ABUSE POLICY

- Statement on Resident Rights and Safety and Zero Tolerance for Abuse
- Categories of Abuse and Indicators
- Actions to be taken to prevent abuse
- Policy and Procedure related to Resident Abuse by Staff or Volunteer
- Policy and Procedure related to suspected Resident Abuse of another Resident
- Policy and Procedure related to Abuse of Staff/Volunteers by Residents, Families, Visitors
- Strategies for Prevention and Management of Abuse of Staff by Residents
- Policy and Procedure related to Criminal Reference checks

RESIDENT RIGHTS AND SAFETY – ZERO TOLERANCE POLICY

STATEMENT OF PURPOSE

CAMA Woodlands is committed to providing the highest level of quality care, which encompasses the dignity, respect and rights of the resident. The facility will orientate its entire staff on the Resident Bill of Rights and take appropriate measures to protect our residents from any form of abuse.

The facility supports a ZERO TOLERANCE POLICY and will not tolerate abuse of the very people we are charged with helping. Nor will we tolerate abusive behaviour towards visitors, families or staff. Abusive behaviour will not be tolerated by anyone, and actions will be taken if abuse is found to have occurred.
DEFINITION

A zero tolerance policy is a policy that builds awareness of abuse and educates to achieve the goal of eliminating it. The zero-tolerance policy:

- Allows no exceptions
- Tolerates no abusive behaviour
- Requires strict compliance and enforcement

“Zero Tolerance” means that this home, staff, volunteers, visitors, families and residents will uphold the right of others to be treated with dignity and respect and to live free from abuse and neglect.

DEFINITION OF ABUSE

Abuse means any action or inaction, misuse of power and/or betrayal of trust or respect by a person against a resident, family member, volunteer, visitor or staff member. Abuse is a violation of the rights, dignity and worth of an individual or group of individuals.

CATEGORIES OF ABUSE AND INDICATORS

PHYSICAL ABUSE

Is any unnecessary action that results in bodily harm or discomfort. It may include:

- Assault
- Rough Handling
- Withholding of physical necessities such as food, personal and hygienic care and medical care.
- Striking a resident
- Handling of a resident(rough)
- Administering a treatment roughly
- Using unnecessary force to make residents eat, bathe, take medications, or go to bed
- Scratching
- Pushing
- Hitting
- Pinching
- Shaking
- Use of a weapon
VERBAL ABUSE

Verbal abuse includes:
- Name-calling
- Threatening
- Humiliating comments
- Sarcasm
- Retaliation
- Intimidation
- Teasing or taunting
- Yelling
- Scolding
- Swearing
- Ridicule
- Disrespectful comments due to a person’s race, culture, religion, language, background, disability or sexual orientation
- Inappropriate ultimatums or refusals to provide assistance

PSYCHOSOCIAL ABUSE

- Verbal or non-verbal behaviour, which demonstrates disrespect
- The provoking of fear or violence
- Denial of care or abandonment
- A spontaneous or protracted and systematic effort to dehumanize or intimidate
- Denial of opportunity to share in decision-making
- Emotional abandonment
- Intimidation or threats
- Exploitation
- Demeaning or degrading language or actions
- Unwarranted isolation or exclusion
- Punishing a resident for their actions or inactions

FINANCIAL ABUSE – EXPLOITATION OF A RESIDENT’S PROPERTY OR PERSON

Financial Abuse may include:
- Misuse of a resident’s personal money or property
- Failure to use a resident’s assets for that person’s welfare
- Forcing a person to sell property
- Borrowing resident’s property
- Stealing a resident’s money, pension cheque or possessions
- Fraud
- Forgery
- Extortion
- Wrongful use of Power of Attorney

1Revised June 2007/ July 2010
NEGLECT

Neglectful abuse may include:
- Ignoring, whether intentionally or unintentionally, needs of a resident for physical, social or emotional support and healthcare
- Delaying response to a resident’s call
- Leaving a resident in soiled linen
- Feeding hurriedly
- Failing to provide sufficient opportunity for exercise
- Failure to review the care profile for each resident on a regular basis
- Denying services because you are ready to go on your break or it is not your resident
- Denying care, food or fluid

