

Policy on the Fight against Maltreatment of Seniors and Other Persons of Full Age in Vulnerable Situations

POLICY: Inuulitsivik Health Centre (IHC), Ungava Tulattavik Health Centre (UTHC) and the Nunavik Regional Board of Health and Social Services (NRBHSS)

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LIST OF ABBREVIATIONS	
CDPDJ	Commission des droits de la personne et des droits de la jeunesse
CHSLD	Residential and long-term care centre
SQCC	Service Quality and Complaints Commissioner
CPDP	Council of physicians, dentists and pharmacists
CREGÉS	Centre de recherche et d'expertise en gérontologie sociale
LAMAA	Ligne Aide Maltraitance Adultes Aînés/The Mistreatment Helpline
AHSSS	Act respecting health services and social services (CQLR, Ch. S-4.2)
MSSS	Ministère de la Santé et des Services sociaux
CIP	Collaborative intervention process
PRIP	Person responsible for implementing the policy on the fight against maltreatment of seniors and other persons of full age in vulnerable situations, as stipulated by the Act to combat maltreatment of seniors and other persons of full age in vulnerable situations (CQLR, Ch. L-6.3)
NRBHSS	Nunavik Regional Board of Health and Social Services
IR	Intermediate resource
PSR	Private seniors' residence
FTR	Family-type resource
SAS	Support for the autonomy of seniors

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1. FOUNDATIONS

The Nunavik Regional Board of Health and Social Services (NRBHSS), the Ungava Tulattavik Health Centre (UTHC) and the Inuulitsivik Health Centre (IHC) recognize the right of persons of full age in vulnerable situations to live in peace.

The present policy is based not only on the *Act to combat maltreatment of seniors and other persons of full age in vulnerable situations* but also on the *Québec Charter of Human Rights and Freedoms*, the *Act respecting health services and social services (AHSSS)* and the 2022-2027 governmental plan of action to fight maltreatment of seniors.

2. UNDERTAKINGS

The Executive Directors of the institutions and the Nunavik Regional Board of Health and Social Services undertake to promote a culture of well-treatment, in particular in the application of practices or procedures, and to take the necessary means to prevent maltreatment and put an end to any case of maltreatment brought to her attention (section 3, paragraph 1.1, *Act to combat maltreatment of seniors and other persons of full age in vulnerable situations*).

3. DEFINITIONS

Institution

Institution within the meaning of the *Act Respecting Health Services and Social Services*. When the term “institution” is used in this policy, it refers to the Ungava Tulattavik Health Centre (UTHC) and the Inuulitsivik Health Centre (IHC).

Well-treatment

Well-treatment is an approach that promotes respect for all persons, their needs, requests and choices, including their refusals. It is expressed through attention and attitudes, soft skills and collaborative know-how, respectful of the persons’ values, culture, beliefs, life experiences, and rights and freedoms. It is applied by individuals, organizations or communities that, through their actions, place the persons’ well-being at the core of their preoccupations. It is built up through interactions and ongoing adaptation to others and their environment (see the governmental plan of action to fight maltreatment of seniors, p. 26).

Maltreatment

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, *Act to combat maltreatment of seniors and other persons of full age in vulnerable situations*).

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 restraint, disease, injury, impairment or 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, *Act to combat maltreatment of seniors and other persons of full age in vulnerable situations*).

Person working for the institutions or the NRBHSS

A physician, dentist, midwife, personnel member, medical resident, interpreter, trainee, volunteer or other natural person who provides services directly to a person on behalf of the institutions or the NRBHSS (section 2, paragraph 6, *Act to combat maltreatment of seniors and other persons of full age in vulnerable situations*).

Health and Social Services Provider

Any person who, in the exercise of his¹ 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* (Ch. C-26) as well as the operator of, or the person responsible for, the residence of the resource, if applicable (section 2, paragraph 1, *Act to combat maltreatment of seniors and other persons of full age in vulnerable situations*).

User

Person who receives care or services from institutions or from a person who provides services directly for a person on behalf of an institution (see Government of Québec (2020). *Politique-cadre de lutte contre la maltraitance envers les aînés et toute autre personne en situation de vulnérabilité*, p. 4.).

Service Quality and Complaints Commissioner

In Nunavik, according to the applicable sections of the AHSSS (articles 30, 63 and 530.1 to 530.10) and as defined in the *Act to combat maltreatment of seniors and other people of full age in vulnerable situations* (article 2, paragraph 1), a service quality and complaints commissioner is appointed by the IHC and the UTHC and a regional commissioner is appointed by the NRBHSS.

In Nunavik, there are three local service-quality and complaints commissioners, one for each of the institutions and the NRBHSS.

Collaborative intervention process (CIP)

The aim of this process is to standardize the management of maltreatment situations requiring concerted efforts and partnerships with the organizations playing a leading role in the fight against maltreatment.

In the absence of a formal collaborative intervention process (CIP) for this purpose, in a situation where concerted action of this type is necessary, the interveners and partners required can be contacted.

Appointed resource person

The appointed resource persons from organizations represented by the signatory ministries and governmental agencies from the sectors of health and social services, justice, public security and protection of individuals, and who intervene with seniors and other persons of full age in vulnerable situations.

¹ In the interest of simplicity, the masculine or the feminine form is used in this text to denote either sex.

4. VALUES AND PRINCIPLES

4.1 Values

Cultural safety requires consideration of the user's various life experiences and world view, but also the political and social consequences of the Inuit history of colonialism and struggles for power. This may seem complex, but overall, it means a sincere openness to listening to the user, treating him with consideration, and respecting and recognizing his uniqueness (Evaluation of the Health and Social Services System of Nunavik: The User's Perspective, 2021 Nunavik Regional Clinical Plan, p. 23).

In this perspective, we recognize the following organizational values:

Well-treatment

Demonstrated by relationships guided by a concern for the well-being of all persons.

Respect

Characterized by recognition of the ability to act of all persons, treated with dignity and whose value is recognized.

Cooperation

Demonstrated by the commitment of all to be involved in and be integrated into work teams as full members working with the users, their loved ones and the partners toward a common goal.

