



NASKAPI

LOCAL COMMUNITY SERVICE CENTRE

ᑭᓴᑭᓴ ᑕᓴᓴᓴ ᑕᓴᓴᓴ ᑕᓴᓴᓴ

Policy to combat maltreatment of seniors and any other persons of full age in vulnerable situations¹

Adopted by the Board of Directors on May, 17 2024, by Resolution 17052024002.

The CLSC Naskapi de Kawawachikamach supports the deployment of measures and mechanisms ranging from prevention to intervention to combat maltreatment of seniors and any other adult in vulnerable situations.

The CLSC must adopt a Policy to combat maltreatment of seniors and adults in vulnerable situations who receive health and social services, whether these services are provided by the institution or at home.

This Policy is based on the *Act to combat maltreatment of seniors and any other persons of full age in vulnerable situations*² (the “Law”), amended on April 6, 2022, aimed at strengthening the combat of maltreatment of seniors and any other adult in a vulnerable situation as well as the monitoring of the quality of health and social services (2022, chapter 6).

1) General Provisions

Application 1.1. This Policy applies to all services and applies to anyone who works for the CLSC Naskapi. It applies to all staff members, including administrators, managers, employees, physicians, dentists, pharmacists, medical residents, trainee, volunteers, care and service providers, as well as various partners working on behalf of the CLSC or in collaboration with it.

It also applies to resources linked by contract to the CLSC, contractual employees and independent labour.

It should be noted that situations involving a member of the Kawawachikamach community while receiving care or services from an institution outside the community will then be handled according to the Policy of that institution and not by this Policy.

¹ The CLSC Naskapi would like to thank the CISSS Côte-Nord and the CIUSSS du Center Ouest de l'Île de Montréal for having authorized the use of their models in the development of this Policy

² CQLR, c. L-6.3

**Target
population**

1.2. The populations targeted by the Act are seniors and adults whose ability to request or obtain help is limited temporarily or permanently, due in particular to constraint, illness, or an injury or disability, which may be physical, cognitive or psychological, such as a physical or intellectual disability or an autism spectrum disorder.

Seniors and adults not receiving services from the CLSC, who are in a vulnerable situation and who could benefit from support to resolve the situation of maltreatment of which they are victims are also covered by this Policy.

Consequently, those working with clients must be vigilant to detect maltreatment among vulnerable people and it is important to consider the risk and vulnerability factors of certain users. The measures cited in this Policy aim to prevent and combat maltreatment whether it is committed by a person working for the CLSC or not.

This document does not replace the laws and regulations currently in effect in Quebec (e.g., Charter of Rights and Freedoms, Civil Code, Criminal Code, etc.).

Goals

1.3. The main goals of this Policy are as follows:

- a) ensure the security, the well-being and the quality of life of the users by setting in place of measures aiming to counter maltreatment;
- b) identify and deal with situations of maltreatment quickly and effectively with the aim of stopping the maltreatment or reducing its harmful consequences;
- c) support the continuous improvement of clinical and organizational practices and the quality of services;
- d) inform health and social service providers, volunteers, users and their loved ones of the Policy and its content;
- e) inform and equip people working for the CLSC, health and social service providers about their obligations and the importance of reporting cases of maltreatment;
- f) support people in their efforts to counter maltreatment and manage reports;
- g) promote respectful, safe and caring living environments, care and work environments;
- h) ensure understanding and compliance with the Act;
- i) establish measures aimed at preventing maltreatment of seniors and persons in a vulnerable situation.

2) Definitions and Key Concepts

Definitions

2.1. In this Policy, the following words or expressions mean:

- a) **CLPQS** : the local service quality and complaints Commissioner of the CLSC Naskapi³;
- b) **Benevolence** : the expression of care, kindness, empathy, concern and indulgence that is based on well-being towards any person;
- c) **Well-treatment** : this concept shares the same foundations as benevolence, but is distinguished by taking into account the person's point of view before any action. The well-treatment approach values respect for all people in the expression of their needs, their requests and their choices, including their refusals.

It is expressed through attention and attitudes, interpersonal skills and collaborative know-how, respectful of the values, culture, beliefs, life course and rights and freedoms of people. It is exercised by individuals, organizations or communities who, through their actions, place the well-being of people at the heart of their concerns. It is built through interactions and a continuous search for adaptation to others and their environment.

