

Report to the Adult Abuse Registry Committee

Report Pursuant to Subsection 8.2(1) of The Protection for Persons in Care Act

The *Protection for Persons in Care Act* (“the PPCA”) and the *Protection for Persons in Care (Adult Abuse Registry) Regulation* (“the Regulation”) require that if, after an investigation the minister believes that a person has abused or neglected a patient, that the person is or may become employable, or is able or may be able to do volunteer work; and that the abuse or neglect did not occur because the person was not properly trained, **the minister must provide a report about the matter to the adult abuse registry committee, in accordance with the Regulation. See below for address.**

Under *The Adult Abuse Registry Act* the applicable definition of “abuse” or “neglect” depends on the identity of the specified adult victim. In relation to a specified adult who is a patient under the PPCA, the following definitions of “abuse” and “neglect” apply:

Definitions

1(1) In this Act,

“**abuse**” means, subject to subsection (2), an act or omission that

- (a) is mistreatment, whether physical, sexual, mental, emotional, financial or a combination of any of them, and
- (b) causes or is reasonably likely to cause
 - (i) death of a patient,
 - (ii) serious physical or psychological harm to a patient, or
 - (iii) significant loss to a patient’s property

But does not include neglect;

“**neglect**” means, subject to subsection (2), an act or omission that

- (a) is mistreatment that deprives a patient of adequate care, adequate medical attention or other necessities of life, or a combination of any of them, and
- (b) causes or is reasonably likely to cause
 - (i) death of a patient, or
 - (ii) serious physical or psychological harm to a patient;

Exceptions re definitions of “abuse” and “neglect”

1(2) The following do not constitute abuse or neglect;

- (a) an act or omission that is the result of, or is attributable to,
 - (i) a patient’s refusal of care, or
 - (ii) a decision made on behalf of a patient by his or her committee or proxy;
- (b) an act or omission in the circumstances set out in the regulations.

NAME OF THE PERSON WHO THE MINISTER BELIEVES ABUSED OR NEGLECTED THE PATIENT:

(Last Name, Given Names)

Also known as: _____

Date of Birth: _____ Male Female Occupation: _____

(Day/Month/Year)

S.I.N.# _____ P.H.I.N.# _____

Note: The SIN and PHIN are only to be provided where necessary to correctly identify the person who the minister believes abused or neglected the patient.

Driver’s Licence # & Jurisdiction: _____

Last Known Civic Address: _____

(Address must be provided as a civic address, which can be obtained for individuals living in rural Manitoba from the Chief Administrative Officer of the rural municipality in which the individual resides.)

Police Service Incident #: _____ Police Agency: _____

SPECIFIED ADULT VICTIM(S): _____

(Last Name, Given Names)

Date of Birth: _____ Male Female

(Day/Month/Year)

Last Known Civic Address: _____

(Address must be provided as a civic address, which can be obtained for individuals living in rural Manitoba from the Chief Administrative Officer of the rural municipality in which the individual resides.)

NAME OF FACILITY AND CIVIC ADDRESS WHERE INCIDENT OCCURRED: _____

(Address must be provided as a street address.)

DATE OF INCIDENT: _____

(Day/Month/Year)

(Where it is not feasible to provide an exact date, general time parameters in which the abuse or neglect would have occurred must be provided.)

DATE REPORTED TO PPCO: _____

(Day/Month/Year)

DATE THE INVESTIGATION CONCLUDED: _____

(Day/Month/Year)

**Criteria and Extenuating Circumstances pursuant to Section 8.2(1) of the PPCA and the Regulation
& Information Required by the AARC Rules of Practice and Procedure**

<p>Particulars of the Abuse or Neglect (Note: This section <u>must</u> include the following information:</p> <ul style="list-style-type: none"> • nature and details of abuse or neglect; • the time frame within which the abuse or neglect occurred; and • the relationship of the person the minister believes abused or neglected the patient to the patient (the basis for the belief that the specified adult was a patient at the relevant time). <p>This section <u>must</u> also specify the type of abuse (i.e. physical, sexual, mental, emotional, financial, or a combination, if applicable).</p>	
<p>Patient's Physical and Emotional Condition (Note: This section refers to the specified adult's physical and emotional condition as a result of the incident. Include any relevant medical or psychological reports).</p>	
<p>Action Taken in Response to Incident (Note: Include details regarding any referral for medical examination and the involvement of law enforcement).</p>	
<p>How Abuse or Neglect Meets Definition Set out in the Act (Note: This section <u>must</u> include the evidence which led to the determination that the incident meets the threshold as set out in the Act).</p>	
<p>WORK HISTORY (Note: This section should reference how long the person who the minister believes abused or neglected the patient was employed at the facility in question and any additional work history available from the facility).</p>	
<p>TRAINING (Note: This section should reference details and dates regarding training opportunities relevant to the abuse or neglect that the person who the minister believes abused or neglected the patient was offered and those which were completed).</p>	
<p>HISTORY OF FOUNDED ABUSE / NEGLECT (Note: This section should include information regarding any substantiated allegations of abuse or neglect reported to the minister prior to March 15, 2013, pursuant to subsection 7(1) of <i>The Protection for Persons in Care Act</i>).</p>	
<p>OTHER RELEVANT INFORMATION (Note: Include other information, as required, for the AAR Committee to carry out its responsibilities under <i>The Adult Abuse Registry Act</i>)¹.</p>	

Completed this _____ day of _____ 20____ and forwarded to: the Adult Abuse Registry Committee Coordinator, 305-114 Garry Street, Winnipeg, Manitoba R3C 4V7 or via fax at: (204) 945-5668, by:

MINISTER OR DELEGATE: _____ (Name) _____ (Title)

(Address)

(Signature of MINISTER OR DELEGATE)

(Please Print Name)

¹ Investigation Reports that are appended to this form should only redact witness names and references to unfounded allegations. Footnotes citing the rationale should be provided for redacted information.