

ADMINISTRATIVE MANUAL

POLICY AND PROCEDURE

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PREAMBLE

The Protection for Persons in Care Act provides for mandatory reporting and review of instances of Abuse involving patients/residents in care, including facilities and services operated by the Nova Scotia Health Authority (“NSHA”).

*This policy **does not** address instances of Abuse or injury sustained by NSHA [Staff](#) (Refer to Definitions). In cases where Staff are injured/ harmed, follow the normal process for reporting injuries/harm.*

This policy deals with matters where there is a reasonable belief that Abuse may have occurred (Suspected Abuse) and matters where there is an allegation made that Abuse has occurred (Allegations of Abuse).

POLICY STATEMENTS

1. This policy applies to all *NSHA [Staff](#)* including all employees, medical staff, volunteers, learners and any other persons acting on behalf of NSHA and Contractors (*Refer to Definitions*).
2. Prevention and reporting of Abuse against patients is the responsibility of all staff acting on behalf of *NSHA*.
3. *NSHA* recognizes its legal and ethical responsibility to protect all of its patients from Abuse as well as its obligations under the *Protection for Persons in Care Act*. *NSHA* strives to prevent Abuse by raising awareness of what constitutes Abuse, and how to prevent and report incidents under this policy, and by ensuring an efficient process for the reporting and Investigation of Suspected Abuse and Allegations of Abuse.
4. *NSHA* does not tolerate any physical, psychological, verbal, financial or sexual Abuse of any persons under the care of *NSHA*. Suspected Abuse and Allegations of Abuse must be reported and reviewed by the appropriate authority as per the terms of this policy.
5. Where it is necessary for the immediate protection of the patient, other patients, employees, other persons involved, or property, employees and security may restrain or control violent or aggressive behavior of patients and employees in keeping with applicable *NSHA* policies (including *Least Restraint and Code White policies*). (Refer to [Related Documents](#) for specific policies).

- 5.1. Any action in excess of that which is required for the safety of patients and employees is to be reviewed and may be considered abusive. Abuse does not include situations where the actions taken were carried out in keeping with individual's duties in accordance with professional standards and practices, and *NSHA* policies and procedures.
6. Every *NSHA* staff member acting on behalf of *NSHA* who witnesses an incident of Abuse, or who has a reasonable belief that a patient is being/is likely to be Abused, has a duty to report the Allegation of Abuse or Suspected Abuse to the *Protection for Persons In Care Act* intake line at 1-800-225-7225, **unless** advised that a report has already been made or will be made to the Protection for Persons in Care (PPC) intake line, in relation to the Allegation or incident.

Note: The obligation to report is triggered regardless of whether the Abuse is committed by a person providing services to the patient or by another patient. However, minor physical harm resulting from the use of physical force by one patient against another is not considered to be "Abuse" where the following two criteria are met:

- 1) the patient has a history of inflicting unwanted physical contact on others; and
- 2) a care plan has been put in place by the health facility to address such behavior.

The duty to report is also engaged where anyone providing services to *NSHA* suspects Abuse by family members or others prior to admission.

7. Anyone reporting Suspected Abuse or an Allegation of Abuse to the *Protection for Persons in Care Act* intake line must also ensure that a report of the incident is made via the applicable patient safety incident reporting system, or is otherwise reported to the responsible Manager.
8. *NSHA* has an obligation to ensure that all Allegations of Abuse are reported to the *Protection for Persons in Care Act* intake line.
9. Patients and their families have the right to decide if they wish to make a report to the appropriate authority, and are to be provided with the telephone number for the *Protection for Persons in Care Act* intake line at 1-800-225-7225 in instances where Suspected Abuse or an Allegation of Abuse has been raised.

