

 <p>Winnipeg Regional Health Authority Office régional de la santé de Winnipeg Caring for Health À l'écoute de notre santé</p> <p style="text-align: center;"><b>POLICY</b></p>	<p><b>REGIONAL</b></p> <p>Applicable to all WRHA governed sites and facilities (including hospitals and personal care homes), and all funded hospitals and personal care homes. All other funded entities are excluded unless set out within a particular Service Purchase Agreement.</p>		<p>Level:</p> <p style="font-size: 24pt;">1</p>
	<p>Policy Name:</p> <p style="text-align: center;"><b>Reporting Abuse and Neglect of Adults and Children in Need of Protection</b></p>	<p>Policy Number:</p> <p style="text-align: center;">80.00.010</p>	<p>Page</p> <p style="text-align: center;">1 of 11</p>
	<p>Approval Signature:</p> <p style="text-align: center;"><i>Signed by Kerstin L Jordan</i></p>	<p>Section:</p> <p style="text-align: center;">CLIENT / RESIDENT / PATIENT SERVICES</p>	
	<p>Date:</p> <p style="text-align: center;">April 2024</p>	<p>Supersedes:</p> <p style="text-align: center;">March 2022</p>	

*This policy does not apply to situations where there is a complaint about the nature or effect of a procedure or from a risk inherent in providing health services by a responsible health care professional. The WRHA Client Complaint Management and Reporting Policy 10.50.010 should be consulted in such situations for further guidance.*

## 1.0 **PURPOSE:**

- 1.1 To guide all WRHA Staff on the appropriate action to take if they become aware of an individual who has been, or suspected to have been, abused or neglected or where there is a child in need of protection.
- 1.2 To ensure that the actions of WRHA Staff are consistent with the requirements for mandatory reporting under provincial legislation pertaining to abuse, neglect and Children in Need of Protection.
- 1.3 To guide WRHA Staff in supporting individuals who have been, or may have been, abused or neglected where there is no mandatory reporting under provincial legislation.

## 2.0 **DEFINITIONS:**

- 2.1 **Abuse:** is a term that is defined differently by provincial legislation. Which definition applies is dependent on the applicable legislation which is usually determined by the circumstances or characteristics of the individual that is the subject of the abuse (see section 3.0 below).
- 2.2 **Child:** any individual under the age of 18 years old.
- 2.3 **Child in Need of Protection:** may include, but is not limited to, situations or circumstances where a Child:
  - (a) is without adequate care, supervision or control;

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**DISCLAIMER:** Please be advised that printed versions of any policy or policies posted on external web pages may not be the most current version of the policy. Although we make every effort to ensure that all information is accurate and complete, policies are regularly under review and in the process of being amended and we cannot guarantee the accuracy of printed policies or policies on external web pages. At any given time the most current version of any WRHA policy will be deemed to apply. Users should verify that any policy is the most current policy before acting on it. For the most up to date version of any policy please call 204-926-7000 and ask for the Regional Policy Chair's office.

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- (b) is in the care, custody, control or charge of a person:
  - i. who is unable or unwilling to provide adequate care, supervision or control of the Child, or
  - ii. whose conduct endangers or might endanger the life, health, or emotional well-being of the Child, or
  - iii. who neglects or refuses to provide or obtain proper medical or other remedial care or treatment necessary for the health or well-being of the Child or who refuses to permit the provision of such care or treatment to the Child as recommended by a duly qualified medical practitioner;
- (c) is abused or is in danger of being abused (physical, emotional, sexual, and sexual exploitation), including where the Child is likely to suffer harm or injury due to child pornography;
- (d) is beyond the control of a person who has the care, custody, control or charge of the Child;
- (e) is likely to suffer harm or injury due to the behavior, condition, domestic environment or associations of the Child or of a person having care, custody, control or charge of the Child;
- (f) is subjected to aggression or sexual harassment that endangers the Child's life, health or emotional well-being of the Child;
- (g) being under the age of 12 years, is left unattended and without reasonable provision being made for the supervision and safety of the Child; or
- (h) is the subject, or is about to become the subject, of an unlawful adoption under the Adoption Act, or of an unlawful sale under section 84 of the Child and Family Services Act.

