

CORPORATE POLICIES AND PROCEDURES

POLICY TITLE: Reporting Abuse and Neglect of Adults and Children in Need of Protection		
SECTION: Leadership & Partnership	POLICY NO.: 01.019	APPROVED BY THE PRESIDENT AND CEO, CCMB <i>Original signed by Dr. S. Navaratnam</i>
DATE: Sept 15, 2016	PAGE: 1 of 10	

1.0 **BACKGROUND:**

- 1.1 Under provincial mandatory reporting legislation, the duty to report abuse and neglect of adults and children is an obligation of any staff member in accordance with the *Child and Family Services Act*, *Vulnerable Persons Living with a Mental Disability Act*, and the *Protection for Persons in Care Act*. CancerCare Manitoba supports that legislation.
- 1.2 The legislation provides the staff member protection against legal action when making a report in good faith.
- 1.3 This policy is applicable to all CCMB Staff.

2.0 **PURPOSE:**

- 2.1 To guide all Staff on the appropriate action to take if they become aware of an individual who has been, or may have been, abused or neglected or where there is a child in need of protection.
- 2.2 To ensure that the actions of Staff are consistent with the requirements for mandatory reporting under provincial legislation pertaining to abuse, neglect and Children in Need of Protection.
- 2.3 To guide Staff in supporting individuals who have been, or may have been, abused or neglected where there is no mandatory reporting under provincial legislation.

3.0 **DEFINITIONS:**

- 3.1 Abuse – a term that is defined differently by provincial legislation. Which definition applies is dependent on the applicable legislation determined by the circumstances or characteristics of the individual that is the subject of the abuse.
- 3.2 Child – anyone under the age of 18 years.
- 3.3 Child in Need of Protection – may include but is not limited to situations where a Child:
 - a. Is without adequate care, supervision or control;
 - b. Is in the care, custody, control or charge of a person:
 - i. who is unable or unwilling to provide adequate care, supervision or control of the Child, or

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- ii. whose conduct endangers or might endanger the life, health, or emotional well-being of the Child, or
 - iii. who neglects or refuses to provide or obtain proper medical or other remedial care or treatment necessary for the health or well-being of the Child or who refuses to permit the provision of such care or treatment to the Child as recommended by a duly qualified medical practitioner;
 - c. Is abused or is in danger of being abused (physical, emotional, sexual, and sexual exploitation), including where the Child is likely to suffer harm or injury due to child pornography;
 - d. Is beyond the control of a person who has the care, custody, control or charge of the Child;
 - e. Is likely to suffer harm or injury due to the behavior, condition, domestic environment or associations of the Child or of a person having care, custody, control or charge of the Child;
 - f. Is subjected to aggression or sexual harassment that endangers the life, health or emotional well-being of the Child;
 - g. Being under the age of 12 years, is left unattended and without reasonable provision being made for the supervision and safety of the Child; or
 - h. Is the subject or is about to become the subject, of an unlawful adoption under the Adoption Act, or of an unlawful sale under Section 84 of the *Child and Family Services Act*.
- 3.4 Mandatory Report/Reporting – the legally required notification of the information supporting the belief that an individual has been abused, neglected, or is a Child in Need of Protection, as the case may be, to the appropriate agency of the government in accordance with *The Protection of Persons in Care Act*, *The Vulnerable Persons Living with a Mental Disability Act*, or *The Child and Family Services Act*.
- 3.5 Medical Staff – includes all physicians, dentists, psychologists, scientists, clinical and physician assistants and trainees appointed by the CCMB Board to the Medical Staff pursuant to the CCMB Medical Staff By-law.
- 3.6 Neglect - a term that is defined differently by provincial legislation. Which definition applies is dependent on the applicable legislation which is usually determined by the circumstances or characteristics of the individual that is the subject of the abuse.
- 3.7 Patient – any person receiving health care from a CCMB facility or CCMB-funded facility.
- 3.8 PHIA – *Personal Health Information Act* (Manitoba).
- 3.9 Staff – includes all CCMB employees, volunteers, students, researchers, Medical Staff, contracted persons, or others associated with CCMB that work, provide services, or otherwise operate in connection with a CCMB facility.
- 3.10 Vulnerable Person – an adult living with a mental disability who is in need of

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assistance to meet his or her basic needs with regard to personal care or management of his or her property.