10. All Suspected Abuse and Allegations of Abuse are to be reviewed and/or investigated in a timely manner. Investigations are to be conducted fairly, objectively and, to the extent possible, on a confidential basis.
11. Retaliation in any form against any party involved in good faith reporting of Suspected Abuse or an Allegation of Abuse is strictly prohibited, and is considered workplace harassment and subject to Investigation under the *Harassment or Respectful Workplace Policies*. (Refer to [Related Documents](#) section for specific policies.)
12. Reports/Allegations made in bad faith will not be tolerated. A Report/Allegation which is found to be frivolous or vexatious and made in bad faith may provide grounds for corrective action as per Corrective Action *Respectful Workplace and/or the Discipline policies*. (Refer to [Related Documents](#) section for specific policies.)

GUIDING PRINCIPLES AND VALUES

1. *NSHA* is committed to providing a safe environment for all patients, where all persons are treated with dignity and respect.
2. Ensuring the personal safety and respectful treatment of all those in care at *NSHA* is the responsibility of *all NSHA* staff acting on behalf of *NSHA*.

PROCEDURE

1. PREVENTING ABUSE

- 1.1. *NSHA* staff acting on behalf of *NSHA* can help to prevent the incidence of patient Abuse by being proactive:
 - 1.1.1. Don't be afraid to ask for help; speak to the Manager if feeling overwhelmed by responsibilities at work.
 - 1.1.2. Watch for warning signs that might indicate Suspected Abuse. If there is a reasonable basis to believe Abuse has occurred, *report it*.
- 1.2. Managers should regularly review and discuss Abuse prevention and reporting with their teams and ensure employees are aware of this policy and its requirements.

2. SUSPECTED ABUSE AND ALLEGATIONS OF ABUSE

- 2.1. *NSHA* staff report via the applicable patient safety incident reporting system any incidents of Suspected Abuse and Allegations of Abuse that have been brought forward.
- 2.2. If aware of Suspected Abuse or an Allegation of Abuse, report to the Protection for Persons in Care (PPC) intake line (1-800-225-7225) without delay. (*NSHA* has an obligation to ensure all Allegations of Abuse are reported to the PPC intake line.)
- 2.3. Upon receipt of a report of Suspected Abuse or an Allegation of Abuse, the appropriate Manager conducts an Initial Review of the report to determine if the facts disclose Suspected Abuse or an Allegation of Abuse, and whether further Investigation is required.
 - 2.3.1. Refer to [Procedure # 3.3](#) for additional guidance on Manager responsibilities.

3. RESPONSIBILITIES RELATED TO ABUSE

3.1. Staff

- 3.1.1. If there is a reasonable basis to believe that a patient has been Abused (Suspected Abuse) or if having received an Allegation of Abuse, report the Suspected Abuse or Allegation of Abuse through the applicable patient safety incident reporting system (.*(Refer to [Related Documents](#) section for specific policies.)*
 - 3.1.1.1. When completing an incident report, the Reporter provides information *NSHA* needs to properly follow-up on the incident, including the nature/description of the Suspected Abuse, or an Allegation of Abuse, the name of the person(s) alleged to have committed the Abuse, the date of the Abuse and any other relevant information.
- 3.1.2. Report the Suspected, or an Allegation of, Abuse to the Manager.
- 3.1.3. Report the Suspected, or an Allegation of, Abuse to the *Protection for Persons in Care Act* intake line (1-800-225-7225). Consult with the Manager as required.
- 3.1.4. Respect the reputation of individuals involved by not making trivial or vexatious reports of Abuse or, by making Allegations in bad faith.

3.1.5. Cooperate with any Investigation regarding the report of Suspected, or an Allegation of Abuse, including any Investigation by the Department of Health and Wellness (DHW).

3.2. Risk Management Staff

3.2.1. Maintains the applicable patient safety incident reporting system.

3.2.2. Assists with follow-up of reports and implementation of recommendations where reports or Investigations indicate issues of ongoing patient safety.

3.2.3. In consultation with Legal Services, provides, at least annually, a report to the VP Quality and System Performance regarding general areas for follow-up, education or review with respect to Abuse.

3.3. Managers

3.3.1. Within 24 hours of being aware of a report of Suspected Abuse or an Allegation of Abuse,:

3.3.1.1. Assess the situation to determine if there is a risk of any further Abuse, take appropriate measures to prevent any future Abuse, and ensure the patient is safe.

