



<b>PM 400 POL – Prevention of the mistreatment of older adults and other persons of full age in vulnerable situations</b>	
<b>Related procedure:</b> PM 400 PRO – Prevention of the mistreatment of older adults and other persons of full age in vulnerable situations	<b>Associated SNC-O&amp;M Policy and Procedure</b> (if applicable): N/A
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<b>Summary:</b> This policy implements the <i>Act to strengthen the fight against maltreatment of seniors and other persons of full age in vulnerable situations as well as the monitoring of the quality of health services and social services</i> (2022, Chapter 6).	

### List of acronyms

**AHSSS:** Act respecting health services and social services (RSQ, c. S-4.2)

**CAAP:** Centre d'assistance et d'accompagnement aux plaintes [complaints assistance and support centre]

**CHSLD:** Centre d'hébergement et de soins de longue durée [residential and long-term care centre]

**CISSSS:** Centre intégré de santé et de services sociaux [integrated health and social services centre]

**CIUSSS:** Centre intégré universitaire de santé et de services sociaux [integrated university health and social services centre]

**CPDP:** Council of Physicians, Dentists and Pharmacists

**DSI:** Direction des soins infirmiers [Nursing Directorate]

**DSP:** Direction des services professionnels [Professional Services Directorate]

**LAMAA:** Ligne Aide Maltraitance Adultes Aînés [The Mistreatment Helpline]



**LSQCC:** Local service quality and complaints commissioner

**MSSS:** Ministère de la Santé et des Services sociaux [Ministry of health and social services]

**MUHC:** McGill University Health Centre

**PAB:** Préposé aux bénéficiaires [patient attendant]

**PIC:** Processus d'intervention concerté [concerted intervention process]

**PRMOP:** Personne responsable de la mise en œuvre de la politique [person responsible for implementing the policy]

**RI:** Ressource intermédiaire [intermediate resource]

**RPA:** Résidences privées pour aînés [private seniors' residences]

**RSSS:** Réseau de la santé et services sociaux [health and social services network]

**RTF:** Ressource de type familial [family-type resource]

## I. Objectives

The following policy, as well as the related procedure, **namely the Procedure to prevent mistreatment**, establishes the responsibilities of the McGill University Health Centre (MUHC), in accordance with the *Act to combat maltreatment*. This Act concerns older adults and persons of full age in vulnerable situations. Certain individuals have a higher risk of being in a vulnerable situation, including those who are incapable or have a significant loss of autonomy, mental health issues, a mental or physical disability, an intellectual disability or an autism spectrum disorder. The *Act to combat maltreatment* provides specific conditions for the mandatory reporting of situations of mistreatment involving highly vulnerable persons. Peripheral to this mistreatment prevention policy is the MUHC's Civility and Respect Policy, stating that each member of its community must at all times conduct themselves in a civil and respectful manner, without resorting to harassment and violence. Complaints and reportings related to situations outlined in the Civility and Respect Policy are handled in accordance with the associated procedure (Respect and Civility; HR 346 Pol & Pro).

The objectives of the policy are to:

- Ensure understanding of and compliance with the *Act to combat maltreatment*.
- Ensure the safety, well-being and quality of life of users by implementing measures to prevent mistreatment.
- Create a caring living environment and provide users with respectful services.
- Detect, identify, assess and intervene rapidly in situations of mistreatment.
- Inform staff, volunteers, users and their immediate circle of the policy, its contents, their obligations and the importance of reporting cases of mistreatment.
- Clarify the roles, responsibilities and obligations of staff in situations of mistreatment.
- Encourage reporting.
- Support individuals in their efforts to prevent mistreatment.
- Put an end to situations of mistreatment, eliminate and reduce the risk of recidivism and harmful consequences of such situations.
- Carry out investigations to draw conclusions and make recommendations.



## II. Persons/Areas Affected

This policy applies to the actions of any person who may be involved in a situation of mistreatment as a victim and/or perpetrator, including but not limited to, persons in the user's immediate circle as well as staff working at the MUHC, including the Camille-Lefebvre Pavilion.

## III. References/Definitions of Conditions

### 3.1. References

This policy is based not only on the *Act to combat maltreatment*, but also on the *Charter of Human Rights and Freedoms*, the *Act respecting health services and social services*, the quality living environment for people living in nursing homes ministerial guidelines and the 2022–2027 governmental action plan to counter mistreatment of older adults.

The MUHC undertakes to comply with the legislative and regulatory provisions included in the aforementioned acts and the National Framework Agreement to Fight Elder Abuse, and aims to establish a strong partnership between government departments and agencies to ensure better protection and provide the necessary support to persons in vulnerable situations who are victims of mistreatment.

- *Act respecting health services and social services*, <https://www.legisquebec.gouv.qc.ca/en/document/cs/s-4.2>
- *Act to combat maltreatment of seniors and other persons of full age in vulnerable situations* (CQLR, c. L-6.3), <https://www.legisquebec.gouv.qc.ca/en/document/cs/L-6.3>
- *Act to strengthen the fight against maltreatment of seniors and other persons of full age in vulnerable situations as well as the monitoring of the quality of health services and social services* (2022, Chapter 6), <https://www.canlii.org/en/qc/laws/astat/sq-2022-c-6/latest/sq-2022-c-6.html>
- By-law governing the complaint examination procedure (HPO 150), <https://muhc.ca/sites/default/files/docs/ombudsman/by-lawFinal-Oct11-2019-en.pdf>
- By-law governing the complaint examination procedure at the McGill University Health Centre, <https://muhc.ca/sites/default/files/docs/ombudsman/by-lawFinal-Oct11-2019-en.pdf>
- *Charter of Human Rights and Freedoms*, <https://www.legisquebec.gouv.qc.ca/en/document/cs/C-12>
- Code of Ethics (MUHC intranet: policies and procedures)
- Code of professional conduct and code of ethics of the various orders.
- Guide de référence pour contrer la maltraitance envers les personnes âgées (online): <https://www.mfa.gouv.qc.ca/fr/publication/Documents/13-830-10F.pdf>; (in French only)
- Information leaflets and complaint form, <https://muhc.ca/commissioner>
- MUHC Security and Confidentiality Agreement, [security-and-confidentiality-agreement](https://muhc.ca/security-and-confidentiality-agreement) ([mcgill.ca](https://muhc.ca))
- National Framework Agreement to Fight Elder Abuse, <https://www.msss.gouv.qc.ca/professionnels/aines/plan-action-gouvernemental-contre-maltraitance-aines/entente-cadre-nationale/> (in French only)
- Plan d'action gouvernemental pour contrer la maltraitance envers les personnes âgées 2022-2027 [2022–2027 governmental action plan to counter mistreatment of older adults], <https://www.msss.gouv.qc.ca/professionnels/aines/plan-action-gouvernemental-contre-maltraitance-aines/> (in French only)



- Plan d'action gouvernemental pour contrer la maltraitance envers les personnes âgées, Processus d'intervention concertés [governmental action plan to counter mistreatment of older adults; concerted intervention processes], <https://www.msss.gouv.qc.ca/professionnels/aines/plan-action-gouvernemental-contre-maltraitance-aines/processus-d-intervention-concertes/> (in French only)
- Policy Template to Counter the Mistreatment of Residents in Long-Term Care Facilities (August 2017): [https://www.creges.ca/wp-content/uploads/2018/10/PolicyTemplate\\_Mistreatment\\_ENG.pdf](https://www.creges.ca/wp-content/uploads/2018/10/PolicyTemplate_Mistreatment_ENG.pdf);
- Policy Template to Counter the Mistreatment of Residents in Long-Term Care Facilities (online): [https://www.creges.ca/wp-content/uploads/2018/10/PolicyTemplate\\_Mistreatment\\_ENG.pdf](https://www.creges.ca/wp-content/uploads/2018/10/PolicyTemplate_Mistreatment_ENG.pdf);
- Politique-cadre de lutte contre la maltraitance envers les aînés et toute autre personne majeure en situation de vulnérabilité [framework policy to combat mistreatment of older adults and other persons of full age in vulnerable situations], CIUSSS West-Central Montreal, 2018. Section 219, *Criminal Code* (RSC 1985, c. C-46).
- Publications provided by the MSSS
  - Information sheet: <https://publications.msss.gouv.qc.ca/msss/fichiers/2023/23-819-13A.pdf>
  - Poster: <https://publications.msss.gouv.qc.ca/msss/fichiers/2023/23-819-12F.pdf> (in French only)
- *Regulation respecting the terms governing the use of monitoring mechanisms by a user sheltered in a facility maintained by an institution operating a residential and long-term care centre* (CQLR, c. S-4.2, r. 16.1), <https://www.legisquebec.gouv.qc.ca/en/document/cr/S-4.2,%20r.%2016.1%20>
- Respect and Civility (HR 346 – MUHC intranet: policies and procedures)
- Summary of the amendments introduced by the *Act to strengthen the fight against maltreatment of seniors and other persons of full age in vulnerable situations as well as the monitoring of the quality of health services and social services* (2022, Chapter 6).
- Un milieu de vie de qualité pour les personnes hébergées en CHSLD [a quality living environment for persons living in CHSLDs], <https://publications.msss.gouv.qc.ca/msss/fichiers/2003/03-830-01.pdf> (in French only)

### 3.2. Definitions

**Act to combat maltreatment:** The *Act to combat maltreatment of seniors and other persons of full age in vulnerable situations* (RSQ, c. L-6.3).

**Autorité des marchés financiers (AMF):** The Autorité des marchés financiers is informed where financial mistreatment is committed by a person subject to its regulation (section 17, paragraph 5 of the *Act to combat maltreatment*)

**Assistance, assessment and referral centre on abuse:** A one-stop service for the assessment, referral and follow-up of situations involving mistreatment of older adults and other vulnerable persons. This service is provided by The Mistreatment Helpline.

**By-law governing the complaint examination procedure at the MUHC:** By-law that sets out the terms and conditions applicable to any complaint or reporting made under this policy.

**Caregiver:** Any person who provides continuous or occasional support to one or more members of their immediate circle who has or have a temporary or permanent incapacity, and with whom the person shares an emotional bond as a family member or otherwise. The support is provided on a non-professional basis, regardless of the receiver's age, living environment or incapacity, be it physical, psychological, psychosocial or of some other nature. It may take various forms, such as assistance with personal care, emotional support or coordination of care and services.



**Centre d'assistance et d'accompagnement aux plaintes (CAAP):** A community organization mandated by the MSSS to assist and guide users, at their request, in filing a complaint with an institution in the health and social services network, a CPDP, a health and social services agency or the Québec Ombudsperson about health and social services.

**Centre d'hébergement et de soins de longue durée [residential and long-term care centre] (CHSLD):** The purpose of a residential and long-term care centre is to offer, on a temporary or permanent basis, an alternative living environment, lodging, assistance, support and supervision services as well as rehabilitation, psychosocial and nursing care, and pharmaceutical and medical services to adults who, by reason of loss of functional or psychosocial autonomy can no longer remain in their natural living environment, despite the support of their immediate circle.

**Comité de prévention de la maltraitance [mistreatment prevention committee]:** This committee is made up of the MUHC respondent, the LSQCC and the designated resource person (social worker). Where necessary, the ethicist, medical examiner and/or unit/department head and members of the interdisciplinary team involved in the situation of mistreatment will be included.

**Commission des droits de la personne et des droits de la jeunesse (CDPDJ) [human rights and youth rights commission]:** The CDPDJ is informed where the facts in support of the complaint or reporting could constitute discrimination, exploitation or harassment within the meaning of the *Charter of Human Rights and Freedoms* (section 17, paragraph 4 of the *Act to combat maltreatment*).

**Complaint:** An expression of dissatisfaction made by a user or resident of the MUHC or their representative with respect to the care or services received, and which may constitute a situation of mistreatment under this policy.

**Concerted intervention process (PIC):** Effective collaboration between internal and external resource persons to ensure the best possible intervention in order to put an end to situations of mistreatment (governmental action plan to counter mistreatment of older adults; concerted intervention processes).

**Disclosing:** The act of communicating information to the relevant authority.

**Fact checking:** The fact-checking process consists in thoroughly documenting the situation of mistreatment, questioning those involved and collecting documents from various sources. Through this process, the information is assessed to determine whether the complaint or reporting is well-founded. The findings are used to plan interventions and follow-ups.

**Family-type resource:** Under section 312 of the *Act respecting health services and social services*, a family-type resource is a residence for adults and seniors with a slight loss of autonomy.

**Health services and social services provider:** "...any person who, in the exercise of his or her functions, directly provides health services or social services to a person, on behalf of an institution, private seniors' residence, intermediate resource or family-type resource, including a person who carries on activities described in sections 39.7 and 39.8 of the *Professional Code* (chapter C-26), as well as the operator of, or the person responsible for, the residence or the resource, if applicable." (section 2, paragraph 1 of the *Act to combat maltreatment*).

**Identification:** Identification consists in spotting potential situations of mistreatment. There are three types of identification: identifying, detecting and screening.

**Intermediate resources:** Under section 302 of the *Act respecting health services and social services*, an intermediate resource is a natural or legal person (other than an institution) that owns or leases a place of residence. Based on certain admission criteria, intermediate resources accommodate persons with moderate loss of autonomy who are already registered in an institution and require special care or support. The person remains under the responsibility of the institution.



**Intervention:** Intervention consists in planning and implementing an action to reduce risks and manage, or even resolve, the situation of mistreatment.

**Local service quality and complaints commissioner (LSQCC):** The commissioner is responsible for handling complaints and reportings made under the *Act to combat maltreatment* and, where necessary, directing those making the complaints and reportings to another appropriate body.

**Medical examiner:** A physician appointed by the MUHC Board of Directors on the recommendation of the Executive Committee of the CPDP, for the purpose of applying the procedure for the examination of complaints concerning a physician, dentist, pharmacist or medical resident at the MUHC.

**Mistreatment:** “A single or repeated act, or a lack of appropriate action, that occurs in a relationship where there is an expectation of trust, and that intentionally or unintentionally causes harm or distress to a person.” (section 2, paragraph 4 of the *Act to combat maltreatment*).

**MUHC Procedure to Prevent Mistreatment:** Procedure related to this policy.

**MUHC Users’ Committee:** The Users’ Committee is made up of dedicated members elected by users of the various MUHC facilities and designated representatives of the Camille-Lefebvre committees. The Users’ Committee aims to represent and assist those who use MUHC hospitals, clinics and services.

**Perpetrator:** The person responsible for the mistreatment, which can include but is not limited to, the institution’s staff members and the patient’s family and friends.

**Perpetrator’s intent:** Mistreatment can be intentional (the perpetrator wanted to cause harm) or unintentional (the perpetrator did not want to cause harm, or does not understand the harm being caused).

**Person in a vulnerable situation:** “...a person of full age whose ability to request or obtain assistance is temporarily or permanently limited because of factors such as a limitation, an illness, an injury or a handicap, which may be physical, cognitive or psychological in nature, such as a physical or intellectual disability or an autism spectrum disorder” (section 2, paragraph 5 of the *Act to combat maltreatment*).

**Person working for the institution:** A “physician, dentist, midwife, personnel member, medical resident, trainee, volunteer or other natural person who provides services directly to a person on behalf of the institution”. (section 2, paragraph 6 of the *Act to combat maltreatment*).

**Private seniors’ residences:** Under the *Act respecting health services and social services* (section 346.0.1.), a seniors’ residence is a communal dwelling where rooms or apartments are offered to older adults in exchange for rent, along with a range of services, mainly related to safety, assistance with domestic life and social life.

**Professional secrecy:** Obligation imposed on a professional to keep secret any information obtained about a client while practising their profession.

