

# *Abuse, Neglect or Self-Neglect of Vulnerable Adults Protocol for the North Shore*

## **1. INTRODUCTION**

This protocol was developed by stakeholders in the North Shore as a companion document to the [VCH Abuse, Neglect or Self-Neglect of Vulnerable Adults Regional Policy](#).

## **2. PURPOSE OF THIS PROTOCOL**

The purpose of the Adult Abuse and Neglect Protocol is to establish the North Shore's requirements for providing services as a designated agency under [VCH's Adult Abuse and Neglect Policy](#) and Part 3 of the [Adult Guardianship Act](#).

Part 3 of the [Adult Guardianship Act](#) deals with options for providing Support and Assistance to abused and neglected adults. It contains some legal tools for designated agencies to use to address particular problems in supporting abused and neglected adults **who are unable to get assistance on their own**.

Although the [Adult Guardianship Act](#) provides legal remedies, it is important for North Shore employees to remember that the [Patient's Property Act](#), [Mental Health Act](#), [Community Care and Assisted Living Act](#), [Health Act](#), [Health Care Consent](#), [Representation Agreement](#), and the [Power of Attorney Act](#) continue to apply.

### **2.1 Designated Agencies**

A **Designated Agency** is a public body or organization designated by the [Public Guardian and Trustee of British Columbia](#) to respond to reports of adult abuse, neglect and self-neglect. When a designated agency receives a report it **must** have an employee look into it. Within a designated agency there are specific programs, which respond to reports of abuse, neglect and self-neglect. Provincial Health Authorities (including VCH) are designated and determine which programs will respond to reports. [Community Living BC](#) ensures a response for adults who are eligible for Community Living Services for Adults Program.

### **2.2 Designated Programs/Services**

In situations where the **alleged abuser is a staff member**, the report will be directed immediately to the operation's manager. That manager will liaise with the Director of Client Relations and Risk Management and/or the Community Care Facilities Licensing (CCFL) Licensing Officer as appropriate.

All VCH staff and employees have a responsibility to continue to provide services for clients within their program, service delivery area, despite the identification of abuse, neglect and self-neglect concerns. Within the North Shore certain programs/staff have specialized expertise to respond and act in situations of abuse and neglect and they are referred to as Designated Responders (DR). The Designated Responder Coordinator (DRC) is the staff within the identified program areas responsible for ensuring the report has been received and is being followed by a DR.

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## Adults Who Are Patients In North Shore Coastal (Emergency/In-patient/Out-patient)

Lions Gate Hospital/Evergreen House:	Telephone	Fax
Social Work Clinical Practice Leader	604.984.5898	604.984.3796

## Adults Living in the Community - Seniors, Adults with Disabilities

Community Health Services – Intake	604.983.6740	604.983.6839
Home & Community Care Manager	604.983.6723	604.983.6707

## Adults with Mental Health Concerns

Adults Living in the Community with Mental Illness: Community Psychiatric Services Intake Nurse	604.983.6021	604.983.6022
Adults admitted to In-Patient Psychiatry: Psychiatric Social Worker	604.988.3131 (ext 5804)	604.984.3793
Older Adults (70+ with age related Mental Illness): Older Adult Mental Health Team	604.904.6200 (ext 4124)	604.904.6266
If the matter cannot be dealt with at the community level they should go to the ER or contact the North Shore Adult Abuse and Neglect Coordinator at the Older Adult Mental Health Team	604.904.6200 (ext 4124)	604.904.6266

## Adults in a Complex Care Facility or Group Home

Call Social Worker or Residential Care Coordinator		
Community Care Facilities Licensing (*all abuse, neglect and self-neglect concerns of residents of any facility are reportable incidents)	604.983.6814	604.983.6883
Social Worker or Manager, Kiwanis Care Centre	604.924.8320/56	604.904.8325
Social Worker or Manager, Evergreen House	604.984.5904/06/28	604.984.3784
Social Worker or Manager, Cedarview Lodge	604.904.6421/02	604.904.6411

## Adults Living in Assisted Living

Manager of Assisted Living	604.904.3595	604.984.5788
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## If you are unsure who to call or if the DR is not available call

