



<b>PROCEDURE ON MISTREATMENT OF SENIORS AND VULNERABLE ADULTS</b>	Page 1 of 22
<b>Source:</b> Director of Professional Services and Quality Assurance – Psychosocial and Service Quality and Complaints Commissioner	
<b>Addressee:</b> All CBHSSJB personnel, including professionals, medical residents, trainees, volunteers, patient escorts and other persons providing services to a client on behalf of the CBHSSJB Any external person or entity that the CBHSSJB calls on for the provision of health or social services to an adult client	Code: TBD
<b>Approved by:</b> Executive Committee on November 18th, 2024  Submitted to the MSSS on March 18 <sup>th</sup> , 2025	Last revision: February 14, 2025 In effect as of: March 11, 2025
<b>Related documentation:</b> <ul style="list-style-type: none"><li>• Act to combat maltreatment of seniors and other persons of full age in vulnerable situations (RLRQ, chapter L-6.3)</li><li>• 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 center (Chapter S-4.2)</li><li>• National framework agreement to combat elder abuse</li><li>• CHB code of ethic and values</li><li>• Regulation respecting the complaint examination procedure</li><li>• Regulation respecting the certification of private seniors’ residences (RLRQ, chapter S-4.2)</li><li>• Reference guide to combat elder abuse</li><li>• Policy template to counter the mistreatment of residents in long term care facilities</li></ul>	

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## **Abbreviation list**

CBHSSJB: Cree Board of Health and Social Services of James Bay

CHSLD : Centre d'hébergement et de soins de longues durées

CMC: Community Miyupimaatisiun Center (CLSC)

CREGES: Centre de recherche et d'expertise en gérontologie sociale

MSSS : Ministère de la santé et des services sociaux

RI : Ressource intermédiaire (Ashuukin Services)

RTF : Ressource de type familiale (Foster home)

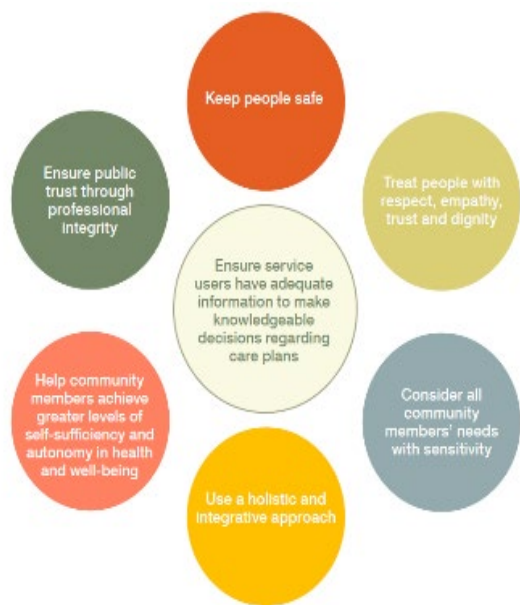
SQCC : Service quality and complaints commissioner

**PART I.       CONTEXT**

1. Objective

*An Act to combat maltreatment of seniors and other persons of full age in vulnerable situations (Act 6.3)* provides for measures to address mistreatment of seniors and vulnerable adults. This law has been adopted in May 2017 and modified in 2020 and 2022; it requires all regions of Quebec to have their own policy regarding mistreatment of senior and vulnerable adults. The law is responsible for combatting mistreatment, in particular by ensuring the complementarity and effectiveness of actions undertaken to prevent, identify, report and combat such mistreatment.

2. CBHSSJB values



The CBHSSJB wishes to address the issue of mistreatment in Eeyou Istchee in a way that is meaningful to the population. Developing an approach that is guided by achieving miyupimaatisiun through the guidance of ancestral teachings that will restore the respect, dignity and honor of our Cree seniors and vulnerable adults.

The CBHSSJB does not accept any form of mistreatment. The executive director of the organization is committed to promoting a culture of good treatment and takes the necessary steps to prevent abuse and put an end to any cases of abuse brought to his attention.

3. Definitions

The following definitions from the *Act 6.3* are essential to understanding and implementing this policy:

Mistreatment: a single, or repeated act, or 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. Terms “maltreatment” and “abuse” can also be used as synonyms.

Wellness care: "Wellness care is an approach that values respect for all individuals, their needs, demands and choices, including refusals. It is expressed through attentions and attitudes, know-how and collaborative skills, respectful of people's values, culture, beliefs, life course and rights and freedoms. It is exercised by individuals, organizations or communities who, through their actions, place people's well-being at the heart of their concerns. It is built through interaction and a continuous search for ways to adapt to others and their environment" (PAM 2022-2027, p. 26).

Person in a vulnerable situation: a person of full age (over 18 years of age) whose ability to request or obtain assistance is temporarily or permanently limited because of factors such as a restraint, limitation, illness, disease, injury, impairment or handicap, which may be physical, cognitive or psychological in nature.

Person working for the institution: means a physician, dentist, midwife, personnel member, medical residents, trainee, volunteer or other natural person who provides services directly to a person on behalf of the CBHSSJB.

Health services and social services providers: means 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 (Elder’s home), intermediate resource (Ashuukin services) or family-type resource (Foster care), including a person who carries on activities described in section 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.

Serious injury: any physical or psychological injury that significantly impairs the physical integrity, health or well-being of an individual or group of people. Examples include indebtedness or difficulty in meeting basic needs can be consequences linked to financial maltreatment and generate an important distress for the person concerned. As such, they can be considered serious psychological injuries.

## **PART II. PURPOSE, APPLICATION AND INTERPRETATION**

The purpose of this Policy is to establish measures to prevent and combat mistreatment of seniors and vulnerable adults, including to support them to end mistreatment.

This Policy applies to vulnerable adults, including seniors, who receive health or social services through the Cree Board of Health and social services of James Bay, either in one of its facilities or through in-home services. This Policy shall be applied in a manner consistent with their right to culturally safe care and services.

