

# **Protection for Persons in Care**

## **Administrative Manual**

September 10, 2007 for October 1, 2007 Proclamation

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## 1.0 INTRODUCTION

### 1.1 Purpose

This document has been prepared to outline the procedures and responsibilities related to handling allegations of abuse received under the *Protection for Persons in Care Act*.

### 1.2 Background

The *Protection for Persons in Care Act* (PPCA) received Royal Assent on October 18, 2004 and was proclaimed into force October 1, 2007.

The *Act* is designed to protect individuals (collectively defined as “patients” or “residents”) in health care facilities from abuse. Section 2(1)(a) of the regulations accompanying the *Act* defines abuse. The Departments of Health and Community Services have worked collaboratively to ensure consistent interpretation and application of this *Act* and regulations. Although this act applies to health facilities under the mandate of both departments, the initial point of contact is through the Continuing Care referral line.

#### Key Points of the Act

- Under the *Act*, health facility administrators have a statutory duty to protect patients or residents from abuse.
- The *Act* requires any administrator or service provider to report to the Minister in any instance where s/he has reasonable grounds to believe that a patient or resident had been, or is likely to be, abused.
- The *Act* requires that an inquiry be conducted upon receipt of an allegation of abuse. If there are reasonable grounds to believe that a patient or resident has been, or is likely to be abused, an investigator must be appointed to investigate the matter and prepare a report. Upon receipt of the report, the Minister is empowered to give binding directions to the Administrator to protect the patient or resident from abuse.
- The Minister may also refer the matter to a professional regulatory body for investigation.
- The *Act* prohibits any legal action or proceeding against the Minister, an investigator or any other person in response to a report of abuse made in good faith.

## 2.0 GLOSSARY

### 2.0 Glossary

1. “Designated Quality Review Committee” means a committee which has been established by an agency or facility expressly for the purpose of education or improvement in health care or practice and which meets the following criteria:
  - committee is situated within the facility’s quality reporting structure;
  - reviews focus on the entire system of care or on individual cases, based on predetermined criteria;
  - Terms of Reference outlining membership, function and procedures are maintained;
  - mechanisms\* are in place to involve objective and/or external reviewers in order to avoid situations of conflict or interest (e.g. to prevent an individual from being the sole reviewer in a case in which s/he was responsible for the care or processes under review).

\* facility staff should contact their supervisor to identify the mechanisms in their organization.
2. “Health Facility” means:
  - I. a hospital under the *Hospitals Act*;
  - II. a residential care facility, nursing home or home for the aged or disabled persons under the *Homes for Special Care Act*; or
  - III. an institution or organization designated as a health facility by the regulations;
  - IV. a group home or residential centre that has adult residents and is approved or licensed under the *Children and Family Services Act*, is designated as a health facility under this Act.
3. “Investigator” means an employee of the Department of Health or the Department of Community Services appointed pursuant to the *Protection for Person in Care Act* to investigate allegations of abuse under the jurisdiction of the *Protection for Persons in Care Act*.
4. “Minister” means the Member of the Executive Council assigned responsibility for the administration of the *Protection for Persons in Care Act* by the Governor in Council (Ministers of Health and Community Services).
5. “Patient” means a patient as defined in the *Hospitals Act*.
6. “Reasonable Grounds” means “A set of circumstances and conditions that would lead a person of ordinary care and judgement to have a strong belief.” Reasonable grounds means more than just a suspicion. The decision must be based on some credible evidence.
7. “Resident” means a resident as defined under the *Homes for Special Care Act* or a resident

in a health facility.

8. “Service Provider” means a person who provides care and/or supportive services to a patient or resident and is employed by, or provides the services on behalf of a health facility.

