

Policy to suppress mistreatment of the elderly and other adults in vulnerable situations

POLICY : NRBHSS

ADOPTION :		
Board of directors	Resolution: 2021-30	BOD- June 2021
Date :	June 15, 2021	
EFFECTIVE DATE :	June 15, 2021	

SUBJECT: Policy to suppress mistreatment of the elderly and other adults in vulnerable situations	POLICY NO. NRBHSS – 2021-30
TO: Executive Directors of the Inuulitsivik Health Centre, the Ungava Tulattavik Health Centre and the Nunavik Regional Board of Health and Social Services	
UNDER THE RESPONSABILITY OF: Aani Augiak, Regional Mistreatment Coordinator P.O. Box 900 C.P 900 Kuujjuaq, (Québec) J0M 1C0 aani.augiak@ssss.gouv.qc.ca	

BACKGROUND OF POLICY

TITLE: Policy to suppress mistreatment of the elderly and other adults in vulnerable situations		
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1. FOUNDATION

The Nunavik Regional Board of Health and Social Services (NRBHSS), the UngavaTulattavik Health Center (UTHC) and the Inuulitsivik Health Center (IHC) recognize the right of adults in vulnerable situations to live free from harm and mistreatment.

This policy is based on the *Act to combat maltreatment of seniors and other persons of full age in vulnerable situations* as well as the *Quebec Charter of Human Rights and Freedoms*, the *Act respecting health services and social services* and the *Government action plan to fight mistreatment towards elders 2017-2022*.

2. DEFINITIONS

Organization

The UngavaTulattavik Health Center (UTHC) and the Inuulitsivik Health Center (IHC)

NRBHSS

Nunavik Regional Board of Health and Social Services (NRBHSS)

Mistreatment

A single or repeated act, or a lack of appropriate action, that occurs in a relationship where there should be trust and that causes, intentionally or unintentionally, harm or distress to a person. (Art. 2, para. 3 *Act to combat maltreatment of seniors and other persons of full age in vulnerable situations*).

Person in a vulnerable situation

A person of full age whose ability to request or obtain assistance is temporarily or permanently limited because of factors such as a constraint, limitation, illness, disease, injury, impairment or handicap, which may be physical, cognitive or psychological in nature (Art. 2, para. 4 *Act to combat maltreatment of seniors and other persons of full age in vulnerable situations*).

Person working for the organization or the NRBHSS

A physician, dentist, midwife, staff member, medical resident, interpreter, trainee, volunteer or other person who provides services directly on behalf of the organization or the NRBHSS (Art. 2, para. 5 *Act to combat maltreatment of seniors and other persons of full age in vulnerable situations*).

Health and social service provider

Any person, association, partner, authority or company retained to provide health care or social services directly to users.

User

Person who receives care or services, regardless of the health or social service provider.

CSQC

Complaints and Service Quality Commissioner

Concerted intervention process (« PIC »)

The concerted intervention process involves stakeholders from different actors in the field of health and social services, justice and public security who work with elders and any other adult in a vulnerable situation. The purpose of this process is to harmonize the management of mistreatment requiring consultation and coordination with partners playing a leading role in the fight against mistreatment.

3. PRINCIPLES

3.1 Values

In the context of cultural safety practices, we recognize the following organizational values:

3.1.1 Goodwill

Manifested by relationships guided by the quest for the good of all.

3.1.2 Respect

Characterized by the recognition of the capacity to treat others with dignity and high esteem.

3.1.3. Collaboration

Manifested by the commitment for all to get involved and work as a team, including as full members, users, their families and partners in the achievement of a common goal.

3.1.4 Responsibility

Manifested by rigor and accountability in order to contribute to the achievement of the organization's mission by remaining focused on the experience and needs of the user and those close to him or her.

3.2 Guiding Principles

The following guiding principles are based on the stated values. Their application and adhesion will help achieve the objectives of this policy.

3.2.1 Zero tolerance

No form of mistreatment is tolerated.

3.2.2 Proactivity

We take a proactive stance to counter mistreatment of users and approach the problem openly, frankly and transparently.

3.2.3 Respect for the rights and needs of users

We respect the rights of users as described by the Act Respecting Health Services and Social Services and the Quebec Charter of Human Rights and Freedoms and respond to needs by providing quality care and services.

