

**DEPARTMENT OF FAMILIES CIRCULAR**

**Date:** February 14, 2017

**CIRCULAR NUMBER:** CLDS #2017-03b

**Alternate Program(s):**

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**To:** Community Social Service Supervisors/Program Managers/Area Directors/Regional Directors, Community Area Directors and Chief Executive Officer of the Manitoba Developmental Centre

**Subject:** The Reporting of Injuries or Suspicious Marks by Families or Service Providers

**Reference:** CLDS #2017-03a Reporting Process and Documentation Requirements for Allegations and Investigations of Abuse/Neglect of a Vulnerable Person

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**Type:**  Policy  
 Procedure  
 Rate  
 Information Only

**Effective Date:** Immediately

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**Purpose**

This circular provides direction to CLDS staff when advising family members and/or service providers about information sharing regarding a Vulnerable Person's injury(s) or suspicious mark(s) on their body.

Family members should be encouraged to contact the Community Service Worker (CSW) by telephone to report an injury(s) or suspicious mark(s) so that accurate information gathering through discussion occurs. There may be occasions when the family member shares written information about an injury(s) or suspicious mark(s) in advance of a discussion with the CSW. Information can be documented within a written summary and shared with the CSW via fax, email or postal mail.

Service providers are required to make a verbal report to the CSW of an injury(s) or suspicious mark(s) within twenty four (24) hours of an incident or occurrence. The verbal report is to be followed by a written report within five (5) days. Information is to be documented on an incident report, body diagrams or within a written summary, all of which may be shared with the CSW via fax, email or postal mail.

Descriptions of a vulnerable person's injury(s) or suspicious mark(s) must be objective, factual and based on direct observations. This description includes:

- The location of the injury(s) or mark(s) on the individual's body; and
- The size using a measurement or comparison, i.e., round, the size of a loonie; the width of three (3) fingers and color of the injury(s) or mark(s).

Additional information to assist with planning includes:

- Whether medical attention was received and if so, when, where, with whom the examination occurred, along with the outcome to the examination; and
- Precipitating events or possible causes of the injury(s) or mark(s).

The photographing of a Vulnerable Person's bodily injury(s) or mark(s) is strongly discouraged for the following reasons:

- All suspicious injuries and marks must be assessed by a medical professional who may treat the injury(s) or mark(s) and explore possible causes. This information is documented and can be accessed by CLDS staff either through written consent or the "Powers of Investigation"; sec. 22(2) of *The Vulnerable Persons Living with a Mental Disability Act*.
- Dependent on the location of the mark(s) or injury(s), allowing a Vulnerable Person to expose their body for the purposes of photographing the mark(s) or injury(s) are actions that may be considered to be intrusive, undignified and may re-traumatize the Vulnerable Person.
- The quality of the photograph may not provide the most accurate description of the mark(s) or injury(s).
- Photographs are considered records, therefore, the risks associated to a privacy breach are increased significantly when:
  - Service providers take personal photographs without the written consent of the Vulnerable Person or their legal representative;
  - Photographs are shared over the internet through an email;
  - Service providers, including CLDS staff, do not store these photographs according to privacy legislation; and
  - Photographs taken by a service provider are not destroyed according to privacy legislation.

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