Centre universitaire de santé McGill McGill University Health Centre

<table>
<tr><td colspan="2">PM 400 POL- Prevention of the mistreatment of vulnerable and older adults</td></tr>
<tr><td>Related Procedure:

PM 400 PRO- Prevention of the mistreatment of vulnerable and older adults</td><td>Associated SNC-O&M Policy and Procedure (if applicable):

N/A</td></tr>
<tr><td>Originating Directorate/Sector:
Multidisciplinary Services Department (adult sites) of the MUHC Mental Health Mission and Patient Trajectory NSA/SAPA</td><td>Creation Date: 2018-11-16</td></tr>
<tr><td>Policy: ☒ New ☐ Revised
☐ Reviewed</td><td>Effective Date: 2018-11-30</td></tr>
<tr><td>Key Words: mistreatment, abuse, seniors, prevention, vulnerable, welfare, wellbeing</td><td>Revision/Review Date: 2020-05-30</td></tr>
<tr><td colspan="2">Approved by:
☐ Director/Manager ☐ Risk/Ethics ☐ Policy and Procedure Committee ☐ Document Management
☒ Board of Directors ☐ Management Committee
Date: approved on 2018-12-10</td></tr>
<tr><td colspan="2">Scope: ☒ MUHC ☐ Directorate/Sector: ____</td></tr>
<tr><td>Site Specific: ☒ No ☐ Yes Site: __________</td><td>Distributed to: ☒ Staff ☒ Director/Manager
☐ Others: _______________________
Available on the intranet: ☒ Yes ☐ No</td></tr>
<tr><td colspan="2">Summary:
This policy implements the Act to combat maltreatment of seniors and other persons of full age in vulnerable situations RSQ, c L-6.3 (Act on mistreatment).</td></tr>
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(Refer to MUHC Policies and Procedures Manual)

I. INTRODUCTION

For several years, the government of Quebec has been working to prevent the mistreatment of adults in vulnerable situations, which includes government action plans to counter elder abuse. In order to reaffirm its commitment to the preventing abuse, Quebec's National Assembly has adopted and approved the *Act to combat maltreatment of seniors and other persons of full age in vulnerable situations* (**Act on mistreatment**).

The following policy as well as the resulting procedure, the **Procedure to Prevent Mistreatment,** establishes the responsibilities of the McGill University Health Centre (MUHC) in accordance with the Act on mistreatment. Those targeted by the Act are seniors and other adults in vulnerable situations. Some people have a higher risk of being in a vulnerable situation, including those who are incapacitated or have a major loss of autonomy, mental/physical disabilities, mental health issues,

developmental disabilities or Autism Spectrum Disorder (ASD). The Act on mistreatment provides specific conditions for the mandatory reporting of mistreatment involving highly vulnerable people. The MUHC is developing procedures to end abuse, ensure vigilance and detect abuse among these groups.

Peripheral to this policy to prevent mistreatment is the MUHC's **Civility and Respect** policy, stating that each member of its community undertakes to adopt and maintain behaviour based on civility and respect, free of harassment and violence. Complaints and reports relating to situations outlined in the Civility and Respect policy are addressed using the relevant procedure.

II. PURPOSE

This policy aims to clarify the roles, responsibilities and obligations of staff who detect an abusive situation. Any act of abuse is considered unacceptable and will not be tolerated at the MUHC.

Everyone must participate in creating living environments that prioritize users' wellbeing while delivering services respectfully, with a focus on identifying potential situations of abuse. Increased vigilance is expected of all those affected by the policy so that all act diligently when a potential abusive situation arises.

The MUHC undertakes, to the extent possible and in collaboration with users and the interdisciplinary team, to end situations of mistreatment, and to reduce or eliminate the risk of recurrence and of negative consequences related to situations of abuse.

Specifically, the MUHC undertakes to:

- Ensure the safety, wellbeing and quality of life of users by implementing measures to prevent abuse;
- Prevent, identify and, with the user's consent, quickly and effectively take control of situations of abuse;
- Outline the guiding principles and actions required in order to promote reporting and ending abuse;
- Inform MUHC **staff**, **users** and **those close to them** of the policy, its contents, their obligations and the importance of reporting cases of abuse;
- Support people in their efforts to prevent abuse;
- Ensure understanding and respect of the Act on mistreatment;
- Carry out audits and adopt recommendations for corrective measures.

III. PERSONS/AREAS AFFECTED

This policy applies to any person who is susceptible to be involved in an abusive situation of a vulnerable or older adult either as a victim and/or a perpetrator, including but not limited to those close to the user as well as staff working at the MUHC.