3.2.4 Consent to care

The consent of the user or his or her legal representative must be obtained before the provision of any care or service, unless otherwise exempt from this disposition as stipulated by the law.

3.2.5 A safe care and work environment

The organization and the NRBHSS have an obligation to take reasonable means to ensure that all users and all those working in the organization or for the NRBHSS have a safe environment, inspired by a culture of respect and transparency.

3.2.6 Consultation and partnership

Consultation and partnership between the various actors, in particular professionals, departments or different sectors of activity, as well as with all associations and bodies providing care or services, Users' Committees, Residents' Committees and unions is essential.

4. OBJECTIVES

The main objective of this policy is to suppress mistreatment by laying down the guidelines, strategies and measures necessary.

The goal of this policy is to put in place conditions favorable to the maintenance and improvement of the state of health and well-being of the people served.

It aims to ensure the safety, well-being and quality of life of users. The services provided to the population must be provided with respect for the physical and psychological integrity of individuals, regardless of the location: at home, in a nursing home, at a health center or in any other facility.

It aims in particular to:

- Ensure the safety, well-being and quality of life of users by implementing measures to halt mistreatment.
- Identify and address situations of mistreatment quickly and effectively.
- To stop mistreatment by reducing the harmful consequences and the risk of recurrence.
- Support the continuous improvement of clinical and organizational practices and the quality of services.
- Promote respectful, safe and attentive healthcare and work environments.
- Support people in their efforts to halt mistreatment.
- Inform and equip people working for the organization and the NRBHSS as well as health and social service providers about their obligations and the importance of reporting cases of mistreatment.
- Ensure understanding and respect for the *Act to combat maltreatment of seniors and other persons of full age in vulnerable situations*.

5. SCOPE, PROMOTION AND DIFFUSION

This policy is intended for anyone working for the organization and the NRBHSS, whether they are managers, employees, physicians, midwives, interns, researchers, interpreters and any other person, whatsoever their function, and must be communicated to them.

This policy must be applied, considering necessary adaptations, by any authority, partner, company or person to which the organization or the NRBHSS calls on for the provision of services to adult users, including those associated by a contract or agreement.

The policy should be displayed in public view and published on appropriate websites. It must also, by any means deemed acceptable, be made known to the intended users. (Art. 5, *Act to combat maltreatment of seniors and other persons of full age in vulnerable situations*).

The person responsible for the implementation of the policy must inform the people working for the organization or the NRBHSS of the content of the policy and, in particular, of the preventive measures put in place and of the possibility to report a case of mistreatment to the Complaints and Service Quality Commissioner. (*Art. 6, Act to combat maltreatment of seniors and other persons of full age in vulnerable situations*).

6. TERMS

6.1 Promotion of goodwill, benevolence and proper treatment

All must promote and recognize attitudes of caring characterized by empathy and the desire for the well-being of others in the delivery of care and services. Everyone must also support proper treatment through actions and practices respectful of values, beliefs, the course of one's life, as well as all human rights and freedoms.

6.2 Prevention of mistreatment

The aim is to eliminate incidents of mistreatment of elders and any other adult in a vulnerable situation in all environments. It is based on the promotion of values such as respect for human dignity, on knowledge of the causes and factors associated with mistreatment and on the empowerment of all in the effort to reduce this problem.

Prevention increases the level of collective sensitivity and contributes to the acquisition of respectful attitudes and behavior. It creates a climate where elders and vulnerable people feel at ease in breaking the silence and taking the necessary actions to put an end to mistreatment and promote well-being.

6.2.1 Awareness

Awareness aims to demystify, recognize and address mistreatment. It means promoting, with periodic reminders, different prevention strategies, using existing resources and implementing ways to manage and suppress all mistreatment.

6.2.2 Training

Training aims to develop the knowledge and skills necessary for the identification and management of situations of mistreatment by people working for the organization or the NRBHSS.

Training activities are planned and organized annually for all departments concerned, according to needs and available budgets.

The awareness-raising and training measures include, among other things, e-learning or face-to-face training, press releases and posters advocating reporting.

6.3 Management of situations of mistreatment

In order to adequately manage suspected or confirmed situations of mistreatment, it is important to prioritize three aspects: consent, the essential elements of the mistreatment management continuum and the various areas of expertise required.