3.3.1.2. Conduct an Initial Review to determine whether the facts disclose Suspected Abuse or an Allegation of Abuse and whether a further Investigation is required.

3.3.1.3. Ensure a report of any ***Allegation of Abuse*** is made immediately to the Protection for Persons in Care intake line, whether or not there is a reasonable basis to believe Abuse occurred, as *NSHA* has an obligation to report all ***Allegations*** of Abuse (refer to definitions re: "[Allegation of Abuse](#)" as opposed to "[Suspected Abuse](#)").

3.3.2. If the Initial Review indicates that Suspected Abuse or an Allegation of Abuse **exists or potentially exists**:

3.3.2.1. Ensure that an incident report has been completed;

3.3.2.2. Ensure that the incident is reported, without delay, to the *PPC* intake line, if this has not already been done;

- 3.3.2.3. Advise patient/family of Suspected Abuse, or an Allegation of Abuse and that a report to PPC intake line has been/will be made. (If the patient/family is still concerned, provide them with the PPC intake line phone number.)
- 3.3.2.4. Conduct an Investigation into the Suspected Abuse, or an Allegation of Abuse and document, as per this policy. Refer to [Procedure # 4](#) for further guidance on Investigation process.
- 3.3.2.5. Advise the following areas/individuals as applicable:
 - (a) Allegation of Abuse against an employee, volunteer or learner of *NSHA*: Advise Human Resources / People Services of the Allegation being raised and seek assistance with Investigation and follow-up;
 - (b) Allegation of Abuse against Medical Staff: Advise the Zone Executive Medical Director who will, as appropriate, advise/delegate to the Site Medical Lead Zone Department / Division Head of the Allegation being raised and seek assistance with Investigation and follow-up;
 - (c) Allegation of Abuse against a Contractor – advise the Manager responsible for the contracted service of the Allegation being raised and seek assistance with Investigation and follow-up; and
 - (d) In all cases of an ***Allegation of Abuse*** –advise Risk Management, who will liaise with Legal Services;
- 3.3.2.6. Cooperate and assist in any external Investigation conducted pursuant to the *Protection for Persons in Care Act*, and
- 3.3.2.7. Provide support to employees, medical staff, learners, volunteers, patients and families throughout course of Investigation.

Note: These subsections guidelines do not provide an exhaustive or step-by-step sequential process. Each situation is unique and may require differences in approach and timeline by the manager.

- 3.3.3. If the initial review indicates that Suspected Abuse **does not exist**, and that no Allegation of Abuse has been made:

- 3.3.3.1. meet with the employee, patient/family (whoever brought concern forward) to advise of the outcome of Initial Review. If the family/patient is still concerned, provide the PPC intake line number (1-800-225-7225);
- 3.3.3.2. take appropriate measures if there remains a professional practice/ HR/performance management issue that requires internal follow-up.

3.4. Human Resources Consultant/Site Medical Lead

3.4.1. In situations identified by the investigating Manager, the Human Resources Consultant, or for incidents involving a physician, the Zone Executive Medical Director or their delegate Site Medical Lead/Department/Division Head:

- 3.4.1.1. Consults with NSHA Legal Services or designate as required;
- 3.4.1.2. Participates in meetings with employee or physician as required;
- 3.4.1.3. Assists the Manager with the Investigation and maintains on-going communication with the Manager throughout the process;
- 3.4.1.4. Documents the relevant findings, interactions and events in relation to the Investigation of the Suspected Abuse, or an Allegation of, Abuse;
- 3.4.1.5. Works with the Manager to determine corrective action for founded Abuse;
- 3.4.1.6. Participates in the determination of reporting the incident of Abuse to the individual's licensing body/professional association in collaboration with Professional Practice where appropriate;
- 3.4.1.7. Works with Manager, Zone Executive Medical Director or their delegate Site Medical Lead/Department/Division Head (if applicable) to ensure no retaliation or where retaliation has been claimed, that an Investigation is completed and appropriate action taken.