The CBHSSJB shall not tolerate any form of mistreatment of these seniors and vulnerable adults.

This Policy must be read together with the Act. The terms defined in the Act have the same meaning for the purpose of this Policy.

The CBHSSJB must take measures to ensure that any external person or entity that it calls on for the provision of its health or social services is subject to this Policy, with any necessary adaptations.

## **PART III. PREVENTIVE MEASURES**

### **1. Awareness and preventive measures**

The Cree Board of Health and social services of James Bay must implement the following preventive measures in a manner that reflects traditional Cree values and promotes cultural safety.

Activities and materials to identify and prevent mistreatment of seniors and vulnerable adults, including awareness and information tools and activities directed to community members, CBHSSJB personnel and external service providers:

- Awareness activities on June 15<sup>th</sup> campaign and throughout the year in each community, organized by regional and local services providers
- Promotion of Wichihiwauwin helpline (crisis line for all Cree community members) on social medias, available 24h. 1-833-632-HELP (4357)
- Pamphlets and posters in public areas
- Education/awareness on social media, radio, and through community presentations
- Display of the policy and its summary in public areas such as elder's homes, foster homes, CMCs, MSDC and on the CBHSSJB website.

### **2. Training**

- Trainings for CBHSSJB personnel and external service providers, including Elders' homes and foster families who receive adults, to identify and prevent mistreatment of seniors and vulnerable adults;
- Trainings "Countering the mistreatment of Older Adults" developed by the MSSS and deployed on ENA platform (Environnement d'apprentissage numérique) for all CBHSSJB employees; mandatory training for all new employees;
- Training "Identification and Reporting of a situation of mistreatment toward an older adult" developed by the MSSS and deployed on ENA platform for health and social services professionals; mandatory training for all new professionals;
- Training "It's not right" developed by CREGES for general population and adapted to our communities;
- Training "Prévention et gestion de la maltraitance envers les résidents et résidentes en CHSLD" developed by the MSSS and deployed on ENA platform for managers in Elders' homes;
- Expertise training developed for Wichihiwauwin regional helpline workers;

- Development and deployment of a clear pathway for all community members and service providers to receive support if they have witnessed or are concerned about a situation of mistreatment;
- Clinical support available for CMC psychosocial staff from the Advisor - Elder wellness, in collaboration with regional key partners in the case of complex situations of mistreatment.

## **PART IV. MANAGEMENT OF MISTREATMENT SITUATIONS**

### **1. Identification**

Identifying abuse is vital to minimize the potential for harmful consequences for the user. Identifying potential situations of abuse is everyone's responsibility. It involves documenting and analyzing indications and/or risk factors for abuse and using professional judgment.

**Seeing:** Seeing is the action of paying attention to signs of abuse with the aim to identify them. Anyone can see abuse.

**Detecting:** Detection is the action taken by a professional, often with the help of tools, to identify risk factors and/or signs of abuse.

**Screening:** A systematic identification process applied to a population. For example, all elderly residents of a CHSLD, carried out by an intervener using tools that facilitate the identification of risk factors and/or signs of maltreatment.

All clinical departments concerned must:

- Provide their team members with information on training courses and tools available regarding identification of mistreatment;
- Offer time to team members for training courses and clinical discussions;
- Specify their department's clinical-administrative procedures for identifying, managing reports, documenting files and entering or compiling data concerning a maltreatment situation;

When the mistreatment event occurs in the context of service delivery, the service provider from the CBHSSJB must complete an incident-accident report (AH-223) based on existing policies and procedures at the establishment, meeting ministerial guidelines on incident and accident reporting.

### **2. Report**

The CBHSSJB must deploy the following mechanisms in case of mistreatment as a trajectory of services that reflects traditional Cree values and promotes cultural safety;

#### **A) Mandatory report**

1. Any health services and social services providers or any professional within the meaning of the *Professional Code* (LRQ, c. C-26) who has reasonable grounds to believe that a senior or vulnerable adult is a victim of mistreatment must report it directly and without delay to the Service Quality and Complaints Commissioner, if:
  - a) A user of full age who is lodged in a facility maintained by an institution operating a residential and long-term care center (CHSLD) within the meaning of the *Act respecting health services and social services* (chapter S-4.2); or
  - b) A user of full age who is taken in charge by an Intermediary Resource or Family-type Resource;
  - c) A person of full age who is under tutorship or for whom a protection mandate has been homologated;
  - d) Any person of full age whose incapacity to care for himself or herself or to administer his or her property has been ascertained by medical assessment, but who is not under a protective measure;
  - e) Any other person in a vulnerable situation who is resident of a private seniors' residence.

This mandatory report applies for all health and social providers that witness mistreatment to the clientele above, including professionals bound by professional secrecy, except lawyers and notaries, who, in their profession duty, can receive other guidance.

**The consent of the senior or the vulnerable person is desired but not mandatory.** The representative needs to be informed following the report made.

Take note that reasonable grounds exist when a risk can be apprehended or feared on the basis of an observable fact or circumstance. This doubt goes beyond impression or intuition. The report must-be done without delay.

The report must be done directly and without delay by sending an e-mail to [r18.complaints@ssss.gouv.qc.ca](mailto:r18.complaints@ssss.gouv.qc.ca) or by phone at 1-866-923-2624. The person will be asked to complete the complaint form (Appendix 2) and will be guided and supported by the CBHSSJB Service Quality and Complaints Commissioner (SQCC). The SQCC has the responsibility to answer the request without delay (depending on the situation's severity) and to provide a report within a maximum of 60 days.

B) Complaint and Voluntary report

Even if the report is mandatory in certain circumstances, the law encourages voluntary reports with the client's consent.

Seniors and vulnerable adults receiving health and social services from the CBHSSJB can file a complaint to the SQCC if they believe that they are victims of mistreatment.