4.0 POLICY:

- 4.1 A Mandatory Report is a permitted disclosure of personal health information without consent under PHIA.
- 4.2 The identities of the individuals involved in a Mandatory Report shall be included in the information contained in the report. Staff shall only share information contained in the Mandatory Report with the health care team as required for the purposes of assisting in the treatment of a Patient or to assist in an investigation by an appropriate agency of the government or where otherwise permitted by legislation and/or the policies of CCMB.
- 4.3 No Staff member shall dismiss, suspend, demote, discipline, harass, interfere with or otherwise disadvantage another Staff member who makes a Mandatory Report.
- 4.4 The duty to provide a Mandatory Report applies to Staff even if the information on which the Staff's belief is based is received in confidence or in a confidential relationship and its disclosure would otherwise be restricted.
- 4.5 Staff completing a Mandatory Report about a Patient shall complete appropriate documentation on the health care record as per CCMB policies. Documentation shall be in as timely a manner as possible, and may include but is not limited to:
 - a. name and date of birth of the Patient;
 - b. address and basic demographics about the Patient;
 - c. description of the Patient, including any signs of abuse or neglect that may be noted (drawings may be useful to pinpoint the area, size, and color of injuries);
 - d. patient behavior both in the presence of and not in the presence of the individual(s) suspected of being responsible for the Abuse, Neglect, or causing a Child to be a Child in Need of Protection, and the relationship to Patient;
 - e. name of the alleged individual suspected of being responsible for the Abuse, Neglect, or causing a Child to be a Child in Need of Protection, and the relationship to Patient;
 - f. any statements made by the Patient in their own words;
 - g. the results of any consultation with other health professionals, agencies or police; and
 - h. the date, time and names of the individuals and applicable government agency notified.

MANDATORY REPORTING UNDER THE *CHILD AND FAMILY SERVICES ACT:*

- 4.6 Where staff have information that leads them to reasonably believe that a Child, whether the Child is a Patient or not, is or might be a Child in Need of Protection, Staff shall:

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- a. make a Mandatory Report of the information to the applicable child and family services agency;
 - b. consult the CCMB Patient Representative Office if further assistance or direction is required; and
 - c. if the Child's health or safety is at risk of serious and immediate harm, contact the police.
- 4.7 Although Staff are not required to advise or obtain the approval of their supervisor to make a Mandatory Report to an applicable child and family services agency, CCMB encourages Staff to inform their immediate supervisor of the Mandatory Report.
- 4.8 Staff, including their immediate supervisor if advised, shall take all reasonable steps when a Child is a Patient of a CCMB facility to ensure appropriate consultation with relevant agencies and security measures are taken to protect the Child in Need of Protection.
- 4.9 Where Staff become aware or have a reasonable belief that there exists a representation, material or recording that is, or might be, child pornography, they shall make a Mandatory Report promptly to cybertip.ca or another applicable reporting entity in accordance with the *Child and Family Services Act*.

MANDATORY REPORTING UNDER THE *VULNERABLE PERSONS LIVING WITH A MENTAL DISABILITY ACT*:

- 4.10 Staff who believe, on reasonable grounds, that a Vulnerable Person is or is likely to be **abused** (*meaning mistreatment, whether physical, sexual, mental, emotional, financial or a combination thereof, that is reasonably likely to cause death, or that causes or is reasonably likely to cause serious physical or psychological harm to a Vulnerable Person, or significant loss of property*) or **neglected** (*meaning an act or omission whether intentional or unintentional, that is reasonably likely to cause death or that causes or is reasonably like to cause serious physical or psychological harm to a Vulnerable Person, or significant loss to his or her property*), shall:
- a. promptly make a Mandatory Report of the concern and information upon which it is based to the regional office of Manitoba Family Services and Housing;
 - b. consult the CCMB Patient Representative Office if further assistance or direction is required; and
 - c. if the Vulnerable Person's health or safety is at risk of serious and immediate harm, contact the police.
- 4.11 Although Staff are not required to advise or obtain the approval of their supervisor to make a Mandatory Report to Manitoba Family Services and Housing, CCMB encourages Staff to inform their immediate supervisor of the Mandatory Report.
- 4.12 CCMB facilities and Staff shall take all reasonable steps where a Vulnerable Person is receiving care, support services or related assistance, to protect the

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Vulnerable Person from abuse or neglect.