3.5. Person Accused of Abuse

3.5.1. The person against whom a report of Suspected Abuse or an Allegation of Abuse has been lodged is/are entitled to:

- 3.5.1.1. notice that such a report has been made;
- 3.5.1.2. the right to be heard;
- 3.5.1.3. the right to a fair and timely process;
- 3.5.1.4. an opportunity to respond to the Suspected Abuse or Allegation of Abuse;
- 3.5.1.5. meet with the person or persons investigating the Suspected Abuse or Allegation of Abuse. A person accused of Abuse may be accompanied by a person of his/her choice during any meeting and at any subsequent interview that the parties would attend to resolve the issue; and
- 3.5.1.6. the opportunity to review any Investigation report that results from the *NSHA* Investigation.

3.6. Risk Management / Legal Services

- 3.6.1. Risk Management and/or Legal Services provide advice and assistance as required pursuant to this policy or as required pursuant to the role of Risk Manager or General or Legal Counsel, as applicable;
- 3.6.2. For Allegations of Abuse, Risk Management advises Legal Services of any Allegation of Abuse and liaises with Legal Services with respect to the Allegation of Abuse; and
- 3.6.3. Risk Management and/ or Legal Services liaises with Department of Health and Wellness, law enforcement agencies and professional colleges, as appropriate, including provision of access to patient records and *NSHA* documentation.

4. INVESTIGATION PROCESS

4.1. Investigation of Suspected Abuse and Allegations of Abuse:

- 4.1.1. For Suspected Abuse/Allegation of Abuse against employees, learners and volunteers, the *NSHA* Manager and Human Resources / People Services conduct an Investigation into the Allegation of Abuse, with assistance from the immediate supervisor (unless the supervisor is alleged to be involved in the Abuse).
- 4.1.2. For Suspected Abuse/Allegation of Abuse against physicians, the Zone Medical Executive Director or delegate Site Medical Lead/Department or

Division Chief conducts the Investigation with assistance from the Site Medical Lead and Risk Management/ Legal Services, as appropriate;

- 4.1.3. For Suspected Abuse/Allegation of Abuse against Contractors, the responsible *NSHA* Manager conducts an Investigation in to the Suspected Abuse or Allegation of Abuse, with assistance from the Contractor management as appropriate.
- 4.2. Inform the person alleged to have committed the Abuse of the investigation and give the opportunity to voluntarily describe, and document in writing, the circumstances surrounding the reported incident. For further guidance see [Procedure # 3.5](#).
- 4.3. If appropriate, relieve the person alleged to have committed the Abuse of his/her duties with *NSHA* pending completion of the Investigation. Consult with Human Resources/People Services, or in the case of a physician – Legal Services, in making this decision.
- 4.4. The Investigation determines:
 - 4.4.1. if Suspected Abuse or an Allegation of Abuse has arisen;
 - 4.4.2. if the Abuse Investigation falls under the jurisdiction of another policy or grievance procedure; and
 - 4.4.3. if the facts of the Suspected Abuse or Allegation of Abuse are credible in the circumstances.
- 4.5. The findings of the Investigation either:
 - 4.5.1. determines whether the Suspected Abuse or Allegation of Abuse is unsubstantiated and no further action is required; or
 - 4.5.2. confirms that Abuse has occurred, in which case the Manager notifies the patient and family of the outcome of the Investigation and ensures that a call is made to the PPC intake line is or has been made.
- 4.6. The Manager and HR consultant/ the Zone Medical Executive Director or delegate Site Medical Lead/Department or Division Chief, as applicable, documents in writing the findings of the Investigation and provides a copy to Risk Management / Legal Services.
- 4.7. A *NSHA* staff member who participates in an activity that is investigated and determined to be Abuse is subject to discipline up to and including

dismissal or, in the case of physicians disciplinary action under the Medical Staff Bylaws (Part C – Appointment/Credentialing And Discipline By-Laws).