- 2.4 Mandatory Report/Reporting: is the legally required notification of the information supporting the belief that an individual has been abused, neglected, or is a Child in Need of Protection, as the case may be, to the appropriate agency of the government in accordance with *The Child and Family Services Act, The Adults Living with an Intellectual Disability Act, or The Protection of Persons in Care Act* ..
- 2.5 Medical Staff: includes all physicians, dentists, midwives, psychologists, scientists, clinical assistants and trainees appointed by the WRHA Board to the Medical Staff pursuant to the WRHA Medical Staff Bylaw.
- 2.6 Neglect: is a term that is defined differently by provincial legislation. Which definition applies is dependent on the applicable legislation which is usually determined by the circumstances or characteristics of the individual that is the subject of the abuse (see section 3.0 below).
- 2.7 Patient: is a patient, client, or resident receiving health care from a WRHA facility or WRHA funded facility.
- 2.8 PHIA: The Personal Health Information Act (Manitoba).

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- 2.9 Adult Living with an Intellectual Disability: . is an adult living with an intellectual disability who is in need of assistance to meet their basic needs with regards to personal care and/or management of their property.WRHA Staff: includes all directors, officers, employees, volunteers, students, researchers, Medical Staff, educators, information managers (as defined by Personal Health Information Act), trustees (as defined by PHIA), health agencies, contracted persons, or agents of any of the above, that work, provide services, or otherwise operate in connection with a WRHA facility or a WRHA funded facility unless excluded as set out within a particular service purchase agreement or funding agreement of the funded entity or program. This includes
- 2.10 regulated and non-regulated health care providers.

### 3.0 **POLICY:**

NOTE: Where a specific situation triggers a Mandatory Reporting obligation. Please see below general process.

- 3.1 A Mandatory Report is a permitted disclosure of personal health information without consent under PHIA.
- 3.2 The identities of the individuals involved in a Mandatory Report shall be included in the information contained in the report. WRHA Staff shall only share information contained in the Mandatory Report with the health care team as required for the purposes of assisting with treatment of a patient, an investigation by an appropriate agency of the government and/or where otherwise permitted by legislation and/or the policies of the WRHA.
- 3.3 No WRHA Staff member shall dismiss, suspend, demote, discipline, harass, interfere with and/or otherwise disadvantage another WRHA Staff member who makes a Mandatory Report.
- 3.4 The duty to provide a Mandatory Report applies to WRHA Staff even if the information to which the WRHA Staff's belief is based on; is received in confidence or in a confidential relationship and its disclosure would otherwise be restricted.
- 3.5 Staff completing a Mandatory Report about a patient shall complete appropriate documentation on the health care record as per any WRHA, site, facility or program policies. Documentation shall be in as timely a manner as possible, and may include but is not limited to the following:
- (a) name and date of birth of the patient;
  - (b) address and basic demographic information about the patient;
  - (c) description of the Ppatient, including any signs of abuse or neglect that may be noted (such as drawings to pinpoint the area, size, and color of injuries);
  - (d) patient behavior both in the presence of and not in the presence of the individual(s) suspected of being responsible for the abuse, neglect, or abuse or neglect that may cause a Child to be a Child in Need of Protection;
  - (e) name of the alleged individual suspected of being responsible for the abuse, neglect, or abuse and neglect that may cause a Child to be a Child in Need of Protection, and the relationship to patient;
  - (f) any statements made by the patient in their own words;
  - (g) the results of any consultation or reports with other health professionals, agencies and/or police; and

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(h) the date of the incident(s) and report(s), times of incident(s) and report(s) and names of applicable government agency notified.

**MANDATORY REPORTING UNDER THE CHILD AND FAMILY SERVICES ACT:**

- 3.6 Where WRHA Staff have information that leads them to reasonably believe that a child, whether the child is a patient or not, is or might be a child in need of protection, WRHAStaff shall:
  - (a) make a Mandatory Report of the information to the applicable child and family services agency;
  - (b) consult Shared Health Legal Services if further assistance or direction is required; and
  - (c) if the Child’s health or safety is at risk of serious and immediate harm, contact 911 and/or the police.
  
- 3.7 Although WRHA Staff are not required to advise or obtain the approval of their supervisor to make a Mandatory Report to an applicable child and family services agency, the WRHA encourages Staff to inform their immediate supervisor of the Mandatory Report.
  
- 3.8 WRHA Staff, including their immediate supervisor if advised, shall take all reasonable steps to ensure appropriate consultation with relevant agencies and security measures are taken to protect the Child in Need of Protection.
  