A culture of well-treatment is characterized by a permanent search for individualization and personalization of care and services and is not reduced only to the absence or prevention of maltreatment;

- d) **Designated Resource Person**:
 - For the PIC: appointed and employed by the CISSS de la Côte-Nord
 - For maltreatment (pivotal stakeholders): appointed and employed by the CLSC Naskapi;
- e) **Maltreatment**: a single or repeated act, or a lack of appropriate action, that occurs in a relationship where there is an expectation of trust, and that intentionally or unintentionally causes harm or distress to a person (s. 2 of the Act);
- f) **Person in a vulnerable situation**: a person of full age whose ability to request or obtain assistance is temporarily or permanently limited because of factors such as a restraint, limitation, illness, disease, injury, impairment or handicap, which may be physical, cognitive or psychological in nature, such as a physical or intellectual disability or an autism spectrum disorder (s. 2 of the Act);
- g) **Person working for the institution**: means a physician, dentist, personnel member, medical resident, trainee, volunteer or other natural person who provides services directly to a person on behalf of the CLSC (s. 2 of the Act);
- h) **Health and social services provider**: any person who, in the exercise of his functions, directly provides health services or social services to a

³ The service quality and complaints Commissioner of the CISSS de la Côte-Nord was appointed by the Board of Directors of the CLSC Naskapi to assume this function.

person, on behalf of an institution, private seniors' residence, intermediate resource or family-type resource, including a person who carries on activities described in sections 39.7 and 39.8 of the Professional Code ([chapter C-26](#)) as well as the operator of, or the person responsible for, the residence or the resource, if applicable (s. 2 of the Act);

- i) **PRMOP:** person designated as responsible for implementing the Policy to combat maltreatment of adults in vulnerable situations, as provided for by the Act;
- j) **PIC:** concerted intervention process concerning maltreatment which is put in place by the CISSS de la Côte-Nord for socio-health region 09 and covering the CLSC Naskapi (s. 16 of the Act);
- k) **Representative⁴:** are presumed to be representatives, according to the circumstances and subject to the priorities provided for in the Civil Code:
 - i. the holder of parental authority of a user who is a minor or the user's tutor;
 - ii. the tutor, spouse or close relative of a user of full age under legal incapacity;
 - iii. the person authorized by a protection mandate given by the incapable user of full age before his incapacity;
 - iv. a person proving that he has a special interest in the user of full age under legal incapacity;
- l) **Reporting:** action of transmitting verbally or in writing information concerning a situation (potential or proven) of maltreatment towards a person in a vulnerable situation, to internal authorities (e.g., to the CLPQS or the manager) or to one of the partners of the Entente-cadre nationale (*National framework agreement*);
- m) **User:** a person who receives care or services from the CLSC, or from a person who provides directly his services to a person for the account of the CLSC.

3) **Reference framework and related documents**

3.1. This Policy takes into account in particular the following framework:

- [Act to combat maltreatment of seniors and other persons of full age in vulnerable situations](#)
- [Better protect: Summary of modifications made by the Law aimed at strengthening combat maltreatment of seniors and other persons of full age in vulnerable situations as well as monitoring the quality of health and social services \(Government of Quebec, 2022\) \(new\)](#)

⁴ S. 12 of the *Act respecting health services and social services*, CQLR, c. S-4.2 (LSSS)

- All concerned: tool of support for the revision of the policies to combat maltreatment of seniors and other persons of full age in situations of vulnerability – 2nd edition (new)
- National framework agreement to combat maltreatment of seniors
- Concerted intervention processes to combat maltreatment
- Government action plan to combat maltreatment of seniors 2022-2027
- [Maltreatment Terminology](#)
- [Reference guide to combat maltreatment of seniors](#)
- [Charter of human rights and freedoms](#)
- [Framework Policy to combat maltreatment of seniors and other persons of full age in vulnerable situations](#)
- [Professional Code](#)

4) **Prevention measures, awareness and training activities**

4.1. In accordance with section 3 of the Act and under the responsibility of the PRMOP, this Policy includes implementation measures to combat maltreatment of seniors and any other persons of full age in a vulnerable situation who receive health services and social services.