PROHIBITED USE OF RESTRAINTS

- Applying a restraining device without the resident or substitute decision makers consent
- Applying a restraint that is not necessary
- Failure to assess the residents ongoing need for a restraint

SEXUAL ABUSE AND SEXUAL ASSAULT

Sexual abuse may include:
- Using sex as a condition of employment or service provision
- Sexual intercourse or other forms of physical sexual relations between staff and residents
- Touching you in a way that seems sexual to you and is unwelcome / unwanted
- Making sexual comments about you that you find embarrassing
- Confining a resident to their room
### SIGNS AND SYMPTOMS OF ABUSE

<table>
<thead>
<tr>
<th>Psychosocial Abuse</th>
<th>Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Humiliation</td>
<td>Appears shamed</td>
</tr>
<tr>
<td>Dehumanization</td>
<td>Low self-esteem</td>
</tr>
<tr>
<td>Non-verbal abuse / silence</td>
<td>Withdrawn, passive</td>
</tr>
<tr>
<td>Provoking fear</td>
<td>Fearful, “what are you going to do to me”</td>
</tr>
<tr>
<td>Verbal abuse-shouting, scolding</td>
<td>Invalid guilt</td>
</tr>
<tr>
<td>Imposed social isolation</td>
<td>Excluded from family gatherings, not permitted to have friends visit, to go to church, denied access to grandchildren</td>
</tr>
<tr>
<td>Withholding of companionship / love</td>
<td>Embarrassment</td>
</tr>
<tr>
<td>Lack of privacy</td>
<td>Loss of self determination</td>
</tr>
<tr>
<td>Removal of decision making process</td>
<td>Ribbons in hair, toys, “baby talk”</td>
</tr>
<tr>
<td>Infantilization threats of abandonment institutionalization, physical abuse, withdrawal of love</td>
<td>Depressed, hopeless, helpless</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Financial Exploitation</th>
<th>Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inequitable distribution of health care resources</td>
<td>Medical - Under-diagnosis / undertreatment, Inappropriate hospital discharge, Inappropriate transfer with institution, Nursing attitude – lack of understanding, custodialism, paternalism</td>
</tr>
<tr>
<td>Fraud, misuse of residents money / property</td>
<td>Inadequate community supports</td>
</tr>
<tr>
<td>Coercion</td>
<td>Overcharged for home repairs, funerals “con artists”</td>
</tr>
<tr>
<td>Resource abuse</td>
<td>Illegal use of resident’s possessions / property / investments for profit / personal gain</td>
</tr>
<tr>
<td>Withholding pensions / insurance cheque</td>
<td>Theft</td>
</tr>
</tbody>
</table>
### Categories of Abuse and Neglect

<table>
<thead>
<tr>
<th>Physical Abuse</th>
<th>Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Assault, beating, cutting, burning, forced feeding, hitting, slapping,</td>
<td>▪ Unexplained alopecia, abrasions, bruises, burns, bumps, contusions, falls, fractures, grip</td>
</tr>
<tr>
<td>pinching, punching, pushing, pulling hair, shaking and shoving</td>
<td>marks, hematomas, immobility, infection, internal injuries, lacerations, pain, restricted</td>
</tr>
<tr>
<td></td>
<td>movement, rope marks, swelling, tenderness, ulcers, welts.</td>
</tr>
<tr>
<td>▪ Sexual molestation</td>
<td>▪ Pain, bruising, bleeding in genital area</td>
</tr>
<tr>
<td>▪ Rape</td>
<td>▪ Shivering, cyanosis, flushed, lowered / elevated body temperature</td>
</tr>
<tr>
<td>▪ Hypo / hyperthermia</td>
<td>▪ Tied to bed – unattended</td>
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<tr>
<td>▪ Homicide</td>
<td></td>
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<tr>
<td>▪ Unjustified use of restraints</td>
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</table>