Any other person witnessing mistreatment toward a senior or a vulnerable person receiving services by the CBHSSJB, can make a report to the Commissioner, with the consent of the person and in respect to confidentiality as much as possible.

All health and social providers who have reasonable grounds to believe that a senior or vulnerable adult is a victim of mistreatment, have an ethical responsibility to report the situation. **Lifting of professional secrecy or confidentiality** is possible when there is a high risk of death or serious injury.

A serious injury means "physical or psychological injury that significantly impairs the physical integrity, the health or wellness of a person or a group of persons".

If the vulnerable person does not receive health and social services from the CBHSSJB, this person (or other person observing mistreatment) **can contact the Wichihiwauwin helpline** to receive immediate support, and be referred to the appropriate key partners, with the support of the Regional Collaborative Intervention group:

- Eeyou Istchee Police Force (EPPF)
- Public Curator
- Commission des droits de la personne et des droits de la jeunesse (CDPDJ)
- Autorité des marchés financiers (AMF)
- CMC - social services team in her community

The situation applies for people living in long term care facilities outside Region 18. Anytime, they can make a report/complaint to the SQCC of the region where they live. If needed the SQCC will collaborate with the Region 18 Commissioner in order to stop mistreatment and protect the person from any inappropriate behavior.

2.1 Support and confidentiality in the report process

Service quality and complaints Commissioner

The Commissioner or Assistant Commissioner can help the person at all stages of the complaint process. They can suggest the CBHSSJB take certain actions to correct the situation and improve the quality of care for all. They seek solutions that are satisfactory to both parties. The Commissioner or Assistant Commissioner makes sure the complaint is kept private. They also make sure that no actions are taken against the person because she files a complaint.

[R18.complaints@ssss.gouv.qc.ca](mailto:R18.complaints@ssss.gouv.qc.ca) or 1-866-923-2624.

#### Wichihiwauwin Helpline

They provide a 24/7 free, safe and confidential space to the Cree population who need to talk about difficult situations concerning their well-being. They can support the caller through the complaint process by offering a safe space to vent on the situation, by supporting him with redaction, and by referring him to the Commissioner when needed.

1-833-632-HELP (4357)

#### Ligne Aide à la Maltraitance Adulte Aînés (LAMAA)

The Mistreatment Helpline is a provincial telephone line for listening, reference and support specializing in the mistreatment of older adults and all adults in vulnerable situations. This helpline can be reached for any expertise and support with complex situations of mistreatment.

1-888-489-2287

#### CAVAC

Crime Victims Assistance Centres, or CAVACs, offer front-line services to any crime victim or witness. Help from CAVACs is available whether the perpetrator of the crime has been identified, apprehended, prosecuted or convicted. The CAVACs work in collaboration with experts from the legal community, health and social services networks and community organizations. CAVACs can support the victim through the report process as well as the legal aspect following a report to the police.

Cree Inland (Ouje Bougoumou, Mistissini, Waswanipi): 1-855-603-6137

Cree Northern Coastal (Whapmagoostui, Chisasibi, Wemindji): 1-855-603-6136

Cree Southern Coastal (Eastmain, Waskaganish, Nemaska): 1-855-603-6168

The SQCC, the Wichihiwauwin helpline worker and the local social intervener (community worker, social worker or human relation officer) assigned must take all necessary measures to ensure that the confidentiality of information identifying a person making a report is preserved, except with that person's consent. However, the Commissioner and the social intervener assigned may communicate the person's identity to a police force (Section 22.1 of the Act).

The establishment must also take all necessary measures to ensure that the confidentiality of identifying information is preserved when a report is made to a designated social intervener.

When a report is made to a designated social intervener, the latter must respect his or her ethical and professional obligations and, if he or she is a member of a professional order, his or her deontological obligations.

**Protection against reprisals:** a person who files a complaint, reports a situation of mistreatment or is involved in the examination of a report or a complaint, in good faith, may not be subject of reprisal, such as demotion, dismissal, disciplinary action or breach of lease (Section 22.2 of the Act).

It is also forbidden to threaten a person with reprisals for refraining from making a complaint or report, or for collaborating in the investigation of a report or complaint.

Furthermore, "a person may not be prosecuted for having, in good faith, formulated a complaint, made a report or collaborated in the examination of a complaint or the processing of a report, regardless of the conclusions reached". (Section 22.3 of the Act)

Note that a person who is dissatisfied with the response or conclusions to a complaint by the Commissioner may contact the Protecteur du Citoyen at 1-800-463-5070 or at [protecteur@protecteurducitoyen.qc.ca](mailto:protecteur@protecteurducitoyen.qc.ca).

The Commissioner has an obligation to provide an annual summary to the establishment on complaints and reports it has received concerning cases of abuse, without compromising the confidentiality of the person.



### 3. Verification of facts

Verification of facts is a process that allows to:

- confirm whether abuse has indeed occurred and initiate the necessary action and follow-up;
- evaluate and analyze all the clues and indicators to confirm whether the negative consequences experienced by the person are linked to maltreatment;
- document the situation in depth, question the people involved and gather documentation from various sources.
- Although the Commissioner is designated to receive complaints and reports of abuse, verification of facts must be carried out in collaboration with the relevant departments, which have the required expertise, and with any other entities holding the information or expertise required.

The CBHSSJB clinical teams have the responsibilities to ensure client safety and wellbeing first. If the perpetrator is an employee of the organization, human resources must be informed; the appropriate measures will be discussed, according to the situation. Meetings with the victim as well as all other people involved are needed to gather information, perception and needs, in respect with confidentiality aspects. The different steps and rights are well explained throughout the process. A clear multidisciplinary plan with the different actions and follow-ups will be documented.

