

**Protection for Persons in Care**  
**Quarterly Report**  
**April 1, 2000 to June 30, 2000**



**Protection for  
Persons in Care**

**A PROGRAM OF**

***ALBERTA  
COMMUNITY  
DEVELOPMENT***

**PROTECTION FOR PERSONS IN CARE**  
**First Quarter Report 2000- 2001 (April 1 - June 30)**

**BACKGROUND:**

As of April 1, 2000, Protection for Persons in Care (PPC) investigations is centralized at Alberta Community Development.

**NUMBER OF REPORTS:**

- Since January 5, 1998, when the *Protection for Persons in Care Act (PPC Act)* came into force, there have been 1655 reports of abuse received by the reporting line at Alberta Community Development.
- During this quarter, 114 reports were received. The number of reports has remained fairly constant over this past 12 months.
- Health and Wellness (H&W) has responsibility for the facilities in 106 of the cases and Community Development (CD) has responsibility for the facilities in 8 cases.
- There were no cases reported from facilities under the responsibility of Children's Services or Human Resources and Employment.

**AGENCIES:**

The majority of allegations involve persons in care in long term care facilities.

Agency/Ministry Responsibility	# of Reports	%
Regional Health Authorities/ H&W	78	68.4%
Persons with Developmental Disabilities/H&W	27	23.7%
Alberta Mental Health Board /H&W	1	0.9%
Management Bodies/CD	8	7.0%
Total	114	100%

See figure 1 for further breakdown by organizational structure

**TYPES OF ALLEGED ABUSE:**

- While allegations of emotional abuse are the largest group, there is an increase in allegations of failure to provide the basic necessities against facilities in general, especially in regards to facilities under the responsibility of Regional Health Authorities (RHAs).
- Persons with Developmental Disabilities (PDD) facilities have a larger number of alleged physical abuse cases reported. These are mainly between clients.
- Allegations of financial abuse are reported more in lodges than in other facilities.
- Each report can have more than one type of abuse.

Types of abuse	Total	% of all abuses
Physical	39	29.8%
Emotional	50	38.1%
Misappropriate medications	2	1.5%
Sexual	8	6.1%
Financial	4	3.0%
Neglect	28	21.4%
Total	131	100%

See figure 2 for individual breakdown by organizational structure

### ALLEGED ABUSERS:

- There is an increase in the number of cases where the operation of the agency or facility has been considered as the alleged abuser.

Alleged Abuser	Total	% of Total
Staff	75	65.8%
Agency/facility	18	15.8%
Client	20	17.5%
Family/other	1	0.9%
Total	114	100%

See figure 3 for further breakdown by organizational structure

### INVESTIGATORS:

- External investigators have conducted almost 90% of the investigations.
- Currently, the services of 12 investigators have been contracted. These investigators have various backgrounds such as law enforcement, nursing, social work, speech-language pathology, and human resources. Three more investigators have been recruited.
- 8.8% of the cases have been referred to a professional association for investigation, 1.8% have been referred to a police service, and 0.9% to the Mental Health Patient Advocate Office (MHPAO).

Investigator	Total	% of all cases
External Investigators	101	88.6%
Professional Assoc:	10	8.8%
*AARN (RNs)	6	
*CLPN (LPNs)	4	
Police	2	1.8%
Other (MHPAO)	1	0.9%

### INVESTIGATION FINDINGS:

- The trend has been that approximately 50% of the allegations are upheld.
- The outcome of the investigations from this quarter will be included in the next quarterly report, as the majority of the cases are not closed at this time.
- A few cases have been referred to the Alberta Association for Registered Nurses (AARN) for further follow-up after an external investigator has completed the investigation in relation to the operation of the facility. The follow-up is in regards to registered nurses not doing adequate client assessments.

### INVESTIGATOR RECOMMENDATIONS FREQUENTLY CITED:

- Disciplinary action should be taken against the alleged abuser, if not already taken. (In most cases disciplinary action has already taken place.)
- The alleged abuser's performance should be monitored, including regular performance appraisals.
- Facilities are to conduct staff training to recognize and deal with clients suffering from mental health problems, various stages of dementia, clients with behaviour problems that are considered difficult and demanding, and on how to relieve client anxiety.

## INVESTIGATOR RECOMMENDATIONS FREQUENTLY CITED (Cont'd):

- Facilities should provide staff with instructions, both as new employees during orientation and as ongoing education, to ensure that staff have the knowledge, skills and empowerment to provide a safe, positive and caring environment where all residents receive excellence in care.
- Facilities should review, with family members, the need for legal guardianship for residents who are not mentally competent to give consent or direction on their care.
- In the facility's abuse policy, there should be clear direction on the *Protection for Persons in Care Act*. Under the *Act*, individuals who have reasonable and probable grounds to suspect abuse against a client are required to report abuse in accordance with section 2(1) regardless of whether they have reported the matter internally. (It is noted that many facilities have excellent abuse policies with very clear direction on reporting.)