<table>
<thead>
<tr>
<th>Neglect</th>
<th>Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Withholding nutrition, fluids</td>
<td>▪ Malnourished, emaciated, no dentures, dehydration, mouth sores, confusion.</td>
</tr>
<tr>
<td>▪ Inadequate hygiene, personal care</td>
<td>▪ Impaired skin integrity, decubitus ulcers, rashes, urine burns, soiled linen, unkempt</td>
</tr>
<tr>
<td></td>
<td>appearance</td>
</tr>
<tr>
<td>▪ Inadequate clothing</td>
<td>▪ Clothes in poor repairs, inappropriate for season</td>
</tr>
<tr>
<td>▪ Overmedicated-drugs, alcohol</td>
<td>▪ Over sedation – reduced physical / mental activity</td>
</tr>
<tr>
<td>▪ Under medicated</td>
<td>▪ CNS depression</td>
</tr>
<tr>
<td>▪ Sensory deprivation</td>
<td>▪ No glasses, hearing aid</td>
</tr>
<tr>
<td>▪ Lack of safety precautions</td>
<td>▪ Muscle contractors, immobility, weakness</td>
</tr>
<tr>
<td>▪ Lack of supervision</td>
<td>▪ Forced to sign over control / power of attorney, sell house etc.</td>
</tr>
<tr>
<td>▪ Withholding medical service / treatment</td>
<td>▪ Unable to afford social activities, travel</td>
</tr>
<tr>
<td>▪ Abandonment</td>
<td></td>
</tr>
<tr>
<td>▪ Forced entry into nursing home</td>
<td></td>
</tr>
</tbody>
</table>

Revised June 2007/ July 2010
ACTIONS TO BE TAKEN TO PREVENT ABUSE

EDUCATION
We are all responsible to prevent abuse by anyone within our Home. To promote our ZERO TOLERANCE POLICY we provide education to employees, residents, family members, volunteers and visitors, this include;

- Raising awareness of the zero-tolerance policy among all staff, volunteers, resident and families through our orientation program and ongoing education. Including:
  1. How to recognize the signs of abuse
  2. Steps to take when abuse is suspected
  3. Issues related to the aging process
  4. Behavioral responses
  5. Workplace stress reduction
  6. Residents Rights

- Communicating the expectation of compliance to our zero-tolerance policy.
- Reviewing our zero-tolerance policy with Resident Council and Family Council

Residents Rights Information will be posted in our Home.

PROTECTING THOSE WHO REPORT ABUSE
Anyone who reports an incident of abuse will not be dismissed, disciplined or penalized. Residents, staff and volunteers who report incidents of abuse will be protected within the home from any retaliation by others.

DUTY TO REPORT ABUSE OR SUSPECTED ABUSE
To ensure compliance with the Nursing Home Act:

“All anyone with reasonable grounds to suspect a resident has suffered abuse or neglect is required to report the information to the Ministry of Health and Long Term Care. Not doing so is against the law and it may appear as though they are conspire with the abuser or condoning abuse”

All staff members and volunteers who witness or suspect the abuse of a resident, or receive complaints of abuse, should report the matter immediately to Supervisor or the Administrator or Designate.

REPORTING TO THE MINISTRY OF HEALTH & LONG TERM CARE & POLICE
When an investigation indicates that a resident has, or is likely to have suffered abuse the Administrator or designate shall report to the Ministry of Health and Long Term Care Regional Office within 24 hours via telephone. The Administrator /Delegate will also report suspected abuse to Elder Abuse Prevention of the Burlington Police Department.

Revised June 2007/ July 2010
CAMA WOODLANDS LTC

ADMINISTRATION MANUAL

The Administrator or designate will complete Internal Incident Report and Unusual Occurrence Report and send it to the Ministry Regional Office within five days of discovering that abuse has taken place.

If the investigation determines that no abuse took place, the Ministry’s Regional Office will be notified by the Administrator or designate.

The ministry will immediately follow up on any complaints of abuse and will investigate all alleged complaints of abuse they receive. The investigation, actions taken and follow-up measures will be reviewed and the Ministry may conduct further investigation if necessary. The police will also complete their investigation.

POLICY & PROCEDURE ON RESIDENT ABUSE BY FORMAL CARE GIVER OR VOLUNTEER

POLICY
It is the policy of the Home to ensure that the Resident in our care are safe from harm. Towards this end, CAMA Woodlands will not tolerate any abuse or violence that could threaten their physical or mental well being and the full enjoyment of the their possessions. Zero-Tolerance means that under no circumstances will abuse of resident, families, visitors, volunteers or staff be tolerated.

