

Administrative Policy Manual

AL Legal/Ethical

(POLICY AL0800) – Adult Guardianship Act (Part 3) Designated Agency Policy

1.0 PURPOSE

- To ensure that Interior Health (IH) is fulfilling its responsibilities as a Designated Agency under the <u>Adult Guardianship Act</u>, and
- To ensure that all vulnerable adults experiencing abuse, neglect or self-neglect have access to appropriate services and supports.

This policy describes the mandate, reporting and response to abuse, neglect or self-neglect of vulnerable adults in programs or services offered by or on behalf of IH, in a public place, in the adult's home, in a relative's home, or in any other place other than a correctional center.

TERM	DEFINITION
Adult	A person who is 19 years of age or older.
Abuse	The deliberate mistreatment of an adult that causes the adult a) Physical, mental or emotional harm, or b) Damage or loss with respect to the adult's financial affairs and includes:
	Physical Abuse Any act(s) of violence or rough treatment causing injury or physical discomfort. May include the use of restraints.
	Psychological or Emotional Abuse Any act(s), including confinement, isolation, verbal assault, humiliation, intimidation, infantilization; or any other treatment which diminishes the adult's sense of identity, dignity, and self-worth. This can include ignoring or diminishing an adult's cultural identity and/or self-identity.
	Financial Abuse The misuse of an adult's funds and assets; obtaining property and funds without the adult's knowledge and full consent, or in the case of an adult who is not capable, not representing or acting in the adult's best interest.
	Sexual Abuse Any sexual behavior directed towards an adult without the person's full knowledge and consent. This can include inappropriate behaviors, words or touching.
	Medication Abuse Misuse of an adult's medication and prescriptions; including withholding medication, over-medicating, and misuse or theft.
	Violation of Civil/Human Rights Denial of an adult's fundamental rights (i.e. withholding of information; denial of privacy; denial of visitors; restriction of liberty; or mail censorship; denial of access to community family; denial of cultural or spiritual rights).

2.0 **DEFINITIONS**

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	Spiritual Abuse Preventing a person from following their spiritual or religious traditions or forcing a different spiritual or religious practice on a person. Could also include demeaning or belittling a person's spiritual or religious traditions, beliefs or practices. A person may feel shame for wanting to practice their traditional or family beliefs.
Designated Agency	A public body, organization or person designated under section 2, 3 and 4 of the <u>Designated Agency Regulations</u> for the purposes of acting under the <i>Adult Guardianship Act (part 3)</i> .
	Designated Agencies include the five regional health authorities; Providence Health Care and Community Living British Columbia.
Designated Responder	An employee of Interior Health identified to investigate allegations of abuse, neglect and self-neglect and coordinate a team response in accordance with part 3 of the <u>Adult Guardianship Act</u> .
	Designated Responders are required to be part of Acute, Tertiary, Primary Care Networks, MHSU, Community Care and IHA Long-term Care facility programs.
	In IHA, Designated Responders are Social Workers. For program areas without social work services, Designated Responders are Registered Nurses or Mental Health Clinicians.
Neglect	Any failure to provide necessary care, assistance, guidance or attention to an adult that causes, or is reasonably likely to cause within a short period of time; serious physical, mental or emotional harm or substantial damage or loss in respect of the adult's financial affairs.
ReAct Curriculum	Curriculum created by Vancouver Coastal and Fraser Health Authorities and adopted by Interior Health Authority as the mandatory training for Designated Responders.
ReAct Reporting System	A provincially developed reporting system used by Designated Responders to collect information related to Adult Guardianship investigations.
Self-Neglect	Any failure of an adult to take care of themselves that causes, or is reasonably likely to cause within a short period of time , serious physical, mental or emotional harm or substantial damage to or loss of assets, and includes:
	 Living in unreasonably unsanitary conditions Suffering from an untreated illness, disease or injury that may impact decision-making Suffering from malnutrition to such an extent that, without intervention, the adult's physical or mental health is likely to be severely impaired, Creating a hazardous situation that will likely cause serious harm to the adult or another
Vulnerable Adult	An individual who is at risk for abused, neglected or self-neglecting and is unable to seek or refuse support and assistance because of: (a) physical restraint, (b) a physical handicap that limits their ability to seek help, or (c) an illness, disease, injury or other condition that affects their

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ability to make decisions about the abuse or neglect (Ad	
Guardianship Act Part 3 Section 44).	