4.7.1. Carry out discipline in accordance with the appropriate Collective Agreement, Medical Staff By-Laws (Part C – Appointment/Credentialing And Discipline By-Laws) as well as the Respectful Workplace and other applicable discipline policies.

4.7.2. The appropriate licensing body may be notified of the Investigation findings.

4.8. A learner, volunteer or Contractor who participates in an activity that is investigated and determined to be Abuse is subject to changes in responsibilities and removal from *NSHA*, as determined by the appropriate Manager and in keeping with any applicable policies and contractual obligations.

4.9. In appropriate instances, the Manager, in consultation with Risk Management and/or Legal Services if needed, refers the Suspected Abuse or Allegation of Abuse to law enforcement for further Investigation.

Note: For general guidelines for the conduct of Investigations, refer to [Appendix B](#) – Guidelines and Recommendations for the Conduct of Internal Investigations.

5. DOCUMENTATION

5.1. Knowing that a document or item is likely to be relevant to an Investigation under this policy, do not:

5.1.1. Destroy, mutilate or alter the document or item;

5.1.2. Falsify the document or make a false document;

5.1.3. Conceal the document or item; or

5.1.4. Direct, counsel or cause any person to take any of the actions defined in this section.

5.2. Document on the patient's health record the nature of the Suspected Abuse or Allegation of Abuse and any report to the Department of Health and Wellness.

5.3. The Manager, Human Resources/People Services, or Risk Management – as appropriate – maintains the confidentiality of any documentation related to any Investigation.

5.3.1. Only Legal Services authorizes the Release of the Investigation file.

6. INVESTIGATION BY DEPARTMENT OF HEALTH AND WELLNESS (DHW)

6.1. If a report of Suspected Abuse or Allegation of Abuse is investigated by the Department of Health and Wellness (DHW):

Note: Investigators representing the DHW are authorized by law to access information, whether confidential or otherwise, regarding Investigations without consent.

6.1.1. Direct any requests for access to copies of patient files to Legal Services;

6.1.2. The Manager or other appropriate investigator from *NSHA* liaises with DHW and assists in their Investigation.

6.1.2.1. Obtain assistance from Risk Management / Legal Services if required.

6.1.2.2. If requested by a witness being interviewed by DHW investigators, arrange for the presence of Risk Management / Legal Services during the interview.

6.1.3. DHW forwards directives to the CEO's office which in turn distributes to the appropriate VP, Director and Legal Services.

6.1.4. The Manager, Director, VP and Risk Management / Legal Services work to implement any required actions as directed by DHW as a result of the formal DHW Investigation.

7. CONFLICT OF INTEREST

Any person who is involved in the Investigation of Suspected Abuse or an Allegation of Abuse must not have, or appear to a reasonable person to have, a conflict of interest in the matter being considered.

7.1. Where a conflict does or appears to exist, refer the Investigation and assessment to the Director, VP or another Manager for Investigation.

7.2. As required, and in consultation with Legal Services, appoint an external independent investigator to review.

8. POST-INCIDENT SUPPORT

8.1. If any *NSHA* employee needs support after being advised of Suspected Abuse or an Allegation of Abuse, the Manager or Director reminds the employee of the following resources where applicable:

- Occupational Health Services;
- Employee and Family Assistance Program (EFAP);
- Managers, or
- Union employees.

8.2. For the patient and family or substitute decision maker, the treating healthcare provider or delegate:

8.2.1. offers appropriate support to the individual (i.e. medical or emotional);
and

8.2.2. offers contact information for the patient representative. (Central Zone only)

8.3. Advise learners and volunteers to speak to their supervisor about possible supports.

8.4. If any Physicians need support after being advised of Suspected Abuse or an Allegation of Abuse, encourage the access of support services through *NSHA* Medical Services, the College of Physicians and Surgeons, and/or CMPA.