### 3.0 DEFINING ABUSE

#### 3.1 Defining Abuse

- (a) “Abuse” means, with respect to adult patients or residents, any of the following:
  - I. the use of physical force resulting in pain, discomfort or injury including; slapping, hitting, beating, burning, rough handling, tying up or binding;
  - II. mistreatment causing emotional harm to a patient or resident; including threatening, intimidating, humiliating, harassing, coercing or restricting from appropriate social contact;
  - III. the administration, withholding or prescribing of medication for inappropriate purposes;
  - IV. sexual contact, activity or behavior between a service provider and a patient or resident;
  - V. non-consensual sexual contact, activity or behaviour between patients or residents;
  - VI. the misappropriation or improper or illegal conversion of money or other valuable possessions; or
  - VII. failure to provide adequate nutrition, care, medical attention or necessities of life without valid consent.
- (b) “Abuse” does not occur in situations in which a service provider carried out their duties in accordance with professional standards and practices and health facility based policies and procedures.
- (c) “Act” means the *Protection for Persons in Care Act*.
- (d) “Adult” means a person sixteen years of age or older.

## 4.0 INTAKE AND REFERRAL

### 4.1 POLICY:

All allegations of abuse will be referred for inquiry to the Continuing Care referral line (1-800-225-7225).

### 4.2 PROCEDURE:

#### SECTION A: During Regular Working Hours

(Refer to Section C for after hours coverage)

1. Upon receipt of an allegation of abuse during regular working hours (8:30 a.m. - 4:30 p.m.), the Continuing Care Referral Assistant (CCRA) will:
  - (a) complete the Protection for Persons in Care Intake form;
  - (b) determine whether the alleged abuse occurred in a facility under the jurisdiction of the *Protection for Persons in Care Act* (PPCA);
  - (c) fax the Intake form to the Department of Health or the Department of Community Services office assigned responsibility for the *Protection for Persons in Care Act*;
  - (d) refer to Adult Protection (AP) all allegations of abuse occurring in the community or in a facility which does not fall under the jurisdiction of the *Protection for Person in Care Act*;
  - (e) refer all requests for general information or education regarding Protection for persons in care to Monitoring and Evaluation (424-0104) at the Department of Health.
2. All callers reporting an allegation of abuse involving individuals under sixteen years of age will be directed to contact the appropriate child welfare agency.
3. When a caller wishes to remain anonymous, the Continuing Care Referral Assistant will:
  - (a) conduct procedures as outlined above and confirm related details on the Protection for Persons in Care Intake form; and
  - (b) confirm that while government will not collect and document any information related to her/his identity, the investigation process may lead facility staff and others involved to conclude their involvement.

#### SECTION B: Weekends and Holidays

1. During weekends and holidays, Care Coordinators under the Department of Health will fill the role of Continuing Care Referral Assistant.

2. Upon receipt of a call reporting an allegation of abuse, the Care coordinator will:
- (a) complete the Protection for Person in Care Intake form;
  - (b) determine whether the alleged abuse occurred in a facility under the jurisdiction of the *Protection for Persons in Care Act*;
  - (c) refer to Adult Protection (AP) all allegation of abuse occurring in the community or in a facility which does not fall under the jurisdiction of the *Protection for Person in Care Act*;
  - (d) determine whether the facility has been notified of the allegation;
  - (e) inform the caller that contact will be made with the facility to ensure the immediate safety of the patient/resident;
  - (f) briefly describe to the caller the process for intake and follow up of allegations of abuse under the *Protection for Persons in Care Act*;
  - (g) contact the facility to confirm the nature of the allegation, and to confirm immediate actions taken to ensure the safety of the patient/resident and the staff member; and
  - (h) fax the Intake form to the Department of Health or Department of Community Services office assigned responsibility for the *Protection for Persons in Care Act*.

**SECTION C: After Hours:**

- (a) after hours (4:30 p.m. - 08:30 a.m., seven days a week), callers reporting an allegation of abuse will be requested to leave a message including the reason for their call, and their name and related contact information. Callers will be directed to contact 911 Emergency Services for immediate assistance if there is imminent danger.
- (b) the following message will be left on all recorded voice messages for after-hours callers to the intake line:
  - If you are calling to make a referral to home care or long term care, please phone back after 8:30 a.m. tomorrow;
  - If you are calling to report an allegation of abuse, leave your name and contact information. Someone will return your call after 8:30 tomorrow morning;
  - If you are calling to report an allegation of abuse of an individual under the age of sixteen, please call the Child Welfare Emergency Duty Services Agency at 1-866-922-2434.
  - In all cases, if there is imminent danger, please call 911 immediately for assistance from police fire and ambulance.
- (c) The Continuing Care Referral Assistance (CCRA) will respond to all messages on the following business day and conduct intake procedures as outlined under “During Regular Working Hours.”