### 4. Assessment of victim's needs

Assessing the person's needs and abilities enables us to plan and prioritize interventions based on the preferences and values of the victim, with his or her consent. This assessment is also intended to identify the internal and external expertise that will be required to meet the needs of the abused person. For optimum management of situations of abuse, the assessment should, as far as possible, consider all those affected by the situation.

This stage involves assessing:

- the psychosocial, medical and functional needs;
- the ability to manage his/her property and/or his/her person;
- the need for legal representation or protection;

### 5. Intervention and follow-up

Anyone affected by, or involved in, a situation of abuse must be welcomed, supported and accompanied from the very first suspicion of abuse until the end of the investigation, if necessary. As abuse often occurs within relationships involving family members or other close relations, parents, friends, caregivers, the close link with the abuser does not always make it possible to put an end to the abuse. Particular attention must be paid to these situations, considering the risk of escalation and promoting a harm-reduction approach suited to the Cree culture.

Actions and follow-up must be coordinated with all the internal and external entities involved through a collaborative intervention plan with different expertise. Good planning is essential to preserve the identity of the alleged victim and the person who reported the situation.

#### 5.1 Regional Collaborative interventions (PIC)

Collaborative interventions involve stakeholders from organizations represented by the signatory government departments and agencies in the fields of health and social services, justice and public safety who work with seniors in vulnerable situations.

The aim of these processes is to harmonize the management of situations of abuse requiring concerted action and formal partnerships with organizations playing a leading role in the fight against abuse such as the Curateur public, police forces (EPPF), CAVAC, Cree Nation Government (CNG), First nation Bank, etc, particularly in cases where the abuse is of a criminal or penal nature. The regional Advisor – Elder wellness is the person in charge to lead the actions taken by this partnership.

Each partner of this collaboration determines a representative, who has the responsibility to be part of the intervention plan deployed following a complex case of mistreatment. These representatives can be reached any time, for all situation of mistreatment, no matter if the victim already receives services or not from the CBHSSJB. They bring their expertise, support and initiate actions when needed.

Any frontline worker who is facing a complex situation of mistreatment and follows the criteria below can contact the Advisor – Elder wellness to plan a regional collaboration intervention meeting:

1. A worker must have reasonable grounds to believe that an elderly person is being abused
2. The situation of abuse must necessitate concerted action by the different organizations in order to put an end to it efficiently
3. The worker must have reasonable grounds to believe that the abuse situation could constitute a criminal or penal offence.

The Advisor – Elder wellness will discuss the situation with the worker and together, they will determine which representative from the different partners should be involved, in order to offer clinical support and/or intervene directly on the situation if needed. A request of meeting will be sent to the appropriate key actors and the discussion will occur within 48hours. The role and responsibilities of each organization's representative are:

- To develop a clear pathway of communication within each organization when a worker is facing a complex mistreatment situation and needs support
- To contact the CBHSSJB Advisor – Elder Wellness to organize a meeting with the key actors from the group, according to the situation
- To be available for punctual meetings with the group and bring ideas/suggestions/advises
- Intervene on the situation when needed, and/or bring the request to their field workers

Following the meeting, the Advisor – Elder wellness will document the information on SIMA, a platform developed for this specific purpose, and will do follow-ups with the frontline worker involved, as discussed within the meeting.

This collaborative intervention group will update each other on different topics related to mistreatment and will be invited to attend an annual gathering where the Advisor – Elder wellness will present a report of the interventions made within the year, as well as trainings and conferences related to vulnerable adults mistreatment.

## 5.2 Penal and criminal sanctions

If the actions or lack of action on the part of the abuser or the establishment contravene laws or regulations, sanctions may be applied. It is important to note that sanctions can be administrative, disciplinary or judicial.

Sanctions for mistreatment, including disciplinary sanctions for personnel, subject to applicable law, collective agreements, by-laws, policies and similar instruments, and whereby sanctions and related measures also seek to promote restorative healing among relevant persons where appropriate.

Under the Act, it is now possible to ask for the application of penal sanctions in connection with the fight against abuse in the following situations:

- Failure to report by a care and social service provider or a professional within the meaning of the *Professional Code*;
- Threatening, intimidating, attempting to take or taking reprisals against a person regarding a situation of mistreatment who have been reported or witnessed by the person;
- Committing an act of mistreatment against an elderly or adult person in a vulnerable situation receiving health care or social services.
- Anyone who obstructs or attempts to obstruct an inspector or investigator in any way is guilty of an offence.

Any person who is a direct witness to the facts, a relative or a representative of the abused person may file a request to the MSSS Inspection and Investigation Department. You can reach the responsible people by phone at 1-877-416-8222 or by e-mail at [maltraitance.die@msss.gouv.qc.ca](mailto:maltraitance.die@msss.gouv.qc.ca).

**Direction de l'inspection et des enquêtes**  
*Ministère de la Santé et des Services sociaux*  
3000, avenue Saint-Jean-Baptiste, 2e étage, local 200  
Québec (Québec) G2E 6J5

If the perpetrator is a service provider from the CBHSSJB, the Department of Professional Services and Quality Assurance as well as Human Resources must be informed and will intervene accordingly.

The Commissioner may take actions on his or her own initiative in the absence of a complaint or report if there are reasonable grounds to believe that this Policy has been violated.