Implemen- tation committee

Under the direction of the PRMOP, a Policy implementation committee is set up to:

- develop and implement an annual plan of awareness, information and training activities, and
- put in place actions to ensure the Policy is available, known and applied.

Prevention & awareness

4.2. Measures to be implemented or maintained include:

- a) activities of information on the rights and recourses of users, of the people working for the CLSC, of the providers of health care and social services and of the relatives and volunteers concerning the situations of maltreatment;
- b) publicly display the Policy in the CLSC facilities with reference to the CLPQS;
- c) make the Policy known to covered users, including those who receive home services, their caregivers and significant members of their family;
- d) updating of the Combat maltreatment file:
 - on the CLSC web page, for the attention of users, caregivers, network partners and the population
 - on the CLSC intranet;
- e) training of CLSC employees on the Policy to combat maltreatment and on the procedures for identifying and reporting a situation of maltreatment;
- f) promotion of internal and external activities as part of June 15, World Elder Maltreatment Awareness Day;

- g) establishment of an advisory and strategic committee to combat maltreatment;
- h) setting up clinical continuing education meetings and applying the Policy to combat maltreatment.

The posters and awareness leaflets on the combat of maltreatment ([Here, there maltreatment It is NO - poster](#) and [Here, maltreatment is NO - leaflet](#)) must be displayed and distributed at the CLSC.

Promotion of training

4.3. Training activities regarding the combat of maltreatment must be integrated into any annual training plan of the CLSC services. Department heads :

- a) must detail:
 - the people to be trained, and according to what priority
 - the training to be completed, including those available on ENA (Environment digital learning), as well as training related to the understanding and application of the Policy
 - participation in clinical continuing education meetings and the application of this Policy, and
- b) are responsible for meeting the targets established for participation in training on the combat of maltreatment.

5) Develop, promote and implement practices promoting well-treatment

5.1. Well-treatment occupies an important place in the latest [government action plan to combat senior maltreatment](#). Indeed, well-treatment is primarily a positive approach. It promotes attitudes and behaviours that respect the person's choices and preferences. As a result, it becomes a complementary leverage in the combat of maltreatment and can help prevent its occurrence.

Adopting a culture of well-treatment is not limited to naming the values that underlie interventions, but must go through different strategies to actualize it:

- promote well-treatment among the population;
- mobilize the actors concerned by well-treatment;
- create environments favourable to well-treatment.

Management of situations of maltreatment by key elements

Maltreatment is a relational problem that can lead to various medical, psychosocial, legal and financial consequences. Clinical services that have the required expertise (psychosocial, medical, functional) are responsible for ensuring assessment, intervention and interdisciplinary follow-up in situations of maltreatment.

The clinical services concerned must rapidly call upon, and according to the needs and the applicable rules, the other authorities:

- the CLPQS (management of complaints and reporting)
- the representative of the Concerted Intervention Process (initiation of the PIC and processing of reports from people not known to the CLSC)
- legal, ethical and financial expertise.

6) Identification

6.1. Identification of maltreatment is essential to ensure care and rapid management in order to minimize the potential for harmful consequences for the user.

Everyone must be on the lookout for signs of maltreatment, identifying potential situations of maltreatment is everyone's responsibility and calls for everyone's vigilance. It involves the documentation and analysis of indicators and/or risk factors of maltreatment using professional judgment. It is possible to identify the potential presence of maltreatment without waiting for the situation to be revealed by the person experiencing it.

All concerned clinical managers must:

- a) provide to the members of their teams and all their staff information on the training offered and the tools available;
- b) free up their team members to meet training targets;
- c) specify the clinical-administrative procedures of their service for the identification, management of reports, documentation in the file and entry or compilation of data concerning a situation of maltreatment;
- d) specify the procedures to be followed by people who do not have access to the user's file.

7) Reporting situations of maltreatment

7.1. The declaration is the action of transmitting information verbally or in writing concerning the situation (suspected or confirmed) of maltreatment to the designated persons (resource person in the file, department head, CLPQS). This must be done while respecting the legal framework surrounding mandatory reporting, if applicable. It can take the form of a disclosure (person in authority or manager) or a formal report to the CLPQS or to a Designated PIC resource person:

- **Disclosure** : any person working for the CLSC who has reasonable grounds to believe that another person is being mistreated has an ethical or professional responsibility to disclose this situation to the competent authority.
- **Reporting** : formal process which can be carried out by any person, including a third party, who has reasonable grounds to believe that a person is the victim of a single or repetitive gesture or of a lack of appropriate action which seriously harms his physical or psychological integrity.