**SECTION D:           Response Time Standards:**

The target response times are as follows:

- (a)    The CCRA or the Care Coordinator will respond to the phone call or voice mail message within one hour following receipt of the message.
- (b)    If a message is left after business hours, the CCRA or Care Coordinator will respond before 9:30 a.m. the following day.
- (c)    The manager will review the referral within one hour of receipt of the referral and an investigator will be assigned. Contact will be made with the referral source by the Investigator within two hours of assignment.

## **5.0 AUTHORIZATION TO INQUIRE/INVESTIGATE**

### **5.1 POLICY:**

Investigators are authorized to inquire about and investigate allegations of abuse reported under the jurisdiction of the *Protection for Persons in Care Act*.

### **5.2 PROCEDURE:**

1. A letter of Authorization to Inquire/Investigate will be issued to staff assigned to perform the function of Investigator under the *Protection for Persons in Care Act*; and
2. The investigator will recite or present the signed letter of Authorization to Inquire/Investigate when conducting a telephone or face-to-face inquiry as required.

## 6.0 INQUIRY

### 6.1 POLICY:

An inquiry into all allegations of abuse will be conducted to determine whether there are reasonable grounds to believe that abuse has occurred, or is likely to occur.

### 6.2 PROCEDURE:

1. Upon receipt of a referral related to an allegation of abuse, the Investigator will:
  - (a) review the referral information to ensure that all relevant fields/sections have been completed;
  - (b) generate a case file number;
  - (c) contact the facility administrator to confirm what immediate action has been taken to ensure the safety of the patient or resident;
  - (d) confirm that the staff member implicated in the allegation has been notified of the PPCA Inquiry as soon as practicable.
  - (e) initiate a note on the file and record all relevant details.
2. The investigator will conduct a telephone interview with the caller and record relevant details on the case note.
3. At the completion of the inquiry phase, the Investigator will consider the following when making a decision about whether to conduct an investigation:
  - (a) Does the incident described fall within the definition of abuse as established by regulation? If so, determine whether there are reasonable grounds to believe that abuse has occurred or is likely to occur. If not, refer the incident back to the facility.
  - (b) Is the incident within or outside the scope of the *Protection for Persons in Care Act*? Complaints and/or allegations that fall outside of the definition of abuse will be referred back to the facility or for other follow up (eg. Office of the Fire Marshal).

## **7.0 DETERMINATION OF REASONABLE GROUNDS**

### **7.1 POLICY:**

All inquiries will result in a review of information collected to determine whether there are reasonable grounds to believe that abuse has occurred, or is likely to occur before proceeding to formal investigation.

### **7.2 PROCEDURES:**

1. The *Act* uses “reasonable grounds” to determine whether abuse has occurred or is likely to occur, to guide Investigators in making decisions related to each allegation. Refer to the definition of ‘reasonable grounds’.
2. The Investigator will consult his/her manager and/or Legal Services when doubt arises in the determination of “reasonable grounds”.

## 8.0 PARALLEL INVESTIGATIONS

### 8.1 POLICY:

- All allegations of abuse involving licensed professionals will be reviewed to determine whether a referral to the professional licensing body is required.
- All allegations of abuse which may fall under the jurisdiction of the Criminal Code of Canada will be referred to the police.

### 8.2 PROCEDURE:

#### Professional Licensing Bodies:

1. If it is determined that there are reasonable grounds to believe that abuse has occurred, or is likely to occur, and the person against whom the allegations were brought is a practicing professional within a licensed discipline, or, if the Minister believes on reasonable grounds that the practicing professional has failed to comply with the duty to report under Section 5 of the *Act*, the Investigator will:
  - (a) determine in consultation with her/his manager whether the regulatory body can deal appropriately with the allegation(s);
  - (b) where a decision is made to refer the allegations to a regulatory body, complete the Referral to a Regulatory Body form and forward it to the body or person that governs the person's professional status, or that certifies, licenses or otherwise authorizes or permits the person to carry on the person's work, profession or occupation, requesting a report upon conclusion of its findings including:
    - reasons used to determine whether a status review will be conducted; and
    - where applicable, the results of any status review or disciplinary proceedings;
  - (c) determine in consultation with the manager whether a parallel investigation will be conducted on behalf of the Minister, and record relevant details on the file.
2. Upon receipt of the outcome of cases referred to a regulatory body, the Investigator will:
  - (a) record relevant details on the case note;
  - (b) include all related correspondence in the file;
  - (c) record closure of the file on the case note.
3. If a parallel investigation will not be conducted on behalf of the Minister, the Investigator will:
  - (a) follow-up with the regulatory body to confirm the outcome of the case as required;