REFERENCES

Legislative Acts/References

Protection for Persons in Care Act (Nova Scotia)

RELATED DOCUMENTS

Policies

Central Zone

CH 08-045	Corrective Action
CH 30-005	Management of Serious Clinical Occurrences,
CH 04-006	Disclosure of Adverse Patient Safety Events and Harm
CH 15-096	Violent Behaviour by Patients and Visitors

CH 30-035 Patient Safety Reporting System,
CC 05-030 Least Restraint
CC 05-062 Code White-Response to Violent or Agressive Persons or Situations

Western Zone – South West

1103.0 Respectful Workplace Policy
808.0 Management of Harmful Events Policy
513.0 Disclosure of Adverse Events Policy
801.0 Incident Reporting Policy
804.0 Least Restraints Policy

Code White – All Hazards Response Manual

Western Zone – South Shore

AD-110-333 Workplace Violence Prevention
AD-110-209 Management of Sentinel Events
AD-110-302 Code of Conduct
AD-110-342 Respectful Workplace
SSH-NU-100-785 Least Restraint
SSH-AD-110-240 Legally Mandated Reporting

Western – Annapolis Valley

120.031 Adverse Event and Good Catch Safety Reporting and Management
140.090 Code of Conduct
200.072 Code White Team Response
120.033 Disclosure of Adverse Events
140.025 Performance Management
140.091 Respectful Workplace
140.093 Workplace Violence Prevention
120.034 Legally Mandated Notifications

Northern Zone

(Information pending)

Eastern Zone – GASHA

Admin 3-11 Consent to Treatment

Admin 1-64	Disclosure / Adverse Events
Admin 3-20	Incident Reporting
HR 3-120	Harassment in the Work Place
HR 3-65	Constructive Discipline (All Employees)
Nsg 1-104	Child Abuse and Neglect
CWHU 6-30	Child Abuse and Neglect
HR 13-70	Critical Incident Response
<i>Eastern Zone - CBDHA (Information Pending)</i>	

Appendices

[Appendix A](#) Guidelines and Recommendations for the Conduct of Internal Investigations.

Other

Management of Performance Issues Guide (Oct 2011) (Central Zone only)

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[Replacing the Following District Health Authority Policies /Version History](#)

Appendix A – Definitions

- Abuse:** Means with respect to adult (16 years of age or older) patients or residents, any of the following:
- a. the use of physical force resulting in pain, discomfort or injury, including slapping, hitting, beating, burning, rough handling, tying up or binding;
 - b. mistreatment causing emotional harm, including threatening, intimidating, humiliating, coercing or restricting from appropriate social contact;
 - c. the administration, withholding or prescribing of medication for inappropriate purposes;
 - d. sexual contact, activity or behavior between a Service Provider and a patient or resident;
 - e. non-consensual sexual contact, activity or behavior between patients or residents;
 - f. the misappropriation or improper or illegal conversion of money or other valuable possessions;
 - g. failure to provide adequate nutrition, care, medical attention, or necessities of life without valid consent.

Abuse **does not** occur where a Service Provider carried out their duties in accordance with professional standards and practices and health facility based policies and procedures.

Abuse **does not** occur where a resident or patient who has a pattern of behaviour or a range of behaviours that include unwanted physical contact uses physical force against another patient or resident which does not result in serious physical harm, and the Service Provider has established a case plan to correct these behaviours.

Examples of Abuse include but are not limited to:

- unnecessary use of physical force
- inappropriate use of restraints
- hitting, pinching, shoving, pushing
- handling roughly

- speaking to the person harshly or name calling
- ignoring the person or restricting social contact
- sexual advance, sexual touching
- denial of food, water, medication
- theft