Re:Act	604.984-5958 or 1.877.REACT.99	604.984-5930
Emergencies	9.1.1	
NS Abuse and Neglect Coordinator	604.904.6215	604.904.6198

## Adults with Developmental Disabilities

Community Living BC North Shore / Sunshine Coast / Sea to Sky Office	604.981.0110	
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For the most up to date list of Designated Responder Coordinators for the North Shore please visit [http://www.vcha.ca/programs\\_services/react/miscpages/binary\\_66242.pdf](http://www.vcha.ca/programs_services/react/miscpages/binary_66242.pdf).

**2.3 Community Response Network<sup>1</sup>** is a network of individuals, groups and agencies, who work together at the community level to promote a co-ordinated response to abuse, neglect and self-neglect. They may include employees of a designated agency, community agencies, and adults who are interested in the community response.

The Coordinator of the NS Re:Act Coordinating Team will participate and liaise in the CRN.

The CRN ([North Shore Adults at Risk Network](#)) Coordinator can be reached through the host agency, [North Shore Disability Resource Centre](#) **604.929.2585**.

It is important to note that many community agencies not designated under the [Adult Guardianship Act](#) will continue to receive reports of abuse and neglect and to offer support and assistance. These include:

**Community-based services and service providers, such as:**

home support	women’s centers
family services	transition houses
spousal assault programs	banks and other financial institutions

**Support groups, such as:**

advocacy groups	peer support groups
churches	self-help groups
volunteer groups	service clubs, etc.

**Provincial government ministries and regional agencies or programs, such as:**

Police/RCMP	Ministry of Human Resources
Victims Services	Alcohol and Drug Programs
Public Guardian & Trustee	

These agencies and groups **may** make a report to a designated agency. They would do so when it was anticipated that some of the legal remedies available within the [Adult Guardianship Act](#) might be needed to assist or protect the adult involved.

## 2.4 Levels of Risk

See Appendix 1 [Risk Assessment Tool](#)

- **Little or no Risk** implies the situation is safe and the adult can likely remain in the current circumstances. Little or no intervention or support is required to protect the adult at risk.
- **Moderate Risk** implies the adult is likely to suffer some degree of harm if they remain in the current situation for the short term until the investigation and planning is completed.

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<sup>1</sup> On the North Shore, known as [North Shore Adults at Risk Network](#)

- **High Risk** implies the adult is likely to be seriously injured, suffer permanent disability or die if the adult remains in the situation without intervention.

## 3. PROCESS FOR PROVIDING SUPPORT AND ASSISTANCE TO ABUSED AND NEGLECTED ADULTS

See Appendix 2- [Flow Chart](#)

### 3.1 Intake/Referral Process

#### 3.1.1 Confidentiality

Anyone can make a report of an adult who is, or may be abused or neglected, and the employee of the designated agency cannot disclose the name of the individual who makes the report. Employees who receive reports can reassure callers of their anonymity, subject to limits within the law, but if possible, should obtain consent from the individual making the report, to release their name. This consent should be documented. Unless the report is proven to be malicious, the individual reporting abuse is protected from damages, including disciplinary actions from an employer, by provisions within the [Adult Guardianship Act](#).

#### 3.1.2 Responsibilities and Options

In situations where the alleged abuser is a **staff member**, the report will be directed immediately to the operation's manager. That manager will liaise with the Director of Client Relations & Risk Management/Human Resources as appropriate and/or CCFL as appropriate.

In all other situations, when an employee receives or becomes aware of information that an adult is abused, neglected or self-neglected (as per definitions in the [Regional Abuse, Neglect and Self Neglect of Vulnerable Adults Policy, Section 9](#)) the employee who receives the report **must**:

- Complete the [Re:Act SLS Report Form](#) and ensure the correct [Designated Responder Coordinator](#) has been informed and accepted the report.
- When the adult is known and receiving services from VCH, advise the involved staff of the report.
- Document the appropriate information on the client's record or Intake Form (as needed): Name of client, address of client, date of birth, family physician, referral source, PHN, nature of abuse, reason that they are unable to seek support and assistance, medical history, known history of violence, suspected criminal activity, who else lives there, language/communication barriers, what else has been done so far to address the problem, drug & alcohol involvement, **and**
- If the situation is urgent or emergent, follow procedures in Section 3.3.
- Report facts to the police if there is reason to believe that a criminal offence has occurred, as per **Appendix 3: [North Shore Protocol for Liaising with Police](#)**

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- Notify the manager/supervisor/practice leader that you have received the report and actions taken.