**Public Curator:** The Public Curator is called upon where the mistreated person is under tutorship, or a protection mandate has been homologated for the person, or where the person’s incapacity to care for themselves or administer their property has been ascertained by medical assessment, but the person is not under a protective measure (section 17, paragraph 3 of the *Act to combat maltreatment*).

**Reporting (signalement):** The act of transmitting information verbally or in writing about a situation of suspected or substantiated mistreatment. A reporting can be made by any person, including a third party (a person working for the institution, a visitor or a friend or family member). Depending on the situation, reporting may be mandatory under the *Act to combat maltreatment*.



**Reporting (déclaration):** The act of transmitting information verbally or in writing about a situation of suspected or substantiated mistreatment to the relevant persons.

**Representative:** Representative of the user receiving care or health services at any of the MUHC facilities.

**Réseau de la santé et services sociaux [health and social services network] (RSSS):** The RSSS includes an integrated health and social services centre, a local authority and the Cree Board of Health and Social Services of James Bay (section 17, paragraph 1 of the *Act to combat maltreatment*).

**Respondent (substitute respondent):** Designated manager who reports to the PRMOP and ensures the operational application and dissemination of this policy, and supports resource persons and service providers in its implementation and revision.

**Risk factor:** A risk factor is a characteristic identified before a situation of mistreatment occurs that increases the likelihood of a person being mistreated.

**Serious injury:** Any physical or psychological injury that is significantly detrimental to the physical integrity or the health or well-being of a person or an identifiable group of persons.

**Signs of mistreatment:** An observable fact used to assess a suspected situation of mistreatment in order to confirm the presence or absence of mistreatment.

**Situation of mistreatment:** A situation of mistreatment is *suspected* where it is the subject of a complaint or reporting under this policy. A situation of mistreatment is *substantiated* after an assessment has established the presence of one or more types of mistreatment and/or forms of mistreatment.

**Types of mistreatment:** Refers to a categorization system. Mistreatment may be categorized into seven types: psychological mistreatment, physical mistreatment, sexual mistreatment, material or financial mistreatment, violation of rights, organizational mistreatment and ageism (Schedule I).

**Forms of mistreatment:** The forms of mistreatment refer to the manner in which the mistreatment occurs. All forms of mistreatment manifest in two basic ways: violence and neglect (Schedule I).

**User:** Any person receiving health care or services at any MUHC facility who may be subject to a situation of mistreatment under the *Act to combat maltreatment*. The term “user” includes any user who resides in a CHSLD, including the Camille-Lefebvre Pavillion.

**User’s immediate circle:** Any person in the patient’s network who provides significant, ongoing or occasional support on a non-professional basis. This includes family members, friends and visitors.

## IV. Policy

### 4.1. Values

Four fundamental values guide the application of the policy to prevent mistreatment:

**Self-determination:** The act of deciding by oneself, for oneself. This value reflects the importance of users’ rights in choosing care and services and the duty to obtain their consent in all stages of managing situations of mistreatment, with the exception of situations that meet the conditions for mandatory reporting or disclosure of information. It is essential to involve users in the process of preventing and resolving situations of mistreatment in order to develop or improve their decision-making capacity.



**Well-treatment (bienveillance):** Well-treatment is an approach based on respect for all persons, their needs, requests and choices, including refusals. It is expressed through attentiveness and attitudes, know-how and collaborative skills, with respect for the values, culture, beliefs, life path, and the rights and freedoms of all persons. It is exercised by individuals, organizations or communities that actively place the well-being of others at the centre of their concerns. It is built through interaction and a continuous effort to adapt to others and their environment.

**Collaboration:** Action of working with someone and/or helping with responsibilities. This value reflects the importance of working with one or more individuals on a common goal, in order to improve the decision-making process and achieve optimal results. To cope with the complexity of situations of mistreatment, an optimal intervention plan is obtained by pooling expertise through a process of consultation with persons working for the institution, as well as with the mistreated person and their immediate circle, wherever possible and subject to the user's consent.

**Dignity:** Dignity means that persons are not objects, but subjects to be respected as they are, with their own beliefs, skin colour, age, body, civil status, qualities and flaws, and that they should be treated as ends unto themselves, not as instruments. This value is a reminder that regardless of the age, ability and life situation of those involved in a situation of mistreatment, we have a duty to ensure that all individuals are treated with dignity, and that their values and choices are respected.

#### 4.2. Guidelines

These shared values form the basis of the guiding principles that steer resource persons and managers in their work:

**Zero tolerance:** No form of mistreatment is tolerated.



**Proactivity:** The MUHC takes a proactive approach to prevent mistreatment, addressing the problem openly and transparently.

**Respect for the rights and needs of users:** The MUHC respects the rights of users, as described in the *Act respecting health services and social services* (AHSSS) and the Charter, and responds to their needs by providing them with quality care and services.

**Consent:** The user's consent must be obtained before providing any care or service. If the user is incapable of consenting to care or services, substitute consent must be obtained by a person capable of giving consent on behalf of the incapable adult. Where a person who is incapable of giving consent categorically refuses care or a service, the court's authorization is required in all cases except for emergencies, even if the person capable of giving substitute consent on their behalf consents to the care or service.

**Safe healthcare and work environment:** The MUHC takes reasonable steps to provide a safe, respectful and transparent work environment to all persons working for the institution.

**Collaboration:** The MUHC recognizes that collaboration is essential to ensuring the enforcement, compliance with and continued application of the policy to prevent mistreatment. The MUHC is committed to working with the various professionals, departments and sectors of activity, as well as associations, RSSS partners, user/resident committees and unions.

#### 4.3. Promotion and dissemination

The MUHC PRMOP, with the help of the MUHC respondent, informs the persons working for the MUHC of the policy's content and of the possibility of reporting a case of mistreatment to the LSQCC and the designated resource person.

This policy is available on the MUHC's public website (<https://muhc.ca/>), in the Protecting our patients section: <https://muhc.ca/patients/protecting-our-patients>, and on the intranet: [Prevention of the mistreatment of older adults and other persons of full age in vulnerable situations | MyMUHC \(mcgill.ca\)](#).

Copies of the publications provided by the MSSS (see section: Related documents) to raise awareness about the policy will be available at strategic locations such as nursing stations, user/resident committee offices and MUHC facility entrances.

#### 4.4. Prevention, awareness-raising and training

The purpose of preventing mistreatment is to reduce or even eliminate the incidence of this phenomenon in all living environments for vulnerable or older adults. It is based on promoting values such as respect for human dignity, understanding the causes and factors associated with mistreatment, and empowering all relevant stakeholders in the fight to minimize this societal problem. Accordingly, the MUHC is committed to implementing measures to prevent the mistreatment of older adults and other persons of full age in vulnerable situations through training as well as awareness-raising and educational activities.

[Awareness-raising and educational activities at the MUHC:](#)



- Observing World Elder Abuse Awareness Day on June 15 with purple ribbons, brochures, information booths and activities.
- Posting messages periodically on the MUHC intranet and plasma screens.
- Ensuring that this policy is accessible to all, so that any person working for the institution, visitors, as well as users and their immediate circle are alert to the signs of mistreatment and understand the importance of reporting.
- The MUHC is committed to informing users and their immediate circle of their rights and recourses in situations of mistreatment.

#### MUHC training program:

- Once a year and during onboarding, have all social workers, managers and staff members in direct contact with users and residents take cognizance of the information available on the ENA platform ([Provincial] Digital Learning Environment), including the following training course: *Identification et signalement d'une situation de maltraitance envers un aîné ou toute autre personne majeure en situation de vulnérabilité* [identifying and reporting mistreatment of an older adult or another person of full age in a vulnerable situation].
- Twice a year and during onboarding, have all staff members working with residents of the Camille-Lefebvre Pavilion take the following ENA training course: *Prévention et gestion de la maltraitance envers les résidents et résidentes en CHSLD* [prevention and management of mistreatment of CHSLD residents].
- Provide training to social workers in charge of fact checking on how to assess and address situations of mistreatment.

#### **4.5. Complaint and reporting management**

To manage situations of suspected or substantiated mistreatment, the MUHC takes three essential factors into account: 1) consent, 2) key steps in addressing situations of mistreatment, and 3) the expertise required.

##### **4.5.1. Consent**

- The user or their representative must be involved and must consent to each step of the mistreatment management process. In a situation of mistreatment where care or services are required by the user, the rules that apply to consent to care must be followed.
- Similarly, where personal information concerning the user must be disclosed to third parties, confidentiality rules must be followed. (Public Curator, online: <https://www.quebec.ca/en/government/departments-and-agencies/curateur-public>).

##### **4.5.2. Key steps to address situations of mistreatment**

There are five key steps involved in addressing situations of mistreatment:

- Identifying a situation of mistreatment
- Reporting the situation (filing a complaint or reporting)
- Fact checking



- Assessing the person's needs and capacity, and intervening where necessary
- Taking action and following up on the situation

#### 4.5.2.1. Identifying a situation of mistreatment

- Identifying potential situations of mistreatment is everyone's responsibility (staff members, users, family and friends). Any person who notices or suspects mistreatment has an ethical and/or professional obligation to report the suspected or substantiated mistreatment as soon as it is identified or detected.
- Informal disclosure can be made to different employees or bodies within an institution, including reception desk staff, staff involved in the case, unit/service heads, users'/residents' committees, etc. Where the situation of mistreatment involves a staff member working for the institution, the LSQCC and the immediate superior must be notified.
- All health and social service providers are made aware of the types, forms and signs of mistreatment (Schedule I).
- All health and social service providers can identify, detect and screen for situations of mistreatment of users.
  - **Identification:** Be attentive to signs of mistreatment in order to identify them (Schedule IV).
  - **Detection:** Systematically use identification tools to help identify risk factors and/or signs of mistreatment (Schedule IV).
  - **Screening:** Include screening for potential cases of mistreatment in clinical assessments. Screened cases must be discussed in an interdisciplinary meeting and the matter referred to the designated social worker.
- The staff member must complete the AH-223 incident and accident form, and notify their manager.

#### 4.5.2.2 Reporting situations of mistreatment (complaints/reportings)

**Complaint:** Any user or their representative who believes that they have been the victim of mistreatment may lodge a complaint.

**Reporting (signalement):** Reporting—unlike lodging a complaint, which is done by the mistreated user or their representative—refers to a formal process that is carried out by any person, including a third party (e.g., a witness, a person working for the institution, a volunteer or a friend or family member).

- Complaints and reportings are forwarded to the LSQCC if they relate to MUHC care and services. Where the situation of mistreatment is not covered by the MUHC policy, any person may lodge a complaint or reporting a situation with a designated resource person, as defined in section 17 (Schedules VIII.A and VIII.B).



- Any person working for the institution or a health and social service provider with reasonable cause to believe that a person receiving services from the institution is being mistreated has an ethical, professional and legal obligation to report the situation, whether or not reporting is mandatory. If at any time there is reasonable cause to believe that there is a situation of immediate danger presenting a risk of death or serious injury, both the police and MUHC security must be notified.
- Any health and social service provider or professional within the meaning of the *Professional Code* (chapter C-26) who, in the performance of their duties or profession, has reasonable cause to believe that a person is being mistreated must report the situation immediately. This also applies to persons bound by professional secrecy, with the exception of lawyers and notaries.
- Any disclosure of a situation of mistreatment made by a third party (person working for the institution, visitor, or friend or family member) may be subject to **non-mandatory reporting** or **mandatory reporting**, which is defined by law and subject to a formal process.
- User consent is required, except for mandatory reporting or under section 19.0.1.
- Persons who are not subject to mandatory reporting are deemed capable until proven otherwise.
- Reporting is considered mandatory where the victims of mistreatment are:
  - Persons living in CHSLDs.
  - Vulnerable residents of private seniors' residences.
  - Users of intermediate resources or family-type resources.
  - Persons deemed incapable further to a medical assessment.
  - Persons under tutorship, curatorship or a homologated protection mandate, regardless of their place of residence.

#### 4.5.2.2.1 Procedure and support for filing a complaint or reporting

- Written or verbal complaints or reportings can be made with managers, social workers, the Users' Committee, the LSQCC or the designated resource persons of the CIUSSS-CISSS in question (see Schedules II and III for contact details).
- Anyone notified of a complaint or reporting from a person receiving services at the institution about a potential or actual situation of mistreatment must immediately send it to the LSQCC.
- The LSQCC or designated resource persons of the CIUSSS-CISSS in question will handle the complaints and reportings received (see Schedules II and III for contact details of the LSQCC and designated resource persons).
- The LSQCC handles complaints in accordance with the established complaint examination procedure.
- Mandatory reporting must be done as soon as possible with the LSQCC directly, if the person is receiving services at the MUHC, or with the designated resource person at the CIUSSS-



CISSS, if the person is not receiving services at the MUHC (see Schedules II and III for contact details). For instance, a written or verbal complaint may be lodged with the designated PIC resource person by the mistreated person or their representative.

- If the person is receiving services at the MUHC, non-mandatory reporting must be done with the LSQCC. If the person is not receiving services at the MUHC, non-mandatory reporting must be done with the known designated resource person or through The Mistreatment Helpline, after which the complainant will be directed to the appropriate designated resource person (see Schedules II and III for contact details).
- The complaint process is detailed in the By-law governing the complaint examination procedure (HPO 150).
- All service providers must provide users with the information they need to access LSQCC services *promptly*.
- The LSQCC must assist users in making their complaint.
- The LSQCC informs users that they have the option of being assisted and accompanied by a support organization.
  - For example, the Centre d'assistance et d'accompagnement aux plaintes (CAAP) de Montréal can help users make a complaint or assist them in the process. These services are confidential and offered free of charge.
  - The MUHC Users' Committee can also assist users or their immediate circle with making a complaint.
- The MUHC offers support to all parties involved (the person being mistreated, members of their immediate circle, witnesses and the perpetrator) in a situation of mistreatment, from the moment it is reported, through all stages of the intervention, and after it has been resolved. Only persons who have no conflict of interest in the situation may provide support. All of these parties must be made aware of the recourses available to them. Users can benefit from individual or group follow-ups.

Support for the victims	Individual or group follow-ups with a professional Users' Committee LSQCC CAAP Crime Victims Assistance Centre (CAVAC) The Mistreatment Helpline
Support for persons working for the institution	Team manager Senior labour relations advisor Team support Employee Assistance Program (EAP) Union
Support for immediate circle or third parties	Individual support Users' Committee Support groups Referral to a community organization
Support for perpetrators	Individual support Support groups



- In cases where the perpetrator is a person working for the institution, the MUHC may take provisional support measures to ensure the person's well-being while the case is being processed, such as:
  - Using the Employee Assistance Program (EAP)
  - Changing the work schedule or place of work
  - Offering leave with or without pay during the investigation
  - Giving referrals to other professionals or support networks

#### **4.5.2.2.2. Privacy measures**

- The LSQCC is responsible for preserving the confidentiality of any information that would allow a person who files a complaint or reportings a mistreatment situation to be identified.
- The LSQCC or a designated resource person referred to in section 17 of the *Act to combat maltreatment* must take all necessary measures to preserve the confidentiality of any information that would allow a person who files a complaint or reportings a mistreatment situation to be identified, unless the person consents to being identified. The LSQCC or designated resource person may, however, disclose the person's identity to a police force. (Section 22.1 of the *Act to combat maltreatment*).
- The MUHC must also take all necessary measures to preserve the confidentiality of any information that would allow a person who reports a mistreatment situation to be identified.
- The person making the reporting must remain anonymous wherever possible. Meetings can take place outside the workplace, outside working hours, or in an unidentifiable office with the door closed.
- Closer monitoring may be necessary, where there is no greater or immediate threat to the safety of the user or users referred to in the reporting, in order to gather evidence and corroborate the reporting concerning an employee suspected of mistreatment, thus ensuring that the identity of the person who made the reporting cannot be inferred.
- The PRMOP is responsible for establishing and implementing strategies to ensure the confidentiality of the person making the reporting (MUHC Security and Confidentiality Agreement).