IV. REFERENCES/DEFINITIONS OF CONDITIONS

References:

This policy is based not only on the *Act on mistreatment*, but also on the *Charter of Human Rights and Freedoms*, the *Act respecting health services and social services*, the *Quality living environment for people living in nursing homes* ministerial guidelines and the *2017–2022 Governmental Action Plan to Counter Elder Abuse*.

The MUHC undertakes to respect the legislative and regulatory provisions included in these acts and the *National Framework Agreement to Fight Elder Abuse* and aims to establish a strong partnership between ministries and government organizations to ensure better protection and provide the necessary support to people in vulnerable situations who are victims of abuse.

Definitions:

Abusive person: The person who is abusive, which can include but is not limited to, the staff of the institution and the user's family and friends.

Abusive situation: A situation of abuse is alleged when it is the subject of a complaint or report under this policy. A situation of abuse is *confirmed* after an examination has demonstrated the presence of one or more **types of abuse** and/or **categories of abuse**.

Act on mistreatment: The *Act to combat maltreatment of seniors and other persons of full age in vulnerable situations* (RSQ, c. L-6.3).

AHSSS: The *Act respecting health services and social services* (RSQ, c. S-4.2).

Categories of abuse: Refers to a categorization system. There are seven (7) categories of abuse: psychological abuse, physical abuse, sexual abuse, material or financial abuse, violation of rights, organizational abuse, and ageism. (See Schedule I: Elder Abuse Terminology.)

Complaint: Expressed dissatisfaction with the care or services received by a user of the MUHC that may constitute an abusive situation under this policy.

Concerted intervention process: Effective consultation between internal and external stakeholders to ensure the best interventions for ending abusive situations.

CPDP: Council of Physicians, Dentists and Pharmacists of the MUHC.

Designated social worker: Social worker designated by the respondent, in collaboration with the interdisciplinary team, who is responsible for fact-checking, assessment, and intervention in order to end the abusive situation.

Fact checking: The fact-checking process consists of thoroughly documenting the abusive situation, questioning those involved and collecting documents from different sources. It facilitates the assessment of information to determine whether the complaint/report is true or not. The results of the fact checking make it possible to begin planning interventions and follow-ups.

Healthcare and social services provider: Person working for the institution that provides healthcare and social services directly to users.

Identification: Identification involves spotting potential abusive situations. There are three types of identification: identifying, detecting, and screening.

- Incapacitated persons, whether under tutorship, curatorship or an official protection mandate, regardless of their place of residence.

Intervention: Intervention consists in planning and implementing any action to reduce risks and manage, or even resolve, the abusive situation.

LSQCC: Local service quality and complaints commissioner. The commissioner is responsible for handling complaints and reports made under the Act on mistreatment and, if necessary, directing those making the reports to another appropriate body.

Medical examiner: A physician appointed by the MUHC Board of Directors on the recommendation of the Executive Committee of the CPDP, for the purpose of applying the procedure for the examination of complaints concerning a doctor, dentist, pharmacist or medical resident at the MUHC.

Mistreatment (Abuse): A singular or repetitive action or lack of appropriate action that occurs in a relationship where there should be trust and that intentionally or unintentionally causes harm or distress to a person.

Mistreatment committee: The committee consists of the MUHC respondent, the complaints commissioner and the designated social worker. Where necessary, the ethicist, the medical examiner and/or the unit/department head and members of the interdisciplinary team involved in the abusive situation will be included.

MSSS: The Ministère de la Santé et des Services sociaux.

MUHC Complaint Bylaws: Bylaws that set out the terms and conditions applicable to any complaint or report made under this policy.

MUHC Procedure to Prevent Mistreatment: Procedure that results from this policy.

PAB: Patient attendant

Person in a vulnerable situation: An adult whose ability to ask for or obtain assistance is temporarily or permanently limited, in particular because of coercion, illness, injury, or disability, which may be physical, cognitive, or psychological.

Person working for the institution: A physician, dentist, staff member, medical resident, intern, volunteer, and any other individual who directly provides services to a person on behalf of the institution.

- Persons living in residential and long-term care centres (CHSLDs);

Reporting: The act of transmitting information about an abusive situation (alleged or confirmed), either verbally or in writing. Depending on the situation, reporting may be mandatory under the Act on mistreatment. **Reporting is mandatory** for any health and social services provider and professional under the Professional Code (except lawyers and notaries) who has reasonable cause to believe that an adult in one of the following categories is being abused:

Representative: Legal representative of the incapacitated user receiving care or health services at any of the MUHC facilities.

Respondent or substitute respondent: The manager (social service, adult sites) and/or substitute manager (liaison nurses) of the MUHC responsible for implementing the policy to prevent mistreatment is the designated MUHC respondent who receives internal and external reports.

Risk factor: A risk factor is a characteristic identified before an abusive situation occurs that increases chances of a person being abused.