6.3.1 Consent

Depending on the circumstances, the user or his or her representative must be involved at each stage of the process of managing mistreatment. Every user is entitled to be accompanied and assisted by the person of his or her choice. In addition, if in addressing the situation of mistreatment, care or services are required by the user, normally applicable rules of consent to care must be respected. In the event that personal information concerning the user must be transmitted to third parties, the rules of confidentiality must be respected.

Exceptions to consent to the disclosure of confidential information:

- Information contained in a user's file may be communicated, in order to prevent an act of violence, including suicide, when there is reasonable cause to believe that a serious risk of death or serious injury threatens the user, another person or an identifiable group of people and that the nature of the threat evokes a sense of urgency.
- Information can be communicated to the person or people exposed to the above-mentioned danger, to their representative or to any person likely to come to his or her aid. This can only be done by a person or a category of people authorized by the director of professional services or, in the absence of such a director, by the executive director (*art. 19.0.1, para. 2 Act respecting health services and social services*).
- When the conditions for mandatory reporting are met (see section 6.3.2.2), the health and social service provider or the professional does not have to obtain the user's consent. He or she must report the situation, even if bound by professional secrecy.

6.3.2 Managing situations of mistreatment

The management of mistreatment must follow a process that complements existing care and services.

6.3.2.1 The identification of mistreatment and the support measures available to formulate a complaint or report a situation

Identifying potential situations of mistreatment is everyone's responsibility. If necessary, staff, managers, community organizations, Users' Committee members, to name a few, must all support those in need.

Identifying mistreatment refers to the following strategies:

- Spotting, that is, being attentive to signs of mistreatment in order to identify them.
- Detection, either to identify risk factors or signs and indicators of mistreatment.
- Screening, that is, systematic identification of mistreatment by staff.

6.3.2.2 Complaint

Anyone who believes they have been the victim of mistreatment or their representative can make a verbal or written complaint to the Complaints and Service Quality Commissioner. Every user is entitled to be accompanied and assisted by the person of his or her choice. Upon receipt of a complaint, the Commissioner diligently examines it. The complaint processing time is 45 days, as specified by the Act respecting health services and social services (*art. 33, para. 2 (6)*).

6.3.2.3 Reporting

Anyone who has reasonable grounds to believe that someone is being mistreated must immediately report this situation to the Complaints and Service Quality Commissioner. The work of the Commissioner is part of a process of continuous improvement of the quality of services. Clinical teams and all other partners in the health and social services network must also play their role in managing mistreatment.

6.3.2.3.1 Mandatory reporting

More specifically, mandatory reporting according to the Law specifies that:

- Any provider of health and social services or any professional recognized by the Professional Code (RLRQ C-26) who has reasonable grounds to believe that a person is the victim of mistreatment is required by law to immediately report the case if it concerns:

1. Any adult living in long term care.
 2. Any person under tutorship or curatorship or if the person is the subject of a protection mandate that has been homologated.
- The obligation to report applies even to persons bound by professional secrecy, except to lawyers and notaries who, while carrying out their profession, may obtain such information.
 - Mandatory reporting must be made as soon as possible to the Complaints and Service Quality Commissioner if it concerns an adult who is receiving care and services. If the mandatory report concerns a victim of mistreatment who is not receiving care or services in the health care network, the report is made to the police.

6.3.2.4 Processing of the report by the Complaints and Service Quality Commissioner

The Complaints and Service Quality Commissioner receives and processes any report of a situation of mistreatment, whether it is mandatory or not.

The processing of the report by the Complaints and Service Quality Commissioner includes validating whether the report is linked or not to the provision of care and services.

When the reported mistreatment is unrelated to the provision of care and services, the Complaints and Service Quality Commissioner directs the person making the report to the appropriate body within a maximum of 72 hours of the report. To do this, he or she makes sure to provide the required information to the person who filed the report so that he or she can contact the appropriate authority according to the situation.

When the situation of mistreatment is linked to the provision of care and services, the Complaints and Service Quality Commissioner notifies the department concerned and, if applicable, the highest authority of the external resource concerned by the situation of mistreatment. This notice is transmitted by the Complaints and Service Quality Commissioner within a maximum of 72 hours, which should be adjusted according to the seriousness and urgency of the situation reported. Any urgent situation requires immediate intervention.