- 3.9 WRHAStaff who become aware or have a reasonable belief that a representation, material or recording exists that is, or might be, child pornography, shall make a Mandatory Report promptly to <https://cybertip.ca/en/report/> or another applicable reporting entity (in addition to section 3.6 of policy) in accordance with section 18 of the *Child and Family Services Act*.
  
- 3.10 WRHA Staff who become aware of an injury to a Child that may fall under the Serious Injury Reporting Regulation, alongside section 21 of the Advocate for Children and Youth Act shall follow the Standard Operating Procedure (SOP) for Reporting Serious Injury of a Child to Manitoba Advocate for Children and Youth (MACY). Please refer to the following link: [SOP-Serious-Injury-Reporting-WRHA-Final-v1.0.pdf](#)

**MANDATORY REPORTING UNDER THE ADULTS LIVING WITH AN INTELLECTUAL BILITY ACT:**

- 3.10 WRHA Staff who believe, on reasonable grounds, that an adult living with an intellectual disability is or is likely to be experiencing **abuse** (meaning conduct that is physical, emotional, psychological, sexual or property abuse) ) or neglect (meaning acts or omissions that cause physical or psychological harm) ), shall:
  - (a) promptly make a Mandatory Report of the concern and information upon which it is based to the regional office of Manitoba Family Services and Housing;
  - (b) consult Shared Health Legal Services if further assistance or direction is required; and
  - (c) if an adult living with an intellectual disability’s health or safety is at risk of serious and immediate harm, contact 911 and/or the police.

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- 3.11 Although WRHA Staff are not required to advise or obtain the approval of their supervisor to make a Mandatory Report to Manitoba Family Services and Housing, the WRHA encourages Staff to inform their immediate supervisor of the Mandatory Report.
- 3.12 WRHA Staff, including their immediate supervisor if advised, shall take all reasonable steps to ensure appropriate consultation with relevant agencies and security measures are taken to protect the adult living with an intellectual disability from abuse and neglect.

**MANDATORY REPORTING UNDER THE PROTECTION FOR PERSONS IN CARE ACT:**

- 3.13 WRHA Staff who have a reasonable basis to believe that an adult, excluding an Adult Living with an Intellectual Disability , who is:
  - (a) a resident or an in-patient in a hospital, personal care home or designated organization/institution, or is receiving respite care in such a facility;
  - (b) receiving services in a geriatric day hospital that is managed by a hospital;
  - (c) receiving services in an emergency department or urgent care centre of a hospital, personal care home or designated organization/institution; or
  - (d) receiving any other services provided by a hospital, personal care home or designated organization/institution specified in the regulations;
 is, or is likely to be experiencing **abuse** (meaning conduct that is physical, emotional, psychological, sexual or property abuse) or neglect (meaning acts or omissions that cause physical or psychological harm) , shall:
  - (e) promptly report the belief, and the information on which it is based, to the Protection for Persons in Care Office;
  - (f) consult Shared Health Legal Services if further assistance or direction is required;
  - (g) if the adult's health or safety is at risk of serious and immediate harm, contact 911 and/or the police.
- 3.14 Although WRHA Staff are not required to advise or obtain the approval of their supervisor to make a Mandatory Report to the Protection for Persons in Care Office, the WRHA encourages Staff to inform their immediate supervisor of the Mandatory Report.
- 3.15 WRHA Staff, including their immediate supervisor if advised, shall take all reasonable steps to ensure appropriate consultation with relevant agencies and security measures are taken to protect the adult in need of protection under the Protection for Persons in Care Act from abuse and neglect.

**MANAGING ABUSE AND NEGLECT WHERE MANDATORY REPORTING IS NOT REQUIRED:**

- 3.16 Aside from the definition of abuse and neglect which triggers Mandatory Reporting under provincial laws, there are other forms of conduct that society considers to be abusive and neglectful. While there are no Mandatory Reporting obligations when WRHA Staff have a reasonable basis to believe that such conduct is occurring outside the scope of *The Child and Family Services Act*, *The Protection for Persons in Care Act*, or *The Adults Living with an Intellectual Disability Act* , WRHA Staff still have certain responsibilities where they have a reasonable basis to believe such conduct is occurring in respect to a patient.