RSSS: Réseau de la santé et services sociaux (Health and Social Services Network).

Serious injury: Any physical or psychological injury that causes substantial harm to the physical integrity, health or wellbeing of a person or an identifiable group of people.

Signs of abuse: Observable fact that allows an alleged situation to be assessed as abusive or not.

Staff: This includes, but is not limited to, members of the Council of Physicians, Dentists and Pharmacists, medical residents, researchers, residents, volunteers, interns, students, partners, suppliers, and subcontractors, as well as any person who performs a function or profession and anyone providing health and social services directly to users of the MUHC, including the residents at CHSLD Camille Lefebvre Pavilion.

The abuser's intent: Abuse may be intentional (the abusive person wants to harm the user) or unintentional (the abuser does not want to cause harm or does not understand the harm being caused).

Those close to the user: Anyone in the patient's network that provides significant, ongoing, or occasional support as a non-professional. This can include family members, friends, or visitors.

Types of abuse: The types of abuse refer to the manner in which the abuse occurs. There are two types of abuse that are common to all categories of abuse: violence and neglect.

User: Anyone who receives healthcare or services at any MUHC facility and is susceptible to abuse under the Act on mistreatment. The term "user" includes any user who resides in a residential and long-term care centre (CHSLD), including the CHSLD Camille Lefebvre Pavilion.

IV. POLICY

VALUES AND GUIDING PRINCIPLES

Values

Four fundamental values guide the application of the policy to prevent mistreatment:

- **Self-determination:** Action of deciding by oneself, for oneself.
    - This value reflects the importance of the rights of users in the choice of care and services and the duty to obtain their consent in all stages of managing abusive situations, with the exception of situations that meet the conditions for mandatory reporting or disclosure of information. It is essential to involve users in the process of preventing and resolving abusive situations in order to develop or improve their decision-making capacity.

- **Collaboration:** Action of working with someone and/or helping with responsibilities. This value reflects the importance of participating with one or more people on a common goal to add value to decision making and achieve optimal results.
    - To cope with the complexity of abusive situations, an optimal intervention plan is obtained by pooling expertise through a consultation process with people working for the institution as well as with the people affected and those close to them, to the extent possible and with the user's consent.

- **Dignity:** People's dignity means that they are not objects, but subjects to be respected as they are, with their own beliefs, skin colours, ages, bodies, civil statuses, qualities and defects, who should be treated as ends unto themselves and not as instruments.
    - This value is a reminder that regardless of the age, ability and life situation of those involved in an abusive situation, we have a duty to ensure that everyone is treated with dignity and respected in their values and choices.

- **Welfare:** Welfare is about wellbeing, respect for dignity, growth, self-esteem, inclusion and personal safety. It is expressed through attention, attitudes, actions and practices that respect the values, cultures, beliefs, life paths, singularities and rights and freedoms of persons of all ages including vulnerable and older adults.

- Welfare practices are essential prevention and awareness tools for preventing abuse.

V. GUIDING PRINCIPLES

1. **Proactivity:** The MUHC takes a proactive approach to preventing abuse and addresses the problem openly and transparently.

2. **Respect for the rights and needs of users:** The MUHC respects the rights of users as described in the AHSSS and the Charter and responds to their needs by providing them with quality care and services.

3. **Consent:** The user's consent must be obtained before providing any care or service. If the user is unable to consent to care or services, substitute consent must be obtained for the incapacitated adult. When an incapacitated adult categorically refuses to consent for care, the court's authorization is required even with the consent of the legal representative, unless it is an emergency.

4. **Consultation and partnership:** The MUHC recognizes that partnership is essential to ensuring the application, respect and sustainability of the policy on preventing mistreatment. The MUHC is committed to working with the various professionals, departments and sectors of activity, as well as associations, RSSS partners, user/resident committees and unions.

VI. PREVENTING SITUATIONS OF ABUSE

1. The MUHC undertakes to ensure that this policy is accessible to all so that staff, users and those close to them are alert to the signs of abuse and understand the importance of reporting;

2. The MUHC undertakes to develop awareness, information and training activities on the prevention of abuse. These awareness, information and training activities will target users, those close to them, their designated representatives and all those working for the institution who are in contact with users so that these people develop the necessary knowledge and skills for identifying and reporting abusive situations;

3. The MUHC undertakes to provide intervention training for social workers responsible for fact checking, assessment and intervention in abusive situations;

4. The MUHC undertakes to inform users and those close to them of their rights and remedies in cases of abuse;

5. The MUHC undertakes to ensure that all those working for the institution who are in contact with users take the online training provided by the MSSS on prevention, identification and intervention to prevent abuse;

6. Staff working with residents of the CHSLD Camille Lefebvre Pavilion must take the training to prevent mistreatment of residents in long-term care centres.