EXAMPLES OF SANCTIONS THAT CAN BE APPLIED BY THE CBHSSJB IN CASE OF ABUSE
<b>Employees</b> Disciplinary measures: warning, letter to file, suspension or dismissal.
<b>Members of the Council of Physicians, Dentists and Pharmacists (CMDP)</b> Disciplinary measures: reprimand, change of status, deprivation of privileges, suspension of status or privileges for a specified period or revocation of status or privileges.
<b>Midwives</b> Disciplinary measures: reprimand, modification or deprivation of one or more of the rights provided in the contract, or termination of the contract.
<b>Middle, senior and non-executive managers</b> Disciplinary measures: dismissal, non-reengagement, termination of employment, suspension without pay or demotion.
<b>RI/RTF (Intermediary Resource or Family-Type Resource)</b> Non-renewal or termination of specific or particular agreement.
<b>RPA (Private residence)</b> Revocation of temporary certificate of compliance, refusal to issue, revocation or refusal to renew certificate of conformity.
EXAMPLES OF OTHER SANCTIONS AGAINST INDIVIDUALS AND ESTABLISHMENTS WHO INITIATE OR TOLERATE A SITUATION OF ABUSE
<b>Members of a professional order</b> A professional order may impose the following sanctions on one of its members: reprimand, temporary or permanent striking off the roll, fines, revocation of a permit, revocation of a specialist's certificate or suspension of the right to engage in professional activities.
<b>Establishments</b> The MSSS may impose the following measures on establishments: appoint observers, investigate, require the submission of an action plan, assume provisional administration (public and private establishments under contract), suspend or revoke a permit.
<b>All persons</b> Following an investigation by the CDPDJ (Commission des droits de la personne et des droits de la jeunesse), proceedings may be brought before the Human Rights Tribunal which may issue all procedural and practical decisions and orders necessary for the exercise which, among other things, relate to the right of an elderly or disabled person to be protected from all forms of exploitation. Penal or criminal proceedings may also be instituted.

PART V. ADAPTATION OF THIS POLICY TO RI, RTF, RPA AND OTHER EXTERNAL SERVICES PROVIDERS

## RI-RTF (Intermediary Resource and Family-Type Resource)

The RI-RTF and any other person or organization used by the establishment to provide services have the responsibility to observe for signs of vulnerability and abuse, and identify potential situations of abuse.

In the case of RIs and RTFs, no specific adaptation is necessary. According to collective and national agreements, the signatory of the agreement is responsible for complying with the establishment's policies, directives and procedures that may be applied to the provision of services. They must also ensure that the people who provide these services also respect them.

They have the responsibility to apply, promote and to disseminate the establishment policy to family members, clients and services providers, in collaboration with the CBHSSJB workers.

## RPA (Private facilities)

According to the Law and regulations, an RPA must not engage in practices or tolerate a situation that could jeopardize the health or safety of the persons to whom it provides services, including situations of abuse.

In the case of RPA, no specific adaptation is necessary. As an employer and holder of a certificate of compliance or temporary attestation, the operator of an RPA is responsible for ensuring that its employees, or any other persons he or she appoints to provide these services, apply the establishment's policy.

They have the responsibility to apply, promote and to disseminate the establishment policy to family members, clients and services providers, in collaboration with the CBHSSJB workers.

## **PART VI. PROMOTION AND DISSEMINATION**

The Cree Board of Health and social services of James Bay has the obligation to disseminate this policy to all people identified in the law such as “clients, significant family members, people working for the establishment, health and social services network, stakeholders, professional groups, community organizations, social economy enterprises, private resources and stakeholders in other sectors of activities”.

The Director of Professional Service and Quality Assurance – Psychosocial (DPSQA Psychosocial) must ensure that this Policy is displayed in CBHSSJB facilities in public view such as local CMC (Community Miyupiiimatiisiun center), elder’s homes and foster homes. This policy will be also displayed on its website.

The DPSQA - psychosocial must inform CBHSSJB personnel of the content of this Policy, including its prevention measures, and the possibility or obligation of reporting mistreatment of vulnerable adults under this Policy and the Act, as applicable. Training and information will be given to all the personnel, including homecare staff, working closely with seniors, vulnerable clientele and their families. Preventive measures, trajectory of services in case of mistreatment and mandatory signalments will be clarified and explained within this policy, procedure and training attached.

As described in *the Art.6 of the Law 6.3*, the establishment will make the policy known to stakeholders in the health and social services network operating in the territory they serve, such as community organizations (local wellness centers, Cree women and men associations, etc.), Justice department, CAVAC, Mistissini Elder’s home operated by the local Band office, Eeyou Eenou Police Force, First Nation Bank, etc. through diffusion of posters and pamphlets and trainings.

The Service Quality and Complaints Commissioner must include a section on complaints and reports received under this Policy in any report submitted to the Board of Directors of the CBHSSJB regarding complaints and related matters.

## **PART VII. ROLES AND RESPONSIBILITIES**

Many people have an important role to play in combating abuse of vulnerable seniors and adults. Each of them must collaborate by contributing according to their role or expertise. Increased vigilance is expected by all the key players concerned by this policy, the aim being for everyone to take actions when a situation is suspected or confirmed.

Any person working for the CBHSSJB, or any care and service provider, has an ethical responsibility to report situations in accordance with the *Act to combat maltreatment of seniors and other persons of full age in vulnerable situations* and the CBHSSJB procedures.