Wherever possible:

- Inform the individual making the report, who the designated agency, or agency program will be, and the name of the employee who will be following up on the report.

## 3.2 Initial Inquiry

### 3.2.1 Responsibilities and Options

When the appropriate program employee (Designated Responder) receives the initial report of abuse, neglect or self-neglect, they **must**:

- Investigate the report
- Determine if the adult needs and is willing to accept support and **is unable** to seek support on their own
- Assess the urgency of the situation and the level of risk to the adult and to the employee
- Determine if the adult has a Representative or Guardian
- Involve the adult and family as much as possible and where appropriate.
- Report the facts to the police<sup>2</sup> if they have reason to believe that a criminal offence has been committed against an adult who is abused or neglected and **who is not** able to seek support on their own
- Initiate further investigation if it appears that abuse, neglect, or self-neglect has occurred
- Document actions taken on the client file, and ensure the Designated Responder Coordinator has the required information to document on [the Re:Act SLS Follow-Up Form](#).

Following the above, the employee **may**:

- Take no further action if the adult does not require support and assistance and/or
- Make a referral on behalf of the adult to appropriate available health care, housing, social, legal, or other services, and/or
- Consider other options available to help resolve the concerns other than AGA and/or
- Make a referral on behalf of the adult to:

**[Public Guardian and Trustee of British Columbia](#)**<sup>3</sup>

#700 – 808 West Hastings Street

Vancouver, BC V6C 3L3

Phone #: 604-660-4444

Fax #: 604-660-0374

Website: [www.trustee.bc.ca](http://www.trustee.bc.ca)

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<sup>2</sup> Follow the [North Shore Protocol for Liaising with Police](#), Appendix 3

<sup>3</sup> See [Financial Inquiries by a Designated Agency and Investigations by the Public Guardian and Trustee](#), Appendix 4

## 3.3 Using Emergency and Urgent Interventions

An emergency can be identified at the initial reporting stage or at any point in the process of offering or providing support and assistance.

The determination of an emergency situation should involve, wherever possible, the consultation of one of the following: supervisory staff or the Adult Abuse and Neglect Coordinator, or Director of Re:Act who will assist the employee in determining if the situation meets the criteria for [Emergency Provisions under the Act](#) (Sec.59).

The employee(s) who identifies the situation as an emergency, and the reasons for doing so will be documented on the Re:Act SLS Follow-Up Form and the client record. Emergency measures should include the [Certificate of Emergency Intervention](#) and the [Special Safety Alert and Plan](#) whenever possible, and **must** be completed if the adult is admitted to a VCH facility under emergency measures. Designated Responders must use these forms in consultation with their supervisor, the Abuse & Neglect Coordinator, Director of Re:Act, or Director of Risk Management. The Certificate of Emergency Intervention must be used in partnership between the Designated Responder and the adult's GP or another physician/hospitalist who will agree to admission/apprehension when the adult is admitted to a VCH facility.

When an emergency situation is identified after hours, and specialized staff are not available, Emergency Measures will be deployed following the protocol for using the [Certificate of Emergency Intervention](#) and the [Flow Chart for Emergency Provisions](#) and alert the Abuse and Neglect Coordinator, Director of React and the Director of Risk Management at the earliest opportunity.

For more information follow the [Protocol for Using Certificate of Emergency Intervention](#) and the [Flow Chart for Emergency Provisions](#), also available in Appendix 5.