#### **4.5.2.2.3. Prohibition of reprisal against a whistleblower**

- Reprisals are prohibited against any person who, in good faith, reports mistreatment or cooperates in the examination of a reporting or complaint.
- Also prohibited are threats intended to dissuade a person from reporting mistreatment or from cooperating in the examination of a reporting or complaint. In the event of a violation, the employee is subject to administrative and disciplinary measures.



- A person cannot be prosecuted for having made a reporting in good faith or for having collaborated in the examination of a reporting, regardless of the outcome.

#### **4.5.2.3. Fact checking**

##### **4.5.2.3.1. Follow-ups on reportings and complaints**

- In the event of a reporting or complaint where the person being mistreated is receiving services at the MUHC and the situation of mistreatment involves a staff member working for the institution, the LSQCC collects information in accordance with the complaint examination procedure and applies the procedure (power to take action). When the reporting relates to the actions—or lack thereof—of a physician, dentist, pharmacist or resident, the LSQCC forwards the reporting to the medical examiner.
- In all other cases, the MUHC respondent assigns a designated social worker to the case. The designated social worker must respond within 24 hours.
- In cases where the person being mistreated is receiving services at the MUHC, the designated social worker must conduct a fact check, which is an investigative process intended to:
  - Determine whether mistreatment has indeed occurred and initiate the necessary actions and follow-up.
  - Review and assess the warning signs, establish whether the negative consequences experienced by the person are the result of mistreatment, and determine the risk level (Schedule V).
  - Thoroughly document the situation, question those involved, and collect documents from various sources.

##### **4.5.2.4. Assessment of the person's needs and capacity**

- The social worker assesses the person's ability to function socially. The assessment must include:
  - The form and type of mistreatment
  - The impact on the user
  - The perpetrator's intent
  - The relationship between the victim and the perpetrator
  - The actions that have been taken
  - The parties involved
- The physician is consulted to assess the user's injuries and medical and psychosocial condition
- A nurse is asked to assess the user's biopsychosocial status and document any changes in their health

##### **4.5.2.5. Taking action and following up on the situation**

- Once the fact checking is complete, the designated social worker must do the following: determine which situations meet the conditions for mandatory reporting, follow up with the LSQCC, and inform the MUHC respondent, Nursing Directorate and Professional Services



Directorate within 24 to 72 hours. For situations of mistreatment that do not meet the conditions for mandatory reporting, please refer to Schedule VIII.B (non-mandatory reporting).

- The social worker assesses the case to determine whether the situation of mistreatment meets the conditions for initiating a concerted intervention process. The social worker initiates the concerted intervention process, if necessary, and informs the MUHC respondent.
- In collaboration with the interdisciplinary team, the social worker works with internal and external experts to plan and prioritize interventions based on the preferences and values of the person being mistreated, after obtaining the person's consent.
- The user is contacted for a follow-up within 24 to 72 hours of the first intervention.
- All interventions and follow-ups, including the fact-checking form (Schedule VI), are documented in the user's or staff's medical file, as the case may be; however, if the process is the result of a complaint lodged by the user with the LSQCC, nothing regarding the handling of the complaint should be recorded in the user's file.
- The LSQCC collects the information in the reporting or complaint and makes sure the clinical teams have taken the necessary steps to end the mistreatment.
- If the LSQCC has reasonable grounds to believe that a situation could compromise the health or well-being of a user or group of users, including a situation resulting from the application of practices or procedures, the LSQCC must provide the executive director of the institution in question and the Minister with a copy of their conclusions, along with the reasons behind those conclusions and any recommendations to the relevant board of directors.
- Any user or representative who is dissatisfied with the LSQCC's response or conclusions may request a review of the case by the Québec Ombudsperson ([The health and social services network complaint examination system | Government of Québec \(quebec.ca\)](https://www.quebec.ca/quebec-ombudsman)). Contact information for the Québec Ombudsperson is provided in Schedule II.

#### **4.5.2.5.1. LSQCC annual report**

- The LSQCC's annual report to the institution must include a section that deals specifically with complaints and reportings on the mistreatment of persons in vulnerable situations, but must do so without compromising the confidentiality of the reports.
- The MUHC respondent maintains records of mistreatment reportings, completed training and documentation of mistreatment incidents for potential investigations.



#### 4.5.2.5.2. The different areas of expertise potentially required

- Complex situations of mistreatment require coordinated responses from experts in various fields (e.g., complaints commissioners, psychologists, the Autorité des marchés financiers, lawyers, police officers, the Québec Ombudsperson, Public Curator of Québec, notaries, etc.).
- Contentious cases and cases subject to mandatory reporting must be submitted to the MUHC respondent and may be brought before the MUHC's mistreatment prevention committee.

#### 4.6. Sanctions

- The person requesting that sanctions be imposed can be a relative or representative of the mistreated person and must have witnessed the incident or been informed of the facts.
- To seek penal sanctions under the *Act to combat maltreatment*, a person may contact the inspection and investigation officers at the MSSS in one of the following ways:
  - By telephone
  - By email or by post, using the form to request penal sanctions in connection with mistreatment
  - Online by submitting a request for an investigation

Contact details for inspection and investigation officers at the MSSS are provided in Schedule II.

- Any employee of the institution who is found to have caused harm to a user may be subject to administrative or disciplinary measures. In the event of an incident, that person must be reported to the manager so an investigation can begin. Examples of possible sanctions depending on the situation are listed in Schedule VII.
- The MUHC Board of Directors may impose disciplinary action on a physician, dentist, pharmacist or resident once a complaint is processed.
- The MUHC may also take any appropriate action should the investigation reveal that a volunteer, intern, contract employee, employee of a partner or employee of a service partner has caused harm to a user.
- In the event that a professional contravenes their code of ethics, the relevant authorities are notified in accordance with established procedures.
- If a criminal offence is suspected, the relevant authorities may be called upon in accordance with the concerted intervention process for criminal mistreatment of older adults.
- The MSSS may take action to improve service quality monitoring and step up efforts to prevent mistreatment. The Minister of Health and Social Services has the authority to verify compliance with the Act (penal investigation) and to review the institution's licence should the institution fail to take the necessary steps to address a reported incident of mistreatment.



- Sanctions will be applied if there is direct or indirect retaliation against any person who reports mistreatment.

#### **4.7. Concerted intervention process (PIC)**

- The concerted intervention process supports prompt, coordinated and integrated action by stakeholders from organizations represented by government departments and agencies in the areas of health and social services, justice and public safety, and the protection of persons.
- The concerted intervention process introduces a harmonized approach to managing situations of mistreatment that require consultation and formal partnerships with organizations that play a leading role in preventing mistreatment (e.g., the Public Curator, the Autorité des marchés financiers and the police), particularly in cases where the mistreatment is of a criminal or penal nature (Schedule X).
- The concerted intervention process applies both to people receiving health and social services and to those not receiving services from institutions in the RSSS.
- The concerted intervention process is initiated when the following three conditions are met:
  - A resource person has reasonable grounds to believe that an older adult or an adult in a vulnerable situation is being mistreated.
  - The situation requires cooperation among the designated resource persons to be effectively addressed.
  - The designated resource person has reasonable grounds to believe that the situation of mistreatment may constitute a criminal or penal offence.
- If the situation of mistreatment meets the concerted intervention process criteria and the perpetrator is not an MUHC employee, the designated resource person initiates the process. If the situation involves a criminal offence, a reporting is made to the Service de police de la Ville de Montréal (SPVM) via the SIMA platform. In such cases, the SIMA platform respondent receives the information and/or is consulted regarding instances of mistreatment reported from various sources.
- The SIMA platform respondent ensures that resource persons and organizations in the healthcare network communicate effectively to promptly address the situation and that they work to mitigate or end it.
- An MUHC designated social worker may receive reportings from institutions or the community about a potential situation of mistreatment at the MUHC in order to implement a protection plan.

##### **4.7.1. Procedure for implementing the concerted intervention process**

- To initiate a concerted intervention process, the social worker must first ensure that they have access to the SIMA platform. To access the SIMA platform, the designated social worker must contact the respondent or substitute respondent.



- The social worker completes the reporting on the SIMA platform (<https://www.sima.gouv.qc.ca/accueil>) and selects the relevant collaborative partners.
- The concerted intervention process consists of different steps:
  - Step 1: Initiate the concerted intervention process and involve the other designated resource persons
  - Step 2: Establish and implement a concerted intervention plan
  - Step 3: Carry out an assessment or investigation
  - Step 4: Make a joint decision
  - Step 5: Take action and ensure follow-ups
  - Step 6: Conclude the concerted intervention process
- The designated social worker creates a file and chooses one of the following options: **Advisory consultation** (prior to consent), **Intervention** (with consent) and **Intervention with serious risk of death or serious injury** (without consent) (Schedule XI).
- When documenting a situation of mistreatment, the social worker ensures that no personal or confidential information is shared and informs the partner in the concerted intervention process of any steps taken outside the platform.
- Once the consultation process has been concluded and the case is no longer active, the designated social worker closes the file on the SIMA platform and creates an event (a note) in the file so partners can see why the case was closed.
- Files on the SIMA platform may be closed where the following two criteria are met:
  - The person is receiving professional support to end the mistreatment.
  - The mistreatment has ended, even if legal proceedings are in progress.

#### 4.8. Assistance, assessment and referral centre on abuse

The **assistance, assessment and referral centre on abuse** is a one-stop service for the assessment, referral and follow-up of situations involving mistreatment of older adults and other persons in vulnerable situations.

The Mistreatment Helpline is there to guide people through the process and to provide services to all adults in vulnerable situations.

Services provided by **The Mistreatment Helpline** include:

- Answering calls from people seeking information or support.
- Assessing the situation and risk level.
- Providing information on available resources and possible avenues of recourse.
- Referring callers to the most appropriate organization for assistance, including designated resource persons involved in the concerted intervention process in the event of a reporting.
- Following up and providing support as needed.



#### 4.9. Roles and responsibilities

Every person working for the institution has an ethical, professional and/or legal obligation to report situations of mistreatment.

➤ **Executive office**

- Promote a culture of well-treatment, particularly in the application of practices and procedures.
- Take all necessary steps to prevent mistreatment and to put an end to any mistreatment brought to its attention (section 3, paragraph 1.1 of the *Act to combat maltreatment*).

➤ **Board of Directors**

- Adopt the MUHC's policy to prevent mistreatment.

➤ **Nursing Directorate, Council of Physicians, Dentists and Pharmacists (CPDP), Professional Services Directorate, Perioperative and Imaging Directorate, and Multidisciplinary Services Directorate.**

- Promote prevention of mistreatment training as part of continuing education programs.
- Ensure that all MUHC educational institutions and internship supervisors, whether they are employees or not, have read the policy and are making sure that interns under their supervision apply and adhere to the policy.
- Ensure that employees under their supervision know and adhere to their codes of ethics as they apply to the *Act to combat maltreatment*.
- Notify the perpetrator's professional order when required by the situation.

➤ **MUHC PRMOP (person responsible for implementing the Policy)**

- Work with their team to review the institution's policy.
- Work collaboratively with all persons concerned by this policy.
- Make necessary changes to the policy to resolve implementation issues and improve procedures and practices, ultimately enhancing the care and services provided to users.

➤ **MUHC respondent**

- Report to the PRMOP under the Multidisciplinary Services Directorate.
- Act as a respondent for the MSSS.
- Ensure that MUHC staff are aware of the internal decision-making process for handling situations of mistreatment, know the steps in the concerted intervention process and are familiar with the various intervention tools.
- Work with MUHC communications staff to prepare a policy dissemination plan.
- Make sure everyone is aware of the MUHC policy and can easily access it.
- Ensure that the policy is posted on the MUHC website and intranet, and that posters and/or pamphlets or brochures summarizing the main points of the policy to prevent mistreatment are made available to target audiences and placed in visible locations.
- Review the MUHC Policy.
- Work with the regional coordinator to monitor the quality of intervention data gathered and create a report of interventions.
- Receive intervention requests, initiate concerted interventions and oversee follow-up in accordance with the MUHC's decision-making procedures.
- Access anonymous data on interventions at the MUHC on the web platform of the Ministère de la Famille.



- Report any issues that arise in the concerted intervention process to the regional coordinator.
- Work with persons concerned by the policy and answer questions from designated resource persons at the MUHC.
- Assess the impact of policy awareness strategies and any factors that facilitate or hinder policy implementation.
- Chair the MUHC's mistreatment prevention committee.

➤ **Human Resources**

- Ensure that all newly hired employees are informed of the policy.
- Provide policy training as part of continuing education programs.
- Provide managers with the support they need to ensure compliance with the policy, enforce appropriate disciplinary and/or administrative measures and monitor the situation, in accordance with the MUHC's administrative and disciplinary management guide.
- The head of communications helps prepare a plan to raise awareness of the policy within the MUHC community.

➤ **Department of Quality, Performance and Ethics**

- Ensure that the PRMOP is able to fulfill their mandate by monitoring all MUHC programs from adoption to revision.

➤ **Local Service Quality and Complaints Commissioner (LSQCC)**

- Handle any complaint made verbally or in writing by a complainant in accordance with the procedure for examining complaints from users served by a public health and social services institution, pursuant to section 33 of the AHSSS.
- Ensure that the reporting or complaint is addressed within 72 hours so that the facts can be checked.
- Inform the user or resident of findings within 45 days of receiving the reporting or complaint.
- Ensure that everyone under their supervision complies with and enforces the policy in accordance with the *Act to combat maltreatment*.
- Receive complaints about physicians, pharmacists, dentists or medical residents.
- Receive and process reportings concerning people receiving services.
- Step in as needed if facts are brought to their attention and there are reasonable grounds to believe that a user's rights are being violated and, where appropriate, make recommendations.
- Ensure accountability.

➤ **Social worker**

- Act as a designated resource person.
- Receive and process verbal or written complaints or reportings.
- Address any reportings or complaints.
- Check the facts, assess the situation, implement the intervention plan and follow up on the case.
- Use the MUHC fact-checking form and document the assessment, interventions and follow-ups in the patient or resident record, while adhering to MUHC record-keeping rules and the standards of their professional order.
- Contact other organizations to discuss complex situations of mistreatment and initiate a concerted intervention process, without sharing personal and confidential information unless the user's consent has been obtained.