7.2. The fact that the victim receives or not care or services from an institution in the network, directs the authority to whom to report, the representative, if applicable, should also be informed of this report, unless it is one of the people targeted as being at the origin of the situation of maltreatment.

Processing of the report by the CLPQS

7.3. The CLPQS processes reports, whether mandatory or not, as provided for in the CLSC By-law on the User Complaint Examination Procedure. The processing time for a report varies depending on the level of seriousness, but generally, the time limit is 72 hours.

If the report to the CLPQS:

- a) involves an offence of a criminal nature, the police force concerned must be contacted, or
- b) concerns the actions or lack of action of a physician, dentist, pharmacist or medical resident, the report will be directed without delay to the examining physician by the CLPQS.

8) Complaints and Reports

Complaints

8.1. Any complaint concerning a situation of maltreatment towards a user is handled according to the [Health and social services network complaint examination system](#) and the CLSC By-law on the Complaint Examination Procedure.

Mandatory reporting

Persons who have a duty to report

8.2. Any health and social services provider or any professional within the meaning of the Professional Code (chapter C-26) who, in the exercise of his duties or his profession, has reasonable grounds to believe that a person is a victim of maltreatment, must make the report without delay.

The obligation to report applies even to persons bound by professional secrecy. The notion of consent does not apply in the context of mandatory reporting, except to the lawyer and the notary who, in the exercise of their profession, receive information concerning such a case (s. 21 of the Act).

Persons covered by mandatory reporting

8.2.1 The persons covered by the mandatory reporting are:

- a) any person of full age whose incapacity to take self-care or to administer his property has been established by a medical evaluation, but who does not benefit from a measure of protection for incapacity according to a medical evaluation;
- b) all persons of full age in tutorship or for whom a protection mandate has been homologated.

Authority to report any mandatory reporting/

user receiving CLSC services

8.2.2. All mandatory reporting must be made without delay. The consent of the person is always sought, but not mandatory.

When the senior or adult concerned receives services from the CLSC and reporting is mandatory, this reporting is made directly to the CLPQS, via the reporting form that will be available on the CLSC Naskapi website or to the PRMOP or the designated resource person or by phone.

person not
receiving
services
from the
CLSC

8.2.3. When the senior or adult concerned does not receive services from the CLSC, this reporting is made either to a designated resource person or to the Adults and Seniors Mistreatment Helpline (LAMAA) at 1-888-489-2287 / (514) 489-2287 who can direct the report to the appropriate designated resource person. Furthermore, in this situation, the consent of the person is mandatory.

8.2.4. In all cases, although it is recommended to inform the immediate superior and the PRMOP, it is the person reporting who judges whether he should inform them. Informing one's immediate superior and the person responsible for managing situations of maltreatment does not exempt the health and social services provider or any professional within the meaning of the Professional Code (c. C-26) from reporting the situation of maltreatment to the CLPQS without delay.

If the adult concerned has a representative, the latter should also be informed of this report (see the registers of the protection regimes of the Public Curator to determine if a person has a representative), unless this is not clinically recommended, particularly if, according to the complaint or report, the abusive person is the representative. The immediate superior must be consulted before informing the representative. In case of doubt, the superior can help determine which cases would not justify notifying the representative.

Non- mandatory reporting

Authority to
report any
non-
mandatory
reporting

8.3. In the event of a non-mandatory report, it is always strongly recommended to make the report to the CLPQS while respecting the confidentiality rules that apply and requesting the user's consent. In the case of non-mandatory reporting, the consent of the person is required to contact the CLPQS.

Applicable consent rules

8.4. Depending on the circumstances, the user or their representative must be involved at each stage of the process managing the situation of maltreatment. In addition, if care or services are required by the user in the situation of maltreatment, the rules usually applicable regarding consent to care and services must be respected.

In the event that personal information concerning the user must be transmitted to third parties, the rules of consent of the user to the disclosure of confidential information must be respected.