VII. MANAGING SITUATIONS OF ABUSE

Consent

1. The user or representative must be involved and must consent at each step of the abuse management process. In the context of an abusive situation in which care or services are required by the user, the rules applicable to consent to care must be respected;

2. In the event that personal information about the user must be passed on to third parties, confidentiality rules must be respected.

Key elements of the abuse management continuum

The key elements are identification, reporting, fact checking, assessment of the person's needs and abilities, and interventions. The conditions for applying these key elements are detailed in the MUHC procedure on mistreatment.

1. MUHC staff must be able to identify, detect and screen situations of abuse;

2. Informal disclosures can be made to multiple levels of an institution, including reception, caseworkers, unit/service heads, the users' committee and the residents' committee;

3. The identification of potential abusive situations is everyone's responsibility (staff, users, family and friends). Anyone who notices or suspects abuse has an ethical and/or professional responsibility to report the alleged or confirmed abuse as soon as it is identified or detected. In a situation of immediate danger, the MUHC's security is contacted, along with police in cases of a criminal offense;

4. When an abusive situation is detected, it must immediately be reported to the immediate superior, the head of the unit, and/or the complaints commissioner;

5. The immediate superior, the unit head, or the complaints commissioner must inform the MUHC respondent within 24 hours;

6. The respondent must inform the affected directorate;

7. The immediate superior, the unit head, the users' committee, the residents' committee or the complaints commissioner must support the user or the staff working within the institution when there are grounds for lodging a complaint;

8. The respondent determines to whom the abusive situation should be referred and delegates the case to the appropriate person, either the designated social worker or the complaints commissioner;

9. When there is a situation of abuse toward a vulnerable person and when that situation involves a staff member working for the institution, the complaints commissioner is responsible for receiving the report;

10. The respondent should not refer a case of abuse to a designated social worker when the suspected abuser is a staff member of the MUHC. The report is sent directly to the complaints commissioner for fact checking;

11. When a situation has been reported, the designated social worker must respond within 24 hours;

12. The social worker, with the interdisciplinary team and the complaints commissioner where applicable, is responsible for verifying the facts;

13. A complaint of abuse received by the complaints commissioner is treated in the same way, whether it is a mandatory report or not;

14. When the report concerns the actions or lack of action of a doctor, a dentist, a pharmacist or a resident, the report is directed by the complaints commissioner to the medical examiner;

15. In the case of a criminal offense, the respondent or the complaints commissioner contacts the police;

16. The MUHC undertakes to provide training to equip staff working in the institution with tools to identify situations that meet the conditions for mandatory reporting;

17. The MUHC undertakes to follow up with complaints commissioner when there is reason to believe that a person is the victim of a singular or repetitive act or a lack of action that seriously compromises physical or psychological integrity;

18. The MUHC undertakes to immediately report to the complaints commissioner any situation of abuse for the following adults:
    a. Any person housed in a facility maintained by an institution that operates a long-term care centre within the meaning of the *Act respecting health services and social services* (CHSLD Camille Lefebvre Pavilion);
    b. Any person under tutorship or curatorship or for whom a protection mandate has been approved. (RSQ, c. L-6.3);

If necessary and after an evaluation, the complaints commissioner may contact the police.

19. The MUHC undertakes to ensure that the mandatory reporting is respected by all staff bound by professional secrecy, except lawyers and notaries;

20. After a report or complaint about an alleged abusive situation, the complaints commissioner and/or the MUHC social worker assesses the complaint to determine whether there is reasonable cause to believe that there is a situation of abuse;

21. The assessment takes into account all the facts as well as all those involved in the alleged abusive situation, to the extent possible. The social worker, in partnership with the interdisciplinary team, collaborates with internal and external experts to plan and prioritize interventions according to the preferences and values of the abused person with his/her consent; the intervention plan must be reviewed by the respondent before it is implemented;

22. A follow-up is carried out no more than 24 to 72 hours after the first intervention;

23. All interventions and follow-ups are documented in the user's medical record, including the abuse assessment form;

24. The immediate supervisor, unit head or respondent is responsible for providing support to anyone working at the MUHC who is dealing with an abused person or an abuser.

The different areas of expertise potentially required

1. During a complex situation of abuse, consultation with people with different types of expertise (complaints commissioner, psychologist, the Autorité des marchés financiers, lawyer, police officer, ombudsman, Quebec's Public Curator, notary, etc.) is mandatory;

2. Contentious cases, mandatory reports and complex cases must be reported to the respondent and presented to the MUHC mistreatment committee.

Confidentiality

The MUHC will take the necessary steps to maintain the confidentiality of information identifying a person who makes a report, except with the consent of that person.