- Coordinate with parties who can provide crucial information to help document the situation of mistreatment.
  - Handle complaints and reportings from persons who are not receiving services from the institution.
  - Provide information on rights and emergency contacts (The Mistreatment Helpline) for non-mandatory reporting by persons not receiving services at the MUHC.
- **Medical examiner**
- Receive complaints against members of the CPDP from the LSQCC.
  - Help find ways to end the mistreatment or mitigate its impact.
  - Follow the complaint examination and handling process in accordance with the provisions of the AHSSS (RSQ, c. S-4.2).
- **Immediate superior or unit head (manager)**
- Ensure that everyone in contact with users has been made aware of, has read and understands the MUHC's policy to prevent mistreatment.
  - Ensure that the policy is implemented and adhered to in their areas of responsibility.
  - Maintain vigilant oversight to identify situations that may violate this policy, intervene where necessary, provide support to those who need it, promptly report issues to their immediate superior and ensure diligent follow-up.
  - Respond to any situations reported by the Users' Committee.
  - Offer training on mistreatment as part of continuing education programs.
  - Assist the professionals they supervise by providing clinical support in preventing, identifying and addressing situations of mistreatment involving users.
  - Remain vigilant to identify situations where employees may be mistreating users or residents, and follow up as needed to prevent such situations.
  - Involve the MUHC respondent and/or the LSQCC for each report of mistreatment received.
- **Persons working for the MUHC and health and social service providers:**
- Read and comply with this policy.
  - Watch for risk factors and/or warning signs of vulnerability and mistreatment, and identify potential situations of mistreatment.
  - Report any suspected or substantiated situation of mistreatment as soon as it is identified, in accordance with the procedures provided by the institution.
  - Record details about how the mistreatment was detected or identified.
  - Work with the interdisciplinary team set up to address the situation and help check the facts, assess the case and prepare an intervention plan.
  - Act in accordance with their own code of ethics, exercise discretion and maintain confidentiality in the course of their duties.
  - Participate in training offered by the MUHC.
- **MUHC security**
- Assist MUHC staff in creating a safe environment and documenting facts when mistreatment occurs.
- **Mistreatment committee**
- The respondent will set up a mistreatment committee to discuss mandatory reportings and complex situations of mistreatment with experts (including the LSQCC, the medical examiner, the interdisciplinary team, the ethicist, etc.) and to review the policy, if necessary.



➤ **Users' Committee**

- Help inform users of their rights and obligations, and raise awareness of the policy.
- Provide information on the resources and steps that can be taken to report and end mistreatment, including the possibility of filing a complaint with the LSQCC.
- Provide assistance in a situation of suspected or substantiated mistreatment at the request of a user.

➤ **Centre d'assistance et d'accompagnement aux plaintes (CAAP)**

- Assist users in filing a complaint with an institution.
- Provide users with information on how the complaints system works.
- Inform users of their rights.
- Help prepare the case and, if necessary, draft the complaint.
- Assist and guide users at every stage of the recourse process (e.g., meetings to discuss the complaint), facilitating mediation with any parties involved.
- Facilitate mediation with any parties involved.
- Help ensure users are satisfied and their rights are upheld.

**V. Special considerations**

- The MUHC reserves the right to intervene or continue working on a case, even when there is no formal complaint or the complaint has been withdrawn, if there are reasonable grounds to believe that the policy has been violated.
- The MUHC will review the policy and submit it to the Minister of Health and Social Services at least once every five years, ahead of the deadline set by the Minister. Following the recommendation of the Minister Responsible for Seniors, the Minister approves the revised policy, with or without amendments, within 90 days of receipt.
- Date revised policy submitted to MSSS: October 5, 2023.
- Date revised policy submitted to MSSS with recommendations: February 19, 2024.
- The policy will be reviewed by the mistreatment committee chaired by the MUHC respondent. The next policy review is scheduled for September 29, 2028.

**VI. Relevant forms**

Fact-checking form (Schedule VI)

**List of schedules:**

- Schedule I: Terminology used in reference to mistreatment of older adults
- Schedule II: Contact information



- Schedule III: Contact information for the local service quality and complaints commissioner (LSQCC)
- Schedule IV: Main identification tools known and available in Quebec
- Schedule V: Flowchart for identification purposes
- Schedule VI: Fact-checking form
- Schedule VII: Possible sanctions in cases of mistreatment
- Schedule VIII: Organizational charts:
  - A. Mandatory reporting
  - B. Non-mandatory reporting
- Schedule IX: Steps to follow when mistreatment occurs
- Schedule X: PIC: Roles and responsibilities of the various organizations involved at each stage
- Schedule XI: PIC: Quick reference sheet (older adults and persons of full age in vulnerable situations)

#### DELETION

Replaced by #: \_\_\_\_\_ Name: \_\_\_\_\_

No longer in effect       Other: \_\_\_\_\_

Authorized by:

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Approved by the Policies and Procedures task force committee:**

Yes  No

**\*\*NOTE: Any policy and/or procedure must be retained indefinitely after being replaced with an updated version. It is the responsibility of the document owner to forward the original to the MUHC archives centre.\*\***



## Schedule I: Terminology used in reference to mistreatment of older adults

### 2022–2027 governmental action plan to counter mistreatment of older adults: The seven types of mistreatment

#### PSYCHOLOGICAL MISTREATMENT

Attitudes, words, acts or lack of appropriate actions undermining a person's psychological well-being or integrity

**Violence:** Emotional blackmail, manipulation, humiliation, insults, infantilization, belittlement, verbal and non-verbal threats, disempowerment, excessive monitoring of activities, comments that are xenophobic, ableist, sexist, homophobic, biphobic or transphobic, etc.

**Neglect:** Rejection, social isolation, indifference, disinterest, insensitivity, etc.

**Signs:** Fear, anxiety, depression, withdrawal, reluctance to speak openly, mistrust, fearful interaction with one or several persons, rapid decline of cognitive abilities, suicidal ideation, attempted suicide, suicide, etc.

**NB:** Psychological mistreatment is the most common and least apparent form of mistreatment:

- It often accompanies other forms of mistreatment
- Its effects can be just as detrimental as those of other forms of mistreatment.

#### PHYSICAL MISTREATMENT

Attitudes, words, acts or lack of appropriate actions undermining a person's physical well-being or integrity

**Violence:** Shoving, brutalizing, hitting, burning, force feeding, administering medication improperly, using restraints (physical or chemical) inappropriately, etc.

**Neglect:** Failure to provide a reasonable level of comfort, security or accommodation; failure to provide assistance with eating, dressing, hygiene or medication to a dependent person in one's care, etc.

**Signs:** Bruises or injuries, weight loss, deteriorating health, poor hygiene, undue delay in changing of incontinence briefs, unsanitary living environment, muscular atrophy, use of restraints, premature or suspicious death, etc.

**NB:** Some signs of physical mistreatment can be mistaken for symptoms caused by certain health conditions. It is therefore preferable to ask for a physical or psychological assessment.



### SEXUAL MISTREATMENT

Attitudes, words, gestures or lack of appropriate actions with a non consensual sexual connotation that are harmful to a person's well-being or sexual integrity

**Violence:** Suggestive comments or attitudes, jokes or insults with a sexual connotation, promiscuity, exhibitionist behaviours, sexual assault (unwanted touching, non-consensual sex), etc.

**Signs:** Infections, genital wounds, anxiety when being examined or receiving care, mistrust, withdrawal, depression, sexual disinhibition, sudden use of highly sexualized language, denial of older adults' sexuality, etc.

**Neglect:** Failure to provide privacy, treating older adults as asexual beings and/or preventing them from expressing their sexuality, etc.

**NB:** Sexual assault is above all an act of domination. Cognitive impairment may lead to disinhibition, which can result in inappropriate sexual behaviour. Not recognizing older adults' sexuality is a form of mistreatment, and it also makes it more difficult to identify and report it. It is also important to keep an eye out for pathological sexual attraction toward older adults (gerontophilia).

### MATERIAL OR FINANCIAL MISTREATMENT

Illegal, unauthorized or dishonest acquisition or use of a person's property or legal documents; lack of information or misinformation regarding financial or legal matters

**Violence:** Pressure to change a will, banking transactions without the person's consent (use of a debit card, online banking, etc.), misappropriation of money or assets, excessive prices charged for services provided, forced or concealed contractual or insurance transaction, identity theft, signing of a lease under duress, etc.

**Signs:** Unusual banking transactions, disappearance of valuable items, lack of money for regular expenses, limited access to information regarding the management of the person's assets, etc.

**Neglect:** Failure to manage a person's assets in their best interest or to provide the necessary assets; failure to assess a person's capacity, understanding or financial literacy, etc.

**NB:** Older adults who are in a relationship of dependency (e.g., physical, emotional, social or business-related) are at a greater risk of being mistreated in this way. In addition to the financial and material implications, this type of mistreatment can affect older adults' physical or psychological health by limiting their ability to fulfill their duties or meet their own needs.



### INSTITUTIONAL MISTREATMENT

Any harmful situation that is created or tolerated by the practices or procedures of an institution (private, public or community) responsible for providing any type of care or services to older adults

**Violence:** Institutional conditions or practices that exclude older adults from making decisions that concern them, that do not respect their choices or that unjustifiably limit their access to assistance programs, etc.

**Signs:** Treating a person like a number, providing care or services according to more or less rigid schedules, undue delays in service delivery, deterioration of a person's physical/psychological/social health, complaints or reportings to various authorities, etc.

**Neglect:** Providing care or services that do not meet a person's needs, lack of instructions or staff's poor understanding of instructions, limited institutional resources, complex administrative procedures, poorly trained staff, unmotivated staff, etc.

**NB:** Institutional mistreatment is not limited to the health and social services network. We must remain alert at all times to any type of institutional shortcoming that can interfere with the individual and collective rights of older adults. These shortcomings can also hinder the work of the staff tasked with providing care or services to older adults.

### VIOLATION OF RIGHTS

Any infringement of an older adult's personal or social rights and freedoms

**Violence:** Imposing medical treatment, denying the right to: choose, vote, enjoy privacy, be informed, take risks or make decisions, receive telephone calls or visitors, express one's sexual or romantic preferences or one's gender identity, practise one's religion or express one's spirituality, etc.

**Signs:** Preventing or blocking the participation of the older adult in the choices and decisions that concern them; a family member answering on behalf of the older adult; restricting visits or access to information; isolation; complaints or reportings to various authorities; etc.

**Neglect:** Failing to inform or misinforming older adults about their rights; failing to assist them in exercising their rights; refusing to acknowledge the person's capacity; refusing to provide care or services where justified; etc.

**NB:** The violation of rights is an issue pertaining to all forms of mistreatment. Everyone retains their full rights, regardless of age. Only a judge can declare a person legally incapable and appoint a legal representative for them. An incapable person still retains their rights, which they can exercise insofar as they are able to.



#### AGEISM

Discrimination based on age, through hostile or negative attitudes,  
harmful actions or social exclusion

**Violence:** Imposing restrictions or social standards based on age, limiting access to certain resources or services, prejudice, infantilization, scorn, etc.

**Neglect:** Indifference to ageist practices or remarks that are witnessed, etc.

**Signs:** Failure to recognize a person's rights, skills or knowledge; use of reductive or condescending language, etc.

**NB:** We are all influenced, to varying degrees, by negative stereotypes and discourses about older adults. These misguided assumptions lead us to misinterpret various social situations, which can ultimately lead to mistreatment.



## Schedule II: Contact information

### Person responsible for implementing the policy (PRMOP):

#### **Colleen Timm**

Director of Multidisciplinary Services, MUHC Mental Health Mission and Patient Trajectory NSA/SAPA  
McGill University Health Centre

Adult sites

1001 Décarie Boulevard, Montréal, Quebec H4A 3J1

Telephone: 514-934-1934, ext. 34143

Email: [colleen.timm@muhc.mcgill.ca](mailto:colleen.timm@muhc.mcgill.ca)

### Respondent:

#### **Aviva Tenenbaum**

Manager, Social Services

McGill University Health Centre

Adult sites

1001 Décarie Boulevard, Montréal, Quebec H4A 3J1

Telephone: 514-934-1934, ext. 44128 (Glen), 42181 (MGH)

Email: [aviva.tenenbaum@muhc.mcgill.ca](mailto:aviva.tenenbaum@muhc.mcgill.ca)

### Substitute respondent:

#### **Nancy Plaisir**

DSM Coordinator for NSA and SAPA, Multidisciplinary Services Directorate

McGill University Health Centre

Adult sites

1001 Décarie Boulevard, Montréal, Quebec H4A 3J1

Telephone: 514-934-1934, ext. 77328

Email: [nancy.plaisir@muhc.mcgill.ca](mailto:nancy.plaisir@muhc.mcgill.ca)

### MUHC designated social worker

MUHC Social Service Department:

- Glen/Royal Victoria Hospital:  
Telephone: 514-934-1934, ext. 31569  
Email: [socialservicesglenadult@muhc.mcgill.ca](mailto:socialservicesglenadult@muhc.mcgill.ca)
- Montreal General Hospital:  
Telephone: 514-934-1934, ext. 44194  
Email: [socialservicesmghadult@muhc.mcgill.ca](mailto:socialservicesmghadult@muhc.mcgill.ca)
- Lachine Hospital:  
Telephone: 514-934-1934, ext. 77170  
Email: [servicesocial.lachine@muhc.mcgill.ca](mailto:servicesocial.lachine@muhc.mcgill.ca)
- Montreal Neurological Hospital:  
Telephone: 514-934-1934, ext. 44194

### MUHC Users' Committee

#### **Main office:**

1001 Décarie Boulevard, Montréal, Quebec H4A 3J1, Room D04.7514.

Telephone: 514-934-1934, ext. 31968

Email: [patients.comm@muhc.mcgill.ca](mailto:patients.comm@muhc.mcgill.ca)



**Centre d'assistance et d'accompagnement aux plaintes (CAAP) – Montréal**

7333 Saint-Denis Street, Montréal, Quebec

Telephone: 514-861-5998

**Assistance, assessment and referral centre on abuse – The Mistreatment Helpline**

5425 Bessborough Avenue, Montréal, Quebec H4V 2S7

Telephone: 1-888-489-2287

Website: <https://www.aideabusaines.ca/>

**Québec Ombudsperson**

1080 Beaver Hall HI, Montréal, Quebec H2Z 1X9

Telephone: 418-643-2688 (Québec City)

Telephone: 514-873-2032 (Montréal)

Toll-free number: 1-800-463-5070

Email: [protecteur@protecteurducitoyen.qc.ca](mailto:protecteur@protecteurducitoyen.qc.ca)

**Inspection and investigation officers at the Ministère de la Santé et des Services sociaux**

Direction de l'inspection et des enquêtes

Ministère de la Santé et des Services sociaux

3000 Saint-Jean-Baptiste Avenue, 2nd floor, Suite 200

Québec City, Quebec G2E 6J5

Telephone: 1-877-416-8222

Email: [maltraitance.die@msss.gouv.qc.ca](mailto:maltraitance.die@msss.gouv.qc.ca)