6.3.2.4.1 Confidentiality of information that may permit the identification of the person reporting the mistreatment

As part of the process of receiving and processing mistreatment reports, the Complaints and Service Quality Commissioner informs the person who has filed the report of his or her right to confidentiality of any information enabling him or her to be identified. The Complaints and Service Quality Commissioner then checks with the person who filed the report whether he or she consents to disclosing information that would allow him or her to be identified, in particular to the department concerned or to the person in charge of verifying the facts.

In the absence of the consent of the person filing the report, the Complaints and Service Quality Commissioner must preserve the confidentiality of the information that enables identification of the person who filed the report. To do this, the Complaints and Service Quality Commissioner takes all necessary measures:

- Only the Complaints and Service Quality Commissioner and his or her staff can know and have access to information allowing the identification of the person who filed the report.
- Any other communication or document related to the processing of the report must not include any information allowing the identification of the person who filed the report.

6.3.2.5 Assessment of the person's needs and capacities

The assessment of the person's needs and capacities allows the planning and prioritization of interventions according to the preferences and values of the mistreated person, with their consent or that of their legal representative. This analysis makes it possible to identify the expertise that must be called upon to meet the needs of the user. This evaluation must also consider all those affected by the situation of mistreatment.

6.3.2.6 Concerted intervention process (“PIC”)

The management of actions and follow-ups reduce the risk of recurrence and ensure the safety and well-being of all parties involved. When required, a concerted intervention process could be enacted with those partaking in the health and social services national agreement, including the the department of justice, public security and others such as the Public Curator of Quebec, the “Autorité des marchés financiers” (Authority of financial markets) or the “Commission des droits de la personne et des droits de la jeunesse” (Commission for human rights and the rights of youth).

Prior to enacting the concerted intervention process, the consent of the person concerned or their legal representative must be obtained.

However, consent is not required if the purpose is to prevent an act of violence, where there is reasonable cause to believe that a serious risk of death or serious injury threatens a vulnerable person and the nature of the threat provokes a sense of urgency.

This process makes it possible to harmonize the management of situations by intervening effectively in order to ensure the most appropriate actions feasible in order to halt the mistreatment.

6.4 Accountability

The Complaints and Service Quality Commissioner must, in the annual report, include a section dealing specifically with the complaints and reports received concerning situations of mistreatment of people in vulnerable situations, without compromising the confidentiality of the files by excluding the identity of the persons concerned by a complaint or report (*Art. 14, Act to combat maltreatment of seniors and other persons of full age in vulnerable situations*).

6.5 Retaliation or threatening retaliation for reporting mistreatment is strictly forbidden

The organization, the NRBHSS and the Complaints and Service Quality Commissioner must take all necessary measures to ensure that the confidentiality of information allowing the identification of a person who files a report is preserved, except with the consent of that person. The Complaints and Service Quality Commissioner can, however, communicate the identity of this person to the police force concerned if necessary.

The *Act to combat maltreatment of seniors and other persons of full age in vulnerable situations* prohibits retaliatory measures against a person who, in good faith and within the framework of this policy, makes a report or collaborates in the examination of a report or complaint. It is also prohibited to threaten a person with retaliatory measures to force them to refrain from making a report or collaborating in the examination of a report or complaint.

In addition, a person cannot be prosecuted for filing, in good faith, a report or for cooperating in the examination of a report, regardless of the conclusion reached.

6.6 Sanctions

The actions put in place to avoid and prevent recurrence of mistreatment include possible sanctions, which can be disciplinary or judicial in nature. They can also include terminating agreements with service providers.

7. APPLICATION OF THE POLICY

The organization, the NRBHSS and any associated partner, authority, company or person which the organization or the NRBHSS uses for the provision of care or services must apply this policy and ensure that it is respected by all staff.

8. START DATE AND REVISION

This policy comes into effect upon adoption.

This policy must be revised at least every five years (*Art. 7, Act to combat maltreatment of seniors and other persons of full age in vulnerable situations*).