- (b) determine whether further investigation into the allegation is required;
- (c) record all relevant details on the case note; and
- (d) close the file.

## Police

1. If it is determined that the allegation falls under the jurisdiction of the Criminal Code of Canada or involves the misappropriation, improper, or illegal conversion of money or other valuable possessions, the Investigator will:
  - (a) refer the allegation to police (via telephone followed by written submission of the referral) including relevant details;
  - (b) request an update including the outcome of the case within 30 days of the date of the referral;
  - (c) determine whether a parallel investigation will be conducted on behalf of the Minister and record related details on the case note;
  - (d) follow-up on all referrals made to the police within 30 days of the referral to confirm the outcome of the case; and
  - (e) record relevant details on the case note.
2. Upon receipt of the outcome of cases referred to the police, the Investigator will:
  - (a) record relevant details on the case note;
  - (b) include all related correspondence in the file;
  - (c) record closure of the file on the case note.

## 9.0 INVESTIGATION PROCESS

### 9.1 POLICY:

Upon determination that the allegation of abuse meets the criteria for investigation, the Investigator will conduct an investigation on behalf of the Minister.

### 9.2 PROCEDURE:

1. The Investigator will notify the patient or resident (or persons acting legally on their behalf) that an allegation of abuse has been made and that an investigation will take place.
2. The investigator will confirm that the staff member implicated in the allegation of abuse has been notified of the investigation as soon as practicable.
3. The Investigator will, whenever possible, determine the patient/resident's wishes regarding the investigation and its outcome, and will record those details on the case note.
4. The Investigator will conduct interviews with, and collect information from sources which may include\*, but are not limited to:
  - (a) the persons reporting;
  - (b) staff member implicated in the allegation;
  - (c) other eye witnesses;
  - (d) any health record(s), including health care and long term care facility records;
  - (e) the patient/resident;
  - (f) staff on duty at the time of the event;
  - (g) treating physician(s) where appropriate;
  - (h) facility management; and
  - (i) other sources determined relevant by the Investigator.

\* An Investigator will collect only the information that s/he reasonably requires to determine whether abuse has occurred, or is likely to occur.

\*\* Any staff member implicated in an allegation may have one other person (e.g. friend, union representative, clergy, etc.) present during any interview or consultation conducted as part of the investigation.

4. The Investigator may access and copy any personal information including health information that is personal under the *Freedom of Information and Protection of Privacy Act*, or any other enactment that, in the Investigator's opinion, relates to the matter being investigated and that may be in the possession of others (i.e. facility administration etc.).

5. The Investigator will conduct interviews with the Manager to whom the alleged abuser reports (or to Human Resources) to obtain relevant information. The Investigator will access the employee's personnel file only when there is reason to believe that information provided by the employer is incomplete.
6. The Investigator will not access the following information:
  - (a) information collected expressly for the purpose of a quality review by a designated Quality Review Committee (see Section 2.0 Definitions) or information produced by a designated Quality Review Committee [Accessing such information will only serve to impede the furtherance of system quality improvement initiatives]; and/or
  - (b) information that is privileged because of a patient/resident/solicitor relationship.
7. If it is determined that the Investigator has been prevented from exercising their authority to access relevant information, s/he will engage her/his Manager and consult legal services to confirm whether a justice of the peace will be engaged to resolve the matter.
8. Upon conclusion of the investigation process, the Investigator will review all information collected to determine whether the allegations of abuse are founded or unfounded.
9. Where it is determined that the allegations of abuse are unfounded, the Investigator will:
  - (a) develop a report outlining the investigation, related details and findings and any directives to the facility which the Investigator feels are necessary as a result of the findings of the investigation;
  - (b) forward the report to the Senior Senior Director/Executive Director;
  - (c) notify the facility Administrator and record relevant details on the file; and
  - (d) record final notes on the file and, if there were no directives given, close the file.
10. Where it is determined that the allegations of abuse are founded, the Investigator will:
  - (a) develop a report outlining the investigation, related details, findings and any directives to the facility which the Investigator feels are necessary as a result of the findings of the investigation;
  - (b) forward the report to the Senior Senior Director/Executive Director; and
  - (c) record relevant details on the case note.
11. The Investigator will forward by fax, a letter to the facility Administrator upon conclusion of the investigation confirming the outcome of the investigation and any related directives (action plan template attached). The original letter will be forwarded by mail including all relevant attachments.