## ADMINISTRATION OF THE ACT

- Bulletin 1, attached, provides further interpretation on reporting allegations of abuse caused by cognitively impaired or developmentally disabled clients or third parties.
- Bulletin 2, attached, states that allegations of abuse anonymously reported will no longer be taken by the reporting line. Facility operators have always expressed concerns with these reports and recently several allegations may have been maliciously reported. There are provisions in the *Act* to protect reporters from repercussions.
- Bulletin 3, attached, states that alleged abusers are now being automatically sent a copy of the decision. Previously, alleged abusers did not receive copies of decisions unless they have provided a written request. Section 8(6) requires that a copy be sent to the agency and to the complainant.
- All agencies are requested to provide a response within 90 days to the recommendations made by the investigators. This is new for facilities other than hospitals and nursing homes. So far, there has been excellent compliance by the agencies.
- Agencies are now being informed as soon as possible when an investigation is occurring in their facility and who the investigator is.

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Phone: (780) 427-0552

Attachments: First Quarter Summary Report of PPC cases - 2000 – 2001  
Figure 1 – Number of reports  
Figure 2 – Types of alleged abuse  
Figure 3 – Types of alleged abusers

### Bulletins

Bulletin 1 - Duty to Report  
Bulletin 2 - Anonymous Reports  
Bulletin 3 - Copies of Decisions