Assumption of responsibility

Demonstrated by rigour and accountability in contributing to the institution's and the NRBHSS's efforts while remaining focussed on the experience and needs of the user and her loved ones.

4.2 General guidelines

The following general guidelines are based on the values defined above. Their application and observance will enable attaining the policy's objectives.

Zero tolerance

No form of maltreatment will be tolerated.

Pro-activeness

We have adopted a proactive attitude to combat maltreatment of users and deal with the problem openly, forthrightly and transparently.

Respect for users' rights and needs

We respect the users' rights as described in the *AHSSS* and the *Québec Charter of Human Rights and Freedoms* and respond to needs by providing care and services of good quality.

Consent to care and services

Barring exceptions stipulated in the laws in effect, the consent of the user or her representative must be obtained before providing any care or service.

Safe work and care environment

The institutions and the NRBHSS has the duty, toward all users and all persons working for the NRBHSS, to take all the reasonable measures to ensure a safe environment characterized by a culture of respect and transparency.

Concerted action and partnership

Concerted action and partnership between the various players, in particular the professionals, departments and activity sectors, as well as with the partner associations and organizations, user committees, resident committees and unions, are essential.

5. OBJECTIVES

The present policy's primary objective is to combat maltreatment of seniors and vulnerable adults by establishing guidelines, strategies and measures for that purpose.

The goal of this policy is to establish conditions favourable to maintaining and improving the state of health and well-being of seniors and other persons of full age in vulnerable situations who receive services in Nunavik.

It seeks to ensure the users' safety, well-being and quality of life. The services destined for the population must be provided while respecting the users' physical and psychological integrity, regardless of where the intervention is performed—the user's home, a health care setting or a residential centre—as well as their culture.

It particularly aims to:

- ensure the users' safety, well-being and quality of life through the establishment of measures to fight maltreatment;
- identify and quickly and efficiently deal with situations of maltreatment;
- put an end to maltreatment by reducing harmful consequences and risks of recidivism;

- support the ongoing improvement of clinical and organizational practices and service quality;
- promote respectful, safe and positive care and work environments;
- support persons in their efforts against maltreatment;
- inform and prepare people working for the institutions and the NRBHSS as well as health and social services providers relative to their obligations and the importance of reporting cases of maltreatment.
- ensure comprehension of and respect for the *Act to combat maltreatment of seniors and other persons of full age in vulnerable situations*.

6. PROCEDURE AND SCOPE OF APPLICATION

The present policy is intended for all persons working for the institutions and the NRBHSS, whether they be management officers, employees, physicians, midwives, trainees, researchers, interpreters or occupy any other position performing a function or assuming a profession therein, and must be provided for such persons.

The present policy must be applied, with any necessary adaptations, by any entity, organization, firm or people whose services the institutions and the NRBHSS retain for the purpose of providing services or who admit users of full age, including, in particular, organizations, firms or persons bound by a service agreement.

7. PROMOTION AND DISSEMINATION OF THE POLICY

The institutions and the NRBHSS must, within the installations they operate, post the policy in public view and publish it on its Web site. It must also, through any other means it determines, make the policy known to the users targeted thereby, including those who receive services at home or who reside in a non-institutional resource, and their significant family members. For that purpose, pamphlets are available at various locations at the institutions, points of service and the NRBHSS (section 5, *Act to combat maltreatment of seniors and other persons of full age in vulnerable situations*).

The person responsible for implementing the policy (PRIP) must make sure the policy is known to contributors of the health and social services network working on the territory they serve, namely, the groups of professionals, the community organizations within the meaning of section 334 of the *Act respecting health services and social services*, the social-economy enterprises and private resources, and contributors of other activity sectors that have an impact on health and social services. The PRIP must make sure they are informed of the policy's content and, more specifically, the preventive measures established and the possibility of reporting a case of maltreatment to the service quality and complaints

commissioner (section 6, *Act to combat maltreatment of seniors and other persons of full age in vulnerable situations*).

Any intermediate resource or family-type resource that admits users of full age must apply the policy on the fight against maltreatment of the institution retaining the services of said resource. The same applies to any other organization, firm or person the institutions deal with for the purposes of service provision.

These resources, organizations, firms and persons are required to post the policy in public view and make it known to the users targeted by the policy, their significant family members and the persons working for them (section 8, *Act to combat maltreatment of seniors and other persons of full age in vulnerable situations*).

7.1 Promotion of well-treatment

It is important to promote and recognize benevolent attitudes characterized by empathy and a concern for others' well-being in the provision of care and services, as well as to support well-treatment through actions and practices that are respectful of the person's values, beliefs, life experiences, rights and freedoms, in order to prevent and raise awareness of maltreatment.

7.2 Prevention of maltreatment

Prevention of maltreatment seeks to eliminate its occurrence in all living environments of seniors and other persons of full age in vulnerable situations. It is based on the promotion of values such as respect for human dignity, on knowledge of the causes and the factors linked to maltreatment, and on empowerment of all players of the social sector in the struggle to mitigate this problem.

Prevention raises the level of collective awareness and contributes to the acquisition of respectful attitudes and behaviour. It creates an atmosphere where seniors and other persons of full age in vulnerable situations feel comfortable breaking the silence and taking the necessary actions to put an end to maltreatment and foster well-treatment.

The institutions and the NRBHSS has set up measures to prevent maltreatment of persons in vulnerable situations receiving health and social services, such as awareness, information and training activities (section 3 (2), *Act to combat maltreatment of seniors and other persons of full age in vulnerable situations*).

7.2.1 Awareness

Awareness seeks to demystify, define and recognize maltreatment. It enables promoting and regularly reminding those concerned about the various prevention strategies, existing resources, and possible recourse to manage and put an end to it. Below are some examples of awareness activities among the various client groups:

Examples of awareness activities	Users, residents	Informal caregivers, loved ones, visitors	Volunteers, community organizations	Staff**	Public
Promotional items on well-treatment and dissemination of tools			√	√	√
Awareness activities during themed weeks or days	√	√	√	√	√
Information on maltreatment, rights and recourse upon arrival and orientation of residents in CHSLDs, IRs and FTRs	√	√	√	√	√
Awareness sessions by the regional coordinator for the fight against maltreatment or other organizations			√		√
Information on strategies to identify cases of maltreatment			√	√	
Online information capsules on the fight against maltreatment		√	√	√	

** The term “staff” refers to health and social service providers as well as people working on behalf of the institutions and the Nunavik Regional Health and Social Services Board

7.2.2 Training

Training seeks to develop the knowledge and skills necessary to identification and management of situations of maltreatment by persons working for the NRBHSS.