**Designated PIC representatives – Institutions in the Montréal area's RSSS**

Organizations	Designated representative	Designated substitute representative
CIUSSS North	Annie Ouellette <a href="mailto:annie.ouellette.cnmtl@ssss.gouv.qc.ca">annie.ouellette.cnmtl@ssss.gouv.qc.ca</a>	Olivia Boisrond <a href="mailto:olivia.boisrond.cnmtl@ssss.gouv.qc.ca">olivia.boisrond.cnmtl@ssss.gouv.qc.ca</a>
CIUSSS East	Édouardine Gombe <a href="mailto:edouardine.gombe.cemtl@ssss.gouv.qc.ca">edouardine.gombe.cemtl@ssss.gouv.qc.ca</a>	Dominique Gélinas <a href="mailto:dominique.gelinas.havr@ssss.gouv.qc.ca">dominique.gelinas.havr@ssss.gouv.qc.ca</a>
CIUSSS South-central	Carole Tubide <a href="mailto:carole.turbide.ccsmtl@ssss.gouv.qc.ca">carole.turbide.ccsmtl@ssss.gouv.qc.ca</a>	Sébastien Benoît <a href="mailto:sebastien.benoit.ccsmtl@ssss.gouv.qc.ca">sebastien.benoit.ccsmtl@ssss.gouv.qc.ca</a>
CIUSSS West-central	Elisabeta Parmint <a href="mailto:elisabeta.pamint.dlm@ssss.gouv.qc.ca">elisabeta.pamint.dlm@ssss.gouv.qc.ca</a>	Émilie Poitras <a href="mailto:emilie.poitras.dlm@ssss.gouv.qc.ca">emilie.poitras.dlm@ssss.gouv.qc.ca</a>
CIUSSS West	Kim Teodorovici <a href="mailto:kim.teodorovici.dll@ssss.gouv.qc.ca">kim.teodorovici.dll@ssss.gouv.qc.ca</a>	Nathalie Gervais <a href="mailto:nathalie.gervais.lasal@ssss.gouv.qc.ca">nathalie.gervais.lasal@ssss.gouv.qc.ca</a>
MUHC	Aviva Tenenbaum <a href="mailto:aviva.tenenbaum@muhc.mcgill.ca">aviva.tenenbaum@muhc.mcgill.ca</a>	Nancy Plaisir <a href="mailto:nancy.plaisir@muhc.mcgill.ca">nancy.plaisir@muhc.mcgill.ca</a>
CHUM:	Katie Arseneau <a href="mailto:katie.arseneau.chum@ssss.gouv.qc.ca">katie.arseneau.chum@ssss.gouv.qc.ca</a>	Marie-Hélène Frigault <a href="mailto:marie-helene.frigault.chum@ssss.gouv.qc.ca">marie-helene.frigault.chum@ssss.gouv.qc.ca</a>
Montreal Heart Institute	Josée Morin <a href="mailto:josee02.morin@icm-mhi.org">josee02.morin@icm-mhi.org</a>	
Pointe-Saint-Charles Community Clinic	Alexandra Harthel <a href="mailto:alexandra.harthel.psych@ssss.gouv.qc.ca">alexandra.harthel.psych@ssss.gouv.qc.ca</a>	Guylaine Arbour <a href="mailto:guylaine.arbour.psych@ssss.gouv.qc.ca">guylaine.arbour.psych@ssss.gouv.qc.ca</a>



**Security – MUHC:**

Telephone: 514-934-1934

<b>Site</b>	<b>Location</b>	<b>Extension</b>
Lachine Campus	Security Office located at the main entrance of the Camille-Lefebvre Pavilion	77180
MGH	Security Office located in D6-108	48282
MNH and RVH Legacy	Security Office located at the main entrance 157	88-5542
Glen Site	Security Office located in BRC-0300	78282

**Police: 911**



**Schedule III: Contact information for the local service quality and complaints commissioner (LSQCC)**

MUHC Office of the Quality and Complaints Commissioner  
1650 Cedar Avenue, Room E6.164  
Montréal, Quebec H3G 1A4  
514-934-8306  
Email: [ombudsman@muhc.mcgill.ca](mailto:ombudsman@muhc.mcgill.ca)  
Website: <https://muhc.ca/commissioner>

**Complaints Commissioner (LSQCC)/MUHC Ombudsman:**

**Michael Bury**  
MUHC  
Email: [michael.bury@muhc.mcgill.ca](mailto:michael.bury@muhc.mcgill.ca)

**Associate commissioners:**

**Marjolaine Frenette**  
Montreal General Hospital  
Telephone: 514-934-1934, ext. 44285  
Email: [marjolaine.frenette@muhc.mcgill.ca](mailto:marjolaine.frenette@muhc.mcgill.ca)

**Stéphanie Urbain**  
Glen/Montreal Children's Hospital  
Glen/Montreal Chest Institute  
Montreal Neurological Hospital  
Telephone: 514-934-1934, ext. 22223  
Email: [stephanie.urbain@muhc.mcgill.ca](mailto:stephanie.urbain@muhc.mcgill.ca)

**Sonia Turcotte**  
Glen/Royal Victoria Hospital  
Lachine Hospital and Camille-Lefebvre Pavilion  
Telephone: 514-934-1934, Ext. 35655  
Email: [sonia.turcotte@muhc.mcgill.ca](mailto:sonia.turcotte@muhc.mcgill.ca)



**Schedule IV: Main identification tools known and available in Quebec**

(Reference: *Guide de référence pour contrer la maltraitance envers les personnes âgées, p. 91–93*)

<b>Table 6: Main screening tools that are known and available in Québec</b>	<b>Target users and authors</b>	<b>Specifications</b>
<p>EASI Elder Abuse Suspicion Index  <a href="https://www.mcgill.ca/familymed/files/familymed/easi_english_january_2013.pdf">https://www.mcgill.ca/familymed/files/familymed/easi_english_january_2013.pdf</a>                      EASI Évidence d'abus selon les indicateurs</p>	<p>Physicians M.J. Yaffe, C. Wolfson, M. Lithwick, D. Weiss (2008)                      Tool distributed by NICE  <a href="http://www.nicenet.ca">www.nicenet.ca</a></p>	<p>Tool consisting of 6 questions to help the physician identify situations of abuse and to propose a more in-depth assessment by social workers</p>
<p>BASE Brief Abuse Screen for the Elderly  <a href="https://www.ndgelderabuse-abusenverslesaines.ca/documents/BASE_EN.pdf">https://www.ndgelderabuse-abusenverslesaines.ca/documents/BASE_EN.pdf</a>                      DESIA Grille de dépistage des services infligés aux aînés <a href="http://www.ndgelderabuse-abusenverslesaines.ca/documents/DESIA_FR.pdf">http://www.ndgelderabuse-abusenverslesaines.ca/documents/DESIA_FR.pdf</a></p>	<p>Psychosocial care workers                      D. Namiash, N. Reis (1998)                      Tool distributed by NICE  <a href="http://www.nicenet.ca">www.nicenet.ca</a></p>	<p>Tool consisting of 5 questions to quickly detect the presence of an abusive situation from the initial contact</p>
<p>IOA Indicators of Abuse  <a href="http://www.nicenet.ca/files/IOA.pdf">http://www.nicenet.ca/files/IOA.pdf</a>                      LISA Liste des indices de situations abusives  <a href="http://www.nicenet.ca/files/LISA.pdf">http://www.nicenet.ca/files/LISA.pdf</a></p>	<p>Social workers, Nurses                      D. Namiash, N. Reis (1998)                      Tool distributed by NICE  <a href="http://www.nicenet.ca">www.nicenet.ca</a></p>	<p>Tool consisting of 29 observations on the informal caregiver and the person being cared for</p>
<p>CASE Caregiver Abuse Screen DACAN (Gouvernement du Canada, 2013a)                      Questionnaire de dépistage de l'abus chez les aidants naturels  <a href="http://www.nicenet.ca/files/Case.pdf">http://www.nicenet.ca/files/Case.pdf</a></p>	<p>Social workers                      D. Namiash, N. Reis (1998)                      Tool distributed by NICE  <a href="http://www.nicenet.ca">www.nicenet.ca</a></p>	<p>Tool consisting of 8 questions for detecting actual or potential situations of abuse committed by informal caregivers</p>
<p>ODIVA Test d'évaluation de danger</p>	<p>Stakeholders working with the elderly RIFVEL – Réseau international francophone – Vieillir en liberté (2007) AQDR nationale  <a href="http://www.aqdr.org">www.aqdr.org</a></p>	<p>Tool consisting of 15 statements describing the profile of a potentially abused senior, 12 statements for the profile of a potential abuser, and 16 statements describing the behaviour of the abused senior and the abuser</p>

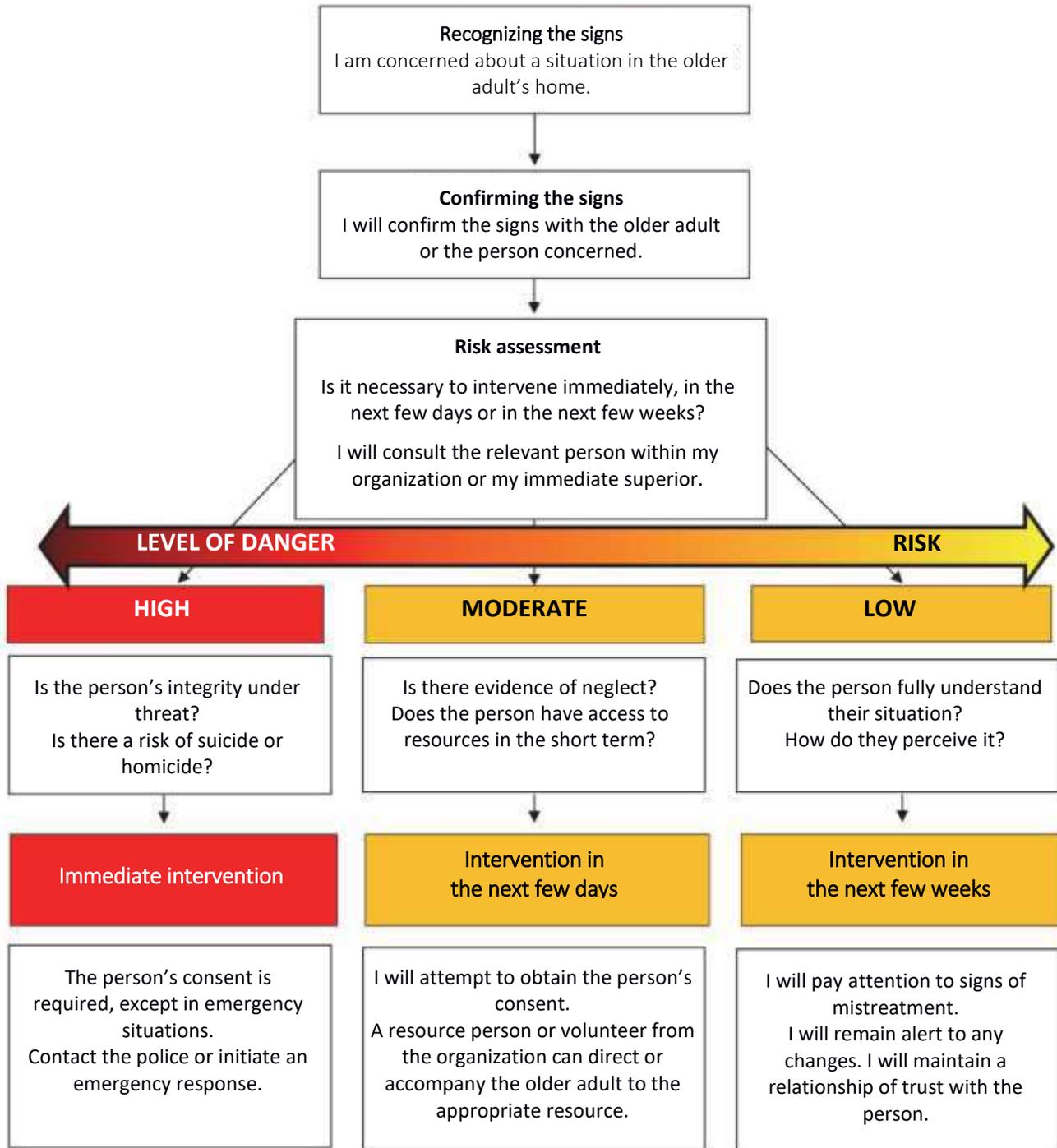


Assessment and intervention related to elder abuse	Police officers Police de la Ville de Québec and Sûreté du Québec (2012) Agence de la santé et des services sociaux de la Capitale- Nationale	Tool consisting of 9 questions to ask the victim, as well as 15 indicators concerning the victim, and 14 indicators concerning the abuser
Self-Reporting Measure of Financial Exploitation of Older Adults Questionnaire sur l'exploitation financière	Financial institution personnel K.J. Conrad, M. Iris, J.W. Ridings, K. Langley, K.H. Wilber (2010)	Tool consisting of 25 questions for detecting the presence of financial exploitation of a senior
Screening of high-risk situations for the elderly	Social Workers Poirier (1991)	Assessment grid using three levels (high, medium, low) of risk factors for the senior, the informal caregiver and/or any other significant person
Risk assessment tool for those living at home	Stakeholders working with the elderly CLSC Métro J. Lachance, N. Poulin, C. Deléseleurc, J. St- Pierre (2004)	Grid in checklist format consisting of 31 statements for the evaluation of physical, psychological and social factors; risk analysis grid that is used to summarise observations collected and to initiate an intervention plan
«Agreement to implement a socio-legal intervention procedure in regards to criminal forms of mistreatment of older adults »	Stakeholders from health and social services institutions, the Commission des droits de la personne et de la jeunesse, Public Curator, Director of Criminal and Penal Prosecutions and police  Partenaire de la région de la Mauricie et du Centre-du-Québec	Schedule B – Grid on the types of mistreatment that may qualify as a crime (inventory of examples of physical, sexual, material or financial abuse and neglect)  Schedule C – Grid on the analysis and identification of abuse risk factors (list of 19 risk and vulnerability factors)



**Schedule V: Flowchart for identification purposes**

*Guide de référence pour contrer la maltraitance envers les personnes âgées)*





Schedule VI: Fact-checking form

	<p>Centre universitaire de santé McGill  McGill University Health Centre</p> <p><b>MULTIDISCIPLINARY SERVICES DIRECTORATE</b></p> <p><b>FACT- CHECKING IN A SITUATION OF MISTREATMENT</b></p>	DDN/DOB ( ) , NAM/RAMQ Exp. , , Admission-Visite/Visit Site: Emplacement/Location
		( ) , Exp. , , Visit Location

This document is confidential and must be filled out by the social worker when mistreatment is suspected. A copy of the form must be placed in the user's file.

Identification of the person who observes or suspects a situation of mistreatment	
Last name, first name, job title	
Telephone	
Relationship with the user	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Caregiver <input type="checkbox"/> Friend <input type="checkbox"/> Neighbour <input type="checkbox"/> Person working for the institution <input type="checkbox"/> Designated representative Other, specify
Other person who received the complaint/report	

Identification of the allegedly mistreated user	
Last name, first name	
Date of birth	
Residence	----- <input type="checkbox"/> Other, specify
Category of mistreatment	<input type="checkbox"/> Violence <input type="checkbox"/> Neglect
Consequences of mistreatment	<input type="checkbox"/> Physical sequelae <input type="checkbox"/> Deterioration of health <input type="checkbox"/> Suicidal ideation(s)/attempt(s) <input type="checkbox"/> Psychological sequelae (anxiety, confusion, depression, distrust) <input type="checkbox"/> Visit(s) to the Emergency room <input type="checkbox"/> Dilapidation of property <input type="checkbox"/> Other, specify
Types of mistreatment	<input type="checkbox"/> Physical <input type="checkbox"/> Psychological <input type="checkbox"/> Material/Financial <input type="checkbox"/> Sexual <input type="checkbox"/> Organizational <input type="checkbox"/> Violation of rights <input type="checkbox"/> Ageism
Risk and Vulnerability Factors	<input type="checkbox"/> Advanced age <input type="checkbox"/> History of violence <input type="checkbox"/> Financial difficulties <input type="checkbox"/> Cohabitation with one or more relatives <input type="checkbox"/> Conflictual environment/ Tension between the person being cared for and the caregiver <input type="checkbox"/> Isolation <input type="checkbox"/> Distrust   Specify towards whom <input type="checkbox"/> Dependency on others (care, financial, immigration) Specify, <input type="checkbox"/> Neglected appearance, specify <input type="checkbox"/> Disruptive behaviour, specify <input type="checkbox"/> Illiteracy, difficulty expressing oneself, language barrier <input type="checkbox"/> Mental health problem <input type="checkbox"/> Cognitive decline <input type="checkbox"/> Intellectual disability <input type="checkbox"/> Other, specify
Protective Supervision	-----, specify the type
Designated Representative (if applicable)	

Si une version papier de ce document est reçue aux archives, avec ou sans notes manuscrites, en statut préliminaire ou final, il ne sera pas numérisé. Les corrections doivent être faites dans le document préliminaire ou via l'addendum si le document est final.