PROCEDURE

- All staff must report any incident or suspected incident of Resident abuse
- All visitors and volunteers must report any incident or suspected incident of Resident abuse
- The supervisor/delegate will ensure the safety of the resident immediately, once abuse is witnessed /suspected
- The physician will be notified immediately in all cases of abuse/suspected abuse.
- The Administrator will be notified immediately in all cases of abuse/suspected abuse.
- A union rep. must be involved in all stages of the investigation into the abuse/suspected abuse
- Confidentiality must be maintained in all areas of an investigation into abuse/suspected abuse.
- The staff/volunteer suspected as the cause of the abuse/suspected abuse will be sent home immediately with pay pending a full and proper investigation
- The alleged abuser will write out a description of the events prior to leaving the premises.
- A full and proper investigation will include eye witness testimony, testimony from the alleged victim, documentation of any physical findings as close to the time of abuse / suspected abuse as possible, testimony from the alleged abuser, photos if required.
- All the facts should be documented in chronological order if possible
• Factor to consider all a) service record, b) length of service, c) Resident status, d) stress of the environment.
• The family/SDM will be notified of the incident along with the findings of the investigation
• The police are notified if there is evidence of abuse and the Administrator / delegate will coordinate procedures with those of the police and when appropriate be directed by police.
• The Administrator will ensure that the M.O.H. Head Office is notified.
• After the investigation is completed. The Administrator and the accused will review the results of the incident and disciplinary action may be required.

POLICY & PROCEDURE RELATED TO SUSPECTED RESIDENT ABUSE OF ANOTHER RESIDENT

PREAMBLE
Resident of our facility have the right to be free from abuse that could threaten their physical or mental well-being and the full enjoyment of their lives. We have a responsibility to ensure the above through establishing and implementation of policies and procedures related to the reporting and investigating of reports of abuse made by resident, families, visitors, volunteers and employees.

SCOPE
This policy delineates actions to be taken by staff where alleged / actual abuse has occurred regarding resident toward resident on the premise of our home or any activity sponsored by our home.

PURPOSE
To protect all resident from any form of abuse by other residents through the reporting and investigation of reports of abuse made by resident, families, visitors, volunteer or employees.

POLICY
It is the policy of the Home that:
  a) Abuse of a resident by another resident will not be tolerated.
  b) All employees, volunteers and resident are required to immediately report apparent / alleged / actual abusive acts that they witnessed or become aware to the Supervisor / Delegate.
  c) Appropriate action will be taken when residents are found to have committed abusive acts. Abusive acts will be documented and reported to appropriate authorities and will be monitored by the health care team.
PROCEDURE

- Any employee, volunteer or resident witnessing an alleged / actual act of abuse or becoming aware of one will immediately report it to the Supervisor or Delegate.
- The Supervisor / Delegate will ensure that the emergency needs of the resident have been met.
- In all cases of abuse or suspected physical abuse the physician must be immediately notified and conduct a medical assessment of the condition of the residents involved.
- As soon as the supervisor / delegate is made aware of an alleged / actual abuse, an investigation must be conducted immediately. All witnesses must be interviewed and the facts documented.
- A detailed description of the incident is to be documented on the resident’s charts that clearly describe the incident. The documentation is to outline the physical findings and the care and treatment provided to all involved.
- The resident’s families are both to be notified regarding the incident.
- Any alleged / actual abuse is to be discussed with the resident in a face meeting (if capable) within 24 hours of its occurrence. Family members will be informed of the incident with the permission of the resident. A plan of action to prevent further abuse is to be implemented.
- The supervisor / delegate will advise the victim of the abuse / SDM regarding the possibility of laying legal charges.
- The perpetrator of the abuse may be subject to actions including transfer to another unit or another location.
- The health care team will review the perpetrator care plan and review interventions in the care plan to deal with aggressive behaviour, updating and adapting as necessary. Interventions will be monitored by the health care team for effectiveness.
- The interdisciplinary team will assess each resident’s need for referral to a specialist or other external consultants and counseling services (e.g. Psychogeriatric Outreach Program, Clinical Psychologist or Psychiatrist)
- Each resident’s plan of care is reviewed and revised to reflect his / her current strengths, abilities, performance needs, goals and safety/security risks and gives clear directions to staff providing care. Factors, which trigger disruptive behaviour, are included in the plan of care.
- If therapeutic interventions are not controlling the disruptive behaviour, consideration will be given to relocating the resident to a more appropriate controlled environment following extensive discussions with the physician, CCAC and family.
- In-service education programs will be provided for all staff at least annually that include an understanding of residents with cognitive impairment and responding to disruptive behaviour and behavioural management.
- Upon completion of the investigation an Abuse Report is to be received by the Ministry of Health & Long Term care Regional Office within 5 days.
- Police will need to be notified in all abuse situations that reflect intent to harm.