Disciplinary measures

Anyone who violates the policy and abuses is subject to administrative and disciplinary action. In some cases, interim measures may be taken to ensure the wellbeing of a person during the processing of the case.

Examples of interim measures include:

- Use of the Employee Assistance Program (EAP);
- Change of work schedule or place of work;
- Leave with or without pay during the investigation;
- Referral to other professionals or support networks.

Prohibition of reprisal against a whistleblower

1. Reprisals are prohibited against a person who, in good faith, reports abuse or cooperates in the examination of a report or complaint of abuse, as are threats of reprisal against a person to dissuade them from reporting abuse or cooperating in the examination of a report. In the event of a violation, the employee is subject to administrative and disciplinary measures;

2. A person cannot be prosecuted for having made a report in good faith or for having collaborated in assessing a report, regardless of the outcome.

Accountability

1. The complaints commissioner must, in the record of its activities, include a section specifically dealing with complaints and reports received concerning cases of abuse against people in vulnerable situations, without compromising the confidentiality of reports;

2. The MUHC respondent is required to keep a record of reports of abuse, completed training, including its effectiveness, and documentation of the event of abuse for investigations, as applicable.

Concerted intervention process

1. The MUHC uses a joint intervention process that aims to harmonize the management of abusive situations that require consultation and formal partnerships with organizations that play a leading role in preventing abuse (Public Curator, Autorité des marchés financiers, police, etc.), particularly in cases where the abuse is of a criminal nature;

2. In this case, the respondent receives the information and/or is consulted in situations of abuse from different sources.

3. The respondent starts a joint intervention process using the Ministère de la Famille's secure web platform (https://www.mfa.gouv.qc.ca/fr/aines/lutte_contre_maltraitance/entente_cadre/Pages/processus-intervention.aspx).

4. The respondent effectively manages the exchange of information between parties in order to quickly take charge of and reduce or stop the situation of abuse.

VIII. ROLES AND RESPONSIBILITIES

1. Everyone has the ethical and/or professional responsibility to report an abusive situation.

2. **Administration**
   - Undertakes to circulate and apply the policy.

3. **Board of Directors**
   - Adopts the MUHC's policy to prevent mistreatment.

4. **The Nursing Directorate, the Council of Physicians, Dentists and Pharmacists (CPDP) and the Department of Multidisciplinary Services**
   - Ensure that abuse training is promoted as part of continuing education programs;
   - Ensure that all MUHC educational institutions and internship supervisors, whether employees or not, are aware of this policy and ensure its application and compliance by the interns for whom they are responsible;
   - Ensure that employees under their responsibility know and respect their codes of ethics as they apply to the Act on mistreatment;
   - Notify the abusive employee's professional order when required by the situation.

5. **The MUHC respondent**
   - Acts as a respondent for the Ministère de la Santé et des Services sociaux;
   - Informs those working for the MUHC of the content of the policy and, in particular, the preventive measures in place and the requirement to report a case of abuse to the complaints commissioner and/or the MUHC respondent;
   - Ensures that MUHC staff are aware of the internal decision-making process for dealing with situations of abuse, know the steps in the joint intervention process and are familiar with the various intervention tools;
   - Ensures the development of an awareness plan, in collaboration with MUHC communications staff;
   - Ensures that the policy developed by the MUHC is easily accessible to all and known by staff;
   - Ensures that the policy is posted on the MUHC website and intranet, and that posters and/or pamphlets or brochures summarizing the main points of the policy to prevent mistreatment are made available and clearly visible to the target audience;
   - Reviews the MUHC policy;
   - Monitors the quality of intervention data gathered and creates a report of interventions, in collaboration with the regional coordinator;
   - Receives and initiates collaborative interventions and ensures the primary follow-up, in accordance with the MUHC's decision-making procedures;
   - Accesses anonymous data on interventions at the MUHC in the web platform of the Ministère de la Famille;
   - Reports to the regional coordinator any issues that arise in the joint intervention process;
   - Collaborates with people involved in the policy and answers questions from MUHC responders;

- Ensures that the impact of awareness strategies as well as barriers and facilitators for the application of the policy are assessed;
- Chairs the MUHC mistreatment committee.

6. The Human Resources, Communications and Legal Affairs Department

- Ensures that all newly hired employees are informed of the policy;
- Provides policy training as part of continuing education programs;
- Provides managers with the necessary support to ensure compliance with the policy, ensures the application of appropriate disciplinary and/or administrative measures and monitors the situation, in accordance with the MUHC's administrative and disciplinary management guide;
- The head of communications supports the development of the policy awareness plan within the MUHC community.

7. The Quality, Performance Evaluation and Ethics Department

- Ensures that the respondent is able to fulfill his/her mandate by monitoring all MUHC programs from adoption to revision.