Training activities are organized annually according to the needs and available budgets, and this for all the departments concerned and the community organizations.

A plan for training activities detailing the scheduled activities is available in the appendix to the present policy, intended for all the personnel working for the institutions and community partners.

8. MANAGEMENT OF SITUATIONS OF MALTREATMENT

To manage presumed or confirmed situations of maltreatment appropriately, it is important to consider three priority aspects: consent, the essential elements of the continuum of managing situations of maltreatment and the various fields of expertise required.

8.1 Consent

According to the circumstances, the user or her representative must be involved at each step of the process of managing the situation of maltreatment. All users have the right to be accompanied and assisted by the person of their choosing. Moreover, if, in the situation of maltreatment, care or services are required by the user, the rules that usually apply relative to consent to care must be

followed. As with the eventuality where personal information concerning the user must be provided for a third party, the rules of confidentiality must be followed.

Exceptions to consent to disclosure of confidential information:

- Information contained in a user's record may be communicated in view of preventing an act of violence, including suicide, when there are reasonable grounds to believe a serious risk of death or serious injury threatens the user or another identifiable person or group of persons and that the nature of the threat creates a sense of urgency.
- The information can then be communicated to the person or persons exposed to said threat, that person's representative or any other person who can come to that person's aid. The information may only be communicated by a person or a person belonging to the class of persons authorized by the director of Professional Services or, in the absence of that director, by the executive director (section 19.0.1, paragraph 2, *AHSSS*).
- When the conditions for mandatory reporting are met (see section 8.3.2.1), the health and social services provider or the professional is not obliged to obtain the user's consent. He must report the situation, and this even though he is bound by professional secrecy. Consent at the clinical level must nevertheless be sought at all times.

8.2 Process of managing situations of maltreatment

Management of situations of maltreatment must follow a process complementary to existing care and services.

8.2.1 Identification of situations of maltreatment and support measures available to formulate a complaint or make a report

Identification of potential situations of maltreatment is the responsibility of all involved. In particular, interveners, management officers, community organizations and user committees must support the persons concerned as needed.

This action of identification refers to the following strategies:

- tracking, that is, being attentive to signs of maltreatment in order to identify them (Appendix I);
- detection, that is, identifying the risk factors or signs and indicators of maltreatment;
- screening, that is, an intervener carrying out a systematic process of identifying maltreatment.

8.2.2 The complaint

Any person who believes himself to be a victim of maltreatment, or his representative, may formulate a verbal or written complaint to the appropriate service quality and complaints

commissioner (SQCC). All users have the right to be accompanied and assisted by the person of their choosing. Upon reception of a complaint, the commissioner shall examine it with diligence. The time period for processing a complaint is 45 days, as specified by the AHSSS (section 33 (6)).

8.2.3 The report

Any person, for example an auditory witness or eyewitness to the situation of maltreatment, one of the user's close relatives, a person working for the institutions or the NRBHSS—who has reasonable grounds to believe a person is being maltreated must directly and immediately report that situation to the appropriate SQCC. The SQCC's work lies within a process of ongoing improvement of service quality. The clinical teams and other players of the health and social services network must also assume their roles in terms of managing the situation of maltreatment.

The mandatory report

More specifically, the mandatory report under the *Act to combat maltreatment of seniors and other persons of full age in vulnerable situations* stipulates that:

- any health and social services provider or professional within the meaning of the *Professional Code* (CQLR, Ch. C-26) who, in exercising her functions or profession, has reasonable grounds to believe a person is a victim of maltreatment must directly and immediately report the case for the following persons of full age:
 - 1° any user of full age who resides in an installation maintained by an institution that operates a residential and long-term care centre;
 - 2° any user of full age under the care of an intermediate resource or a family-type resource;
 - 3° any person of full age under guardianship or for whom a protection order has been approved;
 - 4° any person of full age whose incapacity to care for himself or administer his own assets has been identified by a medical evaluation, but who is not covered by a protective measure;
 - 5° any other person in a vulnerable situation who resides in a private seniors' residence.
- The mandatory report is carried out directly and without delay with the appropriate SQCC when the person of full age concerned is covered by application of an institution's policy on the fight against maltreatment or, in other cases, with an appointed intervener who participates in the collaborative process or The Mistreatment Helpline (LAMAA)²; the latter serves as telephone line for assistance, evaluation and specialized referral for cases of maltreatment and thus as a port of entry for any person, senior or adult in a vulnerable situation, who is in a situation of maltreatment or is witness thereof, and who wishes to speak to someone or be referred to a resource that responds to his needs and can support him. Note that the LAMAA's services are provided in French and English seven days a week, from 8:00 a.m. to 8:00 p.m., 1 888 489-2287.

² Or any other line adapted to the communities of Nunavik.

- The obligation to report applies even to persons bound by professional secrecy, except for attorneys and notaries who, in exercising their profession, receive information concerning such a case (section 21, *Act to combat maltreatment of seniors and other persons of full age in vulnerable situations*).

Further, aside from mandatory reporting, any person may report a potential case of maltreatment of a user to the LSQCC. She must then make the decision to report, with consideration for her personal and professional ethical obligations and, if she belongs to a professional order, her deontological obligations. Thus, the obligation to report a situation of maltreatment only applies to health and social services providers and professionals within the meaning of the *Professional Code*. Any other person, for example, a user's close relative, is strongly encouraged to do so, but there is no obligation. In the latter cases, the report is not mandatory.

In case of a non-mandatory report, reporting is encouraged in accordance with the applicable rules of confidentiality and with the user's consent.

8.2.4 Procedures for formulating a complaint or reporting to the appropriate SQCC

A complaint from a senior or a person in a vulnerable situation who believes she is a victim of maltreatment may be made verbally or in writing in accordance with the procedures established in the complaint review process for users from the institutions and the NRBHSS (in compliance with the AHSSS) and shall be filed by the user herself or by her representative.