Revised June 2007/ July 2010
POLICY & PROCEDURE RELATED TO ABUSE OF STAFF / VOLUNTEERS BY RESIDENTS / FAMILIES / VISITORS

SCOPE
This policy delineates actions to be taken in the event of alleged/actual abuse of the staff and/or volunteers by resident, families or visitors.

PURPOSE
To protect staff and volunteers from all forms of abuse by residents, their families, and visitors by setting out this protocol for recognizing, reporting and investigating alleged/actual cases of abuse.

POLICY
It is the policy of the home to provide a safe work environment for staff:

a) Abuse of staff members or volunteers will not be tolerated.
b) Staff member and volunteers have the right to be informed of the aggressive potential of residents. Staff member and volunteers also have the right to institute communication and procedures to protect personal safety if there is a perceived risk of abuse from a resident, family member, or visitor.
c) All staff and volunteers are required to report immediately to their supervisor if they are involved in, or are witness to, alleged/actual staff or volunteer abuse. If the employee cannot contact his/her immediate supervisor the employee should proceed to contact the next level of supervisor until someone in a management position has been informed.
d) The home will investigate all reports of alleged/actual abuse, supported by external agencies as appropriate. An investigating team, directed by the appropriate manager will interview all the relevant individuals, and develop and implement an action plan. The action plan will focus on ensuring the alleged/actual abuse does not recur.
e) All staff will have union representation in all aspects of the investigation.

Please also review the Harassment and Violence in the Workplace Policy and Reporting Form.
PROCEDURES

- Information regarding past history of resident aggression is to be obtained during the admission assessment process and recorded on the resident’s chart. Information on past history of resident aggression will be communicated to all staff and volunteers in close contact with the resident. This information should be used in order to plan appropriate care for the individual resident in order to minimize risk to staff, volunteers, visitors and residents.

- Staff members or volunteers involved in or witnessing an incident of staff or volunteers abuse which threatens personal safety may obtain immediate assistance by:
  a. Calling for help, saying “I/We need help immediately”
  b. Pulling emergency Call Bell.

- All staff and volunteers are required to report immediately to their supervisor if they are involved in, or a witness to alleged/actual staff or volunteer abuse. If the employee cannot contact his/her immediate supervisor the employee should proceed to contact the next level of supervisor until someone in a management position has been informed.

- Visitors and family members who are abusive to staff members may have visiting restrictions placed upon them to prevent further abuse of staff.
STRATEGIES FOR PREVENTION & MANAGEMENT OF ABUSE OF STAFF BY RESIDENTS

It takes teamwork to create and maintain safe practice settings for effective nursing care. Preventing and managing abuse of staff requires cooperation from staff, resident, family or substitute decision makers, health care team members and employers.

Our expectations of nurses and other members of the health care team for managing abusive situations in a safe and effective manner are set out below:

NURSES

1. Manage an abusive situation in a safe, effective manner, following these steps:
   a. assess the potential cause(s) of the abusive behaviour as well as the danger to residents and themselves
   b. consider the impact of a resident’s health state on his/her behaviour
   c. create a plan of care effectively with the cause(s) as well as the behaviour itself, if necessary finding a safe location for developing the plan
   d. involve the resident and family in creating and implementing the care plan
   e. seek resources and expert assistance to effectively deal with the situation in a timely manner.