Exceptions

8.4.1. Exceptions to consent to disclosure of confidential information:

- when this consent must be given by the tutor or the mandatory of the senior or the person in a vulnerable situation and that tutor or mandatory is, according to the complaint or report, the maltreating person;
- information contented in a user's file can be communicated to prevent an act of violence, including a suicide, where the resource person has reasonable cause to believe that there is a serious risk of death or of serious bodily injury threatening the senior or the person in a vulnerable situation and where the nature of the threat generates a sense of urgency (s. 20.1 of the Act respecting health services and social services).

The information may then be communicated to the person(s) exposed to this danger, to their representative or to any person likely to come to their aid, only by a person belonging to a category of persons authorized by the director of professional services or, failing that of such a director, by the director general of the CLSC.

Mandatory reporting

8.4.2. In a situation which constitutes mandatory reporting regulated by Law, the consent of the user or representative is always sought, but not mandatory. Please note that consent is never mandatory when reporting a report made with a view to preventing an act of violence, including suicide, when there is reasonable cause to believe that a serious risk of death or serious injury threatens the senior or person in a vulnerable situation and the nature of the threat inspires a sense of urgency.

Non-mandatory reporting

On the other hand, if reporting is not mandatory within the meaning of the Act, the user's consent must be obtained to report to the CLPQS.

It is possible to inform the immediate superior and/or the PRMOP at any time, with the consent of the user or the adult concerned. It is the reporting person who decides whether he should inform his superior or the PRMOP.

Procedures for filing a complaint or making a report to the CLPQS

Complaint

8.5. A complaint concerning a situation of maltreatment can be filed by a user or their representative (s. 12 of the LSSSS). In the event of the user's death, the representative or heir can file a complaint. The complainant or his representative can refer to the CLSC By-law on the Complaint Examination Procedure or contact the Local Complaints Commissioner of the CLSC Naskapi:

By telephone: (418) 962-2572 (ext. 414122)

Toll-free line: 1 833 677-6243

By email : complaints.09cisss@sss.gouv.qc.ca

By mail: Local complaints Commissioner of the CLSC Naskapi
Commissariat du CISSS Côte-Nord
405, avenue Brochu
Sept-Îles (Qc) G4R 2W9

Reporting

8.5.1. Any report to the CLPQS must be transmitted using the Form⁵ or by email or, if necessary, the report can be made verbally by calling the CLPQS office.

Depending on the situation, in addition to reporting to the authorities mentioned above, it is important to ensure compliance with applicable laws, by informing the police department to prevent an act of violence, by completing an incident report/accident AH-223, etc.

Any relative, visitor or user who has reasonable grounds to believe that a senior or an adult in a vulnerable situation is being mistreated can report this situation to the CLPQS by email or verbally by calling the CLPQS office.

⁵ Available on the CLSC Naskapi website or from the CLPQS

8.6. While the Act makes it mandatory to report cases of maltreatment in certain circumstances, it encourages voluntary reporting of situations of maltreatment at all times. Thus, arrangements are planned so that:

- a) the senior or person in a vulnerable situation who believes they are the victim of maltreatment can (or their representative) file a complaint with the CLPQS;
- b) any other person, including a person who does not work for the CLSC, including a caregiver, can report to the CLPQS a case of maltreatment of an elderly person or a person in a vulnerable situation who receives health services and social services:
 - the report can be made by any person, including a third party, unlike the complaint which is filed by the maltreated user or their representative;
 - if the adult concerned receives services from the CLSC, reporting a potential situation of maltreatment is made to the Local Complaints Commissioner of the CLSC Naskapi via a form available on the CLSC website or by contacting him at 1 833 677 -6243.

Procedures for filing a complaint or reporting to a Designated PIC resource person

Complaint or report

8.7. Filing a complaint or a report concerning situations of maltreatment for a user receiving or not services from the CLSC Naskapi is made at the PIC⁶, either by:

- a) the CLSC Naskapi. The potential entry points for people are the psychosocial reception, the CLPQS, the PRMOP and front-line workers;
- b) the police force: when the facts supporting the complaint or report may constitute a criminal or penal offence (Art. 17, paragraph 2 of the Act); (s. 17, paragraph 2 of the Act);
- c) the Public Curator: when the person is under a tutorship or a protection mandate concerning them has been homologated, or when their inability to take care of themselves or to administer their property has been noted by a medical evaluation, but does not benefit from a protective measure (s. 17, paragraph 3 of the Act);
- d) the Commission des droits de la personne et des droits de la jeunesse (CPPDJ): when the facts supporting the complaint or report may constitute a case of discrimination, exploitation or harassment within the meaning of the Charter of Rights and personal freedoms (s. 17, paragraph 4 of the Act);
- e) the Autorité des marchés financiers (AMF): when it concerns a case of financial mistreatment committed by a person subject to its supervision (s. 17, paragraph 5 of the Act).