- 3.17 Abuse and neglect that does not trigger Mandatory Reporting may take many forms including domestic violence, family violence and elder abuse. It can include many different components such as physical, sexual, emotional, financial abuse or a combination thereof. Screening questions for abuse and neglect should be part of any initial routine health assessment when possible, particularly when the presenting injuries could be consistent with such causes.
- 3.18 WRHA Staff responsibilities in cases of abuse or neglect that does not require Mandatory Reporting may include: identifying of the cause of the abuse or neglect; providing support and information; and referring to appropriate resources.
- 3.19 Where WRHA Staff have a reasonable basis to believe that an abuse or neglect situation does not require Mandatory Reporting. WRHA Staff shall not report the abuse or neglect without the consent of the individual who is the subject of the abuse or neglect situation unless in the case where the individual is not competent where the person who has authority to exercise rights on behalf of the individual pursuant to section 60 of PHIA would provide consent for the report.
- 3.20 Where WRHA Staff have a reasonable basis to believe that an abuse or neglect situation that does not require Mandatory Reporting, WRHA Staff may only report the abuse or neglect without the consent of the individual in exceptional circumstances where it is necessary to prevent or lessen a serious and immediate threat to the health or safety of the individual or another person or to otherwise comply with provincial legislation. In such circumstances, WRHA Staff shall consult with their supervisor, their facility/site/program Privacy Officer and/or the Shared Health Chief Privacy Officer or Shared Health Legal Services.
- 3.21 Where WRHA Staff has observed the actual conduct of an individual which may be considered a breach of the *Criminal Code*, they may voluntarily choose to report the matter to the appropriate authorities including police. Although WRHA Staff is not required to advise or obtain the approval of their supervisor to make a report under these circumstances, the WRHA encourages WRHA Staff to inform their immediate supervisor of the situation.
- 3.22 Confidentiality regarding the identities of the individuals involved in allegations of abuse and neglect that does not require Mandatory Reporting shall be maintained to the greatest extent possible. Staff shall share information with the health care team only as required for the purposes of health care treatment or investigation.
- 3.23 Where WRHA Staff has a reasonable basis to believe that an abuse or neglect situation does not require Mandatory Reporting, WRHA Staff shall complete appropriate documentation on the health care record as per the policies, processes and procedures of the WRHA facility/ site/program. Documentation should be completed in a timely manner and may include but is not limited to:
- (a) name and date of birth of the patient;
  - (b) address and basic demographics of the patient;
  - (c) description of the patient, including any signs of abuse or neglect that may be noted (such as drawings to pinpoint the area, size, and color of injuries);
  - (d) patient behavior both in the presence of and not in the presence of the person suspected of causing the abuse or neglect;
  - (e) name of the person suspected of causing the abuse or neglect and the relationship to the patient;

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- (f) the results of any consultation or reports with other health professionals, agencies and/or police; and
- (g) the date of the incident(s) and report(s), times of incident(s) and report(s) and names of applicable government agency notified.

#### **4.0 PROCEDURE:**

- 4.1 WRHA facilities/sites/programs shall develop processes and procedures, as appropriate, to support this policy.
- 4.2 Refer to Appendix “A” for contact information in respect to a Mandatory Report.

#### **5.0 REFERENCES:**

- 5.1 Domestic Violence Support Service. Retrieved from: [Province of Manitoba | justice - Domestic Violence Support Service \(gov.mb.ca\)](http://www.gov.mb.ca/justice-domestic-violence-support-service)
- 5.2 Family Violence. Retrieved from: [Gender Equity Manitoba | Province of Manitoba \(gov.mb.ca\)](http://www.gov.mb.ca/gender-equity-manitoba)
- 5.3 Responding to Abuse, Protocols for Care providers (Staff) in Community. Retrieved from Respond to Abuse book\_FINAL.qxp (wrha.mb.ca)
- 5.4 *The Child and Family Services Act* C.C.S.M. c.C80. Retrieved from: [The Child and Family Services Act, C.C.S.M. c. C80 \(gov.mb.ca\)](http://www.gov.mb.ca/child-family-services-act)
- 5.5 *The Protection for Persons in Care Act* C.C.S.M. c.P144. Retrieved from: [C.C.S.M. c. P144 \(gov.mb.ca\)](http://www.gov.mb.ca/c.c.s.m.c.p144)
- 5.6 *The Adults Living with an Intellectual Disability Act* C.C.S.M. c.V90. Retrieved from: [C.C.S.M. c. A6.1 \(gov.mb.ca\)](http://www.gov.mb.ca/c.c.s.m.c.a6.1)
- 5.7 *The Personal Health Information Act* C.C.S.M. c.P33.5. Retrieved from: [C.C.S.M. c. P33.5 \(gov.mb.ca\)](http://www.gov.mb.ca/c.c.s.m.c.p33.5)
- 5.8 WRHA Protocols for High Risk Indicators, Retrieved from ProtocolsforPsychosocialHighRiskIndicators-WRHASW\_\_2.pdf
- 5.9 WRHA Regional Policy 10.50.010, Complaint Management Reporting – Health Care Experience. Retrieved from: [10.50.010-Complaint-Management-and-Reporting-Health-Care-Experience.pdf](http://www.wrha.mb.ca/10.50.010-Complaint-Management-and-Reporting-Health-Care-Experience.pdf)
- 5.10 WRHA Regional Policy 10.40.020 Confidentiality of Personal Health Information. Retrieved from: [10.40.020-Confidentiality-of-Personal-Health-Information.pdf](http://www.wrha.mb.ca/10.40.020-Confidentiality-of-Personal-Health-Information.pdf)
- 5.11 WRHA Regional Policy 10.40.141, Disclosure of Personal Health Information Without Consent Retrieved from: [10.40.141-Disclosure-of-Personal-Health-Information-Without-Consent.pdf](http://www.wrha.mb.ca/10.40.141-Disclosure-of-Personal-Health-Information-Without-Consent.pdf)