2. Protect yourself in situations that threaten your personal safety. Be alert to the surroundings and potentially abusive situations. Have a plan to protect your safety, such as a route of escape. When faced with imminent physical harm, use only reasonable force to protect a resident, colleague, or yourself.

3. Reflect on the abusive incident. After an abusive incident analyze the resident’s behaviour and events leading up to the incident to identify any factors that may predict or prevent abuse in the future. Look for possible triggers to the resident or family’s abusive behaviour.

4. Report all incidents of abuse to the appropriate sources, such as your manager. If the situation warrants, involve the appropriate regulatory college or the police. Reporting every incident helps to reduce abuse by making the problem known and by identifying and communicating trends in the workplace. Support your colleagues in reporting and following up on incidents of abuse.

5. Develop personal and team competencies in anticipating and managing abusive behaviour by seeking relevant education and expert resources.

6. Become directly involved in creating, evaluating and improving workplace processes for eliminating abuse.

7. Advocate with your employer to provide mechanisms for reporting and following up on abuse such as critical incident debriefing, information sharing about abusive clients and counseling for nurse who are abused.

8. Communicate!
OTHER MEMBERS OF THE HEALTH CARE TEAM
1. Share the responsibility for promoting abuse free practice settings. Sharing information and strategies for managing specific abuse situations or resident contributes to safer workplace settings.
2. Show mutual respect.
3. Support colleagues by intervening and reporting all abuse.
4. Become involved in critical incident debriefing and follow up procedures,

RESIDENT AND FAMILIES PARTICIPATION
1. Maximize the benefits of the therapeutic relationship by working with staff in a respectful and positive manner.
2. Be accountable for his/her actions and behaviour.
3. Families are welcome to assist in the care of the resident by advocating in a respectful manner and with approval from the nursing staff.
4. Assist in managing challenging behaviors.
5. Share relevant information about the resident that may help in anticipating and dealing with the abusive behaviour.

POTENTIAL RISK FACTORS FOR THE ABUSE OF STAFF
Often there are indicators and situations associated with an increased risk of a staff being abused. The following is a list of some of the common warning signs.

A resident or family member is more likely to become abusive if he or she:
- Has a history of aggressive or violent behaviour, including threats, verbal abuse, or domestic violence.
- Suffers from dementia, delirium, head trauma, brain injury, hypoglycemia, or emotional disorders.
- Has an active drug or alcohol addiction or is coming down from a substance induced high
- Is overly tired or overly stimulated
- Cannot communicate clearly and is frustrated
- Appears excessively tense and/or anxious
- Appears unsettled, confused, disorientated or fearful
- Speaks in a loud or aggressive tone or uses profane language
- Has an aggressive physical stance and/or
- Is being placed in a restraint

Environmental factors that affect the potential for abuse include:
- Inflexible institutional rules and policies, such as strict times for care or meals
- Inadequate staffing
- Restrictions of residents activities, including seclusion, use of chemical or physical restraints

Revised June 2007/ July 2010
History of domestic violence or illegal drug or excessive alcohol use in the residents or families homes
High noise areas, banging doors, loud voices and PA systems
Poorly lit areas, isolated hallways and/or unlocked empty rooms where a resident may surprise you or you may surprise a resident
Busy or high activity times of the day
Lack of personal space for residents
Lack of respect for privacy

Staff characteristics can also create risk factors for the abuse of staff. Staff may be more likely to be abused if they are:
- Unaware of how to anticipate and manage abusive incidents
- Perceived by the residents or families as using a threatening tone of voice or body language (speaking too loudly, standing too close, arms crossed, moving objects forcefully)
- In conflict with other staff members
- Perceived by residents and/or families as not listening or not offering choice
- Working alone or isolated from other workers.
- Experiencing a high level of work stress, workload, or work pace
- An identifiably different culture (race, religion, sexual orientation) from the residents and/or families.

STRATEGIES FOR DEALING WITH ABUSE

There are many strategies for preventing and stopping abuse. Nurses must use their professional judgment to determine whether a particular strategy is appropriate for a resident.