Furthermore, any person, including a person who does not work for an institution or the NRBHSS, such as an informal caregiver, may report verbally or in writing to the appropriate SQCC concerning a case of maltreatment where the victim is a senior or a person in a vulnerable situation who receives health and social services.

Processing of the report received by the appropriate SQCC

The appropriate SQCC receives and processes all reports of situations of maltreatment, whether mandatory or not, fostering the participation of the victim of maltreatment at each step.

User complaints concerning maltreatment submitted to the appropriate SQCC shall be processed according to the review procedure defined by the AHSSS (revision tool page 28).

Processing of the report by the appropriate SQCC particularly includes taking note of the information provided and checking whether the report is related to the provision of care and services. The SQCC also has the responsibility of ensuring that the clinical teams have established means to put an end to the maltreatment.

When the reported situation of maltreatment is not related to the provision of care and services, the appropriate SQCC shall refer the person filing the report to the appropriate entity within a maximum period of 72 hours after receiving the report. For that purpose, she shall make sure to provide the required information to the person who made the report so the latter can communicate with the appropriate entity depending on the described situation.

When the situation of maltreatment is related to the provision of care and services, the appropriate SQCC shall inform the entity concerned and, as applicable, the highest authority of the external resource concerned in the situation of maltreatment. Such notice shall be sent by the appropriate SQCC within a maximum period of 72 hours, subject to the seriousness and urgency of the reported situation. All urgent situations require immediate action.

The SQCC who, in exercising her functions, has reasonable grounds to believe in the existence of a situation likely to compromise the health or well-being of a user or group of users, including a situation resulting from the application of practices or procedures, must forward to the Executive Director of the institution or the NRBHSS concerned as well as the Minister a copy of the reasoned conclusions she has reached, accompanied, as applicable, by her recommendations to the board of directors concerned.

Recourse in case of dissatisfaction with the SQCC's reply or conclusions

The user or the representative who is dissatisfied with the conclusion received from the commissioner after her complaint procedure may exercise a right of appeal to the provincial ombudsperson.

Provincial Ombudsperson

Tel.: Québec office: 418 643-2688

Montréal office: 514 873-2032

Toll-free: 1 800 463-5070

E-mail: protecteur@protecteurducitoyen.qc.ca

Web site: www.protecteurducitoyen.qc.ca

8.2.5 Procedure for filing a complaint or reporting to an appointed resource person who participates in the collaborative process

For any senior or any other person in a vulnerable situation who believes he is a victim of maltreatment and who is not a health care service user, it is important to refer him to his CLSC so that services can be provided for him as soon as possible. In cases where the person refuses the services, he must be informed of his rights as well as the available resources and, as needed, a plan to protect him must be proposed. If the situation is subject to mandatory reporting, the appropriate SQCC must be notified.

Moreover, any other person may report to the LAMAA concerning a case of maltreatment where the victim is a senior or a person in a vulnerable situation who is not covered by the policy.

8.2.6 Support measures for filing a complaint or reporting to the appropriate SQCC or an appointed resource person who participates in the collaborative process

Throughout a process of managing maltreatment, there are several possibilities for receiving support, among others: the management officer, the appointed resource person for maltreatment, the regional coordinator for the fight against maltreatment, the labour-relations department, the legal-affairs department and other support organizations.

Support for Victims

Individual support from a professional
User/resident committee where available
SQCC

Persons working for the Institutions or the NRBHSS

Team leader
Team support
Employee-assistance program (EAP)
Union

Support for loved ones or third parties

Individual support
Referral to a community organization
User/resident committee where available

8.2.7 Confidentiality measures for reporting to the appropriate SQCC or an appointed resource person who participates in the collaborative process

The institutions and the NRBHSS and the appropriate SQCC must take all the measures necessary to ensure confidentiality of information that can identify a person who files a report, unless that person consents to disclosure of the information.

A service quality and complaints commissioner or an appointed resource person in accordance with section 17 of the act must take all the measures necessary to ensure confidentiality of information that can identify a person who files a complaint or a report, unless that person consents to disclosure of the information. However, such a commissioner or appointed intervener may communicate the identity of that person to a police force (section 22.1, *Act to combat maltreatment of seniors and other persons of full age in vulnerable situations*).

In the process of receiving and processing reports, the appropriate SQCC shall inform the person making the report of his right to confidentiality of the information that can identify him. The SQCC shall then check with that person whether or not he consents to disclosure of the information that can identify him, particularly to the entity concerned or the person who will verify the facts.

In the absence of consent from the person making the report, the appropriate SQCC must protect the confidentiality of the information that can identify him. For that purpose, the SQCC shall take all the necessary measures:

- Only the SQCC and the personnel under her authority shall be privy to and have access to the information that can identify the person who made the report.
- All other communications or documents related to processing of the report must not mention the information that can identify the person who made the report.

Further, the institutions and the NRBHSS must also take all the measures necessary to ensure confidentiality of information that can identify a person who files a report with an appointed intervener who participates in the collaborative process.

Upon receiving a report, an appointed resource person must take into consideration her personal and professional ethical obligations and, if she belongs to a professional order, her deontological obligations.

Finally, the PRIP is responsible for establishing and applying the strategies to ensure confidentiality of information that can identify the person who makes a report.

8.3 Prohibition of reprisal or threats of reprisal against a person filing a report

Section 22.2 of the *Act to combat maltreatment of seniors and other persons of full age in vulnerable situations* prohibits measures of reprisal against a person who, in good faith and in accordance with the present policy, formulates a complaint, makes a report or cooperates in reviewing a complaint or a report. It is also prohibited to threaten a person with reprisal to dissuade him from filing a complaint, making a report or cooperating in reviewing a complaint or in processing a report.

The following are presumed to be forms of reprisal:

- demotion, suspension, termination or transfer of a person, as well as any other disciplinary or other measure that adversely affects his employment or working conditions;
- transfer of a user or a resident;
- breaking a lease;
- prohibiting or restricting visits to a user or a resident

(Section 22.2, *Act to combat maltreatment of seniors and other persons of full age in vulnerable situations*).