If a printout of this document is received in Medical Records, with or without handwritten notes, whether it is preliminary or final, it will not be scanned. Corrections must be done in the preliminary document or via an addendum if the document is final.



Schedule VI: Fact-checking form

Information about the alleged abuser	
Last name, first name	_____
Relationship with the user	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Caregiver <input type="checkbox"/> Friend <input type="checkbox"/> Neighbor <input type="checkbox"/> Person working for the institution <input type="checkbox"/> Designated representative <input type="checkbox"/> Other specify _____
Risk factors	<input type="checkbox"/> Stress, exhaustion, etc. <input type="checkbox"/> History of violence <input type="checkbox"/> Isolation / inaccessibility of resources <input type="checkbox"/> Lack of understanding <input type="checkbox"/> Lack of support <input type="checkbox"/> Tension between the person being cared for and the caregiver <input type="checkbox"/> Dependency problem, specify _____ <input type="checkbox"/> Mental health problem <input type="checkbox"/> Cognitive decline, <input type="checkbox"/> Intellectual disability <input type="checkbox"/> Other, specify _____

Reporting	
Consent to report and transfer of information	----- Other, specify _____
Person(s) receiving the report  _____ Last name(s), first name(s)   Telephone(s)	<input type="checkbox"/> Local Service Quality and Complaints Commissioner (Ombudsman) <input type="checkbox"/> MUHC Respondent <input type="checkbox"/> Manager <input type="checkbox"/> SPVM <input type="checkbox"/> DPS <input type="checkbox"/> Director of Nursing <input type="checkbox"/> Social worker <input type="checkbox"/> Other, specify _____
Risk of death or serious injury	-----, if yes, REPORTING is mandatory
Living in a long-term care facilities	-----, if yes, REPORTING is mandatory
Incapacitated user	-----, if yes, REPORTING is mandatory
Reporting category	----- <input type="checkbox"/> PIC
The Public Curator is notified	-----   Date _____ (AAYY-MM-JD)
The SPVM is notified	-----   Date _____ (AAYY-MM-JD)
The CIUSSS is notified	-----   Date _____ (AAYY-MM-JD)

Fact-Checking	
Situation of mistreatment	_____
Description of the person who is allegedly mistreated	_____
Description of the witness	_____
Description of the alleged abuser	_____
Analysis and conclusion	_____
<input type="checkbox"/> Confirmed situation of mistreatment -----	Specify _____
Level of Risk -----	Specify _____
-----	

Interventions	
Social functioning assessment completed	----- Specify _____
Medical assessment completed	----- Specify _____
Nursing assessment completed	-----



**Schedule VI: Fact-checking form**

	Specify	█
Aptitude assessment completed	----- Specify	█
Dangerosity assessment completed	----- Specify	█
Immediate protective measures put in place	Specify	█
The user is informed of their rights and recourses	----- Specify	█
Incident/Accident Form AH-223 completed	----- Specify	█
Activation of the Concerted Intervention Process (PIC) on the SIMA platform	----- Specify	█

**Actions and follow-ups**

█

**LSQCC (Ombudsman) notified**

Fact-Checking Form sent to LSQCC

Relevant clinical notes and assessments included with the form. Date sent █ (AAYY-MM-JD)

**Social worker who completed the Fact-Checking Form**

Last name, first name █

Date █ (AAYY-MM-JD)

**Préparé par**

Prepared by █

**Nom / Name:**

█

**N°permis**  
License No.

█

**Date (AAYY-MM-JD)**

**Signé électroniquement par / Electronically signed by**

█, █

█

**N°permis**  
License No.

█

**Date- Heure / Time**

**Poste / Extension** █

█ **N° IPS RAMQ / RAMQ NP No.**

**ABBREVIATIONS LEGEND**

AH-223	Incident/accident report
DPS	Director of Professional Services
LSQCC (Ombudsman)	Local Service Quality and Complaints Commissioner
MUHC	McGill University Health Center
SIMA	Suivi des interventions pour lutter contre la maltraitance envers les personnes âgées
SPVM	Montreal Police Services



## Schedule VII: Possible sanctions in cases of mistreatment

### 1. Examples of sanctions an institution may apply in cases of mistreatment, depending on the situation

- **Employees**

Disciplinary measures: warning, written reprimand entered in the employee's file, suspension or dismissal.

- **Members of the Council of Physicians, Dentists and Pharmacists (CPDP)**

Disciplinary measures: reprimand, change of status, loss of privileges, suspension of status or privileges for a specified period, or termination of status or privileges.

- **Middle management officers, senior management officers and senior administrators**

Disciplinary measures: dismissal, no rehire, termination of employment, suspension without pay or demotion.

### 2. Examples of possible sanctions for individuals and institutions that tolerate situations of mistreatment, depending on the circumstances

- **Members of a professional order**

Professional orders may impose the following sanctions on their members: reprimand, temporary or permanent striking off the roll of the order, fines, licence revocation, revocation of specialist's certificate, limitation or suspension of the right to engage in professional activities.

- **Institutions**

The MSSS can take various actions against institutions, including appointing observers, conducting investigations, requiring the submission of an action plan, assuming provisional administration (of both public and funded private institutions), and suspending or revoking licences.

- **All persons**

Further to an investigation by the CDPDJ, legal proceedings may be brought before the Human Rights Tribunal, which has the authority to issue orders of procedure and practice, and render decisions to uphold the right of any older adult or handicapped person to be protected against any form of exploitation. Individuals may face criminal or penal prosecution. For example, criminal negligence is committed when a person shows wanton or reckless disregard for the life or safety of another person, either by performing certain actions or by failing to perform actions that are part of their duties.<sup>23</sup>

Source: Politique-cadre de lutte contre la maltraitance envers les aînés et toute autre personne majeure en situation de vulnérabilité [framework policy to combat mistreatment of older adults and other persons of full age in vulnerable situations], CIUSSS West-Central Montreal, 2018.<sup>23</sup> Section 219, *Criminal Code* RSC, 1985, c. C-46.

### 3. Penal sanctions intended to reinforce the importance of complying with the Act to combat maltreatment

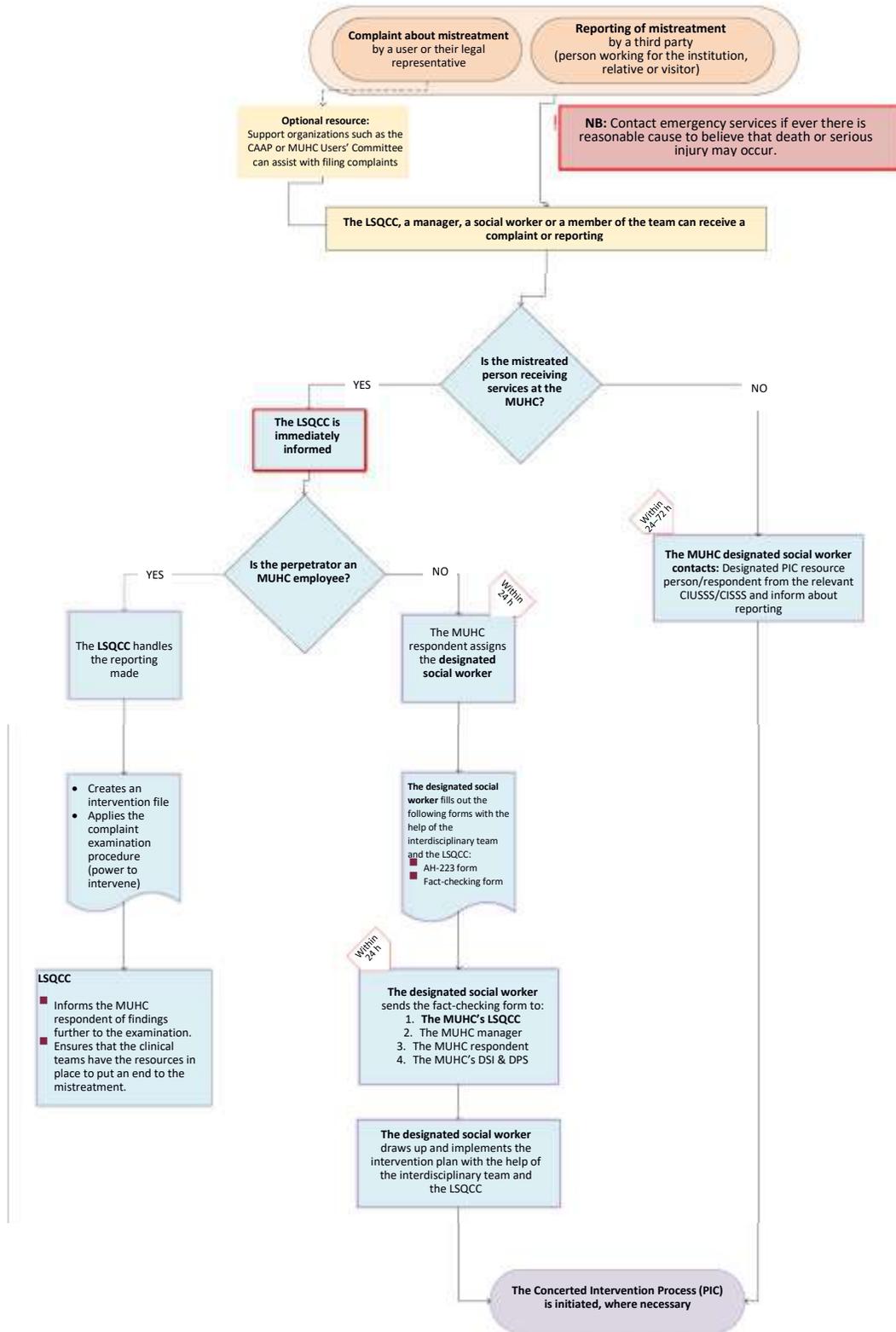
- Failing to report mistreatment (natural persons: \$2,500 to \$25,000).
- Mistreating a person in a long-term care facility, a private seniors' residence, an intermediate resource, a family-type resource (either on-site or during transport), or at home (natural persons: \$5,000 to \$125,000 / other: \$10,000 to \$250,000).



- Mistreating a user of full age while directly providing health or social services at home on behalf of an institution (natural persons): \$5,000 to \$125,000 / other: \$10,000 to \$250,000).
- Threatening or intimidating a person, or attempting to take or taking reprisals against a person (natural persons: \$2,000 to \$20,000 / other: \$10,000 to \$250,000).
- Obstructing or attempting to obstruct in any way the performance of the duties of an inspector or investigator (natural persons \$5,000 to \$50,000 / other \$15,000 to \$150,000).

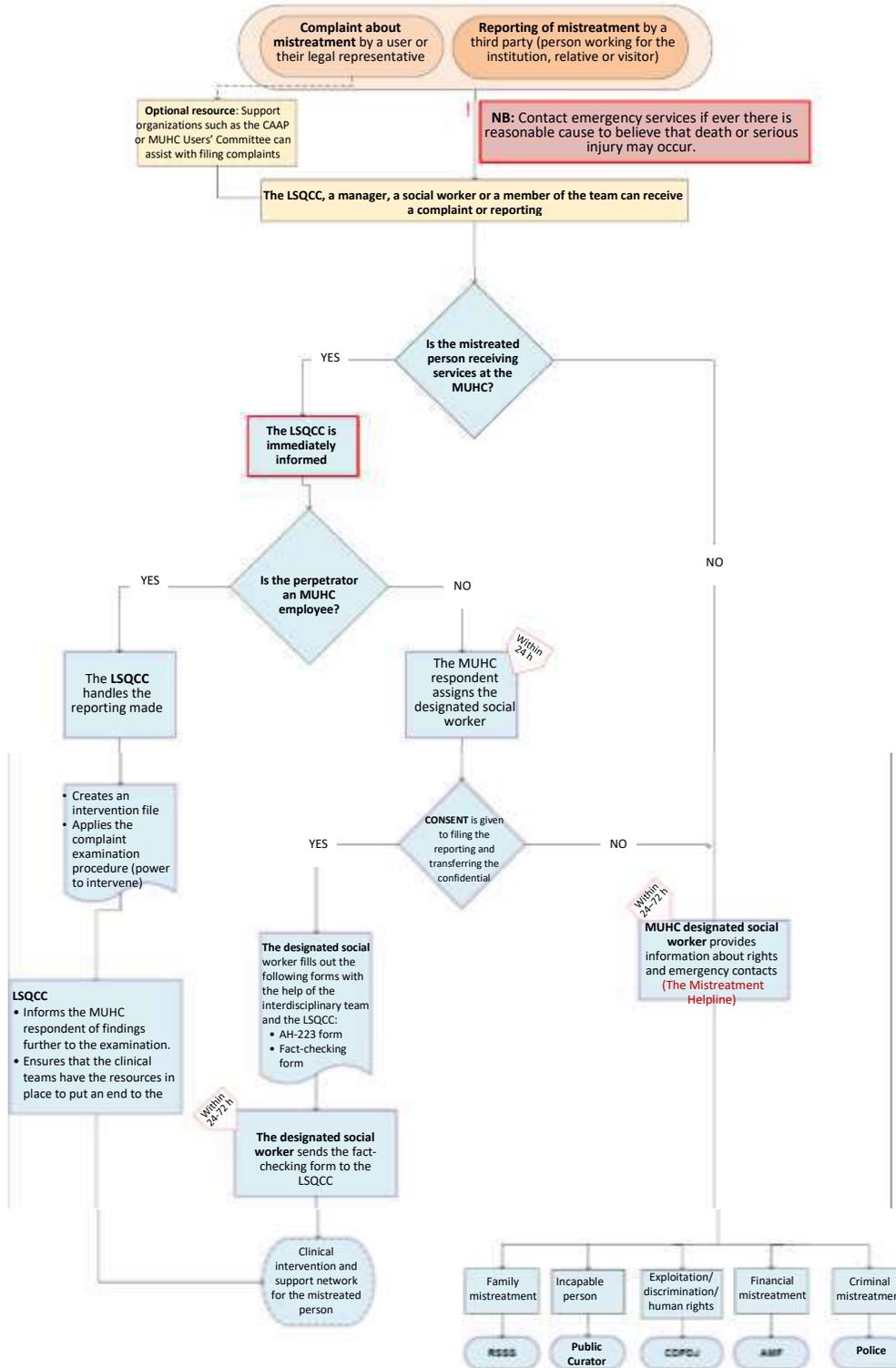


Schedule VIII.A: Organizational charts – Mandatory reporting





Schedule VIII.B: Organizational charts – Non-mandatory reporting





**Schedule IX: Steps to follow when mistreatment occurs**

**1. Identifying a situation of mistreatment**

**Mistreatment is identified**

If there is immediate danger, contact security and/or the police

**2. Report the situation/lodge a complaint**

The user, their representative or a third party reports the mistreatment to the LSQCC and/or designated social worker

The situation is reported promptly

**3. Fact checking**

The designated social worker collaborates with the interdisciplinary team to check the facts and fill out the AH-223 incident/accident report and the fact-checking form.

Within 24 to 72 hours

**Mistreatment is confirmed**

**4. PROCEED WITH MANDATORY REPORTING**

**Consent should always be sought, but is not required**

**An older adult or person of full age in a vulnerable situation who resides in a CHSLD/a private seniors' residence/an intermediate resource/a family-type resource or is under protective supervision**

- Ensure the vulnerable person's protection.
- Notify the user's legal representative or the Public Curator.
- Report the situation to the LSQCC, MUHC respondent.
- Report the situation to the SPVM (for criminal matters).
- Initiate a PIC via the SIMA platform.
- Work with CIUSSS/CISSS and community partners.