8. The local service quality and complaints commissioner (LSQCC)

- Deals with any complaint made verbally or in writing by a complainant using the procedure for examining complaints from users of a public health and social services institution, in accordance with section 33 of the AHSSS;
- Ensures that the report is taken on within 72 hours of fact checking;
- Informs the user or resident of findings no later than 45 days after receipt of the complaint or report;
- Ensures compliance and application of the policy under the Act on mistreatment by all people under its responsibility;
- Receives complaints about a doctor, pharmacist, dentist or medical resident;
- If necessary, intervenes on its own initiative when facts are brought to its attention and it has reasonable cause to believe that the rights of a user are not respected and, where appropriate, makes recommendations;
- Is responsible for accountability.

9. Designated social worker

- Receives complaints and handles any complaint expressed verbally or in writing by a complainant;
- Ensures the report is taken on within 72 hours;
- Handles fact checking, assessment, implementation of an intervention plan and follow-up;
- Uses the MUHC mistreatment form for all assessment, intervention and follow-up documentation and includes this documentation in the patient or resident's file;
- Contacts stakeholders from other organizations to discuss complex abusive situations and initiates a joint intervention, without exchanging personal and confidential information when the user's consent is not obtained, or before it is obtained;
- Connects with those who provide crucial information for documenting the abusive situation;
- Refers to the MUHC respondent.

10. The medical examiner

- Receives complaints against members of the CPDP from the complaints commissioner;
- Collaborates to find ways to stop or minimize the impact of the abusive situation;
- Uses the process of examining and handling complaints in accordance with the provisions of the AHSSS (RSQ. c. S-4.2).

11. The immediate superior or unit head

- Ensures that everyone in contact with users has been made aware of, knows and understands the MUHC's mistreatment policy;

- Ensures the application and compliance of this policy in the sectors of activities for which he/she is responsible;
- Remains alert in order to identify any situation that could contravene this policy, to intervene as necessary, to provide necessary support to those who need it, to report without delay to the immediate superior and to ensure diligent follow-up;
- Responds to situations that may be reported by the users/residents' committee;
- Offers training on abuse as part of continuing education programs;
- Provides clinical support to the professionals he/she supervises on prevention, identification and intervention relating to any situation of abuse toward a user;
- Remains vigilant in order to identify potential situations of abuse toward users or residents by employees and to ensure the necessary follow-up to prevent a situation of abuse from occurring;
- Involves the MUHC respondent and/or the complaints commissioner for each report of abuse received.

12. MUHC workers and health and social service providers:

- Read and abide by this policy;
- Are aware of risk factors and/or indicators of vulnerability and abuse and identify potential situations of abuse;
- Report any alleged or confirmed abusive situation as soon as it is identified according to the procedures provided by the institution;
- Document any information relating to detection or screening;
- Participate and collaborate in the fact checking, assessment and intervention plan process with the interdisciplinary team on the abusive situation;
- Act in accordance with their own code of ethics, are discreet and respect confidentiality within their role;
- Participate in training offered by the MUHC.

13. MUHC security

- Assists MUHC staff in creating a safe environment and documenting facts during an abusive situation.

14. Mistreatment committee

- A mistreatment committee will be formed by the respondent to discuss mandatory reports and complex abusive situations in consultation with experts (complaints commissioner, the medical examiner, the interdisciplinary team, the ethicist, etc.) and to revise the policy if necessary.

15. Users' committee

- Contributes to informing users of their rights and obligations and of the policy;
- At the request of a user, provides necessary assistance in the situation of alleged or confirmed abuse.

IX. SPECIAL CONSIDERATIONS

1. The MUHC reserves the right to intervene or to process a case without a formal complaint, as well as in cases of withdrawal, if there is reasonable cause to believe that the policy has been violated;

2. Incapacitated young adults with mental health issues as well as people with Autism Spectrum Disorder (ASD), physical disabilities and intellectual disabilities are included in this procedure.

X. FINAL PROVISIONS

Entry into effect
This policy comes into effect on November 30, 2018, or upon approval by the MUHC Board of Directors.

Responsible for policy application
Director of Multidisciplinary Services (adult sites) of the Mental Health Mission and Patient Trajectory NSA/SAPA of the MUHC.
Tel: 514-934-1934, Ext. 34143

Dissemination
This policy is available on the MUHC public website (http://muhc.ca) in the [Patients and visitors] section. Copies will be available at strategic locations such as nurse stations, user/resident committee offices and MUHC facility entrances.

Revision of the policy

1. An initial revision of the *Policy to Prevent the Mistreatment of Seniors and Other Adults in Vulnerable Situations* must be completed no later than May 30, 2020, and thereafter at least every five years.