12. Where directives are issued to the facility, the Investigator will:
  - (a) request the facility to respond with an action plan including time lines to comply with any directive.
  - (b) in consultation with the manager, approve the action plan and time lines provided by the facility
  - (c) confirm with the facility the approval of the action plan and time lines
  
13. Where it is determined by the Investigator that the response time established by the facility does not meet the requirements of a specific case, s/he in consultation with the manager, will establish approved time lines and issue a further directive to the facility for compliance with the approved time lines..
  
14. Upon confirmation that all directives issued to the facility have been implemented to the satisfaction of the Minister, the Investigator will:
  - (a) record relevant details on the file;
  - (b) notify the patient/resident (or persons acting legally on their behalf), including the outcome of the inquiry and/or investigation;
  - (c) notify the persons reporting that the inquiry/investigation has been conducted confirming that the allegation has been addressed; and
  - (d) close the case file.

## **10.0 ZERO TOLERANCE POLICY - KNOWINGLY MAKING A FALSE ALLEGATION OF ABUSE**

### **10.1 POLICY:**

The Departments of Health and Community Services will administer a policy of zero tolerance for service providers knowingly making a false allegation of abuse.

### **10.2 PROCEDURE:**

1. When it is believed that a false allegation of abuse has been made knowingly against a service provider, the Investigator will notify the manager.
2. The manager will consult his/her senior leader and/or legal services to determine whether legal action will be taken.

## **11.0 COMMUNICATION WITH PATIENT/RESIDENT AND PERSONS REPORTING**

### **11.1 POLICY:**

The Departments of Health and Community Service are committed to consistent communication with patients and residents (or persons acting legally on their behalf) who are the subject of allegations of abuse, and the persons reporting, as required as appropriate.

### **11.2 PROCEDURES:**

1. The Investigator will respond to all allegations taking into consideration the wishes of the patient/resident wherever possible.
2. Where the patient/resident is not competent or s/she does not have capacity to consent, the Investigator will communicate directly with the persons acting legally on their behalf, in all instances
3. The Investigator will notify the patient/resident (or persons acting legally on their behalf) and the persons reporting upon conclusion of the inquiry and/or investigation confirming the following:
  - (a) patient/resident - the outcome of the inquiry/investigation including any directives issued to the facility; and
  - (b) persons reporting - that the allegation has been addressed to the satisfaction of the Minister of Health/Community Services.

## **12.0 RECORDS MANAGEMENT AND RETENTION**

### **12.1 POLICY:**

All case files and related case notes will be managed and retained as per Department of Health and Community Services policies, procedures and retention schedules.

### **12.2 PROCEDURE:**

1. The Investigator will ensure the security and confidentiality of all files and case notes. All files will be maintained in a locked file cabinet within a secure area (i.e. locked office).
2. All files will be classified using approved Department of Health and Community Services Retention Schedules (“Standards for Operational Records Retention Schedule” - STOR) and forwarded to Records Management Services as required.
3. In instances where a file does not fall within a classification listing outlined in the Retention Schedule, the file will be retained on an indefinite basis until the next review of relevant retention schedules.
4. The manager (or delegate) will contact Records Management Services when doubt arises regarding related issues (i.e. classification of documents, schedule for retention etc.).