9. APPENDICES

Appendix 1: The policy to suppress mistreatment of the elderly and other adults in vulnerable situations - at a glance

Appendix 2: Form to report a situation of mistreatment or to file a complaint in connection with a situation of mistreatment

Appendix 3: Terminology: forms and types of mistreatment



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UNGAVA TULATTAVIK HEALTH CENTER
CENTRE DE SANTÉ TULATTAVIK DE L'UNGAVA

Appendix 1

POLICY TO SUPPRESS MISTREATMENT OF THE ELDERLY AND OTHER ADULTS IN VULNERABLE SITUATIONS - AT A GLANCE

Guiding principles:

- Zero tolerance
- Proactivity
- Respect for rights and needs of users
- Consent to care
- Consultation and partnership
- A safe care and work environment

Objectives:

- Safety, well-being and quality of life of users;
- Identify and address situations of mistreatment;
- Stop mistreatment by reducing the harmful consequences and the risk of recurrence;
- Support continuous improvement;
- Promote respectful, safe and attentive healthcare and work environments;
- Support people in their efforts to halt mistreatment;
- Inform and equip service providers of their obligations and the importance of reporting mistreatment;
- Ensure understanding and respect for the *Act to combat maltreatment of seniors and other persons of full age in vulnerable situations*.

Terms:

- A. Promotion of goodwill, benevolence, proper treatment, awareness and training;
- B. Management of situations of mistreatment:
 - File a report or complaint: mandatory for any adult living in long term care, for any person under tutorship or curatorship or if the person is the subject of a protection mandate that has been homologated;
 - Treatment of the situation: assessment of needs, actions and follow-ups.

Appendix 2

Form to report a situation of mistreatment or to file a complaint in connection with a situation of mistreatment

Form to report a situation of mistreatment or to file a complaint in connection with a situation of mistreatment

Identification of the person filing the report or complaint:

Name:	
Telephone:	
Address/ email:	
Date:	

Identification of the person suspected to be mistreated:

Name:	
Telephone:	
Address/email:	
Residence: at home, in a facility or other location:	

Identification of the person, persons or service suspected of inflicting the mistreatment:

Name:	
Telephone:	
Address/email:	
Relationship with the person being mistreated:	

Description of events that led to the filing of a report/complaint:

Please describe, as precisely as possible, the facts that lead you to believe that a vulnerable person has been mistreated. Indicate the event (s), the inappropriate conduct, the date, place and time, if known, as well as the witnesses present. Include any other information that you feel is important.

Have you taken any other steps or do you have other relevant information? If so, please specify:

Other comments:

N.B.: This form must be submitted to the Complaints and Service Quality Commissioner.



Appendix 3

Terminology: forms and types of mistreatment

TERMINOLOGY

FORMS OF MISTREATMENT

Violence: Rough treatment or causing someone to act against their will, using force and/or intimidation

Neglect: Not caring about the person, including failing to take appropriate action to meet their needs.

TYPES OF MISTREATMENT

Psychological mistreatment: gestures, words or attitudes that constitute an attack on psychological well-being or integrity. Psychological abuse is undoubtedly the most frequent and the least visible type of mistreatment. *Examples: emotional blackmail, manipulation, humiliation, insults, infantilization, denigration, verbal and non-verbal threats, deprivation of power, exaggerated monitoring of activities, rejection, indifference, social isolation, etc.*

Physical mistreatment: inappropriate gestures or actions, or failure to take appropriate action that adversely affect physical well-being or integrity. *Examples: pushing, beating, hitting, burning, forced feeding, inadequate administration of medication, inappropriate use of restraints (physical or chemical), deprivation of reasonable conditions of comfort or safety, non-assistance with feeding, clothing, hygiene or medication when you are responsible for a person in a dependent situation, etc.*

Sexual mistreatment: unwanted gestures, actions, words or attitudes of a sexual connotation that undermine well-being, sexual integrity, sexual orientation or gender identity. *Examples: suggestive remarks or attitudes, jokes or insults with a sexual connotation, homophobic, biphobic or transphobic remarks, promiscuity, exhibitionist behavior, sexual assault (unwanted touching, forced sexual intercourse), deprivation of intimacy, treating the elder person as being asexual and/or preventing them from expressing their sexuality, disrespect for sexual orientation or gender identity, etc.*