### 3.3.1 Determination of an Emergency Situation

A situation may be determined to be an emergency when:

- the adult is apparently abused or neglected and is unable to seek help on their own due to a physical restraint, a physical handicap limiting their ability to seek help, or an illness, disease, injury, or other condition affecting their ability to make decisions about the abuse and neglect, **and**
- it is necessary, in the opinion of the employee, to act without delay in order to preserve the adult's life, prevent serious physical or mental harm to the adult, or protect the adult's assets from significant damage or loss, **and**,
- the adult is apparently incapable of giving or refusing consent to the proposed intervention.
- In identifying a situation as an emergency, all of the above criteria have been satisfied **and** the following factors are considered:
  - that this is an acute situation (not a chronic one with no imminent risk of severe harm)
  - history of major violence
  - presence of weapons
  - need for immediate medical attention
- the emergency provisions are being used for the adult's benefit

### 3.3.2 Authority in Emergency Situations

Emergency provisions allow designated employees without the adult’s agreement to:

- Enter any premises where the adult may be located, without a court order or a warrant, and to use any reasonable amount of force to do so.
- Remove the adult from the premises and transport him/her to a safe place
- Provide the adult with emergency healthcare
- Inform the [Office of the Public Guardian and Trustee](#) of the adult’s financial affairs, business, or assets that may need immediate protection
- Take any other emergency measures necessary to protect the adult from harm

If emergency intervention is required, employees will:

- Contact the police for support and assistance<sup>4</sup>
- Notify supervisory staff or the Abuse & Neglect Coordinator or Director of Re:Act as soon as possible. One of the above will notify the Director of Risk Management
- Document actions taken and rationale on the intake form or adults file
- Contact your HSDA Client Relations or Risk Manager if you seek legal advice, or anticipate that there will be some legal action arising (claim, legal action arising)
- Coordinate use of the [Certificate of Emergency Intervention](#) form and [Special Safety Alert & Plan](#) form with the Abuse & Neglect Coordinator, Director of Re:Act or Director of Risk Management.

### 3.3.3 Terms of Effect for Emergency Intervention

Emergency Intervention cannot last longer than **120 hrs or 5 days**.

Within 24 hrs after an Emergency Intervention the employee must inform one of the following about the action taken, except where the person is the alleged offender and doing so would place the adult or others at risk:

• The adult’s family	• Committee or Representative
• Persons with whom the adult lives	• An advocate or friend deemed appropriate

### 3.3.4 Emergency Review Process

Within 5 days of the use of Emergency Interventions and/or the use of the [Certificate of Emergency Intervention](#) and<sup>5</sup> [Special Safety Alert & Plan](#) form, there will be a review process of the use of the certificate initiated by the most responsible Designated Responder:

- Whenever possible, this process will include a review of the use of the certificate by the North Shore Re:Act Coordinating Team and/or,
- The Abuse & Neglect Coordinator, the Director of Re:Act, the Director of Risk Management

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<sup>4</sup> Follow [North Shore Protocol for Liaising with Police](#), Appendix 3

<sup>5</sup> When an Adult is admitted to a VCH facility both forms must be completed

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- This review will include, where possible, any concerns raised by the adult, the adult's family, persons with whom the adult lives, the adult's committee or representative, an advocate or friend deemed appropriate, the case manager
- Recommendations for longer term interventions may be considered in this Review including the development of a Support and Assistance Plan as per AGA

## 3.4 Further Inquiry

### 3.4.1 Responsibilities and Options

A designated employee **must** investigate further into situations if:

- The initial assessment of the report supports the suspicion of abuse, neglect or self neglect (as defined in [Regional Abuse, Neglect and Self Neglect of Vulnerable Adults Policy](#), Section 9), **and**
- The adult has refused offers of support and assistance, **and**
- The adult appears to meet the definition of an adult under the provisions of the policy (as defined in [Regional Abuse, Neglect and Self Neglect of Vulnerable Adults Policy](#), Section 9)

In addition to interviewing the adult, if the above criteria are met, employees **may**:

- Interview the adult's spouse, near relatives, friends or anyone else who may assist in the inquiry,
- Obtain information that the circumstance requires, from:
  - A health care provider who has examined the adult
  - Any agency that provides or has provided health or social services to the adult, and
  - Any person who manages the adult's financial affairs, business or assets

A Designated Responder may use the [Request Information Form](#) to obtain information pursuant to the AGA. Also available in Appendix 6.