Moreover, no proceedings may be brought against a person who, in good faith, has filed a complaint or made a report or cooperated in reviewing a complaint or processing a report, regardless of the conclusions issued (section 22.3, *Act to combat maltreatment of seniors and other persons of full age in vulnerable situations*).

8.4 Assessment of the person's needs and capacities

The assessment of the person's needs and capacities enables planning and establishing priorities of the interventions according to the maltreated person's preferences and values, and this with her consent or that of her representative. This assessment enables identifying the types of expertise required in order to respond to the person's needs, and this process must consider all the persons concerned with the situation of maltreatment.

9. RENDERING OF ACCOUNTS BY THE SQCC

In her annual activity report, the SQCC must include a section specifically dealing with the complaints and reports she received concerning situations of maltreatment of seniors and other persons in vulnerable situations, without compromising the confidentiality of report records, including the identity of the persons concerned by a complaint or a report (section art. 14, *Act to combat maltreatment of seniors and other persons of full age in vulnerable situations*).

10. COLLABORATIVE INTERVENTION PROCESS

A process for collaborative intervention enables standardizing the management of situations of maltreatment and intervening efficiently, quickly, collaboratively and in complimentary fashion, with the goal of ensuring the best action to put and end to the situation of maltreatment.

Managing actions and follow-up enables reducing the risk of repeated incidents and ensuring the safety and well-being of all the parties involved. When required, a process of collaborative intervention could be initiated with the appointed resource person of the organizations that are signatories to the provincial framework agreement in the areas of health and social services, justice and public security, as well as key partners such as the *Curateur public du Québec*, the *Autorité des marchés financiers* or the *Commission des droits de la personne et des droits de la jeunesse (CDPDJ)* [Human and youth rights commission].

Prior to initiating collaborative intervention, the consent of the person concerned or her representative must be obtained.

However, consent is not required in the case of prevention of an act of violence, when there are reasonable grounds to believe there is a serious risk of death or serious injury for a vulnerable person and the nature of the threat creates a sense of urgency.

If the formal collaborative intervention process (CIP) is not yet in place in Nunavik, in a situation where, concerted action of this type is necessary, the resource persons and partners required are contacted.

10.1 Procedure for application of the collaborative intervention process (CIP)

Three types of intervention are possible in the collaborative intervention process (CIP):

Counsel-support: enables calling on other resource persons to contribute without exchanging personal information, in order to ascertain whether the three criteria are present, ascertain whether there is a serious risk of death or serious injury which creates a sense of urgency or discuss potential interventions;

Intervention with consent: enables planning of collaborative intervention when the senior's or the vulnerable person's consent has been obtained;

Intervention with significant risk of serious injury: enables calling on contributors who are able to aid when there is a serious risk of death or serious injury for a senior or a vulnerable person which creates a sense of urgency (broadened scope for waiving professional secrecy, Ch. L-6.3 (*Bill 115*)).

The collaborative intervention process (CIP) applies when the following three situations occur:

- a resource person has reasonable grounds to believe that a senior in a vulnerable situation is the victim of maltreatment within the meaning of the act;
- the situation of maltreatment requires cooperation between interveners in order to put an end to it efficiently;
- the resource person has reasonable grounds to believe that the situation of maltreatment could constitute a criminal or penal infraction.

The collaborative intervention process (CIP) may be initiated by an appointed resource person for a user of the health and social services network if the presumed situation of maltreatment is complex and meets the three criteria for launching the process.

II. DISCIPLINARY, ADMINISTRATIVE OR PENAL SANCTIONS

The actions established to avoid and prevent the recurrence of situations of maltreatment include potential sanctions, given that whosoever fails in his duty to report a case of maltreatment is committing an offence (section 21, *Act to combat maltreatment of seniors and other persons of full age in vulnerable situations*). The sanctions may be disciplinary or administrative in nature.

EXAMPLES OF SANCTIONS APPLICABLE BY THE INSTITUTION OR THE NRBSSS IN A CASE OF MALTREATMENT
Employees: Disciplinary measures including warnings, letters in their record, suspension or termination.
Members of the council of physicians, dentists and pharmacists (CPDP): Disciplinary measures including reprimand, change in status, revocation of privileges, suspension of status or of privileges for a determined period or revocation of status or of privileges.
Midwives: Disciplinary measures including reprimand, modification or revocation of one or more rights defined in the contract or termination of the contract.
IR/FTR: Non-renewal or termination of the specific or particular agreement.
PSR: Revocation of the temporary attestation of compliance, refusal to deliver, revocation or refusal to renew the certificate of compliance.

EXAMPLES OF OTHER POSSIBLE SANCTIONS APPLICABLE TO PERSONS AND INSTITUTIONS THAT CAUSE A SITUATION OF MALTREATMENT OR TOLERATE IT
Members of a professional order: A professional order may, in particular, impose the following sanctions on one of its members: reprimand, temporary or permanent removal from the register, fines, revocation of licence, revocation of specialist's certificate, limitation or suspension of the right to engage in professional activities.
Institutions: The MSSS may, in particular, impose the following measures on the institutions: appointment of an observer, investigation, obligation to submit a plan of action, provisional administration (public institutions and private institutions under agreement), suspension or revocation of permits.

All persons: Pursuant to an investigation by the *CDPDJ*, legal proceedings may be possible before the human-rights tribunal, which can render any decisions and orders of practice and procedure necessary to the exercise of its functions which, in particular, are related to the right of any senior or any handicapped person to be protected against any form of exploitation. Penal or criminal proceedings may also be initiated. For example, whosoever shows wanton or reckless disregard for the life or safety of others, either in doing anything or in omitting to do anything that it is his duty to do, may be found guilty of criminal negligence 16.

Reference: *Politique cadre de lutte contre la maltraitance* (2020), p. 20-21.