## Protection for Persons in Care Number of Reports April 1, 2000 - June 30, 2000

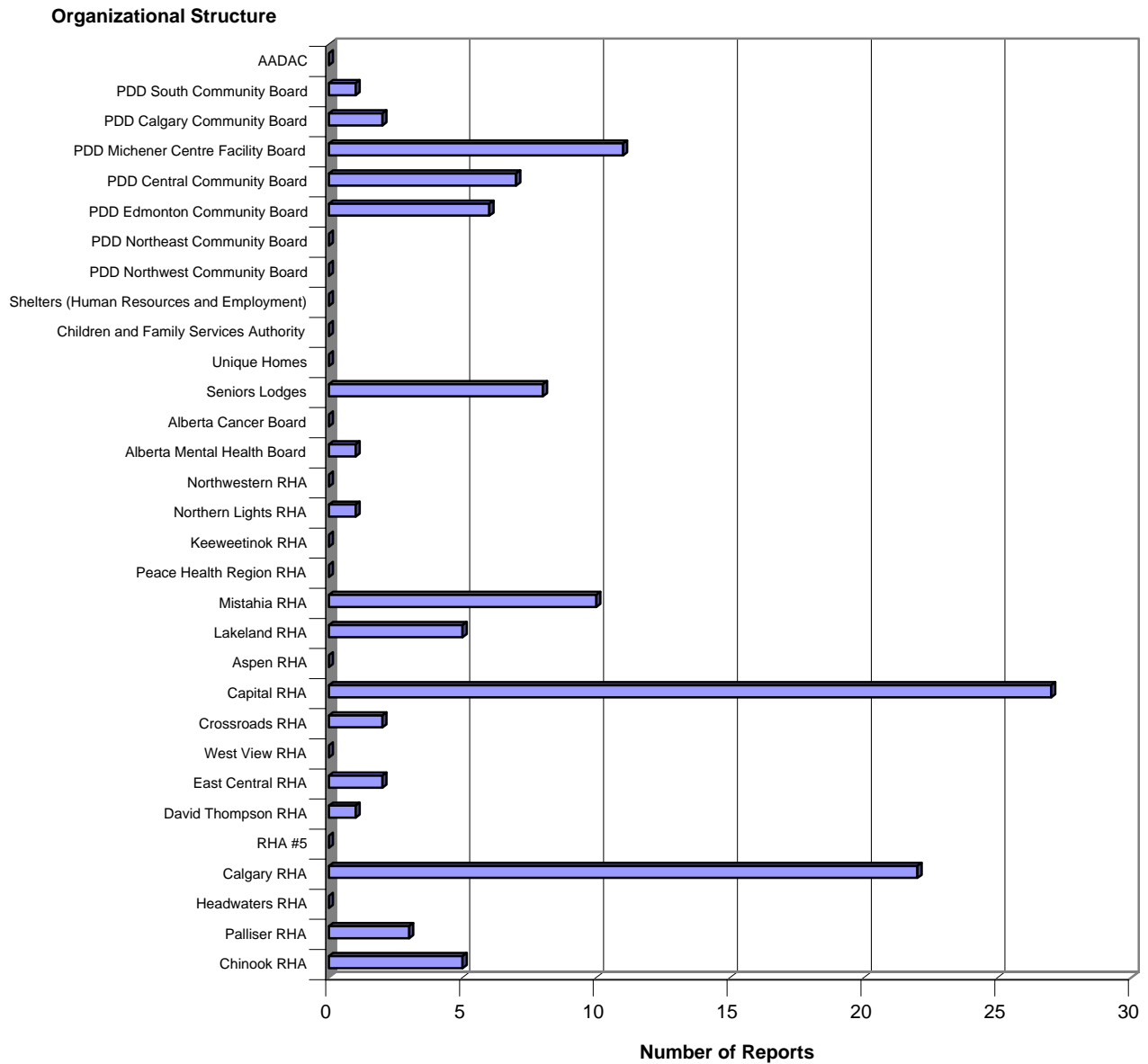
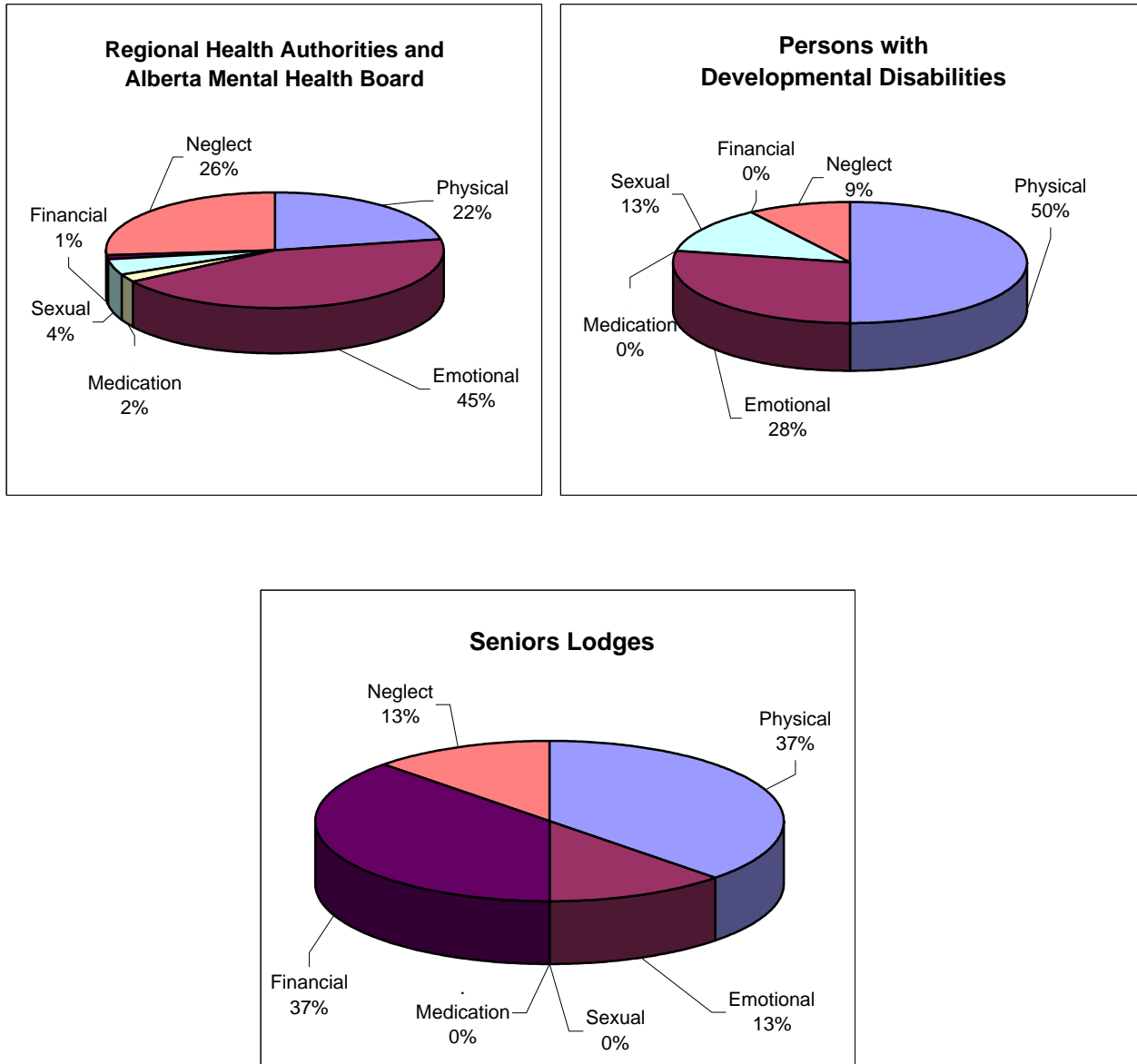