3.0 POLICY

- IH staff have a legal mandate to respond to reports of abuse, neglect or self-neglect for vulnerable adults.
- IH receives reports of abuse, neglect and self-neglect from both internal and external sources for vulnerable adults.
- IH employees, contractors, volunteers, medical staff and students must keep the identity of the individual who makes a report of an allegation of abuse, neglect or self-neglect of a vulnerable adult confidential according to section 46(1) of the Adult Guardianship Act.
- Designated Responders will investigate reports of abuse, neglect or self-neglect for vulnerable adults.
- When the most appropriate Designated Responder is not known, the reporter must notify their supervisor or make a report to the <u>Interior Health Abuse and Neglect Reporting Line</u> at 1-844-870-4754.
- The following guiding principles and presumptions of the <u>Adult Guardianship Act</u> will guide care planning and interventions for vulnerable adults:
 - every adult is entitled to live in the manner they wish as long as they are capable and cause no harm to others,
 - interventions and care planning must be the least intrusive, most effective form of support,
 - court processes outlined in the <u>Adult Guardianship Act</u> should be used as a last resort,
 - o every adult is presumed capable until otherwise demonstrated, and
 - o an adult's way of communicating does not equal incapability.

Additionally, although IH has a legal mandate to respond to reports of abuse, neglect and selfneglect, some of the legislative tools used in the <u>Adult Guardianship Act</u> can be unintentionally harmful. Specifically, interventions may be harmful for Aboriginal patients who might be traumatized by systemic racism that continues to occur within a colonial system. In addition to this policy, IH staff taking interventions under the <u>Adult Guardianship Act</u> should understand and be aware of the <u>AD0200 Aboriginal Cultural Safety & Humility</u> policy.

4.0 PROCEDURES

4.1 Managers, Supervisors, Employees, Contractors, Volunteers, Medical Staff, and Students:

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- Promptly disclose suspected cases of abuse, neglect or self-neglect to an identified Designated Responder.
- Promptly report to their manager/supervisor if unsure who an appropriate Designated Responder might be (see <u>Identifying a Designated Responder for An Adult Guardianship</u> <u>Investigation Clinical Decision Support Tool</u>).
- Provide the Designated Responder with any assessments of an adult's mental capability.
- Collaborate with the Designated Responder, care team and recipient of care to develop a plan to support vulnerable individual.
- Prevent disclosure of the identity of the individual who makes a report of abuse, neglect or self-neglect to anyone outside of the Designated Agency (in accordance with <u>Section</u> <u>46</u> of the Adult Guardianship Act).
- Promptly follow procedural steps of the <u>AR0450 Managing Privacy & Security</u> <u>Breaches/Violations</u> policy if the identity of the reporter is disclosed; or there are any other perceived privacy breaches.

4.2 Designated Responders:

- Understand and abide by the <u>AU2200 Anti-Racism</u> policy and the <u>AD0200 Aboriginal Cultural</u> <u>Safety & Humility</u> policy.
- Promptly investigate all reports of abuse, neglect and self-neglect of vulnerable adults which includes the following steps:
 - Document each step of an investigation in the <u>ReAct Reporting System</u> and adult's health record (refer to <u>Designated Responder Documentation Flowchart</u>).
 - Interview the adult_through a culturally safe and trauma informed lens, building trust and strengthening the relationship in the process.
 - Assess the urgency of the situation to determine if the adult requires immediate support or protection (refer to <u>Adult Guardianship Emergency Measures Toolkit for Urgent</u> <u>Situations</u>).
 - Coordinate the collection of collateral information (refer to <u>Right to Information Sec 62.</u> <u>Form</u>).
 - Coordinate assessment of abuse, neglect and self-neglect.
 - Determine if the adult has a Representative, Committee, or Power of Attorney.
 - Coordinate the development of care plans to provide support and assistance.
 - Advise the most responsible practitioner of the situation and actions taken.
 - Make reports as necessary to the Public Guardian and Trustee to safeguard an adult's assets (refer to <u>PGT Referral Form</u>).
 - Report suspected crimes committed against vulnerable adults to the police (refer to <u>Designated Agency Criminal Offence Report</u>).
 - Advise your manager or supervisor of the investigation.