Certain provisions of the act include penal sanctions, in view of ensuring the health and safety of the most vulnerable persons. Such sanctions particularly apply to the perpetrator of an act of maltreatment but also to the following situations:

- breach of his obligation to report a case of maltreatment without delay (section 21, *Act to combat maltreatment of seniors and other persons of full age in vulnerable situations*);
- threat or intimidation of a person or attempt to seek reprisal or initiation of reprisal against a person who complies with the act, exercises a right provided for therein or reports conduct that contravenes the act (section 22.2, *Act to combat maltreatment of seniors and other persons of full age in vulnerable situations*);
- commission of an act of maltreatment against a person lodged in a *CHSLD*, a *PSR*, an *IR* or an *FTR*, on or outside the premises of such a facility. A person who, in the exercise of her functions, commits an act of maltreatment against a user of full age to whom the person directly provides in-home health or social services on behalf of an institution (section 21.1, *Act to combat maltreatment of seniors and other persons of full age in vulnerable situations*);
- hindrance or attempt to hinder in any way an inspector or investigator (section 22.8, *Act to combat maltreatment of seniors and other persons of full age in vulnerable situations*).

11.1 Process of denouncing an infraction of the Act

To apply for penal sanctions under the *Act to combat maltreatment of seniors and other persons of full age in vulnerable situations*:

- the applicant must be a direct witness of the facts and a close relative or a representative of the maltreated person;
- the presumed situation of maltreatment or of reprisal must be relative to:
 - a user of full age lodged in a health installation;
 - a user of full age under the care of an intermediate residence (*IR*);
 - a user of full age under the care of a family type residence (*FTR*);
 - a resident of a private seniors' residence (*PSR*);
 - a person of full age who receives in-home health or social services provided on behalf of an institution;

- the location involved in the complaint must be well identified and located in Québec;
- the application must concern a health or social services provider or a member of a professional order who, in the exercise of his functions, has failed to report to the appropriate SQCC that a person is a victim of maltreatment.

An application will not systematically lead to penal sanctions if proof is insufficient or if the elements cannot be documented beyond a reasonable doubt.

The process for applying for penal sanctions under the *Act to combat maltreatment of seniors and other persons of full age in vulnerable situations* is available at [Additional contact information for the MSSS | Gouvernement du Québec \(quebec.ca\)](#).

12. ASSISTANCE, ASSESSMENT AND REFERRAL TO A MALTREATMENT HELP CENTRE

The Minister Responsible for Seniors has established an assistance, assessment and referral centre on maltreatment (“assistance centre”), with the following functions in particular:

- receiving calls for information or support concerning maltreatment;
- offering active listening;
- assessing the situation described and the associated risk level;
- providing information on the available resources and the possible forms of recourse;
- referring the person to the interveners most capable of assisting her, including the SQCC or an appointed resource person;
- following up, with the person’s consent, in order to accompany her in the process or in her undertakings.

For that purpose, The Mistreatment Helpline’s mandate has been enhanced with the addition of the function to accompany the person in her undertakings as well as with a broadened clientele to include any person of full age in a vulnerable situation.*

1-888-489-2287 [The Mistreatment Helpline — Provincial helpline and referral service that specializes in mistreatment. \(lignemaltraitance.ca\)](#)

13. APPLICATION OF THE POLICY

The institutions, the NRBHSS and all associated organizations or persons with whom the institutions or the NRBHSS deals with for the provision of care or services must apply the present policy and ensure its application by their employees and all people working for them.

14. EFFECTIVE DATE AND REVISION

The present policy goes into effect on the date of its adoption.

The policy must be revised at least once every five years (section 7, *Act to combat maltreatment of seniors and other persons of full age in vulnerable situations*).

15. APPENDICES

Appendix 1: The seven types of maltreatment

Appendix 2: Coordinates of resources for reporting a situation of maltreatment

Appendix 3: Outline of prevention, awareness and training activities

Appendix 4: Form for reporting maltreatment or filing complaint relative to a situation of maltreatment

APPENDIX I

The Seven Types of Maltreatment

PSYCHOLOGICAL MALTREATMENT	
Attitudes, words, acts or lack of appropriate action undermining a person's psychological well-being or integrity	
Violence: Emotional blackmail, manipulation, humiliation, insults, infantilization, denigration, verbal and non-verbal threats, disempowerment, excessive monitoring of activities, comments that are xenophobic, ableist, sexist, homophobic, biphobic, transphobic, etc.	Signs: Fear, anxiety, depression, withdrawal, hesitation in speaking openly, mistrust, timid interactions with one or more persons, rapid decline in cognitive capacities, suicidal ideation, suicide attempts, suicide, etc.
Neglect: Rejection, social isolation, indifference, lack of regard, insensitivity, etc.	Important: Psychological maltreatment is the most frequent and least visible: <ul style="list-style-type: none"> • often exists alongside other types of maltreatment; • can have consequences that are as serious as the other types of maltreatment.

PHYSICAL MALTREATMENT Attitudes, words, acts or inaction that undermine a person's physical well-being or integrity	
<p>Violence: Shoving, brutalizing, hitting, burning, force feeding, inappropriate administration of medication, inappropriate use of restraints (physical or chemical), etc.</p>	<p>Signs: Bruises, injuries, weight loss, deteriorating state of health, lack of hygiene, undue delay in changing incontinence briefs, skin conditions, unsanitary living environment, muscular atrophy, use of constraints, premature or suspicious death, etc.</p>
<p>Neglect: Failure to provide a reasonable level of comfort, security or accommodation, failure to provide assistance with feeding, dressing, hygiene or medication to a dependent person in one's care, etc.</p>	<p>Important: Some signs of physical maltreatment may be mistaken for symptoms associated with certain health conditions. It is therefore preferable to request a medical and/or psychosocial assessment.</p>

SEXUAL MALTREATMENT Non-consensual attitudes, words, acts or a lack of appropriate action with a sexual connotation that undermine a person's sexual well-being or integrity	
<p>Violence: Suggestive attitudes or remarks, sexual jokes, promiscuity, exhibitionism, sexual assault (unwanted touching, sexual coercion), etc.</p>	<p>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.</p>
<p>Neglect: Failure to provide privacy, treating an older adult as an asexual being or preventing her from expressing her sexuality, etc.</p>	<p>Important: Sexual assault is above all an act of domination. Cognitive impairment may lead to disinhibition, which can result in inappropriate sexual behaviour. Not recognizing, ridiculing or preventing older adults' sexuality is a form of maltreatment, and it also makes it more difficult to identify and report sexual maltreatment. It is also important to keep an eye out for pathological sexual attraction toward older adults (gerontophilia).</p>

MATERIAL OR FINANCIAL MALTREATMENT

Fraudulent, illegal, unauthorized or dishonest appropriation or use of an older adult's property or legal documents, lack of information or misinformation about financial or legal matters

Violence: Exerting pressure to change her will, unauthorized bank transactions (use of her bank card, online transactions, etc.), misappropriation of funds or property, overcharging for services, contract or insurance transactions achieved through deception or coercion, identity theft, signing a lease under pressure, 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 the person's assets in her best interests or failure to provide the necessary goods, failure to assess the person's cognitive abilities, understanding or financial literacy, etc.