SPECIFICS RESPONSIBILITIES WITH ELDER ABUSE SITUATIONS	
<div>Person responsible to implement the policy</div> <div>DPSQA Psychosocial</div>	<div>In collaboration with the departments concerned by the <i>Act to combat maltreatment of seniors and other persons of full age in vulnerable situations</i>, with the Commissioner, and with representatives of health and social services, the following measures must be respected:</div> <div>POLICY DEVELOPMENT</div> <div><ul style="list-style-type: none"><li>Ensure the adoption of the CBHSSJB policy by the Board of Directors within the statutory timeframe.</li><li>Ensure the implementation of the mistreatment policy, with the contribution of responsible managers and officers.</li></ul></div> <div>TRAINING</div> <div><ul style="list-style-type: none"><li>Develop and offer a training plan regarding mistreatment of senior and vulnerable adults for all CBHSSJB workers, including Foster homes, RI, Elder's home and partners, in collaboration with communication department and DPSQAs (Direction of Professional Services &amp; Quality Assurance).</li></ul></div> <div>PREVENTION AND AWARENESS</div> <div><ul style="list-style-type: none"><li>Develop and offer a plan for awareness activities regarding mistreatment of senior and vulnerable adults for all community members</li></ul></div> <div>REPORT</div> <div><ul style="list-style-type: none"><li>Ensure that procedures for gathering information about reports and referrals to the appropriate authorities are clear and and known by all CBHSSJB workers.</li><li>Establish and implement strategies to ensure confidentiality and protection against retaliation.</li></ul></div> <div>DISSIMINATION</div> <div><ul style="list-style-type: none"><li>Develop a distribution plan.</li><li>Ensure that the establishment posts its policy in public view and publishes on its website. Also ensure that the establishment, by any other means, makes its policy known to the users, including those who receive services at home, and their significant family members.</li><li>Share dissemination tools with Foster homes, RI and CHSLD.</li></ul></div> <div>REVIEW OF THE POLICY</div> <div><ul style="list-style-type: none"><li>Review the policy every 5 years or as required by law.</li><li>Make any necessary changes to overcome difficulties in implementing the policy.</li></ul></div>
<div>Human resources Department / Communication Department</div>	<div>INTERVENTIONS</div> <div><ul style="list-style-type: none"><li>Participate in identifying and applying recommendations and/or sanctions.</li></ul></div> <div>AWARENESS AND TRAINING</div> <div><ul style="list-style-type: none"><li>Ensure that all persons in contact with users have been made aware of the policy to combat maltreatment of seniors and other persons of full age in vulnerable situations.</li><li>Ensure the planning of training courses concerning mistreatment, in collaboration with Miyupiimatiisiun Department (clinical).</li></ul></div>

	<p>POLICY DISSEMINATION</p> <ul style="list-style-type: none"> <li>• Ensure the development and implementation of the policy.</li> </ul>
Miyupiimatiisiun Department, including all CMC Local Directions	<p>MANAGING SITUATIONS OF ABUSE</p> <ul style="list-style-type: none"> <li>• Ensure that situations of abuse are properly managed in their department.</li> <li>• Ensure that all key elements related to the management of situations of abuse are known and taken into consideration.</li> <li>• Provide their managers with the tools and support they need to meet the specific needs of their clientele at every stage of managing abuse situations.</li> <li>• Inform all parties involved in a situation of abuse about the support mechanisms available to them during the process.</li> </ul> <p>IDENTIFYING AND APPLYING STRATEGIES</p> <ul style="list-style-type: none"> <li>• Identify and implement strategies to help the identification, detection and/or screening of abuse.</li> <li>• Specify strategies for documenting and capturing data related to situations of abuse.</li> </ul> <p>REPORTING</p> <ul style="list-style-type: none"> <li>• Promote reporting by identifying measures that minimize the risk of retaliation against those who report.</li> <li>• Provide information on reporting procedures.</li> </ul> <p>VERIFICATION OF FACTS</p> <ul style="list-style-type: none"> <li>• Design and implement a fact-checking process following a report.</li> </ul> <p>ACTION AND FOLLOW-UP</p> <ul style="list-style-type: none"> <li>• Put in place mechanisms to ensure actions and follow-ups.</li> </ul>
Risk management Team	<p>IDENTIFYING</p> <ul style="list-style-type: none"> <li>• Receive AH-223 form through Gesrisk, describing an event of mistreatment</li> </ul> <p>REPORTING</p> <ul style="list-style-type: none"> <li>• Inform the Service Quality and Complaint Commissioner about incident-accident reported for further interventions.</li> </ul>
All employees working for the CBHSSJB	<p>IDENTIFICATION</p> <ul style="list-style-type: none"> <li>• Observe signs of vulnerability and abuse, and notice potential situations of abuse.</li> </ul> <p>REPORTING</p> <ul style="list-style-type: none"> <li>• Report any situation of suspected or confirmed abuse, as soon as it is identified or detected, in accordance with the procedures.</li> </ul> <p>INFORMATION DOCUMENTATION</p> <ul style="list-style-type: none"> <li>• Document all information relating to detection or screening, according to the CBHSSJB procedures.</li> </ul> <p>FACT-FINDING</p> <ul style="list-style-type: none"> <li>• Any care and service provider who has a direct link with the user may be called upon to participate in the verification process.</li> </ul>

	<p><b>NEEDS AND ABILITIES ASSESSMENT</b></p> <ul style="list-style-type: none"> <li>Any care and service provider who has a direct link with the user may be asked to contribute to an intervention plan to ensure the user's safety and manage the maltreatment situation.</li> <li>Keep in mind that there may be more than one user involved in the situation. All should be assessed as soon as possible.</li> <li>Document the assessment using established procedures.</li> </ul> <p><b>ACTION AND FOLLOW-UP</b></p> <ul style="list-style-type: none"> <li>Follow up on the intervention plan and establish timetables to reassess whether needs are in line with the plan.</li> <li>Use collaborative intervention processes when needed.</li> </ul>
Commissioner of service quality and complaints	<p><b>REPORT</b></p> <ul style="list-style-type: none"> <li>Treat all reports and complaints, whether mandatory or voluntary, in the same way.</li> <li>Analyze admissibility.</li> <li>Prioritize reports according to their seriousness.</li> <li>Examine the report and apply the procedure according to the identification of the perpetrator of the abuse;</li> <li>Verify whether the facts contravene any laws or regulations.</li> <li>Direct the report according to whether the facts contravene laws or regulations</li> <li>Direct reports concerning the actions or lack of action of a physician, a dentist, pharmacist or resident.</li> <li>Conclude the case (with or without recommendation) or refer to appropriate authority.</li> <li>Keep track of data and perform accountability reporting.</li> <li>Support the person through the complaint process. Refer to clinical worker when needed.</li> <li>Keep confidentiality</li> </ul>
Responsible doctor	<p><b>VERIFICATION OF FACTS</b> (complaint about a physician, dentist, pharmacist or medical resident)</p> <ul style="list-style-type: none"> <li>Apply the procedure for examining complaints about a physician, dentist, pharmacist or medical resident, practicing in the establishment.</li> </ul>
Union	<ul style="list-style-type: none"> <li>Give information and support when their member is suspected of abuse.</li> </ul>

