09-01-05/06, Mandatory and Critical Incident Reports, Resident Care Manual
- RC-09-01-03, Disclosure of Resident Safety Incidents to Resident/SDM, Resident Care Manual

### **POLICY**

All reported incidents of abuse and/or neglect will be objectively, thoroughly and promptly investigated.

During an investigation, staff will reassure and support residents and regularly communicate with families/Power of Attorneys (POAs)/Substitute Decision-Makers (SDMs) and other relevant stakeholders.

At the conclusion of an investigation, a determination will be made, based on the facts of the case on the best course of action to prevent future incidents of abuse and/or neglect.

Staff who commit abuse or neglect, fail to report abuse or neglect in a timely manner or intimidate, or coerce, discourage or otherwise keep others from reporting abuse or neglect will be subject to corrective action. Depending on the circumstances and information obtained during the investigation, corrective actions may include: retraining, verbal warning, written warning, suspension or termination.

Staff who have been found to have committed abuse or neglect and are registered members of a professional college or association, will be reported to their respective college or association. Personal Support Workers (PSWs)/Health Care Aides who commit abuse or neglect will be reported to the PSW/Care Aide Registry, if one exists in the province. In Manitoba, any individual who has committed abuse or neglect will be reported to the Adult Abuse Registry.

Volunteers, students and contracted service providers who commit abuse and/or neglect will face corrective action up to and including termination of the service contract or volunteer status within the home. Those who are members of a regulated health profession will be reported to their respective regulatory body.

## Zero Tolerance of Resident Abuse and Neglect: Investigation and Consequences

### POLICY

Family members and visitors who commit an act of abuse or neglect of a resident will be subject to corrective action, up to and including supervised visitation (refer to Supervised Visitation policy), ban from the home or possible legal action.

Residents who commit an act of abuse may be moved within the home, transferred to hospital or specialized facility, or discharged from the home with appropriate authorization from relevant authorities, where required.

The police will be notified if there are grounds to believe a criminal code offence has been committed.

Investigation results will be shared with key stakeholders, including residents, families, staff and relevant regulatory authorities, and used for quality improvement purposes. If the resident's SDM is the individual being alleged of abuse, the home will ensure that this fact is included in reports to police or external authorities and is not required to advise the SDM of the results of the investigation.

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

*The policy and procedures herein operate subject to applicable legislation and collective agreements.*

### PROCEDURES

- ADMINISTRATOR / DESIGNATE
1. The Administrator or designate will oversee the completion of all steps required by the policy and procedures, in order to manage the case to resolution. This includes:
    - a. Promptly initiating an investigation (immediately if there is harm or risk of harm to a resident);
    - b. Advising the Regional Director and/or Labour Relations of all pertinent information related to the investigation during its various stages;
    - c. Ensuring that reporting requirements to provincial/regulatory bodies have been completed as required;
    - d. Ensuring that disclosure of all information pertinent to the incident is made within prescribed timelines and to the appropriate individuals, in compliance with privacy policies and legislation and all provincial regulatory body requirements. Refer to policy, *Disclosure of Resident Safety Incidents to Resident/SDM, RC-09-01-03*;
    - e. Enforcing appropriate consequences for those responsible for abuse or neglect of a resident (i.e. suspension, dismissal, discipline, reporting to the police, etc.);
    - f. Offering/providing debriefing counselling to resident/family and staff who reported the incident, where appropriate;

## Zero Tolerance of Resident Abuse and Neglect: Investigation and Consequences

### PROCEDURES

- g. Cooperating with police investigation if applicable;
- h. Ensuring that a copy of the documentation and all other evidence collected is stored within a secure area of the home.
- i. Identifying the applicable management personnel who will have authority to access such evidence/documentation; and
- j. Maintaining confidentiality regarding the report and all involved.

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MANAGER  
/ DESIGNATE

1. In cases where the allegation of abuse or neglect is made against an employee, management will:
  - a. Advise the employee that there has been a report of suspected or witnessed abuse or neglect toward a resident;
  - b. Immediately advise the employee that they are being removed from the work schedule, with pay, pending investigation;
  - c. Advise the employee that they will be contacted directly to arrange for an interview; and
  - d. When a unionized employee is contacted about an investigation meeting, tell the employee they can have union representation at such meeting. Consult applicable collective agreement regarding representation.
2. During the investigation, the investigating manager/supervisor will:
  - a. Maintain the security and integrity of the physical evidence at the site of incident, fully investigate the incident, and complete the documentation of all known details in keeping with the steps outlined in the investigation toolkit. See *National Workplace Investigation Toolkit, Appendix 2*.
  - b. Determine whether:
    - i. The circumstances of the alleged, suspected or witnessed abuse or neglect meet the definitions of abuse or neglect, including whether the situation involved abuse by a resident to another resident was such that the resident causing the abuse understands and appreciates the consequences;
    - ii. The incident involved prohibited use of restraints;
    - iii. The incident involved physical injury to a resident, another resident, or a staff member; and/or
    - iv. The incident may be a violation of the Criminal Code of Canada. See *Incidents That May Constitute a Criminal Offence, Appendix 1*.

## Zero Tolerance of Resident Abuse and Neglect: Investigation and Consequences

### PROCEDURES

3. At the completion of the investigation, the investigating manager/supervisor will:
  - a. In consultation with the applicable Regional Director and Labour Relations contacts, determine the appropriate management action(s) to be taken as a result of the findings of the investigation (i.e., education, discipline, policy revision, mandatory reporting to a relevant professional college/association);
  - b. Implement the management actions identified as necessary at the home level, including issuing discipline if necessary;
  - c. Advise the applicable Regional Director and Labour Relations contacts if the findings cannot substantiate abuse or neglect and disciplinary action is unnecessary;
  - d. Meet with the employee and advise of the investigation outcome; and
  - e. Advise unionized employee they may have union representation at a meeting concerning the outcome of the investigation at which discipline may/will be issued.

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#### STAFF

1. Staff who report a suspected, alleged or witnessed incident of resident abuse or neglect will:
  - a. Cooperate fully with those responsible for the investigation (i.e. management, police, inspector, etc.);
  - b. Attend any meetings regarding the matter required by management; and
  - c. Maintain confidentiality of all information related to the incident.
2. Staff who suspect, witness or are implicated in an incident of abuse or neglect may:
  - a. Request to be accompanied by a co-worker (or union representative) during the investigatory meeting;
  - b. Receive supportive counseling or resources, if desired; and
  - c. Request additional support from their union or HR if required.



Adult Abuse Registry Act, 2011, Manitoba  
<http://web2.gov.mb.ca/laws/statutes/ccsm/a004e.php>

The Protection for Persons in Care Act, Manitoba C.C.S.M. c P144  
<http://web2.gov.mb.ca/laws/statutes/ccsm/p144e.php>

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