## **13.0 STATISTICAL DOCUMENTATION - INVESTIGATIONS DATABASE**

### **13.1 POLICY:**

Statistical information will be maintained on all allegations, inquiries, investigations and relevant activities under the jurisdiction of the *Protection for Persons in Care Act*.

### **13.2 PROCEDURES:**

1. The Investigator will enter all relevant information into the appropriate fields of the PPC Investigations Database on a regular basis.
2. The Investigator will generate and report related statistical information to her/his manager as required.
3. The manager will generate and report related statical information to her/his Senior Director/Executive Director as required.

## **14.0 RELEASE OF INFORMATION - FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY**

### **14.1 POLICY:**

Release of any information collected under the jurisdiction of this legislation is subject to the *Freedom of Information and Protection of Privacy Act* (FOIPOP) and related provision of the *Protection for Persons in Care Act*. All FOIPOP applications and requests for education will be made to the Department having jurisdiction over the facility involved.

### **14.2 PROCEDURES**

1. All requests for information collected under the jurisdiction of this legislation will be directed to contact the Information, Access and Privacy Unit, unless the release of the information requested is legislated by the *Protection for Persons in Care Act*.
2. All requests for education and/or information regarding related processes will be directed to contact the Information, Access and Privacy Unit.

**Letter of Authorization to Inquire/Investigate - Template**

**[Insert Logo for Office of the Minister here]**

**APPOINTMENT  
Protection for PERSONS IN CARE ACT  
SECTION 7(2)**

Pursuant to Section 7(2) of the *Protection for Persons in Care Act*, I, the Honourable MINISTER'S NAME, Minister of HEALTH OR COMMUNITY SERVICES, hereby appoint INVESTIGATOR of the Department of HEALTH OR COMMUNITY SERVICES, inspector under the *Act* for the Department of HEALTH OR COMMUNITY SERVICES for the Province of Nova Scotia.

Dated at Halifax, Nova Scotia, the DAY day of MONTH, 2007.

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Minister of (Department)  
Province of Nova Scotia

**Departments of Health and Community Services**

<b>PATIENT /RESIDENT INFORMATION - SECTION A</b>	PROTECTION FOR PERSONS IN CARE <b>INTAKE FORM</b>	Jurisdiction: <input type="checkbox"/> Dept. of Health <input type="checkbox"/> Dept. of Community Services	
<b>Patient/Resident name</b>	_____ LAST/FAMILY NAME                      FIRST NAME                      INITIAL		
<b>Address &amp; Contact Information</b>			
<b>Is Patient/Resident aware of referral?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	Patient/Resident Home Telephone:	
<b>Facility Name</b>			
<b>Facility Contact Info</b>			
<b>Facility Administrator (name)</b>			
<b>Has Facility Administrator been notified?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO		

**REFERRAL INFORMATION - SECTION B (Complete all sections)**

<b>Referral Source</b>	_____ (Please print name)	<b>Referral Date:</b> (dd/mm/yy)	
<b>Reference Contact #</b>	_____ (Telephone)	_____ (Cell)	_____ (Pager)
<b>Anticipated D/C from Hospital if applicable</b>	<input type="checkbox"/> D/C today <input type="checkbox"/> D/C to home	<input type="checkbox"/> D/C within 2-4 days <input type="checkbox"/> D/C to _____	<input type="checkbox"/> D/C within 5-7 days <input type="checkbox"/> N/A

<b>Stated Complaint/Allegation:</b>

AP Placement?

**Case Note Cover Sheet - Template**

[Insert Dept. Logo Here]

Case File Number:

Date Opened:

**CASE NOTE - COVER SHEET**

Persons reporting/Contact Number:

Resident/Patient Name:

DOB:

Facility:

Address:

Date of Allegation:

Other Related Contacts (i.e. witnesses etc):

Note:

Signature:

**Case Note - Template**

Case File Number:  
Patient/Resident Name:  
DOB:

**CASE NOTE**

\* Note: Each entry begins with the date of entry and ends with a signature.