SUPPORT AND SPECIALIZED SERVICES WITH ELDER ABUSE SITUATIONS	
Regional advisor – Elder wellness	<ul style="list-style-type: none"> <li>Generate and support local and regional consultation between all partners involved.</li> <li>Communicate awareness activities, training programs and initiatives available in the region</li> <li>Ensure the implementation and coordination of a regional committee</li> <li>Implementation and assessment of collaborative intervention processes.</li> </ul>
Wichihiwauwin Helpline 1-833-632-HELP (4357)	<ul style="list-style-type: none"> <li>Provide a 24/7 free, safe and confidential space to the Cree population who need to talk about difficult situations concerning their well-being. More specifically the line offers:             <ul style="list-style-type: none"> <li>Support;</li> <li>Confidentiality;</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>- Professional Help;</li> <li>- Place to vent;</li> <li>- The option to be referred to specific professionals locally, including traditional healers;</li> <li>- One-time intervention;</li> <li>- Clinical support for the local psychosocial local on-call workers.</li> </ul>
<p>Ligne Aide Maltraitance Adultes Aînés (LAMAA)</p> <p>1-888-489-2287</p> <p><a href="https://lignemaltraitance.ca">https://lignemaltraitance.ca</a></p>	<ul style="list-style-type: none"> <li>• Receive calls for information or support regarding mistreatment of older adults and vulnerable people;</li> <li>• Offer active listening;</li> <li>• Assess the situation described and its level of risk;</li> <li>• Provide information on available resources and possible recourses;</li> <li>• Refer the person to the most appropriate interveners, i.e. the Service Quality and Complaints Commissioner or a designated intervener;</li> <li>• Carry out, with the person's consent, a follow-up to accompany him or her on his or her path or steps.</li> <li>• Support the Wichihwauwin helpline workers with complex situations of mistreatment</li> </ul>

**PART VIII.     ADOPTION AND REVISION OF THE POLICY**

The Executive Director, in collaboration with the Executive Committee, must adopt procedures to implement this Policy, including the procedures set out in this Policy. These procedures must be consistent with this Policy. The Executive Director will promote an approach guided by achieving Miyupimaatisiun through the guidance of ancestral teachings that will restore the respect, dignity and honor of the Cree seniors and vulnerable adults. He or she will take actions to prevent and stop any mistreatment against any seniors and vulnerable clientele.

The Department of Professional Services and Quality Assurance – Psychosocial, under the direction of the DPSQA-Psychosocial, and the Service Quality and Complaints Commissioner are responsible for the implementation of this Policy and may be contacted at [R18.complaints@ssss.gouv.qc.ca](mailto:R18.complaints@ssss.gouv.qc.ca) or 1-866-923-2624.

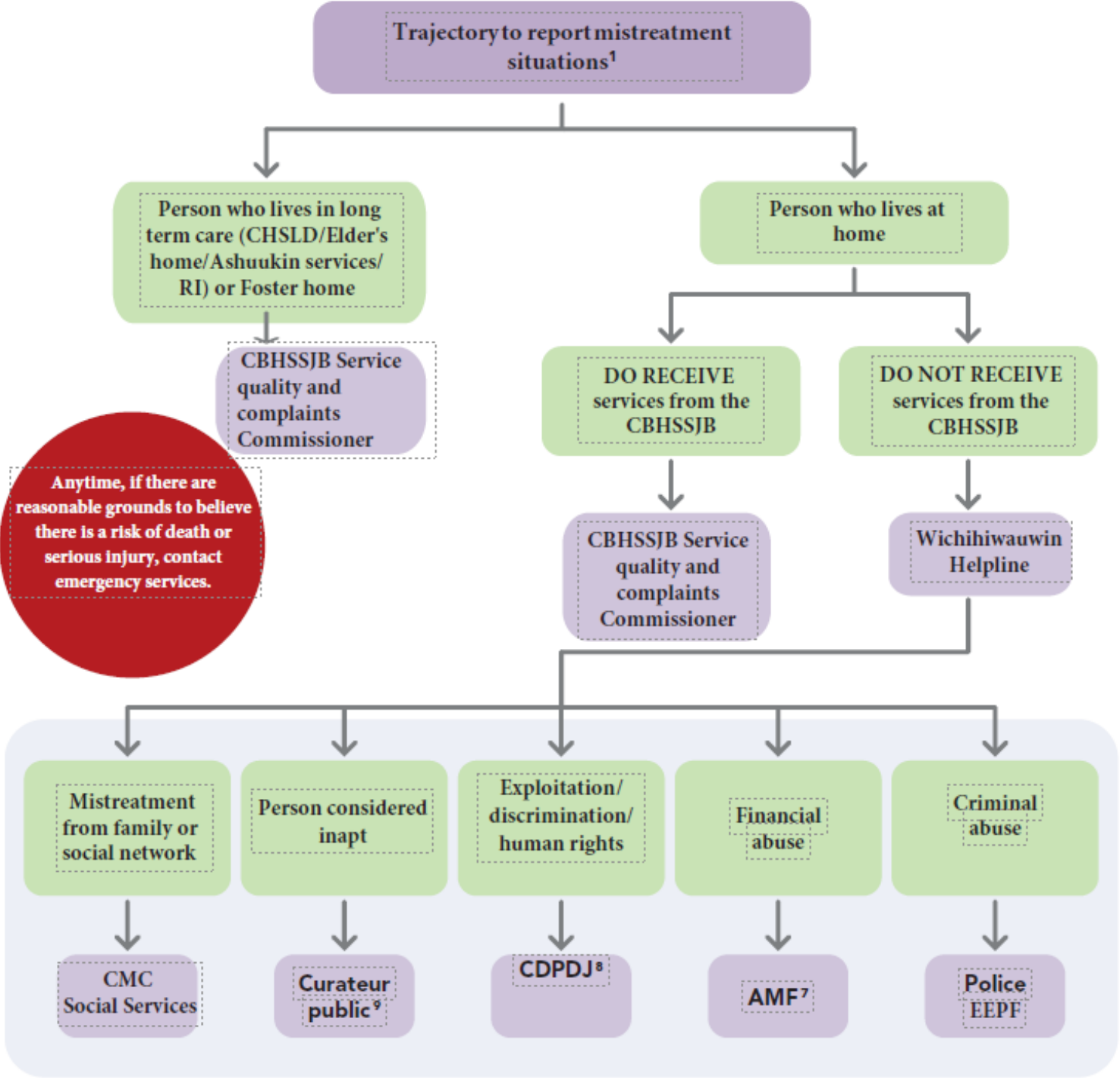
The Regional Advisor – Elder wellness is also involved in the application of this Policy.