**PROCEED WITH NON-MANDATORY REPORTING**

**The user's consent is required**

**An older adult or person of full age in a vulnerable situation who is capable of giving consent and is not a CHSLD resident**

- Ensure the vulnerable person's protection.
- Notify the user's legal representative or the Public Curator.
- Report the situation to the LSQCC.

**User gives consent**

**Assess the situation and take action**

- Create a relationship of trust with the user.
- Work with the interdisciplinary team and the user to assess the user's ability to function socially and to prepare an intervention plan.
- Assess the user's capacity if you have any concerns.
- Inform the user of their rights and available remedies, and provide contact details for emergency resources.
- Document the facts and any actions taken in the user's medical record.
- Guide the user through the process and make sure that they are safe.
- For more information, refer to the *Guide de référence pour contrer la maltraitance envers les personnes âgées* and/or call **The Mistreatment Helpline**.

**User does not give consent**

**Assess the situation and take action**

- Support the user and make sure that they are safe.
- Assess the user's capacity (refer to the *Guide de référence pour contrer la maltraitance envers les personnes âgées*).
- If the user is capable, inform them of their rights and available remedies, and provide contact details for emergency resources and **The Mistreatment Helpline**.
- If the user is incapable, follow the procedure for mandatory reporting.
- Document the facts and any actions taken in the user's medical record.



### **5. Take concerted action**

Complex cases, contentious cases, cases that are subject to mandatory reporting and PIC reports must be submitted to the MUHC respondent. An interdisciplinary consultation can be arranged with partners and mistreatment experts at the MUHC, including the examining physician, ethicist, LSQCC, etc.

### **Where necessary, initiate the concerted intervention process (PIC) when the following three conditions are met:**

- The person is considered vulnerable under the Act.
- A criminal or penal offence has been committed.
- Coordinated action is needed to end the mistreatment.

### **6. Close the investigation once the person is safe**

- Ensure the user is transferred to another facility.
- Add the fact-checking form to the user's file.
- Close the PIC report on the SIMA platform.
- Notify the respondent and LSQCC.
- Add a note explaining why the case was closed.



### Schedule X: PIC: Roles and responsibilities of the various organizations involved at each stage

Step 1: Apply the organization's decision-making procedure <sup>1</sup> Refer to your organization's internal procedures						
<b>All designated resource persons</b>						
<ul style="list-style-type: none"> <li>• Receive reports of situations of mistreatment from various sources within their organizations, in accordance with internal decision-making procedures</li> <li>• Apply their organization's internal decision-making procedures to determine how to proceed and whether to use the concerted intervention process</li> <li>• Ensure the older adult's safety</li> </ul>						
<b>Police officer</b>	<b>Social worker</b>	<b>DPCP prosecutor</b>	<b>CDPDJ</b>	<b>Public Curator of Quebec (CPQ)</b>	<b>AMF</b>	
<ul style="list-style-type: none"> <li>• Receives the complaint and creates an operational file</li> <li>• Ensures the older adult's safety and requests protective orders, where necessary</li> <li>• Transfers the file to another resource person or body</li> <li>• Carries out investigations and gathers testimony and evidence</li> <li>• Applies transitional and emergency measures (e.g., conditional release)</li> </ul>	<ul style="list-style-type: none"> <li>• Intervenes in crisis situations and ensures that emergency measures are applied, as needed and requested</li> </ul>	<ul style="list-style-type: none"> <li>• Obtains protective orders such as peace bonds, where necessary</li> </ul>	<ul style="list-style-type: none"> <li>• Receives reportings or complaints about the possible exploitation of a vulnerable older or handicapped person within the meaning of Quebec's Charter of Human Rights and Freedoms</li> <li>• Works with various partners to establish a support network for the victim, depending on the context and the CDPDJ's mandate</li> <li>• Reports to the Public Curator of Quebec any need for protection that the CDPDJ considers to be within the Public Curator's jurisdiction, as soon as the CDPDJ is made aware of the situation in the course of its duties</li> </ul>	<ul style="list-style-type: none"> <li>• Receives reportings from a third party about situation of mistreatment of a de facto incapable person under protective supervision, a homologated protection mandate or whose incapacity has been established further to a medical assessment</li> <li>• Asks the health and social services network to assess the individual's incapacity and need for protection</li> <li>• Ensures that the represented person obtains the health care and social services they need</li> </ul>	<ul style="list-style-type: none"> <li>• Intervenes where a financial sector entity that is subject to its regulations commits financial mistreatment</li> <li>• Where necessary, institutes proceedings to implement urgent safeguard measures such as issuing a stop trading order, freezing funds pre-emptively, imposing provisional administration, or withdrawing, suspending or restricting the right to practise</li> </ul>	
Step 2: Ensure that criteria for initiating a concerted intervention process are met						
<b>All designated resource persons</b>						
<ul style="list-style-type: none"> <li>• Determine whether the situation meets the three criteria for initiating a concerted intervention process. The following criteria must all be met in order to initiate a concerted intervention process:               <ol style="list-style-type: none"> <li>1) The designated resource person has reasonable grounds to believe that a vulnerable older adult is a victim of mistreatment within the meaning of the Act</li> <li>2) The situation of mistreatment requires collaboration between all those involved in order to put an end to it effectively</li> <li>3) The designated resource person has reasonable grounds to believe that the situation of mistreatment may constitute a criminal or penal offence</li> </ol> </li> <li>• If all three criteria are met, the designated resource person can skip to Step 4. Where in doubt, they must proceed to Step 3.</li> <li>• If these three criteria are not met, the resource person can refer the victim to the appropriate local or regional resources</li> <li>• Situations of mistreatment concerning a person receiving health or social services from or on behalf of an institution, whether these services are provided at home or in a facility maintained by the institution (i.e., a user of the institution) are covered by the institution's policy on preventing the mistreatment of persons in vulnerable situations. In such situations, any person, including persons not working for the institution, may report the situation to the institution's local service quality and complaints commissioner (LSQCC). This approach has no impact on concerted intervention processes.<sup>2</sup></li> </ul>						
Step 3: Hold a preliminary advisory consultation without disclosing personal and confidential information						
<b>All designated resource persons</b>						
<ul style="list-style-type: none"> <li>• Consult the other resource persons about the situation of mistreatment without revealing personal or confidential information about the older adult. This consultation can help the resource persons establish whether the criteria for initiating the process are met.</li> </ul>						
Step 4: Obtain the consent of the older adult or their legal representative to disclose personal and confidential information						
<b>All designated resource persons</b>						
<ul style="list-style-type: none"> <li>• In order to initiate a concerted intervention process, the resource person must take steps to obtain the consent of the older adult or their legal representative<sup>3</sup> to disclose personal and confidential information</li> <li>• If consent to disclose personal and confidential information is not obtained, but there is a "serious risk of death or of serious bodily injury" and "the nature of the threat generates a sense of urgency," the designated resource person may initiate a concerted intervention process without the older adult's consent. The term "serious bodily injury" means "any physical or psychological injury that is significantly detrimental to the physical integrity or the health or well-being of a person or an identifiable group of persons." In this exceptional case, the law provides that a resource person may set aside professional secrecy or confidentiality and communicate certain personal and confidential information to the person or persons likely to assist the victim.</li> </ul>						

<sup>1</sup>. This table summarizes chapter 3 of the "Guide d'implantation des processus d'intervention concertés" [guide for implementing concerted intervention processes], which describes the seven stages of the concerted intervention process, and the roles and responsibilities of the various organizations' stakeholders at each stage.

<sup>2</sup>. Section 21 of the Act also stipulates that any health services and social service provider or any professional within the meaning of the *Professional Code* (chapter C-26) who has reasonable grounds to believe that a person who is lodged in a facility maintained by an institution operating a residential and long-term care centre, or a person under tutorship or for whom a protection mandate has been homologated, who is the victim of a single or repeated act, or of a lack of appropriate action that seriously affects their physical or psychological well-being, must report the case without delay to the institution's LSQCC, if the person receives services from such institution, or, in all other cases, to a police force.

<sup>3</sup>. If an incapable person is under curatorship or tutorship to the person, or if a protection mandate has been homologated, consent must be obtained from their legal representative (tutor, curator or mandatary), in addition to consulting the incapable person.



### Schedule X: PIC: Roles and responsibilities of the various organizations involved at each stage

<ul style="list-style-type: none"> <li>Where consent to the disclosure of personal and confidential information has not been obtained from the older adult or their legal representative, and initiating a concerted intervention process is not possible in the situation without the older adult's consent, the designated resource persons must take steps to obtain such consent, while respecting the older adult's refusal. The resource persons may move on to Step 5 (preliminary consultation) to obtain consent, if necessary, without disclosing personal and confidential information</li> <li>Once the older adult's consent or that of their legal representative has been obtained to disclose their personal and confidential information to other designated resource persons concerned by the Agreement, the concerted intervention process may be initiated (Step 6.1)</li> </ul>					
<b>Step 5: Hold a preliminary consultation, if necessary, to seek consent without disclosing personal and confidential information</b>					
<b>All designated resource persons</b>					
<ul style="list-style-type: none"> <li>Consult with the other resource persons to determine the best way to obtain the older adult's consent for the disclosure of personal and confidential information,<sup>4</sup> or to assess whether there is a serious risk of death or serious injury that generates a sense of urgency</li> <li>This step can also help determine whether the situation of mistreatment constitutes exploitation under section 48 of Quebec's <i>Charter of Human Rights and Freedoms</i>. The Charter states that "[e]very aged person and every handicapped person has a right to protection against any form of exploitation. Such a person also has a right to the protection and security that must be provided to him by his family or the persons acting in their stead."<sup>5</sup></li> <li>If the person is being exploited, the situation may be reported to the CDPDJ, which may conduct its own investigation</li> </ul>					
<b>Police officer</b>	<b>Social worker</b>	<b>DPCP prosecutor</b>	<b>CDPDJ</b>	<b>Public Curator of Quebec (CPQ)</b>	<b>AMF</b>
			<ul style="list-style-type: none"> <li>The CDPDJ can intervene without the victim's consent, if obtaining consent proves impossible.</li> </ul>		
<b>Step 6.1: Initiate the concerted intervention process and involve the other designated resource persons</b>					
<b>All designated resource persons</b>					
<ul style="list-style-type: none"> <li>The designated resource person initiates the concerted intervention process by completing the relevant form and adds the other designated resources persons concerned by the situation of mistreatment using the secure online platform in order to inform them of the situation.</li> <li>The Public Curator of Quebec (CPQ) receives the form to initiate the concerted intervention process (PIC form) when the incapable person is under curatorship or tutorship, or if their protection mandate has been homologated. If the person is not under tutorship, curatorship or a homologated protection mandate, and is therefore considered legally capable, but their incapacity has been established further to a medical assessment (<i>de facto</i> incapacity), the designated resource persons may also forward the PIC form to the CPQ.<sup>6</sup></li> <li>A meeting is promptly scheduled with the designated resource persons to discuss the situation of mistreatment and the strategy to adopt<sup>7</sup></li> <li>During this meeting, each designated resource person shares the information they have on the situation of mistreatment, the victim, the perpetrator and the nature of the acts committed, provided that this information is useful to the other designated resource persons. Together, they decide on a strategy to put an end to the situation of mistreatment.</li> </ul>					
<b>Step 6.2: Establish a plan and implement an intervention strategy</b>					
<b>All designated resource persons</b>					
<ul style="list-style-type: none"> <li>Together, the designated resource persons draft a summary of the situation</li> <li>They determine the existing risk factors and the level of urgency</li> <li>They also identify other resource persons who may be called upon to assist with the intervention</li> <li>Together, the designated resource persons establish an intervention strategy and a plan outlining the steps to be taken, while ensuring that the balance between the older adult's need for protection and respect for their self-determination is maintained</li> <li>This step provides an opportunity to determine who does what, when, how and where, and to identify the older adult's protection needs</li> </ul>					
<b>Step 6.3: Carry out an assessment or investigation</b>					
<b>All designated resource persons</b>					
<ul style="list-style-type: none"> <li>The designated resource persons apply the established strategy and carry out the necessary investigations and assessments based on their expertise</li> <li>They reconfirm the clear and voluntary consent of the older adult or their legal representative throughout the concerted intervention process</li> </ul>					
<b>Police officer</b>	<b>Social worker</b>	<b>Prosecutor</b>	<b>CDPDJ</b>	<b>Public Curator of Quebec (CPQ)</b>	<b>AMF</b>
<ul style="list-style-type: none"> <li>Meets with the victim and a resource person, as the case may be, to obtain a written or video statement clarifying the circumstances of any mistreatment that constitutes a criminal or penal offence in order to ensure the victim's safety and to refer them to assistance and support organizations, as needed</li> </ul>	<ul style="list-style-type: none"> <li>Carries out an initial assessment of the situation:                             <ul style="list-style-type: none"> <li>Assesses the older adult's ability to function socially</li> <li>Assesses the perpetrator's profile</li> <li>Assesses the relationship between the older adult and the perpetrator</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Advises police officers and law enforcement on all aspects of a criminal or penal investigation or prosecution</li> </ul>	<ul style="list-style-type: none"> <li>Verifies whether the situation constitutes a violation of older and handicapped adults' right to protection against any form of exploitation within the meaning of section 48 of the <i>Charter of Human Rights and Freedoms</i> (CQLR, chapter C-12)</li> </ul>	<ul style="list-style-type: none"> <li>Investigates, on its own initiative or on request, when it receives a report of mistreatment of a person under protective supervision or whose protection mandate has been homologated</li> </ul>	<ul style="list-style-type: none"> <li>Meets with investors who have been wronged to find out exactly what prompted the investigation</li> <li>Ensures that all paper and electronic documents obtained over the course of the investigation are preserved</li> </ul>

<sup>4</sup> The "Guide de référence pour contrer la maltraitance envers les personnes âgées" [reference guide on preventing the mistreatment of older adults] sets out a few options available to resource persons where a person refuses to consent to a concerted intervention process, as well as a few suggestions for alternative courses of action, "Guide de référence pour contrer la maltraitance envers les personnes âgées" (2016) p. 484

<http://publications.msss.gouv.qc.ca/msss/document-000047/1>.

<sup>5</sup> *Charter of Human Rights and Freedoms*, CQLR, chapter C.12.

COMMISSION DES DROITS DE LA PERSONNE ET DES DROITS DE LA JEUNESSE (CDPDJ), Exploitation, accessed on April 19, 2017, [http://www.cdpedi.qc.ca/fr/droits-de-la-personne/pratiques/Pages/exploitation.aspx1

<sup>6</sup> Anyone wishing to find out whether a person is under protective supervision can do so by consulting the relevant register: <http://www.curateur.gouv.qc.ca/cura/fr/maieur/inaptitude/role/registres.html>.

<sup>7</sup> It is up to the designated resource persons to decide how the meetings to discuss cases will be held (conference calls, videoconferencing, in person, etc.).