VERBAL ABUSE

Verbal abuse is more common than physical abuse, especially from colleagues, other members of the health care team, and residents and family members. It can include aggressive and threatening language, racial slurs, and derogatory remarks. Verbal abuse is often caused by frustration or stress. This makes it very important to try to understand the cause of the outburst. The following strategies may be used to manage verbal abuse from a variety of sources:

- Stay clam. Avoid criticizing, judging, and arguing as this puts the other person on the defense.
- Focus on the behaviour and not the abuser personally
- Allow a comfortable distance between you and the other person
- Acknowledge the person’s anger and try to identify the cause of the abuser's anger
- Be patient, allowing time for the person to express his/her concerns. Do not interrupt.
- Tell the abuser directly that you will not accept abusive language directed at you or other staff members. Make clear your expectations for appropriate language.
Engage in active listening. Your behaviour should indicate that you’re paying attention and understand what you are hearing. Use verbal and nonverbal cues to acknowledge what is being said. Avoid distracting movements such as doodling, pen tapping or shuffling papers.

If the person does not calm down, you may need to leave. Tell the person you will come back and discuss the issues when he/she is calm and willing to talk without shouting.

Involve a team member or another advisor (supervisor) in developing solutions or assisting with the behaviour.

PHYSICAL ABUSE
Physical abuse is less common than verbal abuse, but presents staff with immediate danger it may or may not be accompanied with verbal abuse. Physical abuse includes punching, slapping, pinching, grabbing, scratching and physical intimidation, such as standing too close. The following strategies may be used to manage physical abuse from a variety of sources;

- Protect your personal safety by trying to avoid the abusive action – step back, duck, brush the resident or families hand away
- Call for help. Even if you do not need immediate assistance, make your colleagues aware you may require assistance. Depending of the situation, call the police
- Respond assertively. Maintain eye contact. Calmly tell the abuser you do not approve of his/her behaviour. Focus on the abusers actions and not on the abuser personally
- Use open body language to display a respectful and attentive attitude. Don’t stand too close
- Tell the abuser you want his/her behaviour to change
- If the person does not calm down and there is an imminent threat of personal harm you may need to withdraw
- Involve team members or another advisor in developing ways to deal with the behaviour

AFTER THE INCIDENT HAS PASSED
Taking immediate action to stop an abusive situation is only the beginning. To ensure nurses personal safety and emotion well-being are addressed and to prevent the situation from reoccurring, follow-up action is necessary.

- Seek first aide or support for those who require assistance
- Offer ongoing counseling and support to the staff member to ensure they feel safe in the workplace
- Work with the resident/families to set limits and reinforce in a non-judgmental manner, that the resident/family is responsible for their own actions and behaviour. Once the person is calm, attempt to establish the details of why he/she became upset and look for possible solutions. Develop approaches to support acceptable ways for the resident/family to express his/her feelings
- Involve the rest of the health care team in the plan to modify the resident/family unacceptable behaviour.
CRIMINAL REFERENCE CHECKS – POLICY & PROCEDURES

PURPOSE
CAMA Woodlands requires that hiring of all new employees or volunteers who provide direct service to our residents or are in a position of financial trust is conditional upon a satisfactory police record search.

POLICY
It is the policy of the Home, to ensure that the higher standard of practice required of individuals employed or volunteering in the health care field particularly working with vulnerable seniors and the disabled is maintained.

While a criminal record is not necessarily a barrier to employment, it is a factor, which will be carefully reviewed, assessed and documented.

TERMINOLOGY
Vulnerable resident: Seniors and the disabled living at Cama Woodlands.

Financial Trust: Dealing with financial transaction of our residents and or the company. Being in a position of trust to our resident and as such is in a position where money can be solicited as gifts or extracted. (it is important not to cross the line of therapeutic relationships such as power of attorney, intimidate and payment for services etc.)

PROCEDURE

NEW EMPLOYEES & VOLUNTEERS
- Requesting a criminal reference check is the last step in the hiring process, just before accepting the applicant into the home.
- As part of the interview process for a candidate, who requires a criminal reference check, it is essential to ask the candidate. “Have you ever been convicted of a criminal offence for which a pardon has been granted?” PLEASE ENSURE THE RESPONSE IS RECORDED.
- If, after the review, the criminal convictions violate genuine job requirements of the position, the offer of employment must be withdrawn and the candidate advised verbally and in writing.