**Referral to a Regulatory Body - Template**

**[Insert Department Logo Here]**

REFERRAL TO REGULATORY BODY

(Date)

Name & Address

Dear \_\_\_\_\_:

Re: Case File # \_\_\_\_\_

Pursuant to the *Protection for Person in Care Act*, I, (Investigator’s Name), as delegate of the Minister of Health/Community Services, am forwarding a referral of an allegation of abuse as defined in the *Protection for Persons in Care Act*.

The abuse was reported to have occurred at (Name of Facility), a healthcare facility as defined under the *Act*. Attached is a summary of the inquiry undertaken to determine whether these allegations meet the Criteria for abuse.

Please do not hesitate to contact me if you have any questions regarding this referral.

Sincerely,

\_\_\_\_\_  
Investigator

cc:

## Investigation Report - Template

### PROTECTION FOR PERSONS IN CARE INVESTIGATION REPORT

---

*This report seeks to set out the information gathered and to make recommendations pursuant to the Protection for Persons in Act without making findings of legal responsibility or drawing conclusions of law. It is not the intention of the Act to find guilt or innocence, but to better protect the health, safety and well-being of adults in care.*

**Case File Number:** XXX                      **Date:** \_\_\_\_\_

**Type of Facility:** XXX                      **Investigator:** \_\_\_\_\_

---

#### **Complaint:**

#### **Allegations:**

The Patient/resident suffered:

- (i)
- (ii)
- (iii)

#### **Patient/resident Profile:**

#### **Summary of the activities of this investigation:**

#### **Documents reviewed:**

- 1.1
- 1.2
- 1.3

**Limitations of the investigation:**

**Information gathered during the investigation:**

**Nature of alleged abuse:**

**Use of physical force**

- 
- 

**Mistreatment causing emotional harm**

- 
- 

**Administering, withholding or prescribing medication in an appropriate use**

- 
- 

**Staff subjecting Patient/resident to sexual activity**

- 
- 

**Non-consensual sexual contact between residents or patients**

- 
-

**Misappropriating or improperly or illegally converting money or other valuable positions**

- 
- 

**Failing to provide adequate nutrition, care, medical attention or necessities of life without a valid consent**

- 
- 

**Current Situation/Action Taken:**

- 
- 

**Would not be included in the summary, but considered when feedback, if there is any, comes back from the Persons reporting, agency, alleged abuser, resident/agent.**

**Recommendations:**

- 
- 
-

**Letter to Facility Administration (Founded/Un-founded/Directives/No Directives) -  
Template**

[Insert Department Logo Here]

(Date)

Name

Dear \_\_\_\_\_:

Re: Case File # \_\_\_\_\_

The allegation of abuse of a patient/resident at (Name of facility) has been investigated pursuant to the *Protection for Persons in Care Act*. The investigation concluded that abuse (did) or (did not) occur.

As a result of the investigation, the directives listed below are issued to your facility. As agreed upon by (Name of Administrator) and (Name of Investigator), an action plan for compliance with these directives will be submitted to the Department of (Health or Community Services) within (agreed upon number) days. You will be notified once the action plan has been reviewed and approved.

**Directives:**

- 1.
- 2.

Thank you for your cooperation with the investigation process. Should you wish to further discuss issues related to this report, please do not hesitate to contact me at 902- (phone number).

Sincerely,

---

Investigator's Name & Title

- c. Executive Director (DOH) or Senior Director (DCS)

**Facility Action Plan - Template**

[Insert Department Logo Here]

(Date)

Re: Facility Action Plan - Case File # \_\_\_\_\_

Dear (Investigator’s Name),

Pursuant to the Protection for Persons in Care Act, the following directives were issued on (Date) regarding Case File # \_\_\_\_\_:

- ▶
- ▶

Action taken towards successful implementation of these directives include:

- ▶
- ▶

Implementation activities and related time lines include:

- ▶
- ▶

Reasons for delay in implementation of directives issued beyond the prescribed time lines include:

- ▶
- ▶

Thank you for the opportunity to respond to these directives on behalf of (Name of Facility). If you have any further question regarding the above noted action plan and related progress, please do not hesitate to contact (Name of Facility Contact) at (Telephone Number).

Sincerely,

(Name of Facility Contact)  
(Position Title of Facility Contact)

c Name(s) & Title(s)  
e.g. Licensing Division of Department where Investigators are not staff of that division.