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

INSTITUTIONAL MALTREATMENT

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 the person as a number, provision of care or services according to more or less rigid schedules, undue delays in provision of care or services, deteriorating physical, psychological or social health, complaints or reports to diverse entities, etc.

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

Important: Institutional maltreatment is not limited to the health and social services network. It is important to remain aware of all types of institutional shortcomings that could violate the individual or collective rights of older adults at any moment. These shortcomings can also negatively affect the work of staff in charge of providing care or services for older persons.

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.	Signs: Failure to recognize a person’s rights, skills or knowledge, use of condescending or infantilizing language, etc.
Neglect: Indifference to ageist practices or remarks that are witnessed, etc.	Important: We are all influenced, to varying degrees, by negative stereotypes and discourses about older adults. These misguided assumptions lead us to misinterpret various situations, which can ultimately lead to maltreatment.

VIOLATION OF RIGHTS	
Infringement of 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 sexual or romantic orientation or gender identity, practise religion or express spirituality, etc.	Signs: Preventing or blocking the participation of the older adult in the choices and decisions that concern him, a family member answering on behalf of the older adult, restriction of visits or access to information, isolation, complaints or reporting to various authorities, etc.
Neglect: Lack of information or misinformation regarding rights, failure to assist the person in exercising his rights, failure to recognize his capacities, denial to offer care or services, when justified, etc.	Important: Violation of rights occurs in all types of maltreatment. Every person fully retains his rights, regardless of age. Only a judge can declare a person incapable and can appoint a legal representative. Further, the person declared incapable still retains his rights and can exercise them, within the limits of his capacities.

Reference: 2022-2027 Governmental Plan of Action to Fight Maltreatment of Seniors, p. 9-11.

APPENDIX 2

Coordinates of resources for reporting a situation of maltreatment

For urgent situations requiring immediate assistance, call 819-XXX-9111.

Organization	Telephone and other coordinates	
Service Quality and Complaints Commissioner	For services provided by the UTHC: Lizzie Johannes E-mail: complaints.kuujuuaq@ssss.gouv.qc.ca Telephone: 819 964-2905, extension 231 Toll free: 833 964-2905, extension 231 For services provided by the IHC and ULLIVIK: Josi Nappatuk E-mail: complaint.commissioners.csi@ssss.gouv.qc.ca Telephone: 819 988-2957, extension 360 Toll free: 888 988-2669 For regional services: Interim E-mail: complaints.nrbhss@ssss.gouv.qc.ca Toll free: 833 428-4242	
Person responsible for implementing the policy (PRIP)	Bonnie Helwer Executive Advisor to the Quality of Living Environments bonnie.helwer.rr17@ssss.gouv.qc.ca	
Appointed resource person for the collaborative intervention process (CIP)	IHC: To be announced UTHC: To be announced	
Regional coordinator specialized in the fight against maltreatment of seniors	Josée Duplantie josee.duplantie.rr17@ssss.gouv.qc.ca	
User and resident committee	IHC: To be announced UTHC: To be announced	
Emergency numbers, by village 24 hours/day, 7 days/week	AKULIVIK <u>819 496-9111</u> INUKJUAK <u>819 254-9111</u> IVUJIVIK <u>819 922-9111</u>	AUPALUK <u>819 491-9111</u> KANGIQSUALUJJUAQ <u>819 337-9111</u> KANGIQSUJUAQ <u>819 338-9111</u>

	<p>KUUJJUARAAPIK 819 929-9111</p> <p>PUVIRNITUQ 819 988-9111</p> <p>SALLUIT 819 255-9111</p> <p>UMIUJAQ 819 331-9111</p>	<p>KANGIRSUK 819 935-9111</p> <p>KUUJJUAQ 819 964-9111</p> <p>QUAQTAQ 819 492-9111</p> <p>TASIUJAQ 819 633-9111</p>
CLSC	<p>Akulivik Social services: 819 496-2232 Nursing: 819 496-2107</p> <p>Inukjuak Social services: 819 254-9108 Nursing: 819 254-8540</p> <p>Ivujivik Social services: 819 922-3096 Nursing: 819 922-9978</p> <p>Kuujjuaraapik 819 929-3377 Nursing: 819 929-3442</p> <p>Puvirnituq Social services: 819 988-2192 Ext. 218 Nursing: 819 988-2957</p> <p>Salluit Social services: 819 255-8829 Nursing: 819 255-8439</p> <p>Umiujaq Social services: 819 331-7494 Nursing: 819 331-7021</p>	<p>Aupaluk Social services: 819 491-7458 CLSC: 819 491-9999</p> <p>Kangiqsualujjuaq Social services: 819 337-5245 CLSC: 819 337-5245</p> <p>Kangiqsujuaq Social services: 819 338-3251 CLSC: 819 338-3251</p> <p>Kangirsuk Social services: 819 935-4878 CLSC: 819 935-9999</p> <p>Kuujjuaq Social services: 819 964-2905 CLSC: 819 964-2905</p> <p>Quaqtaq Social services: 819 492-9127 CLSC: 819 492-9999</p> <p>Tasiujaq Social services: 819 633-5710 CLSC: 819 633-9999</p> <p>A new telephone number is available for all the Ungava communities to facilitate 24/7 access to social services in this subregion: 9777.</p>
Assistance, assessment and referral centre for maltreatment (The Mistreatment Helpline)	<p>1 888 489-2287 Seven days a week, 8 a.m. to 8 p.m.</p>	