Figure 1

**Protection for Persons in Care**  
**Types of Alleged Abuse by Organizational Structure**  
**April 1, 2000 - June 30, 2000**



**Figure 2**

**Protection for Persons in Care**  
**Types of Alleged Abusers by Organizational Structure**  
**April 1, 2000 - June 30, 2000**

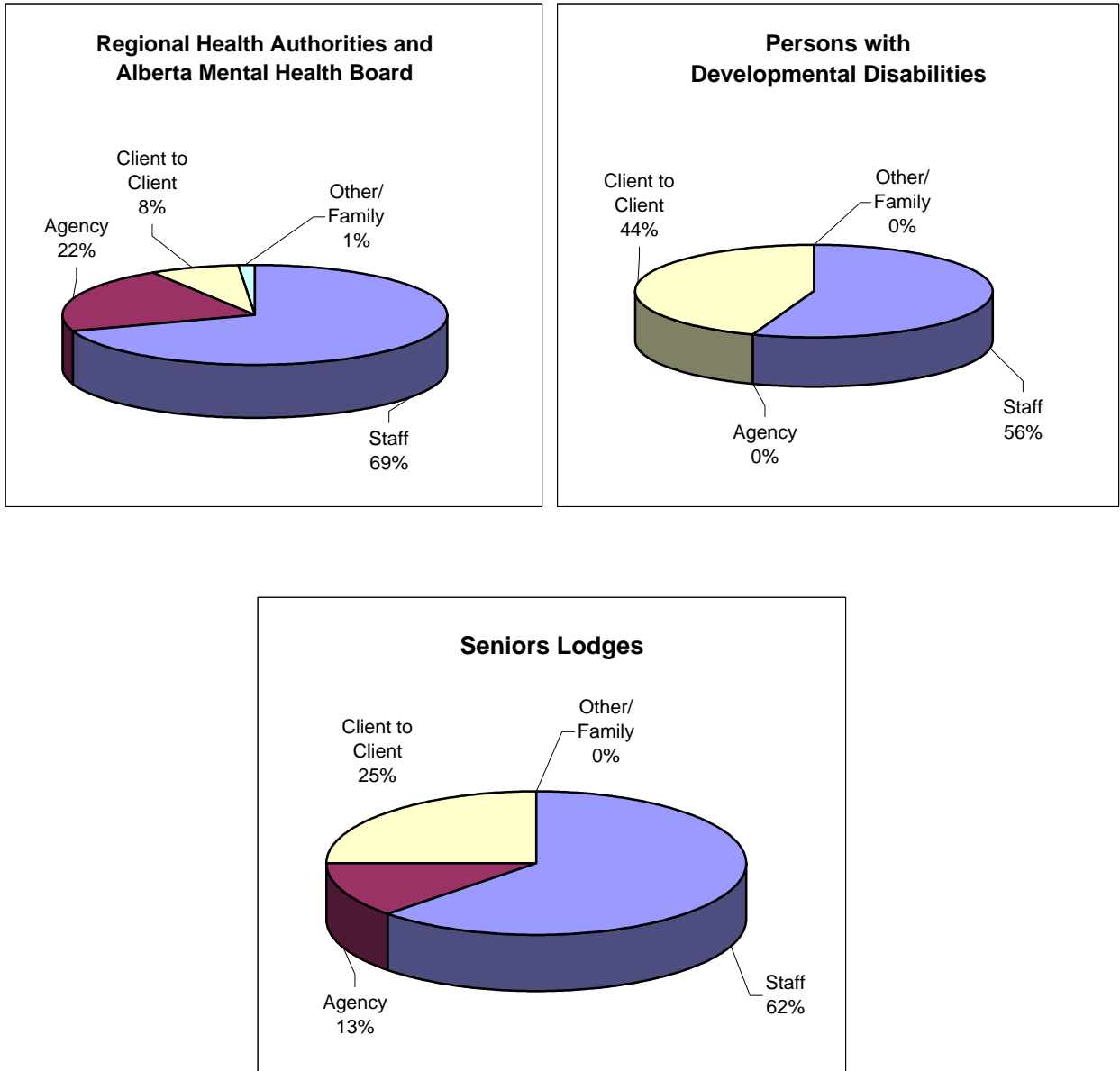


Figure 3

## Duty to Report – Protection for Persons in Care

### Overview:

The intent of the Protection for Persons in Care Act (PPCA) is to focus on protecting persons in care from abuse by requiring an individual or service provider, who has reasonable and probable grounds to believe and believes there is or has been abuse against a client, to report it. Section 2(1) of the Act provides legislation on the duty to report. Nothing is stated in section 2(1) about who abuses the client.