Allegation of Abuse:	An assertion from a victim or a witness that an incident of wrongdoing, which may be Abuse, has occurred against a patient. An Allegation of Abuse is not a suspicion that Abuse may be/has occurred; rather, it is an assertion by a patient, family member, or Service Provider that unacceptable behaviour toward a patient/resident did occur—which behaviour <i>may</i> amount to Abuse under this policy and the <i>Protection for Persons in Care Act</i> .
Contractor	Any contracted service provider of NSHA.
Initial Review:	The preliminary fact gathering that a Manager does after becoming aware of a report of Suspected Abuse or an Allegation of Abuse, to determine whether the facts disclose Suspected Abuse or an Allegation of Abuse and whether a further Investigation is required.
Investigation:	Can refer to either (a) an internal <i>NSHA</i> Investigation that takes place <i>if</i> a Manager's initial review of a report indicates that Suspected Abuse or an Allegation of Abuse exists; or (b) an Investigation by the Department of Health and Wellness of a report of Abuse, under the <i>Protection for Persons in Care Act</i> .
Manager:	The clinical leader, health services manager or the individual in charge of the area where the Abuse is alleged to have occurred, or the direct reporting supervisor or person responsible for the individual alleged to have committed the Abuse. Manager may also include a Department or Division Chief, a Director, a VP, or the <i>NSHA</i> contracting authority, as appropriate.
Patient:	Includes <i>NSHA</i> patients, residents and clients receiving <i>NSHA</i> services.
Reporter:	Any <i>NSHA</i> employee or Service Provider on contract, member of the

medical staff, volunteer, learner and any other person acting on behalf of *NSHA* who is obligated to make a report of Suspected Abuse or an Allegation of Abuse.

Service Provider: A person who provides services to a patient or resident and is employed by, or provides the services on behalf of, *NSHA*.

Staff: For the purpose of this policy, includes employees, medical staff, volunteers, learners and any other persons working on behalf of *NSHA* including Contractors.

Suspected Abuse: There is a reasonable basis to believe that a patient is being or is likely to be Abused.

Appendix B – Guidelines and Recommendations for the Conduct of Internal Abuse Investigations

1. Review relevant policies and procedures.
2. Determine whether any interim action is necessary to ensure no inappropriate conduct occurs during the Investigation. This might include transferring or placing employees on administrative leave if required.
3. Start the Investigation promptly, if not immediately.
4. Determine what information should be collected including any individuals to be interviewed. Information may include email correspondence and pictures, videos, or other visual materials. Any patient information should be de-identified.
5. Preserve any physical information as soon as possible.
6. Determine the general sequence of interviews and an appropriate location for the interviews to allow for privacy and security. Ensure that sufficient time is allotted to gather any information you require. Interviews should generally be done individually.
7. Develop a preliminary list of questions for the interviews. Try to keep them open-ended and non-judgmental. Examples of questions that might be applicable in Abuse Investigations include:
 - Who, what, where, when and how: who committed the offending conduct? What exactly happened or was said? When did it occur and is it still going on? Where did it occur? How often did it occur? How did it affect the patient?
 - How did you react? What response did you make when the incident or comment occurred or afterwards? What were you doing at the time?
 - What did the patient tell you? When did he/she tell you this?
 - What is your response to the Allegations?
 - Are there any notes, physical evidence, or other documentation regarding the incident?
 - Are there any other persons who have relevant information? Was anyone present when the alleged conduct happened? Did you tell anyone about it?

8. When starting an interview, briefly describe the purpose of the interview and the process. Explain the need for cooperation and confidentiality. Make sure the person has access to the Abuse Prevention and Response Policy. Ensure that interviewee has a support person with them if requested.
9. All investigators should take notes of the information gathered. Avoid paraphrasing information. Read notes shortly after the interview is finished and follow-up on missing information. Keep all notes in a safe place and backup computer copies. Notes should include the date, time and location of the interview, as well as the factual information. Notes should be dated and initialed or signed.
10. When interviewing someone who is alleged to have committed Abuse, ensure that the person knows the facts of the complaint, is given an opportunity to tell their story and provide relevant information. Make note of any extenuating circumstances that might impact on discipline.
11. Refrain from making any statements as to your opinions or conclusions during interviews and fact gathering process.
12. One investigator should prepare an Investigation report. The Investigation should be summarized in a written report, with the investigator's notes and witness statements, and any other relevant documentation attached.
13. Generally the Investigation report should include:
 - A summary of the Abuse Allegation;
 - Summaries of the interviews;
 - Factual findings on each Allegation;
 - The conclusions and results of the Investigation.
14. A copy of the Investigation report and Investigation file, including all of the notes, reports, complaints, evidence, and any other record of the Investigation should be maintained in a confidential Investigation file. None of the Investigation file should be placed on a personnel file except any documentation of discipline or corrective action. The Investigation file should only be released in consultation with Risk Management and/or Legal Services.