<p>Sapummijit Assistance Centre for Victims of Criminal Acts</p>	<p>Five agents in Nunavik</p> <p>Kuujuaq, Kangiqsujaq, Tasiujaq, Aupaluk, Kangirsuk, Quaqaq, Kangiqsualujuaq 819 964-2086</p> <p>Salluit, Ivujivik 819 255-8328</p> <p>Puvirnituaq, Akulivik 819 988-2867</p> <p>Inukjuak 819 254-8170</p> <p>Kuujuaaraapik, Umiujaq 819 929-3742</p>
<p>Assistance Centres for Victims of Criminal Acts (CAVAC)</p>	<p>1 866 LE CAVAC (1 866 532-2822) 819 797-5599 Toll free: 1 866 335-5599 cavacat@lino.sympatico.ca</p>
<p>Autorité des marchés financiers</p>	<p>1 877 525-0337 lautorite.qc.ca/grand-public</p>
<p>Centre for Assistance and to Combat Sexual Assault (CALACS)</p>	<p>www.rqcalacs.qc.ca</p>
<p>Suicide-Prevention Centre</p>	<p>1 866 277-3553 www.cpsquebec.ca/</p>
<p>Commission des droits de la personne et des droits de la jeunesse</p>	<p>1 800 361-6477 www.cdpedj.qc.ca/fr</p>
<p>Curateur public/Régime de protection</p>	<p><i>Direction territoriale Nord (Laval, Laurentides, Outaouais, Abitibi-Témiscamingue, Mauricie et Nord-du-Québec</i> 222 Saint-Georges St., Suite 315 Saint-Jérôme, Québec 450 569-3240 Toll free: 1 877 221-7043 Fax: 450 569-3236 www.quebec.ca/gouvernement/ministeres-et-organismes/curateur-public</p>
<p>Inuit Values and Practices (NRBHSS)</p>	<p>(Inuktitut and English) 1-877-NUNAVIK (686-2845) *Please leave a message*</p>
<p>Kamatsiaqtut Help Line</p>	<p>(Inuktitut and English) 1-800-265-3333</p>
<p>First Nations and Inuit Hope for wellness Help Line</p>	<p>(English, French--Inuktitut on demand) 1-855-242-3310</p>

APPENDIX 3

Outline of prevention, awareness and training activities

Jointly, the institutions and the regional board, must establish measures such as awareness, information and training activities, to prevent maltreatment of persons in vulnerable situations receiving health and social services (section 3 (2), *Act to combat maltreatment of seniors and other persons of full age in vulnerable situations*).

Targeted persons/groups	Proposed activity
All institutions and community organizations	Posters, pamphlets and promotional tools
Management personnel	Presentation on the policy and revision by the PRIP and the regional coordinator for the fight against maltreatment at each of the three entities
All persons working for the institution and the NRBHSS	Training on well-treatment
Collaborators outside the health care network who work with seniors or persons of full age in vulnerable situations	Training on well-treatment
All persons working for the institution and the NRBHSS	Articles and headings in publications by the institutions and the NRBHSS
All persons working for the institution and the NRBHSS, primarily the teams responsible for support of seniors, persons lacking autonomy and elders' homes	ENA training: Introduction to the fight against maltreatment of seniors and other persons of full age in vulnerable situations (1 h 30 m)
All persons working for the institution and the NRBHSS, primarily the teams responsible for support of seniors, persons lacking autonomy and elders' homes	ENA training: Identifying and reporting situations of maltreatment of seniors and other persons of full age in vulnerable situations (40 m)
Collaborators outside the health care network who work with seniors or persons of full age in vulnerable situations (e.g., family houses)	Training destined for community organizations (<i>CRÉGES</i>) <i>Contre la maltraitance envers les aînés et toute autre personne majeure en situation de vulnérabilité : "La reconnaître et agir"</i> Training: "Ce n'est pas correct" (learning to recognize the signs of maltreatment and helping through simple actions)

APPENDIX 4

Form for reporting mistreatment or for filing a complaint relative to a situation of mistreatment

Identification of the person reporting the situation or filing the complaint:

Last name: _____ First name: _____

Address: _____

Telephone : _____ Date : _____

Identification of the person who is suspected to be the victim of mistreatment:

Last name: _____ First name: _____

Address: _____

Telephone: _____

Type of residence (at home or in a community setting): _____

Identification of the person or service suspected of inflicting the mistreatment (if you are referring to a service received, please specify the institution providing the service) :

Last name: _____ First name: _____

Address: _____

Telephone: _____

Relationship to the mistreated person: _____

Institution concerned (NRBHSS, IHC, UTHC) : _____

Description of the events that led to the report or complaint

Describe as precisely as possible the facts that led you to believe a vulnerable person has been maltreated. Indicate the event(s), the misconduct, the date, the location and the time, if known, as well as any witnesses. Indicate any other information you consider important.

Have you undertaken any other procedures, are there any protective measures already put in place, or do you have other relevant information? If so, indicate below.

Note: This form must be sent to the appropriate Service Quality and Complaints Commissioner.

For services provided by the UTHC:

Lizzie Johannes

E-mail: complaints.kuujjuaq@ssss.gouv.qc.ca

Telephone: | 819 964-2905, extension 231

Toll free: | 833 964-2905, extension 231

For services provided by the IHC and ULLIVIK:

Josi Nappatuk

E-mail: complaint.commissioners.csi@ssss.gouv.qc.ca

Telephone: | 819 988-2957, extension 360

Toll free: | 888 988-2669

For regional services:

Interim

E-mail: complaints.nrbhss@ssss.gouv.qc.ca

Telephone: 1 833 428-4242

Confidential processing of the complaint

In processing complaints, the institutions and the Nunavik Regional Board of Health and Social Services commit to respecting confidentiality and ensuring the protection of the personal information they hold throughout that information's life cycle, from collection to destruction.

All complaints are treated confidentially. Only the information necessary to processing a complaint will be shared with the personnel members of the institutions and the Nunavik Regional Board of Health and Social Services who require that information in the exercise of their functions.

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