

Department/Category	Nursing - Genera	Nursing - General			
Policy Name/ Unit Number	Adult Abuse – M	Adult Abuse – Mandatory Reporting – Unit 5			
Location	Clinical Practice	Clinical Practice Manual			
<b>Approval Committees</b>	⊠CPC: May 5, 2020	CPC: May 5, 2020		⊠NAC: May 28, 2020	
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Staff Development	October 2016	March 2020			

### Purpose:

To outline mandatory reporting requirements for cases of abuse or suspected abuse for:

- 1. Residents of Long-Term Care Homes (competent or incompetent)
- 2. Residents of Retirement Homes (competent or incompetent)
- 3. Adults with Developmental Disabilities
- 4. Adults who are Mentally Incompetent

#### **Definitions:**

Abuse is any action or inaction which causes harm or injury to another person. Elder abuse is an action 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.

Forms of abuse include: physical, emotional, verbal, financial, economical, mental, sexual, abandonment, and neglect.

**Long-Term Care Homes** are health care facilities designed for adults who need access to on-site 24-hour nursing care, monitoring and help with daily activities such as eating, bathing, using the washroom, etc. Long-term care homes are also known as nursing homes, charitable homes, or municipal homes for the aged.

Retirement Homes are a rental residential complex for seniors (older than 65) who



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can live independently with little to moderate support and pay for their lifestyle on their own. Retirement homes contain care and services for older adults, but residents have flexibility to choose their type of room, the types of services they need and the activities they want to participate in.

#### Background:

In Ontario, it is mandatory that the abuse or suspected abuse of a person living in a Long-Term Care Home or Retirement Home must be reported immediately by anyone who has reasonable grounds to suspect that a resident has been harmed or will be harmed by:

- 1. improper or incompetent treatment or care
- 2. abuse by anyone
- 3. neglect by staff or the owner of the home
- 4. illegal conduct
- 5. misuse or fraud involving a resident's money

The obligation to report applies to everyone with the exception of residents of the home themselves (who have a choice in the matter) and to all residents regardless of their level of competence. Members of regulated health care professions, social workers, and naturopaths must report even if the information is otherwise confidential.

#### Procedure:

1. To report abuse or suspected abuse for residents of a Long-Term Care Home:

Long-Term Care ACTION Line: 1-866-434-0144 (7 days a week, 8:30am -7:00 pm)

If you suspect or have evidence that elder abuse is taking place in a Long-Term Care Home, it is mandatory to report it with the exception of self-reporting by residents themselves (who have a choice in the matter). The Long-Term Care Homes Act (s.24) states if a person who has reasonable grounds to suspect abuse has occurred or may occur, shall immediately report the suspicion and the information to the Ministry of Health and Long-Term Care Director.

2. To report abuse or suspected abuse for residents of a Retirement Home:

Retirement Home Regulatory Authority (RHRA): 1-855-ASK-RHRA (1-855-275-7472)

If you suspect or have evidence that elder abuse is taking place in a Retirement Home, it is mandatory to report it with the exception of residents themselves (who have a choice in the matter) to the RHRA immediately.



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3. To report abuse or suspected abuse for Adults with Developmental Disabilities:

Woodstock Police Service: (519) 537-2323

Agencies providing services and supports to adults with developmental disabilities are mandated to immediately report alleged, suspected or witnessed abuse to the Police. If healthcare providers suspect or have evidence of abuse to adults with developmental disabilities, they must notify the Police.

4. To report abuse or suspected abuse for Adults who are Mentally Incompetent:

Woodstock Police Service: (519) 537-2323

Office of the Public Guardian and Trustee (OPGT): 1-800-366-0335 or 416-327-6348

If healthcare providers suspect or have evidence of abuse to adults who are mentally incompetent, they must notify the Police and the Office of the Public Guardian and Trustee (OPGT).

The OPGT is responsible for protecting mentally incompetent people. In cases of financial or personal abuse, the OPGT can apply to the court to become the abused senior's guardian on a temporary basis. The OPGT can also help the person get access to other services. They can intervene only if the person is believed to be mentally incompetent and is at risk of harm or experiencing harm. There must be evidence/reason to believe that the person is incompetent before the OPGT will investigate.

5. For additional assistance and or information, you may contact:

### Seniors Safety Line (SSL): 1-866-299-1011

The SSL provides contact and referral information for local agencies and health service providers across the province that can assist in cases of elder abuse. Trained counsellors also provide safety planning and supportive counselling for older adults who are being abused or at risk of abuse. Family members and service providers can also call for information about community services.

#### **Practice Guideline:**

- 1. Patient may present with obvious signs of abuse and openly admit that abuse has occurred and or is occurring
- 2. In other cases, abuse may remain hidden and the injuries and effects of the abuse minimized by the patient. Detection of abuse or suspected abuse requires careful non-judgmental, non-threatening assessment and history taking
- 3. When possible, interview the patient alone in a private, non -threatening setting.



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- Use a non-judgemental approach and open-ended questions
- 4. Convey to the patient that he or she is believed, is not responsible for the abuse, and has the right to be safe, and include in the interview questions about:
  - a) level of immediate danger
  - b) type(s) and frequency of abuse
  - c) family, living situation
  - d) personal and financial resources
  - e) options available
- 5. Advise the patient, that although the information remains confidential, it will be documented in the health record
- 6. Notify the appropriate agency of the abuse or suspected abuse (as outlined above)
- 7. If appropriate, provide information and or referral resources (See Clinical Practice Manual Unit 5 Abuse Sexual Assaulted Patient)
- 8. Document on the patient's health record: the interview, physical injuries, emotional, behavioural and psychological responses, details of the abuse or suspected abuse, response to the interview, the treatment (if any), advice or information given to patient and or family, the appropriate agency notified, and details (contact person, etc) of the phone call to the appropriate agency
- 9. Notify Director and or delegate
- 10. Complete a SERS report

Originator:	S. McKnight, Director Complex Continuing Care S. Sim, RN B. Fulton, RN Ethics Committee, July 25, 2016		
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Responsibility:	Director of Patient Care		
Reference:	1) Elder Abuse Ontario, 2019 (http://www.elderabuseontario.com/what-is-elder-abuse/legislation reporting/) 2) College of Nurses of Ontario (http://www.cno.org/globalassets/docs/prac/41033_therapeutic.pdf) 3) Long-Term Care Homes Act		
Cross Reference:			