### 3.4.2 Consent for Investigation

Wherever possible, the designated employee investigating the report will obtain the adult's permission before approaching others for information. If the adult refuses consent, the employee should, whenever possible, review the decision to seek collateral information with their program supervisor, Adult Abuse & Neglect Coordinator or Director of Re:Act, or the Risk Manager. If it is determined that it is in the best interests of the adult to proceed with the investigation and collect collateral information:

- The adult or representative will be informed of this decision
- The decision will be documented on the client file

The Designated Responder may use the [Request Information Form](#) in consultation with their supervisor, the Abuse & Neglect Coordinator or the Director of Re:Act to facilitate release of information.

### 3.4.3 Access Denied

If physical access to the adult is denied and there continues to be evidence of abuse or neglect to an adult under the scope of this policy, staff should review with Supervisory Staff, Adult Abuse & Neglect Coordinator, or Risk Manager options available. Applications to gain access through the court system will only be made as a last resort.

### 3.4.4 Tools Available under AGA

In the rare situations that are not resolved through the procedures outlined in this document, the designated responder, in consultation with Risk Management, Adult Abuse and Neglect Coordinator and Program Manager, may consider applying to court for:

Interim Restraining Order  
Warrant to Enter to Interview  
Access Order  
[Support and Assistance Plan](#)

Applications for court orders will only be made as a last resort. See the [Guide to Making Court Applications](#).

If you seek legal advice, or anticipate that there will be some legal action arising (claim, legal action arising) contact your HSDA Risk Manager about legal resources available to you.

### 3.4.5 Completing an Inquiry

In consultation where necessary with Clinical Practice Leaders, Program Managers, Team Leaders or the Adult Abuse & Neglect Coordinator, designated employees will terminate the inquiry upon ascertaining that the adult is no longer at unacceptable risk of abuse, neglect or self-neglect and/or was capable of seeking/refusing assistance. The facts and recommendations and plans for on going supports and monitoring will be documented and communicated with all programs that have been involved.

### 3.4.6 Staff Support and Debriefing

A Critical Incident is defined as an incident resulting in serious harm to the patient, or the significant risk thereof. See Appendix 7 for the [VCH Policy on Incident Management](#). A Critical Incident Review is not the same as Critical Incident Stress Debriefing/Management. The purpose of a Critical Incident Review is to complete a factual analysis of the event in order to identify quality improvement issues and mitigate further risk.

Critical Incidents and responding to situations of abuse, neglect and self-neglect involving vulnerable adults may cause powerful emotional reactions in staff. Critical Incident Stress Debriefing/Management is the VCH EFAP providers' comprehensive approach to help manage stress resulting from Critical Incidents that occur in the workplace. [Connect to the EFAP website](#) or call EFAP to access Critical Incident Stress Management.

## **4.0 Appendices & Footnotes:**

To make it easier for you to select only the appendices and footnotes tools you need, they are listed individually below.

### **4.1 Appendices**

- Appendix 1 - [Risk Assessment Tool](#)
- Appendix 2 - [Flow Chart](#)
- Appendix 3 - [North Shore Protocol for Liaising with Police](#)
- Appendix 4 - [Financial Inquiries by a Designated Agency and Investigations by the Public Guardian and Trustee](#)
- Appendix 5 - [Protocol for Using Certificate of Emergency Intervention](#) and the Flow Chart for Emergency Provisions
- Appendix 6 - [Request Information Form](#)
- Appendix 7 - [VCH Policy on Incident Management](#)
- Appendix 8 - [Request Information Form](#)

### **4.2 Footnotes**

- Footnote 1 - [North Shore Adults at Risk Network](#)
- Footnote 2 - [North Shore Protocol for Liaising with Police](#)
- Footnote 3 & 4 - [North Shore Protocol for Liaising with Police](#)
- Footnote 5 - [Special Safety Alert & Plan](#)