MANDATORY REPORTING UNDER THE *PROTECTION FOR PERSONS IN CARE ACT*:

4.13 Staff who have a reasonable basis to believe that an adult, excluding a Vulnerable Person, who is:

- a. a resident or an in-patient in a hospital, personal care home or designated organization/institution, or is receiving respite care in such a facility;
- b. receiving services in a geriatric day hospital that is managed by a hospital;
- c. receiving services in an emergency department or urgent care centre of a hospital, personal care home or designated organization/institute; or
- d. receiving any other services provided by a hospital, personal care home or designated organization/institution specified in the regulations;

is, or is likely to be **abused** (*meaning mistreatment, whether physical, sexual, mental, emotional, financial or a combination thereof, which causes or is reasonably likely to cause, the death of the adult, serious physical or psychological harm to the adult, or significant loss to the adult's property*) or **neglected** (*an act or omission that is mistreatment that deprives the adult of adequate care, adequate medical attention or other necessities of life, or a combination thereof, which causes or is reasonably likely to cause death of the adult, or serious physical or psychological harm to the adult*), shall:

- e. promptly report the belief, and the information on which it is based, to the Protection for Persons in Care Office;
- f. contact the CCMB Patient Representative Office if further assistance or direction is required;
- g. if the adult's health or safety is at risk of serious and immediate harm, contact the police.

4.14 Although Staff are not required to advise or obtain the approval of their supervisor to make a Mandatory Report to the Protection for Persons in Care Office, CCMB encourages Staff to inform their immediate supervisor of the Mandatory Report.

4.15 CCMB facilities and Staff shall take all reasonable steps to protect an adult that falls under the *Protection for Persons in Care Act* from abuse or neglect and to maintain a reasonable level of safety for the adult.

MANAGING ABUSE AND NEGLECT WHERE MANDATORY REPORTING IS NOT REQUIRED:

4.16 Aside from the definition of Abuse and Neglect which triggers Mandatory Reporting under provincial laws, there are other forms of conduct that society considers to be abusive and neglectful. While there are no Mandatory Reporting obligations when Staff have a reasonable basis to believe that such conduct is occurring outside the scope of *The Child and Family Services Act*, *The Protection for Persons in Care*

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Act, or The Vulnerable Persons Living with a Mental Disability Act, Staff still have certain responsibilities where they have a reasonable basis to believe such conduct is occurring in respect to a Patient.

- 4.17 Abusive and neglectful conduct that does not trigger Mandatory Reporting may take many forms including domestic violence and elder abuse. It can include many different components such as physical, sexual, emotional, financial or a combination thereof. Screening questions for abusive and neglectful conduct should be part of any initial routine health assessment when possible, particularly when the presenting injuries could be consistent with such causes.
- 4.18 Staff responsibilities in cases of abusive or neglectful conduct that does not require Mandatory Reporting may include: identification of the cause of the abusive or neglectful conduct; the provision of support and information; and referral to appropriate resources.
- 4.19 Where Staff have a reasonable basis to believe that abusive or neglectful conduct that does not require Mandatory Reporting has occurred in respect to a Patient and the information that supports the belief was obtained through the provision of health care services to the individual, Staff shall not report the abusive or neglectful conduct without the consent of the individual who is the subject of the abusive or neglectful conduct or where the individual is not competent, the person who has authority to exercise rights on behalf of the individual pursuant to Section 60 of PHIA.
- 4.20 Where Staff have a reasonable basis to believe that abusive or neglectful conduct that does not require Mandatory Reporting has occurred in respect to a Patient and the information that supports the belief was obtained through the provision of health care services to the individual, Staff may only report the abusive or neglectful conduct without the consent of the individual in exceptional circumstances where it is necessary to prevent or lessen a serious and immediate threat to the health or safety of the individual or another person or to otherwise comply with provincial legislation. In such circumstances, Staff shall consult with their supervisor, the CCMB Patient Representative Office, or the CCMB Privacy Officer.
- 4.21 Where Staff have observed the actual conduct of an individual which may be considered a breach of the *Criminal Code*, they may voluntarily choose to report the matter to the appropriate authorities including police. Although Staff is not required to advise or obtain the approval of their supervisor to make a report under these circumstances, CCMB encourages Staff to inform their immediate supervisor of the situation.
- 4.22 Confidentiality regarding the identities of the individuals involved in allegations of abusive and neglectful conduct that does not require Mandatory Reporting shall be maintained to the greatest extent possible. Staff shall share information with the health care team only as required for the purposes of health care or investigation.

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4.23 In circumstances where Staff have a reasonable basis to believe that abusive or neglectful conduct that does not require Mandatory Reporting has occurred in respect to a Patient, Staff shall complete appropriate documentation on the health care record as per the policies, processes and procedures of the CCMB facility or site. Documentation should be completed in a timely manner and may include but is not limited to:

- a. name and date of birth of the Patient;
- b. address and basic demographics of the Patient;
- c. description of the Patient, including any signs of abuse or neglect that may be noted (drawings may be useful to pinpoint the area, size, and color of injuries);
- d. patient behavior both in the presence of and not in the presence of the person suspected of causing the abuse or neglect;
- e. name of the person suspected of causing the abuse or neglect and the relationship to the Patient;
- f. any statement made by the Patient in their own words;
- g. the results of any consultation with other health professionals, agencies or police;
- h. if notified, the date, time and names of the applicable government agencies.