Designated Responders can find more specific information and resources regarding conducting investigations on the <u>Designated Responder Teamsite</u>.

4.3 Supervisors and Managers of Designated Responders are responsible to:

• Support identified Designated Responders to complete the mandatory ReAct course.

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- Communicate updates and changes regarding the Designated Responder roster to ihadultguardianship@interiorhealth.ca.
- Provide support when needing to identify the most appropriate Designated Responder (refer to <u>Identifying a Designated Responder For An Adult Guardianship Investigation</u> <u>Clinical Decision Support Tool</u>).
- Provide Designated Responders with guidance regarding the procedural steps outlined in section 4.4 of this policy.
- Ensure reporting Designated Responders maintain core competency outlined in <u>Appendix A</u>.
- Escalate cases with operational, legal and/or reputational risk to senior leadership.

4.4 The Knowledge Facilitator for Vulnerable and Incapable Adults and the Patient Safety Department are responsible to:

- Provide regional consultation regarding the suite of Adult Guardianship Legislation.
- Provide ReAct curriculum training to Designated Responders.
- Respond to reports that come through the toll-free abuse and neglect reporting line from external partners and the public regarding abuse, neglect or self-neglect.

4.5 Senior Leadership:

- Ensure that provisions of this policy are met by reporting staff.
- Support approval of costs associated with ReAct Curriculum for Designated Responders is covered by impacted departments (eg. travel, and backfill if applicable).
- Delegate authority and responsibility, where applicable, to apply this policy within the organization.
- Lead decision making for high risk cases that are brought to their attention that have potential for operation, legal and/or reputational risk.

5.0 REFERENCES

Adult Guardianship Act. (n.d.). Retrieved from: http://www.bclaws.ca/civix/document/id/lc/statreg/96006_01

Adult Guardianship Act (Abuse and Neglect) Regulation (n.d.). Retrieved from: http://www.bclaws.ca/civix/document/id/lc/statreg/13_2000

Adult Guardianship Act Designated Agencies Regulation. (n.d.). Retrieved from: http://www.bclaws.ca/civix/document/id/lc/statreg/19_2002

AD0200 Aboriginal Cultural Safety & Humility Policy

AU2200 Anti-Racism Policy

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Appendix A:

Core Competencies Designated Responder

Designated Responders are part of Acute, Tertiary, Patient Care Networks, MHSU, Community Care and IH Long-term Care services. In Interior Health, Designated Responders are Social Workers and Registered Nurses or Mental Health Clinicians for programs without social work services.

Designated Responder competencies include:

- Ability to recognize the signs and symptoms of adult abuse, neglect and self-neglect.
- Understanding the types and mechanisms of abuse, neglect and self-neglect.
- Interpreting and applying legislation as well as ethics.
- Skills in interviewing, mediating and conflict resolution.
- Applying critical thinking skills to inform and communicate professional decisions.
- Utilizing the framework (as developed) to guide the process of investigation, intervention and evaluation.
- Providing leadership to the team, in approaching vulnerable adults in the manner that follows the Adult Guardianship Act.
- Being mindful of how cultural structure or beliefs may influence family dynamics. For example intergenerational traumas and colonial narratives.
- Commitment to quality and transparency and develop self-awareness around biases that may affect decision making as a Designated Responder.

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