Abuse Incident:
 Report of Suspected Abuse or an Allegation of Abuse has been made
**Refer to definitions in policy*

- First Steps:**
1. Report Suspected Abuse/Allegation of Abuse through the applicable incident reporting system.
 2. Report Suspected Abuse/Allegation of Abuse to your manager or the director, as appropriate
 3. Report Suspected Abuse/Allegation of Abuse to Protection for Persons in Care (“PPC”) line (1-800-225-7225)

- Initial Assessment and Review of Incident:**
1. Manager assesses situation to determine if there is risk of further Abuse, takes measures to prevent future Abuse, and ensures patient is safe.
 2. Manager conducts Initial Review of report to determine if Suspected Abuse/Allegation of Abuse exists.

- Yes**, Initial Review by manager indicates Suspected Abuse or Allegation of Abuse exists.
- Next steps:**
1. Manager reports suspected/ allegation of Abuse to the PPC intake line (1-800-225-7225), if not already done.
 - a. Ensure nature of incident and the report to PPC intake line are documented on patient’s health record.
 2. Ensure that an incident report is/has been made about the incident
 3. Advise patient/family of incident and that report has been/is being made to the PPC intake line.
 - a. If family/patient wishes, provide with PPC intake line number.
 4. Cooperate and assist with any Department of Health and Wellness investigation of matter.
 5. Advise appropriate area/department at NSHA - Central Zone and South West (Western Zone) and commence Investigation, as per policy.

- NO**, initial review of report indicates this is **not “Abuse”***. “Abuse” does not occur:
- when a service provider carried out their duties in accordance with professional standards and practices, and policies and procedures; or
 - when a patient, who has a pattern or range of behaviour that includes unwanted physical contact, uses physical force against another patient which does not result in serious physical harm, and a care plan to correct these behaviours is being established.
- Note: all ‘Allegations of Abuse’ must be reported to the PPC intake line, even if no reasonable basis to believe Abuse occurred.** But, do not need to report ‘Suspected Abuse’ to PPC intake line if Initial Review shows incident, even as alleged, was not “Abuse”. * see definition of Abuse in policy
- Manager meets with employees or family (whoever brought concern forward) to advise Initial Review outcome. If family/patient wishes, provide PPC intake number and / or brochure.

Is there an HR/professional practice/performance management concern that requires internal follow up?

If **NO**,
End of matter.

If **YES**, seek assistance from appropriate NSHA area with internal HR/professional practice follow-up

District Health Authority/IWK Policies Being Replaced

Western Zone

SSH-AD-110-224 Protection of Persons in Care

Central Zone

CDHA CH 20-101 Abuse Prevention and Response

Eastern Zone

GASHA Nsg 1-02 Abuse – Adult & Child

GASHA 3-135 Protection of Persons in Care

CBDHA 4-125 Abuse Prevention & Response

Northern Zone

CHA 210-017 Protection for Persons in Care

CHA 101-015 Protection of Persons in Care

PCHA 1-p-30 Protection of Persons in Care

Version History

(To Be Completed by the Policy Office)

Major Revisions (e.g. Standard 4 year review)	Minor Revisions (e.g. spelling correction, wording changes, etc.)
September 28, 2015 - Transitioned to NSHA policy - effective now for Central and Western, and on October 26 for Eastern and Northern.	Nov 4, 2015 - Removed the wording in preamble that indicated it was only applicable to Central and Western. Corrected some typos.
October 30, 2015 - Republished with the changes required to reflect application to Eastern and Northern zones	