2. The policy will be revised by the mistreatment committee chaired by the MUHC respondent.

XI. RELEVANT FORMS

1. **RELATED DOCUMENTS:**
   - *Act to combat maltreatment of seniors and other persons of full age in vulnerable situations* (CQLR, c. L-6.3) http://legisquebec.gouv.qc.ca/en/ShowDoc/cs/L-6.3
   - *Regulation respecting the terms governing the use of monitoring mechanisms by a user sheltered in a facility maintained by an institution operating a residential and long-term care centre* (CQLR, c. S-4.2, c. XX) https://www.mfa.gouv.qc.ca/fr/aines/lutte_contre_maltraitance/loi-luttemaltraitanceaines/reglement-surveillance/Pages/index.aspx;
   - National Framework Agreement to Fight Elder Abuse https://www.mfa.gouv.qc.ca/fr/aines/lutte_contre_maltraitance/entente_cadre/Pages/index.aspx;
   - Code of Ethics (MUHC intranet: policies and procedures);
   - Complaint assessment procedure regulations (HPO 150 – MUCH intranet: policies and procedures);
   - Respect and Civility (HR 346 – MUHC intranet: policies and procedures);
   - Code of professional ethics and codes of ethics of different orders.

2. **REFERENCE DOCUMENTS:**
   - Guide de référence pour contrer la maltraitance envers les personnes aînées, online: http://publications.msss.gouv.qc.ca/msss/fichiers/ainee/13-830-10F.pdf
   - Politique-type pour contrer la maltraitance envers les résidents en milieu d'hébergement et de soins de longue durée, online: https://www.creges.ca/wp-content/uploads/2016/10/Politique-Type_maltraitance-hebergement_CIUSSS-CODIM_octobre-2016.pdf;

- Politique-type pour contrer la maltraitance envers les résidents en milieu d'hébergement et soins de longue durée (June 2016) http://www.aideabusaines.ca/wp-content/uploads/2017/04/Politique-Type_maltraitance-hebergement_CIUSSS-CODIM_juin-2016-1.pdf;
- Complaint Bylaws of the McGill University Health Centre.

DELETION

☐ Replaced by #: _______________ Name: ____

☐ No longer in effect ☐ Other: ____

Authorized by:

Name (please print): ____

Signature: ____ Date: ______________________

Approved by the Policies and Procedures task force committee:

☐ **Yes** ☐ **No**

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Schedule I

Elder Abuse Terminology

Version 19-09-2017

Definition of elder abuse

"Elder Abuse is a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person." (World Health organization, *The Toronto Declaration on the Global Prevention of Elder Abuse,* November 17, 2002.)

TYPES OF ABUSE (manifestations)	The abuser's intent
Violence: Abusing an older person or forcing him/her to act against his/her will through force and/or intimidation.* **Neglect:** Lack of concern for an older person, especially through lack of appropriate action to meet the person's needs.	**Intentional abuse:** The abuser wants to harm the older person. **Unintentional abuse:** The abuser does not want to cause harm or does not understand the harm he/she causes. **Warning:** You must always assess the signs and the situation to avoid drawing hasty conclusions or attributing labels.

CATEGORIES OF ABUSE	
Psychological abuse Actions, words or attitudes that undermine psychological wellbeing or integrity. **Violence:** Emotional blackmail, manipulation, humiliation, insults, infantilization, denigration, verbal and non-verbal threats, deprivation of agency, exaggerated surveillance of activities, etc. **Neglect:** Rejection, indifference, social isolation, etc.	**Signs:** Fear, anxiety, depression, withdrawal, hesitancy to speak openly, mistrust, fearful interaction with one or more people, suicidal ideation, rapid decline in cognitive abilities, suicide, etc. **Warning:** Psychological abuse is probably the most common and the least visible: Often accompanies other types of abuse. Can have consequences just as significant as other types of abuse.
Physical abuse Inappropriate acts or actions, or lack of appropriate action that affects wellbeing or physical integrity. **Violence:** Pushing, harsh treatment, hitting, burning, force-feeding, improper medication administration, improper use of restraints (physical or chemical), etc. **Neglect:** Deprivation from reasonable conditions of comfort and security; lack of help with feeding, dressing, hygiene or medication when one is responsible for a dependent person, etc.	**Signs:** Bruising, injury, weight loss, deterioration of health, lack of hygiene, undue delay in diaper change, skin conditions, unsanitary living environment, atrophy, restraint, early or suspicious death, etc. **Warning:** The signs of physical abuse may be related to symptoms arising from certain health conditions. It is therefore best to request a medical evaluation.