### Legislative source:

#### *Protection for Persons in Care Act*

*2(1) Every individual or service provider who has reasonable and probable grounds to believe and believes that there is or has been abuse against a client shall report such abuse to the Minister of Community Development or a police service or a committee, body or person authorized under another enactment to investigate such an abuse.*

Protection for Persons in Care  
Box 3100  
Edmonton , Alberta T5J 4W3  
Tel 780/427-0552 Fax 780/422-5954  
Website:  
[www.gov.ab.ca/mcd/seniors/ppica/ppica.htm](http://www.gov.ab.ca/mcd/seniors/ppica/ppica.htm)

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**Policy Statement:**

**If there is abuse against a person in care, then there is a duty by any individual or service provider to report it.**

**However, in order for an allegation to be considered "abuse", there must be two factors:**

**1. The person in care must experience one or more of the following:**

- bodily harm;
- emotional harm, including but not limited to threats, intimidation, humiliation, harassment, coercion, or restriction from appropriate social contact;
- medication administered or prescribed for an inappropriate purpose;
- misappropriation of valuables or possessions, or an improper or illegal conversion of money or other valuable possessions;
- inadequate nutrition, medical attention, or other necessity of life; or
- the client is subjected to non-consensual sexual contact, activity or behaviour

See attachment 1 for indications of abuse.

**2. The action must be intentionally caused, except for subjecting the person in care to non-consensual sexual contact, activity or behaviour. "Subjecting" means, "bringing under some power or influence".**

**Thus, regardless of who caused it, the allegation of abuse must be reported to whichever body is most appropriate:**

- Alberta Community Development (1-888-357-9339); or
- A police service, if the subject matter is criminal, (see attachment 2 for allegations of abuse that should be considered criminal); or
- A committee, such as the Alberta Health Facilities Review Committee, a body, such as a professional association or a person, such as the Mental Health Patient Advocate, authorized under another enactment to investigate such abuse.

See attachment 3 for respective phone contacts

**Guidelines concerning "intent":**

- If there is no intent, there is no abuse, in five of the six allegations of abuse. The exception is in the case of non-consensual sexual contact, activity or behaviour.
- Reporting individuals **do not** have to determine "intent" before reporting an allegation of abuse if that individual has reason to believe and believes that abuse has occurred. The investigator will determine "intent" based on a balance of probabilities.

### **Guidelines concerning client to client abuse:**

- If an agency or a service provider or an employee of an agency knows about or ought to know about any client to client actions that fall within the definition of abuse in section 1(a), then that agency, service provider or employee of that agency is involved for the purposes of the Act and the Ministry has jurisdiction to investigate or otherwise deal with that complaint in accordance with the Act.
- If an agency or service provider knowingly permits a client to receive bodily harm or emotional harm, that may very well constitute abuse permitted by the agency or service provider. However, the agency or service provider must intentionally "permit" the bodily harm or emotional harm to occur.

### **Guidelines concerning abuse caused by persons in care, who are moderately or severely cognitively impaired or developmentally delayed:**

- The level of cognitive impairment or developmental disability should be determined, on an individual basis, by expert or medical opinion.
- If it is determined that there is moderate to severe cognitive impairment or moderate to severe developmental disability, the necessary element of "intent" will be missing in client to client altercations. Thus it would not need to be reported from the perspective of the client as the alleged abuser, but rather from the aspect of the agency "permitting" the abuse to occur.

- The previous guidelines, provided by a psycho-geriatric expert who said if severe injury or excessive force occurred, client to client abuse should be reported and investigated from a facility responsibility perspective, are still appropriate.
- Thus, every investigation involving client to client actions that could constitute abuse, should also include examining the conduct of the agency, service provider, or employee of the agency to determine whether the abuse is really that of the agency, service provider, or employee of the agency permitting those resident to resident actions to occur, or in neglecting to take remedial action to prevent or stop them from occurring.
- In the case of sexual behaviour, intent is not an essential element to that type of abuse. Instead, there must be a "subjecting" to non-consensual sexual contact, activity or behaviour.

### **Guidelines for investigators in determining whether an allegation of abuse should be upheld:**

In the case of section 1(a)(i) "**intentionally causing bodily harm**", if no bodily harm is caused, there is no abuse. If there is no intent to cause bodily harm, there is no abuse, even where bodily harm is the result of some action. There must be bodily harm and it must have been intentionally caused.