**Schedule X: PIC: Roles and responsibilities of the various organizations involved at each stage**

<ul style="list-style-type: none"> <li>• Meets witnesses and takes their statement</li> <li>• Collects and preserves evidence using various investigative tools</li> <li>• Submits evidence to the DPCP or requests criminal or penal proceedings, or conditions of release, as the case may be</li> <li>• Maintains contact with the victim until the end of the legal proceedings, if necessary</li> </ul>	<ul style="list-style-type: none"> <li>• Determines how dangerous the situation is and adjusts the scope of the interventions according to:                             <ul style="list-style-type: none"> <li>• The older adult's vulnerability factors</li> <li>• The perpetrator's risk factors</li> <li>• Environmental factors</li> </ul> </li> <li>• Applies emergency measures if, at any point, the assessment of the level of danger reveals a serious and imminent danger</li> </ul>		<ul style="list-style-type: none"> <li>• The CDPDJ can take certain measures to stop the exploitation of the older adult, ensure their safety and obtain compensation for the harm suffered</li> <li>• It may also petition a court to order an emergency measure to prevent the disappearance of evidence, ensure the protection of a person being discriminated against, harassed or exploited, or preserve their assets</li> </ul>		<ul style="list-style-type: none"> <li>• Drafts investigation reports, outlining key points, presenting and analyzing relevant documents, and identifying any criminal offences that may have been committed</li> <li>• Applies recommendations concerning stop trading orders, the signing of restraint orders, the institution of injunction proceedings and the filing of criminal complaints in order to ensure swift action to protect investors' interests</li> <li>• Maintain contact with the victims</li> </ul>
<b>Step 6.4: Make a joint decision</b>					
<b>All designated resource persons</b>					
<ul style="list-style-type: none"> <li>• Depending on the level of urgency or complexity of the situation, the designated resource persons may hold a second meeting to pool the information they have gathered</li> <li>• The objective of this meeting is to agree on the best solution in the older adult's interest in order to put an end to the situation of mistreatment by including the older adult or their legal representative in the decision-making process</li> <li>• Various actions are possible, such as making a reporting, filing a complaint with the police, notifying the CDPDJ, referring the person to the appropriate resources, instituting criminal or penal proceedings, obtaining a preventive order, assessing the person's incapacity, instituting protective supervision, taking remedial measures, changing the person's living environment, etc.</li> <li>• Other resource persons may join the intervention team on a case by case basis to shed light on the situation based on their expertise</li> </ul>					
<b>Step 6.5: Take action and ensure follow-ups</b>					
<b>All designated resource persons</b>					
<ul style="list-style-type: none"> <li>• Take the necessary steps to put an end to the situation of mistreatment. They apply the decisions that they reached with the older adult or their legal representative to put an end to the situation of mistreatment, and implement safety or protective measures for the victim. Where appropriate, these measures may also include providing support to perpetrators who require care or services, which may or may not be done through the concerted intervention process.</li> <li>• During the process, the designated resource persons exchange information, as needed, on the progress and results of actions taken, and collaborate, where appropriate, in implementing the measures taken by the various parties involved</li> <li>• The designated resource persons must also consult the older adult or their legal representative about any action that has been or will be taken to put an end to the situation of mistreatment</li> <li>• The resource person in charge of overseeing the concerted intervention process<sup>8</sup> provides the other resource persons with feedback and an update on the case, even if the intervention is not completed. Such resource person must oversee the intervention process until the case is closed, unless another resource person agrees to take over for them. They must also communicate with the other designated resource persons to ensure that the proposed measures have been implemented. If further action is required, all those involved must identify the individuals who can help.<sup>9</sup></li> <li>• If the concerted intervention process is nearly completed, the resource person must inform the other resource persons of the progress made</li> </ul>					
<b>Police officer</b>	<b>Social worker</b>	<b>DPCP prosecutor</b>	<b>CDPDJ</b>	<b>Public Curator of Quebec (CPQ)</b>	<b>AMF</b>
<ul style="list-style-type: none"> <li>• Arrests and/or interrogates the suspect, depending on the situation or the decision reached with the designated resource persons</li> <li>• Takes part in the accused's court appearance and recommends conditions of release</li> <li>• Ensures compliance with the conditions imposed by the court or under a recognizance, pursuant to section 810 of the <i>Criminal Code</i></li> </ul>	<ul style="list-style-type: none"> <li>• Intervenes with the older adult and their immediate circle, as the case may be, by being open and respectful of the older adult's pace, in order to encourage them to take part in follow-ups, while factoring in the assessment carried out previously</li> <li>• Applies emergency measures if, at any point, the assessment of the level of danger reveals a serious and imminent danger</li> </ul>	<ul style="list-style-type: none"> <li>• Authorizes the laying of charges after reviewing the request to institute proceedings forwarded by the police force</li> <li>• Takes the necessary measures to ensure that the legitimate interests of victims of crime are taken into account, and that witnesses are treated with respect and protected throughout the legal process</li> </ul>	<ul style="list-style-type: none"> <li>• Receives, processes and investigates reportings and complaints concerning the exploitation of older or handicapped adults, as provided for in section 48 of the <i>Charter of Human Rights and Freedoms</i> (CQLR, chapter C-12)</li> <li>• Investigates matters within its jurisdiction</li> <li>• Authorizes an investigation after a reporting is made</li> </ul>	<ul style="list-style-type: none"> <li>• Intervenes in the institution of protective supervision and in the homologation of a protection mandate when the situation warrants it</li> <li>• Informs and supports tutors, curators and tutorship councils to help them fulfill their role</li> <li>• Oversees the administration of private tutors or curators, and ensures that decisions are made in the best interest of the person represented</li> </ul>	<ul style="list-style-type: none"> <li>• Handles complaints and resolves disputes</li> <li>• Assists consumers who wish to file a complaint about services rendered by an AMF-registered representative</li> <li>• Compensates consumers who are victims of fraud, deceit or embezzlement</li> <li>• Applies the laws and regulations that fall within its jurisdiction</li> <li>• Carries out inspections and investigations</li> </ul>

<sup>8</sup>. In most cases, the person who initiated the process will also oversee it, but they may delegate the task to another person who will take on a more significant role should the situation of mistreatment call for this. Resource persons may withdraw from the process if their involvement is no longer relevant, even if they were the one who initiated it.

<sup>9</sup>. All designated resource persons involved in a situation of mistreatment receive an email notification when another resource person involved in the case modifies the PIC form to initiate a concerted intervention process on the web platform. The email specifies which intervention has been modified. There are three critical points at which data is entered into a file: when the concerted intervention process has been initiated, when a solution is proposed further to discussions involving all designated resource persons, and when the situation of mistreatment has been resolved.



**Schedule X: PIC: Roles and responsibilities of the various organizations involved at each stage**

<ul style="list-style-type: none"> <li>Refers the victim or their immediate circle to a crime victims assistance centre (CAVAC)</li> <li>Adopts crime prevention strategies (fraud prevention program, advertising and awareness-raising campaigns, counselling, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>Implements measures to ensure the older adult's protection, such as:                     <ul style="list-style-type: none"> <li>Temporarily relocating the person</li> <li>Increasing home support services</li> <li>Obtaining provisional or emergency measures, with or without the court's authorization, if necessary</li> <li>Reports a situation to the CPQ when incapacity is assessed</li> </ul> </li> <li>Reports a potential case of exploitation to the CDPDJ</li> <li>Considers the need for a psychosocial assessment to institute protective supervision or have a protection mandate homologated, or assists with an assessment to determine whether the older adult is capable of consenting to care or accommodation</li> </ul>	<ul style="list-style-type: none"> <li>Determines the offender's eligibility for the non-judicial treatment program for certain adult criminal offences</li> <li>Refers the victim or their immediate circle to a CAVAC</li> <li>Informs the victim or the person acting on their behalf of a guilty plea agreement</li> <li>Informs the other resource persons of the outcome of the legal proceedings (sentence, conditions in probation order) so that it can be entered in the file</li> </ul>	<ul style="list-style-type: none"> <li>Notifies the CPQ when it receives a complaint from a person that the CPQ represents</li> <li>Reports to the CPQ any need for protection that it considers to be within the CPQ's jurisdiction, as soon as it becomes aware of the situation in the course of its duties</li> <li>Exercises the investigation powers granted to it by law (interviewing witnesses, obtaining relevant documents, etc.)</li> <li>Encourages a settlement between the person whose rights were violated or their representative, and the person who is alleged to have committed the offence</li> <li>Applies to the Human Rights Tribunal to claim material, moral or punitive damages, as the case may be</li> <li>Exceptionally applies to a court of law, where there is reason to believe that the life, health or safety of a person being exploited is under threat, or that there is a risk of losing evidence</li> </ul>	<ul style="list-style-type: none"> <li>Institutes legal proceedings to remove an offending legal representative (tutor, curator, mandatary)</li> <li>Applies to the court for provisional administration of a person and/or a person's property where institution of protective supervision is imminent and there is a risk of serious harm</li> <li>Acts as tutor or curator when appointed by the court, particularly where legal representation by a close relative is not possible or is not in the incapable person's best interest</li> <li>Seeks recovery where property or sums of money have been appropriated by a private mandatary, tutor or curator, or where such property or sums of money were appropriated prior to the institution of protective supervision when the victim was considered to be a <i>de facto</i> incapable person</li> <li>Treats the information received from the CDPDJ or any external partner as a reporting and takes the necessary steps to protect the incapable person</li> </ul>	<ul style="list-style-type: none"> <li>Determines whether urgent safeguard measures are required (issuance of stop trading orders, freezing of funds, provisional administration) and institutes the necessary proceedings, as the case may be</li> <li>Takes the necessary steps to have the right to practise withdrawn, suspended or restricted</li> <li>Takes the necessary steps to impose administrative penalties or restrictions on acting as an administrator or officer</li> <li>Institutes criminal proceedings</li> <li>Calls in the police or other parties, as required</li> </ul>
<p><b>Step 7: Conclude the concerted intervention process</b></p>					
<p><b>All designated resource persons</b></p>					
<ul style="list-style-type: none"> <li>The resource person in charge of overseeing the concerted intervention process for the mistreated person may, with the help of other resource persons, conclude the process if the two following criteria are met:                     <ol style="list-style-type: none"> <li>The older adult is receiving support from one or more resource persons to help them end the mistreatment.</li> <li>The mistreatment has ended, even if legal proceedings are in progress.</li> </ol> </li> <li>In such a case, the resource person uses the web platform to notify the other designated resource persons of any actions taken and to inform them when the intervention process will end. The older adult or their legal representative is also informed of the progress made.</li> </ul>					



**Schedule XI: PIC: Quick reference sheet (older adults and other vulnerable persons)**

SUMMARY OF THE PROCESS			USEFUL INFORMATION											
<p><b>1. Refer to the internal procedure relating to the PIC and/or contact your organization's designated representative</b></p> <p><b>THE 3 CRITERIA REQUIRED TO APPLY THE PIC ARE AS FOLLOWS:</b></p> <ul style="list-style-type: none"> <li>Reasonable grounds to believe that a person in a vulnerable situation is a victim of mistreatment within the meaning of the Act (I-6.3)</li> <li>Intersectoral collaboration to put an end to the situation of mistreatment</li> <li>Reasonable cause to believe that the situation may constitute a criminal or penal offence</li> </ul>			<p><b>CONSENT</b></p> <p>It is important to distinguish the different types of consent and explain its purpose:</p> <p><b>Consent to disclose personal information:</b></p> <p>The person consents to the disclosure of information to other resource persons so that actions consistent with their choices may be implemented to ensure that the person is better protected and receives the help needed to put an end to the situation of mistreatment.</p> <p><b>Consent to an intervention:</b></p> <p>The person agrees to interventions intended to improve the situation.</p> <hr/> <p>The term "Serious bodily injury" means any physical or psychological injury that is significantly detrimental to the physical integrity or the health or well-being of a person or an identifiable group of persons (L-6.3, section 20.1, paras. 1 and 2).</p> <hr/> <p><b>NB:</b></p> <p><b>No personal information should appear in the event section of the SIMA file in order to protect the person's identity (even if you have their consent to disclose this information).</b></p> <hr/> <p><b>PLEASE NOTE</b></p> <p>The person who creates the file in SIMA as part of an advisory consultation or intervention is responsible for overseeing and closing the file, unless responsibility is assigned to another person.</p> <hr/> <p><b>WHEN SHOULD A NOTE BE ENTERED IN SIMA?</b></p> <ul style="list-style-type: none"> <li>When the file is created</li> <li>During follow-ups</li> <li>When the file is closed in SIMA</li> </ul> <p><b>Criteria for closing a file:</b></p> <ul style="list-style-type: none"> <li>The person is taken into care to put an end to the situation of mistreatment</li> <li>The situation of mistreatment ends, despite ongoing legal proceedings</li> </ul> <p><b>Refer to the "Guide d'accompagnement SIMA" in the Tools section in SIMA for more information</b></p>											
<p><b>*Where in doubt, hold an advisory consultation to ensure that the situation meets the 3 criteria</b></p>														
<p><b>2. Hold an advisory consultation</b> See the table below for options on how to create a file in SIMA</p> <p><b>3. Seek the verbal or written consent of the person or their legal representative</b> Such consent must be free and informed: The person understands what a PIC is, what information will be shared and with whom.</p> <p>➤ Use the documents available in SIMA in the Tools section, as required:</p> <ul style="list-style-type: none"> <li><i>Dépliant-info-maltraitance</i></li> <li><i>Formulaire_Consentement</i></li> </ul> <p>In the absence of consent, are the criteria for setting aside confidentiality or professional secrecy met in situations involving a serious risk of death or serious injury? Where in doubt, hold an advisory consultation</p>														
<p><b>4. Options for opening a file in SIMA</b></p> <table border="1"> <thead> <tr> <th>Advisory consultation (prior to consent)</th> <th>Intervention (with consent)</th> <th>Intervention with serious risk of death or serious injury (without consent)</th> </tr> </thead> <tbody> <tr> <td> <p><b>Steps:</b></p> <ul style="list-style-type: none"> <li>Consult partners in the absence of consent</li> <li>Determine whether the PIC criteria are met</li> <li>Consider how to obtain consent</li> <li>Assess whether there is a serious risk of death or serious injury</li> </ul> </td> <td> <p><b>Steps:</b></p> <ul style="list-style-type: none"> <li>Exchange information (some of which may be personal) with other resource persons</li> <li>Plan interventions best suited to the individual</li> <li>Develop a strategy to implement the relevant actions</li> </ul> </td> <td> <p><b>Steps:</b></p> <ul style="list-style-type: none"> <li>Exchange any necessary personal information with resource persons who can provide assistance</li> <li>Prevent an act of violence where there is a serious risk of death or serious injury that generates a sense of urgency</li> </ul> </td> </tr> <tr> <th colspan="3">Personal information</th> </tr> <tr> <td>Do not include any personal information or other information that could be used to identify the persons involved.</td> <td>Only fill in the fields that apply to the persons involved.</td> <td>Only fill in the fields that apply to the persons involved. Communicate only necessary information and only to persons who can provide assistance.</td> </tr> </tbody> </table>				Advisory consultation (prior to consent)	Intervention (with consent)	Intervention with serious risk of death or serious injury (without consent)	<p><b>Steps:</b></p> <ul style="list-style-type: none"> <li>Consult partners in the absence of consent</li> <li>Determine whether the PIC criteria are met</li> <li>Consider how to obtain consent</li> <li>Assess whether there is a serious risk of death or serious injury</li> </ul>	<p><b>Steps:</b></p> <ul style="list-style-type: none"> <li>Exchange information (some of which may be personal) with other resource persons</li> <li>Plan interventions best suited to the individual</li> <li>Develop a strategy to implement the relevant actions</li> </ul>	<p><b>Steps:</b></p> <ul style="list-style-type: none"> <li>Exchange any necessary personal information with resource persons who can provide assistance</li> <li>Prevent an act of violence where there is a serious risk of death or serious injury that generates a sense of urgency</li> </ul>	Personal information			Do not include any personal information or other information that could be used to identify the persons involved.	Only fill in the fields that apply to the persons involved.
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