5.0 **PROCEDURE:**

Note: Appropriate site Security Services and/or Police Services should be contacted first if it is determined a patient is in immediate danger. Staff are to use caution in intervening in these situations.

- 5.1 The Reporting Procedure at CCMB is as outlined in the policy statements.
- 5.2 In addition to documenting in the patient health record, Staff must complete a report in the Event and Critical Incident Reporting System.
- 5.3 Where reporting is mandatory, disclosure of information is allowed under the Personal Health Information Act and CCMB Policy 06.027, Disclosure of Personal Health Information Without Consent.
- 5.4 Confidentiality regarding the identities of the individuals involved in allegations of abuse shall be maintained to the greatest extent possible. Information shall be shared only as required for the investigation.
- 5.5 Where a specific situation triggers a Mandatory Reporting obligation, further clarification may be sought from the specific statute:
<http://web2.gov.mb.ca/laws/index.php>
- 5.5 Refer to Appendix A for contact information in respect to a Mandatory Report.

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6.0 **REFERENCES:**

- 6.1 WRHA Policy 80.00.010, Reporting Abuse and Neglect of Adults and Children in Need of Protection, July 2016.
- 6.2 CCMB Policy 06.027, Disclosure of Personal Health Information Without Consent.
- 6.3 Domestic Violence from <http://www.gov.mb.ca/domesticviolence/>
- 6.4 Family Violence from <http://www.gov.mb.ca/fs/fvpp/>
- 6.5 *The Child and Family Services Act* C.C.S.M. c.C80.
- 6.6 *The Protection for Persons in Care Act* C.C.S.M. c.P144.
- 6.7 *The Vulnerable Persons Living With A Mental Disability Act* C.C.S.M. c.V90.
- 6.8 *The Personal Health Information Act* C.C.S.M. c.P33.5.

Policy Contact:	
All enquiries relating to this policy should be directed to:	
Name:	Sherry Dupuis
Title/Position:	Manager, Human Resources
Phone:	204-787-8555
E-mail:	sdupuis@cancercare.mb.ca
Address: (if required):	Human Resources Office, CancerCare Manitoba (MacCharles site)

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DOCUMENTATION	
Policy Location: This policy is located (hard and e-copy formats):	
1.	The original signed and approved policy is on file in the Executive Office, CCMB
2.	The e-copy is on file in the CCMB Policy Library on SharePoint

Revision History:				
Date	Version	Status	Author	Summary of Changes
dd/mm/yyyy	#	Initial, Draft Final Minor/Major revision		
15/09/2016	1	Initial	CCMB Senior leadership, CPMT, Policy team, Ethics Committee	This new CCMB policy was adapted from the WRHA existing policy of the same title. Reviewed by CCMB teams as noted.

Approvals Record: This Policy requires approval by:		
Approval Date	Name / Title	Signature
28 Sept 2016	Dr. P. Czaykowski Chief Medical Officer, CCMB	<i>Original signed by Dr. P. Czaykowski</i>

FINAL APPROVAL:		
Date	Name / Title	Signature
28 Sept 2016	Dr. S. Navaratnam President and CEO, CCMB	<i>Original signed by Dr. S. Navaratnam</i>

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Appendix A

MANDATORY REPORTING:

Child and Family Services Act Reports:

All Nations Coordinated Response
Hours: 24-hour services
Report via Phone: 204/944-4050 Winnipeg or 1-866-345-9241 Province Wide

Vulnerable Persons Living with a Mental Disability Act Reports:

Hours: 24-hour services
305-114 Garry Street Winnipeg, Manitoba R3C 4V7
Phone number: (204) 945-5039 or 1-800-757-9857
**Professional use only (204) 945-0471

Protection for Person's in Care Act Reports:

Winnipeg: 204-788-6366
Toll-free: 1-866-440-6366
Fax: 204-775-8055

NON-MANDATORY REPORTING:

Domestic violence supports:

<http://www.gov.mb.ca/domesticviolence/>
Phone: 1-877-977-0007

Elder abuse or older adult supports:

Abuse Line:
http://www.ageopportunity.mb.ca/services/elder_abuse.htm
Phone: 1-888-896-7183

Seniors Information Line:
In Winnipeg: 204-945-6565
Toll-free: 1-800-665-6565
<http://www.gov.mb.ca/shas/>