In the case of section 1(a)(ii) "**intentionally causing emotional harm**", if no emotional harm is caused, there is no abuse. If there is no intent to cause emotional harm, there is no abuse, even where emotional harm is the result of some action. There must be emotional harm and it must have been intentionally caused.

In the case of section 1(a)(iii) "**intentionally administering or prescribing medication for an inappropriate purpose**", if the medication is not administered or prescribed for an inappropriate purpose, there is no abuse. If there is no intent to administer or prescribe for an inappropriate purpose, there is no abuse. There must be an intentional administering or prescribing of medication for an inappropriate purpose for there to be abuse.

In the case of section 1(a)(v) "**intentionally misappropriating or improperly or illegally converting money or other valuable possessions**", if there is no money or other valuable possessions that have been intentionally misappropriated, or improperly or illegally converted, there is no abuse. If there is no intent to administer or prescribe for an inappropriate purpose, there is no abuse. There must be an intentional misappropriation of money or other valuable possessions, or an improper or illegal converting of money or other valuable possessions for there to be abuse.

In the case of section 1(a)(vi) "**intentionally failing to provide adequate nutrition, adequate medical attention or other necessity of life without a valid consent**", if adequate nutrition, adequate medical attention or other necessity of life is provided, there is no abuse. If there is no intent to fail to provide adequate nutrition, adequate medical attention or other necessity of life, then there is no abuse even if an action results in a failure to provide adequate nutrition, adequate medical attention or other necessity of life.

In the case of section 1(a)(iv) "**subjecting to non-consensual sexual contact, activity or behaviour**", if there is no non-consensual sexual contact, activity or behaviour, there is no abuse. That is, if sexual contact, activity or behaviour is consensual, there is no abuse. If there is non-consensual sexual contact, activity or behaviour which a person is not "subjecting" on a client, then there is no abuse. "Subjecting" is bringing under some power or influence. Thus, even where there is non-consensual sexual contact, activity or behaviour, if it does not involve the element of someone exercising some power or influence over a client, it is not abuse.

**The PPC Act does not include "attempting" to cause bodily harm or emotional harm as constituting abuse. When service providers or employees or individuals attempt to cause bodily harm or emotional harm, they can not be considered having caused abuse but they can be considered to be providing inappropriate care or actions and recommendations for correction or improvement can be made.**

<p style="text-align: center;"><b>Purpose</b></p> <p><i>PPC Bulletins</i> are intended to provide individuals/agencies with more detailed information for interpreting the <i>Protection for Persons in Care Act (PPC Act)</i>. These Bulletins supply information concerning procedures and practices to aid in the effective and consistent administration of the <i>PPC Act</i>. PPC Bulletins are not a substitute for legal advice.</p>
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## Indicators of Abuse

### **Physical abuse** - *"Intentionally causing bodily harm."*

- Examples of actions that may cause physical harm - inappropriate physical contact such as striking, pinching, kicking, bumping, pulling hair, choking, burning, splashing cold water as a "joke," force feeding.
- Indicators of physical abuse -
  - Physical indicators - unexplained bruises, scrapes, cuts, loss of hair, bumps, contusions, falls, fractures, grip marks, immobility, swelling, tenderness
  - Behavioral indicators - verbal report, wariness of physical contact, reluctant to go to specific places or be with specific people, wearing clothing that covers body, aggression or withdrawal.

### **Emotional abuse** - *"Intentionally causing emotional harm, including but not limited to threatening, intimidating, humiliating, harassing, coercing or restricting from appropriate social contact."*

- Indicators of emotional abuse -
  - Victim appears shamed, portrays low self-esteem, withdrawn, passive, fearful, little or no eye contact, etc. Speech disorders, severe allergies or ulcers, failure to thrive and no satisfactory medical explanation.
  - When interacting with the suspected victim, the suspected abuser may be impatient, answer for the victim, be excessively attentive, defensive, patronizing.

### **Medication abuse** - *"Intentionally administering or prescribing medication for an inappropriate purpose."*

- Indications of medication abuse –
  - Sedating for the convenience of staff rather than health needs of the patient, or not providing medication when it is part of a care plan.

### **Sexual abuse** - *"Subjecting to non-consensual sexual contact, activity or behavior."*

- Indicators of sexual abuse -
  - Physical indicators include pain, swelling or bleeding in the genital area; fear of specific persons or being alone with them; withdrawing or drawing back from touching; sexually transmitted disease.
  - Behavioral indicators include verbal report, sexual acting out, bouts of crying with no provocation; receiving unexplained gifts/money.