**Policy Contact:** Megan Ferguson, Professional Lead, Social Work, WRHA

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## Appendix A

### Mandated Reporting:

#### ***Child and Family Services Act Reports:***

All Nations Coordinated Response

Hours: 24-hour services

Report via Phone:

204-944-4200

Toll Free: 1-888-945-ANCR (2627)

For more information visit - [Child and Family All Nations Coordinated Response Network \(ancr.ca\)](http://ancr.ca)

Other resources:

Canada Child Abuse Hotline:

1-800-422-4453

Kids Help Phone Hotline:

1-800-668-6868

#### **Manitoba Advocate Office for Children and Youth**

Serious Injury Reviews and Investigations

<https://manitobaadvocate.ca/what-we-do/serious-injury-reporting/>

#### ***Adults Living with a Mental Disability Act Reports:***

Hours: 24-hour services

305-114 Garry Street

Winnipeg, Manitoba R3C 4V7

Phone number: (204) 945-5039 or 1-800-757-9857

**\*\*Professional use only, (204)-945-0471 (Community Living Disability Services Abuse Line)**

For more information please visit:

Province of Manitoba | fs - The Office of the Commissioner for Adults Living With an Intellectual Disability

[Province of Manitoba | fs - Community Living disABILITY Services \(gov.mb.ca\)](http://Province of Manitoba | fs - Community Living disABILITY Services (gov.mb.ca))

#### ***Protection for Person's in Care Act Reports:***

Winnipeg: 204-788-6366

Toll-free: 1-866-440-6366

Fax: 204-775-8055

For more information please visit:

[Protection for Persons in Care | Health | Province of Manitoba \(gov.mb.ca\)](http://Protection for Persons in Care | Health | Province of Manitoba (gov.mb.ca))

### Non-Mandated Reporting:

#### ***Supports for Individuals Experiencing Domestic or Family Violence:***

[Resources and Supports Available in Manitoba | Family Violence Prevention Program | Manitoba Status of Women \(gov.mb.ca\)](http://Resources and Supports Available in Manitoba | Family Violence Prevention Program | Manitoba Status of Women (gov.mb.ca))

Toll-Free Province Wide Domestic Abuse Crisis Line (24 hours) - 1-877-977-0007

Or text - 204-792-5302 or 204-805-6682

Victim Services - 204-945-6851

Klinic Crisis Line - 204-786-8686

Klinic Sexual Assault Line - 204-786-8631

Mobile Crisis Services - 204-940-1781 (General)

or 204-949-4777 (Youth)



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Manitoba Suicide Line - 1-877-435-7170

***Supports for Older Adults:***

A & O: Support Services for Older Adults Intake Line

In Winnipeg: 204-956-6440

Toll-free: 1-888-333-3121

Fax: 204-946-5667

E-mail: [intake@aosupportservices.ca](mailto:intake@aosupportservices.ca)

[A & O: Support Services for Older Adults – Providing innovative programs and services to older adults since 1957 \(aosupportservices.ca\)](#)

**Seniors Abuse Support Line:** 1-888-896-7183

[Pamphlet \(klinik.mb.ca\)](#)