

Zero Tolerance of Abuse and Neglect Prevention Agreement – 2024

Between Fairhaven and _____
Print Name

Check appropriate box ☐ Employee ☐ Volunteer ☐ Student ☐ Other _____

I understand that it is the policy of Fairhaven that any form of abuse by an employee towards a resident, whether it be through neglect or physical, psychological, material or other type of abuse, is forbidden and is subject to disciplinary action up to and including immediate discharge.

By signing below, I indicate my understanding and agreement to the following:

1. I have read, understood and will comply with Fairhaven's *Zero Tolerance of Abuse and Neglect Policy #ADM-ORG-1450*
2. I understand that it is **mandatory** for all staff of Fairhaven to report any act of actual or suspected resident abuse to their supervisor immediately.
3. I understand that Fairhaven has a zero tolerance policy for abuse of residents.
4. I understand that failure to report acts of resident abuse will result in disciplinary action up to and including termination. Professional disciplines legislated in the Health Discipline Act. Failure to report an act of abuse, or that of reported or apparent possible abuse, is subject to professional discipline, up to and including loss of professional status.
5. I understand that Fairhaven's primary purpose is to provide quality care to each of its residents, which will result in a rewarding work environment for staff.
6. I am aware of Fairhaven's *Resident Rights Policy #AVI a* and *Resident Bill of Rights*, and understand that the resident has the right to be sheltered in a clean, safe and caring environment which all staff have a moral and professional responsibility to preserve.
7. I understand that all work activities are to reflect the unique rights, dignity and overall safety of the residents.
8. I understand that staff may be subject to physical or psychological harm from residents, and must report to their supervisor immediately any situation or instance which may give good reason to feel at risk. Physical or psychological harm from residents cannot be used as defence for staff abuse of residents.
9. I understand that if any of these conditions are breached, I will be subject to disciplinary action, up to and including dismissal.

Employee Signature

Date

Return completed form to the Human Resources Generalist