### **Financial abuse** - *"Intentionally misappropriating or improperly or illegally converting money or other valuable possessions."*

- Indicators of financial abuse –
  - Evidence of unauthorized use of resident's money or property, evidence of changes in financial status, lack of receipts when purchasing for a resident or patient.

### **Neglect** - *"Intentionally failing to provide adequate nutrition, adequate medical attention or other necessity of life without valid consent."*

- Indicators of neglect –
  - Lack of proper clothing, weight loss, untreated health conditions, repeatedly asking for food, etc.
  - The Act respects Personal Directives; agreements made with lodges, etc.

## Reports involving Criminal Matters

Some types of abuse are criminal acts. Call your local police service if you believe there may be a *Criminal Code* (Canada) offence pertaining to abuse of adults.

### Examples of criminal offences as relating to abuse include:

#### Physical abuse:

- Assault
- Forceful confinement
- Counseling suicide
- Murder
- Manslaughter

#### Psychological abuse:

- Intimidation
- Uttering death threats
- Harassing telephone calls
- Criminal Harassment
- Forceful confinement

#### Medication abuse:

- Administering a noxious substance

#### Sexual abuse:

- Sexual assault

#### Financial abuse:

- Theft
- Theft by person holding power of attorney
- Conversion by trustee
- Criminal breach of trust
- Stopping mail with intent
- Extortion
- Forgery
- Fraud
- Robbery

#### Active Neglect:

- Criminal negligence
- Breach of duty to provide necessities

**Phone contacts for police services and other committees, bodies or persons  
where allegations of abuse can be reported to under section 2(1) PPC Act**

**Police Services:**

**Calgary Police Service**

Constable Dale Whitton, Seniors Coordinator Phone: (403) 268-8976

Constable Gwyn Amat, Coordinator/Liaison Persons with Disabilities Phone: (403) 268-8312

**Edmonton Police Service**

Constable Ernie Puttwell, Seniors' Coordinator Phone: (780) 421-3429 or Dispatch: 423-4567

Detective Les Bell, Elder Abuse Intervention Team Phone: (780) 496-5928

**RCMP**

All locations See local phone book

**Other Police Services** See local phone book

**Professional Bodies:**

College of Physicians and Services (Physicians) 1-800-661-4689

Alberta Association of Registered Nurses (Registered Nurses) (780) 451-0043

Registered Psychiatric Nurses Association of Alberta (Psychiatric Nurses) (780) 434-4052

College of Licensed Practical Nurses (Licensed Practical Nurses) (780) 484-8886

Alberta Association of Registered Social Workers (Social Workers) (780) 421-1167

Other professionals – see phone book

**Committees/Persons:**

Health Facilities Review Committee (re hospitals and nursing homes) (780) 427-4924\*

Social Care Facilities Review Committee (re social care facilities) (780) 427-3010\*

Office of the Mental Health Patient Advocate (formal patients) (780) 422-1812\*

**Phone Contacts for information**

- Elder Abuse Intervention Team – Edmonton (780) 496-5932
- Alberta Seniors Information Line – 1-800-642-3853 or (780) 427-7876\*
- Federal Government Income Security Programs (1-800-277-9914)
- Small Claims Court (780-422-2510\*).
- Public Trustee: Edmonton office (780) 427-2744\* Calgary office (403) 297-6541\*
- Public Guardian: Edmonton office (780) 422-1868\* Calgary office (403) 297-3364\*  
Lethbridge office (403) 381-5648\*  
Central Region (403) 340-5165\* North Region (403) 427-0017\*

*\*Note: All areas of the province may access government numbers, toll free through the rite operator at 310-0000.*

## Anonymous Reporting – Protection for Persons in Care

### Overview:

Anonymous reporting has made it difficult to investigate the allegation of abuse and provide follow-up. Therefore, anonymous reports will no longer be taken, especially since the Act has provisions for complainant protection.

### Legislative source:

*Protection for Persons in Care Act*

#### Complainant Protection

*4(1) No action lies against a complainant unless the complaint is made maliciously or without reasonable and probable grounds for the belief.*

*(2) No agency shall take adverse employment action against a service provider or an employee of an agency because that person is a complainant.*

*(3) No agency shall alter, interrupt, discontinue or threaten to alter, interrupt or discontinue service to a client, or a client's spouse, child or parent who receives services from an agency because the client is a complainant or is alleged to have been abused.*

*(4) Any person who violates subsection (2) or (3) is guilty of an offence and is liable*

*(a) in the case of an individual, to a fine not more than \$5000, or*

*(b) in the case of an agency, to a fine of not more than \$25,000.*

### Policy Statement:

**Anonymous reports will no longer be accepted.**

Protection for Persons in Care

Box 3100

Edmonton, Alberta T5J 4W3

Tel 780/427-0552 Fax 780/422-5954

Website:

[www.gov.ab.ca/mcd/seniors/ppica/ppica.htm](http://www.gov.ab.ca/mcd/seniors/ppica/ppica.htm)

### Investigating anonymous reports:

Investigators have experienced difficulties in commencing investigations when the reporter is unknown to them. It slows the investigation as the facts of the incident are not readily available.

