SAMPLE ‘ZERO TOLERANCE POLICY’

Regional Centers have zero tolerance for abuse or neglect of any regional center client. Regulation requires all vendored service providers, including [Provider’s Name], to have a written “Zero Tolerance Policy” that is reviewed with our employees upon hire and annually thereafter.

[Provider’s Name] has zero tolerance for abuse or neglect of our Clients. This means that every instance of observed, reported or suspected mistreatment of any Client will result in an immediate investigation and action to stop it and keep it from happening again. Anyone who receives a report of or observes actual or suspected mistreatment of any Client must immediately report that to your supervisor and/or the perpetrator’s supervisor. In addition, the incident must immediately be reported to the Client’s Regional Center Service Coordinator, and the Office of Adult Protective Services for adults, the Department of Children and Family Services for minors, or the Long Term Care Ombudsman for those Clients in long-term care facilities. The abuse or neglect must also be reported to law enforcement when appropriate.

Observed or suspected or reported mistreatment of any Client means the following or anything like the following:

- Hitting, slapping, pinching, pushing, pulling, biting or anything that causes fear, pain or discomfort to a Client. This includes Client to Client interaction.
- Unreasonable physical constraint. (Reasonable actions taken to protect a Client or others from a Client’s behaviors, taken in compliance with recognized and accepted behavior protocols, are not considered abuse, but they can become abusive if the intervention is more than is required to protect the Client and those around him or her.)
- Sexual abuse, which includes sexual touching of any kind and inappropriate, suggestive and/or offensive sexual talk to or around a Client.
- Name calling, demeaning, tormenting, threatening, mean teasing, yelling, harassing, or any other similar treatment.
- Disciplining by withholding food, water or preferred activities or causing pain, discomfort or trauma, even if in a purported behavior modification plan.
- Failure to exercise a reasonable degree of care, including but not limited to, a failure to assist in personal hygiene and the provision of food, water, clothing, or shelter, or failure to provide medical care for physical and/or mental health needs, or to protect the Client from health and safety hazards.
- Use of a physical or chemical restraint or psychotropic medication under any of the following conditions:
  1. For punishment.
  2. For a period beyond that for which the medication was ordered pursuant to the instructions of a physician and surgeon licensed in the State of California, who is providing medical care to the Client at the time the instructions are given.
  3. For any purpose not authorized by the physician or surgeon.
Failure to exercise the degree of care that a reasonable person would exercise in the position of having the care and custody of an elder or dependent adult or child.

- Wrongfully taking anything from a Client, including, but not limited to possessions, money, or anticipated income.
- Denying Client rights, except in accordance with the requirements of section 50530 – 50540 of Title 17 of the California Code of Regulations.

This policy applies to all employees of [INSERT PROVIDER NAME].

If you observe or suspect Client abuse, or if it is reported to you, you must:

- Immediately do what is reasonable and necessary to stop it and to protect the health and safety of all Clients and others who could be harmed by it.
- Immediately report it to your supervisor and/or the perpetrator’s supervisor, as appropriate.
- Immediately report it to the Regional Center by phone and in writing within 24 hours.
- Immediately report it to Adult Protective Services, Department of Children and Family Services or the Long Term Care Ombudsman,
- Immediately report it to law enforcement when appropriate.

The laws relating to reporting are complex and rigorously enforced. Failure to properly report can result in both fines and imprisonment. This policy does not purport to contain all of the reporting requirements.¹

Any employee accused of abuse or neglect of a Client will immediately be removed from their duties and any further contact with Clients until an investigation into the allegation(s) is completed. [PROVIDER NAME] will cooperate with any Regional Center, regulatory agency or law enforcement agency that investigates the allegation(s).

[PROVIDER NAME] will ensure that all of its agents and employees are fully informed upon hire and annually thereafter regarding this Zero Tolerance Policy and mandatory abuse and neglect reporting laws. Each employee and agent must be knowledgeable about his or her responsibility to protect Clients from abuse and neglect, the signs of abuse and neglect, the process for reporting suspected abuse or neglect, and the consequences of failing to follow the law and failing to enforce the Zero Tolerance Policy.

¹ The reader is referred to Welfare and Institutions Code (W&I) section 15630 (Mandated reporters; known or suspected abuse; telephone or Internet reports; failure to report; impeding or inhibiting report; penalties; and 15633 and 15633.5 for confidentiality) for adults, W&I Code section 15638 (written abuse form; confidential Internet reporting tool; contents; timing) for adults in long term care facilities, and Penal Code 11166 (Report of child abuse or neglect; mandatory reporters; reasonable suspicion defined; form of report; criminal liability for failure to report; investigation; other reporters; joint reports; retaliation prohibited; report by county probation or welfare department, or law enforcement agency, to investigatory agency and district attorney) for child abuse.
ZERO TOLERANCE POLICY ACKNOWLEDGEMENTS

I acknowledge that I have received, read, and understand [PROVIDER NAME]’s Zero Tolerance Policy against Client abuse and neglect, and I agree to comply with these provisions.

________________________________________  __________________________________________
Employee Name Print                                      Employee Signature

________________________________________
Date