The Director of Corporate Services keeps the official version of this Policy.

This Policy must be reviewed at least every 3 years and submitted to the MSSS.







## 1. Mandatory report

### Who has the mandate to report:

Any health and social services provider or any professional within the meaning of the *Code des professions (chapter C-26 of the Act)* who, in the performance of his or her duties or profession, has reasonable cause to believe that a person is being abused, must report it without delay.

### Reporting is mandatory for:

- a user of full age whose incapacity to care for him or herself or to administer his or her property;
- a person living in a long-term care facility;
- a resident in a vulnerable situation in an RPA;
- a user of an intermediate or family-type resource;
- an incapacitated person under guardianship, curatorship or homologated protective mandate.

## 2. Role of the commissioner of quality services and complaints (for all reports)

The Commissioner is responsible for examining users' complaints. He or she is also responsible to proceed with the report, offer support to the victim throughout the process, as described in the CBHSSJB policy to combat abuse.

## 3. For a person living at home AND receiving services from the CBHSSJB, the report is mandatory for:

- A person considered inapt according to a medical assessment
- A person under tutorship, curatorship or under probated mandate of protection

## 4. Voluntary report

All non-mandatory reports can be made to the commissioner or follow the CBHSSJB policy (refer to Wichihiwauwin helpline services) with the consent of the person.

## 5. Role of Wichihiwauwin helpline

1. Receives a call from a person seeking information or support;
2. Assesses the situation
3. Provides information on available resources and rights;
4. Directs the person to the most appropriate service including CMC social services team, Public Curator, Commissioner of complaints, EEPF, AMF, CDPDJ, etc.

## 6. Police EEPF

A police force, when the facts supporting the report may constitute a criminal or penal offence." (Ref.: Article 17, paragraph 2 of the *Act to combat maltreatment of seniors and other persons of full age in vulnerable situations*).

## 7. AMF

"The Autorité des marchés financiers, in the case of financial abuse by a person subject to its supervision. (Ref.: Article 17, paragraph 5 of the Act to Combat Mistreatment)

## 8. CDPDJ

The Commission des droits de la personne et des droits de la jeunesse, when the facts supporting the report may constitute discrimination, exploitation or harassment within the meaning of the Charter of Human Rights and Freedoms." (Ref.: Article 17, paragraph 4 of the Act to Combat Maltreatment)

## 9. Public Curator

"The Public Curator, when the person is under tutorship or curatorship, or when a mandate of protection has been homologated, or when the person's incapacity to care for him or herself or to administer his or her property has been established by a medical assessment, but he or she is not benefiting from a protective measure." (Ref.: Article 17, paragraph 3 of the *Act to combat maltreatment of seniors and other persons of full age in vulnerable situations*)

## 10. CMC Social services

A referral can be made to social services team via the clinic/CMC, the Wichihwauwin helpline or self-referral. The team leader will assign the request to the appropriate worker. This person will assess the situation, determine objectives with the client and offer support and guidance in the achievement of these objectives.

## 11. Regional collaborative intervention group

Anytime, when a service provider requires guidance, support or expertise with a complex situation of mistreatment, he can reach the CBHSSJB Advisor – Elder wellness. This person has the responsibility to lead a collaborative team regrouping stakeholders from organizations represented by the signatory government departments and agencies in the fields of health and social services social services, justice and public safety who work with seniors and person in vulnerable situations.

The aim of these processes is to harmonize the management of situations of abuse requiring concerted action and formal partnerships with organizations playing a leading role in the fight against abuse such as the Public Curator, police forces (EPPF), CAVAC, Cree Nation Government (CNG), AMF, First nation Bank, etc.

Appendix 2: CBHSSJB Service quality and complaints commissioner form



Office of the Commissioner  
of Complaints and Quality of Services

SERVICE QUALITY & COMPLAINTS COMMISSIONER

#### CLIENT'S IDENTIFICATION

## CLIENT

REPRESENTATIVE

Appendix 3: People involved in the application of the policy on mistreatment of senior and vulnerable adults

Name	Phone number	E-mail
Emilie Desnoyers, Interim Director of professional services and quality assurance – Psychosocial	438-357-6737	Emilie.desnoyers@ssss.gouv.qc.ca

CBHSSJB		
Sarah Cowboy, Commissioner of complaint CBHSSJB	819-855-7650	<a href="mailto:R18.complaints@ssss.gouv.qc.ca">R18.complaints@ssss.gouv.qc.ca</a>
Laurie Bergeron, Advisor – Elder Wellness CBHSSJB	438-342-8084	laurie.bergeron@ssss.gouv.qc.ca