Sexual abuse Acts, actions, speech or attitudes with a non-consensual sexual connotation that undermine wellbeing, integrity or sexual identity. **Violence:** Suggestive words or phrases, jokes or insults with a sexual connotation, promiscuity, exhibitionist behaviour, sexual assault (unwanted touching, rape), etc. **Neglect:** Lack of privacy, non-recognition or denial of sexuality or sexual orientation, etc.	**Signs:** Infections, genital lesions, anal lesions, anxiety at the time of examination or care, mistrust, withdrawal, depression, sexual disinhibition, suddenly very sexualized speech, denial that older people have a sex life, etc. **Warning:** Sexual assault is especially about domination. Cognitive disorders can lead to disinhibition resulting in inappropriate sexual acts. Not recognizing the sexuality of older people is detrimental to the identification and reporting of sexual abuse. Pathological sexual attraction to older people (gerontophilia) must also be identified.

* "Intimidation is a generally deliberate act or lack of an act (or action), occurring once or repeatedly, occurring directly or indirectly in a relationship of power or control between individuals, that is intended to harm or hurt one or more older persons." (M. Beaulieu, M.-E. Bédard, and R. Leboeuf (in press). "L'intimidation envers les personnes aînées : un problème social connexe à la maltraitance? [Elder intimidation: a social problem related to abuse?]" *Service social)*

Material or financial abuse Fraudulent, illegal, unauthorized or dishonest acquisition or use of a person's property or legal documents, withholding of financial or legal information or misinformation. **Violence:** Pressure to modify a will, bank transaction without consent (use of a bank card, online transaction, etc.), misappropriation of funds or goods, excessive price requested for services rendered, identity theft, etc. **Neglect:** Not managing property in the interest of the person or not providing the goods necessary when responsible for doing so; not questioning a person's decision-making capacity, understanding or financial literacy, etc.	**Signs:** Unusual bank transactions, disappearance of valuables, lack of money for current expenses, limited access to information on the management of the person's property, etc. **Warning:** Older persons who have some form of dependency on someone (e.g., physical, emotional, social or business) are at higher risk for this type of abuse. Beyond the financial or material aspect, this type of abuse can affect the physical or psychological health of older persons, influencing their ability to assume their responsibilities or meet their needs.
Violation of rights Any violation of individual and social rights and freedoms. **Violence:** Forced medical treatment, denial of the right to choose, to vote, to have privacy, to take risks, to receive telephone calls or visits, to practice one's religion, to express one's sexual orientation, etc. **Neglect:** Lack of information or misinformation about their rights, not helping them exercise their rights, not recognizing their abilities, etc.	**Signs:** Interference with the older person's participation in the choices and decisions that concern him/her, lack of respect for the older person's decisions, questions concerning the older person are answered by a family member, restriction of visits or access to information, isolation, complaints, etc. **Warning:** All types of abuse involve issues of rights violation. Everyone retains their full rights, regardless of age. Only a judge can declare a person incapacitated and appoint a legal representative. The incapacitated person still retains rights, which he/she can exercise to the best of his/her ability.

Organizational abuse Any prejudicial situation created or tolerated by the procedures of an organization (public, private or community) responsible for providing care or services of all kinds, that undermines human rights and freedoms. **Violence:** Organizational conditions or practices that result in a lack of respect for a person's choices or rights (e.g.: services offered in a perfunctory way), etc. **Neglect:** Offering services that are not adapted to older persons' needs, lack of guidelines, guidelines misunderstood by staff, reduced organizational capacity, complex administrative procedure, insufficient staff training, not enough staff, etc.	**Signs:** Person reduced to a number, care or services offered according to a more or less rigid schedule, undue waiting time to receive a service, deterioration in health (lesions, depression, anxiety, etc.), complaints, etc. **Warning:** We must remain alert to the shortcomings of organizations that can undermine the rights of those who receive care or services or create conditions that affect the work of the staff providing care or services.
Ageism Discrimination on grounds of age, by hostile or negative attitudes, prejudicial acts or social exclusion. **Violence:** Imposing restrictions or social norms due to age, reduced accessibility to certain resources, prejudice, infantilization, contempt, etc. **Neglect:** Indifference to ageist practices or remarks when we witness them, etc.	**Signs:** Non-recognition of rights, skills or knowledge, condescension, etc. **Warning:** We are all influenced, to varying degrees, by the negative stereotypes and discourses that circulate about older persons. These stereotypes are erroneous reductions about social realities that can lead to abusive behaviour.

This terminology is the result of a collaborative effort and reflects the progress in the practices and research in Quebec to prevent elder abuse. It will be adjusted to take into account new clinical and scientific knowledge.

© Pratique de pointe pour contrer la maltraitance envers les personnes aînées du CIUSSS du Centre-Ouest-de-l'Île-de-Montréal; Ligne Aide Abus Aînés; Research Chair on Mistreatment of Older Adults; Ministère de la Famille, Secrétariat aux Aînés, Government of Québec, 2016.