### Protection of the complainant's identity:

While anonymous reports are no longer being acceptable, protection for persons in care staff and the investigators do not reveal the name of the complainant during the investigation or at anytime through the process. The agency is **not** given the name of the reporter.

The only time that the name may be revealed is in criminal matters and professional hearings.

Complainants and witnesses do have the right to be investigated off-site in a mutually agreed upon location.

**Providing copies of decisions to reporters:**

Section 8(6) of the Act requires that a copy of the decision be provided to the agency involved in the complaint and the complainant. When anonymous complaints were accepted, this requirement of the Act could not be fulfilled. As well, anonymous reporters could not prove that they had reported and thus satisfied their legislative duty to report.

**Protection of the Complainant:**

Section 4 provides protection of the complainant.

No action can be taken against a complainant unless the complaint is made maliciously or without reasonable and probably grounds for the belief.

No agency shall take adverse employment action against a service provider or an employee of an agency because that person is a complainant.

No agency shall alter, interrupt, discontinue or threaten to alter, interrupt or discontinue service to a client, or a client's spouse, child or parent who receives services from an agency because the client is a complainant or is alleged to have been abused.

Any person who violates the above two points is guilty of an offence and is liable - in the case of an individual, to a fine not more than \$ 5000, or in the case of an agency, to a fine of not more than \$ 25,000.

**Applying penalties for malicious reporting:**

While not all anonymous reports are made maliciously, the opportunity to report maliciously is greater when the identity of the reporter is unknown. In the past, there may have been some cases that were maliciously reported but no sanctions could be levied.

Section 11.1 states that a person who makes a complaint under this Act knowing it to be false is guilty of an offence and is liable to a fine of not more than \$ 2000 and, in default of payment, to imprisonment for a term of not more than 6 months.

<p style="text-align: center;"><b>Purpose</b></p> <p style="text-align: center;"><i>PPC Bulletins</i> are intended to provide individuals/agencies with more detailed information for interpreting the <i>Protection for Persons in Care Act (PPCAct)</i>. These Bulletins supply information concerning procedures and practices to aid in the effective and consistent administration of the <i>PCC Act</i>. PPC Bulletins are not a substitute for legal advice.</p>
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## Copies of the Decision – Protection for Persons in Care

### Overview:

Alleged abusers have requested copies of the Decision so as to know the outcome of the allegation. The *Protection for Persons in Care Act* only requires that a copy is provided to the agency involved in the complaint and the complainant. This does not put closure to the allegation for the alleged abuser when the outcome of the investigation is not known. To alleviate this concern, copies will now be routinely sent to alleged abusers if their address is provided to the investigator.

### Legislative source:

*Protection for Persons in Care Act*

### Investigator's Report

*8(6) The appropriate Minister must provide a copy of the decision to the complainant and to the agency involved in the complaint.*

### Policy Statement:

**Copies of Decisions will be routinely sent to alleged abusers.**

Protection for Persons in Care  
Box 3100  
Edmonton, Alberta T5J 4W3  
Tel 780/427-0552 Fax 780/422-5954  
Website:  
[www.gov.ab.ca/mcd/seniors/ppica/ppica.htm](http://www.gov.ab.ca/mcd/seniors/ppica/ppica.htm)

### Implementation of providing copies of Decisions to alleged abusers:

Copies of Decisions will be routinely provided to alleged abusers if their address is provided to the investigator. At the time of investigation, alleged abusers should make their home addresses known to the investigators. Telephone requests are not sufficient proof of identity to permit Protection of Persons in Care to reveal this personal information.

While the agency could be made responsible for providing the alleged abuser with a copy, there are times when the alleged abuser is no longer in their employment. Therefore, it could be difficult for the agency to forward a copy or ensure that the alleged abuser receives one.

### Purpose

*PPC Bulletins* are intended to provide individuals/agencies with more detailed information for interpreting the *Protection for Persons in Care Act (PPC Act)*. These Bulletins supply information concerning procedures and practices to aid in the effective and consistent administration of the *PPC Act*. PPC Bulletins are not a substitute for legal advice.