⁶ See section 16 for further information on the PIC

The procedures for making a complaint or reporting to a Designated PIC resource person are the same for:

- any senior or any adult in a vulnerable situation who believes they are a victim of maltreatment and who is not covered by the application of this Policy;
- any other person who wants to report a case of maltreatment of an elderly person or an adult in a vulnerable situation who is not covered by the application of this Policy.

Transmission

8.7.1. Any report to the designated resource person of the CLSC Naskapi must be sent by email using the Reporting Form to claire.plante.09ciyss@ssss.gouv.qc.ca. If necessary, the report can be made verbally by calling the Adults and Seniors Mistreatment Helpline at 1-888-489-2287 / (514) 489 -2287.

9) Confidentiality measures for reporting to the CLPQS or to a Designated PIC resource person

9.1. The CLPQS and the Designated PIC resource person must take all necessary measures to ensure that the confidentiality of information allowing the identification of a person who makes a complaint or who makes a report is preserved, except with the consent of that person. However, the CLPQS and the Designated PIC resource person may communicate the identity of this person to a police force (s. 22.1 of the Act).

The CLSC must also take all necessary measures to preserve the confidentiality of information allowing the identification of a person who makes a report to a Designated PIC resource person.

When reporting to a Designated PIC resource person, they must respect their ethical, personal and professional obligations and, if they are part of a professional order, their rules of conduct.

10) Prohibition of reprisals against a person who makes a report

10.1. The Act prohibits taking reprisals against a person who, in good faith, files a complaint, makes a report or cooperates in the examination of a complaint or processing of a report. It is also prohibited to threaten a person of reprisal or dissuade them from filing a complaint, making a report or cooperating in the examination of a complaint or processing of a report (s. 22.2 of the Act).

Are presumed to be retaliatory measures, the demotion, suspension, dismissal or transfer of a person as well as any disciplinary sanction or other measure affecting their employment or working conditions (s. 22.2 al. 3 of the Act).

Moreover, no proceedings may be brought against a person who, in good faith, has filed a complaint or made a report of maltreatment or cooperated in the examination of a complaint or in the processing of a report, whatever the conclusions issued (s. 22.3 of the Act).

11) Support measures for making a complaint or report

11.1. The Act also provides that support measures must be available to help a person make a complaint or report. Thus, there are assistance and support resources for people with health and social services. A list of these resources that can offer support is available in Appendix A.

Employees can be accompanied by their union, their professional body, their immediate superior or Info-Santé/Info-Social (811) in the process. The designated PIC resource persons are also a resource that can provide guidance regarding the reporting or complaint process.

12) Annual review of the CLPQS

Accountability

12.1. The Local Complaints Commissioner must, in the report on the activities he sends to the CLSC, provide a section specifically dealing with complaints and reports he has received concerning cases of maltreatment of seniors and persons in a vulnerable situation, without compromising the confidentiality of complaint or report files, including the identity of the people concerned (s. 14 of the Act).

13) Sanctions

Any person subject to this Policy who commits an act of maltreatment or otherwise commits an offence within the meaning of the Act is liable to administrative and disciplinary sanctions as well as penal or criminal sanctions, depending on the situation and the seriousness of the act or the omission.

Penal sanctions

For failure to make a mandatory report

13.1. Any health services and social service provider or any professional within the meaning of the Professional Code who does not make a mandatory report without delay in accordance with section 8.2. of this Policy commits an offence and is liable to a fine of \$2,500 to \$25,000. In the event of a repeat offence, these amounts are doubled (s. 21 of the Act).

For an act of maltreatment

13.1.1. Commits an offence and is liable to a fine of \$5,000 to \$125,000, in the case of a natural person, or to a fine of \$10,000 to \$250,000, in the other cases of a person who, in the exercise of his functions, commits an act of maltreatment against a user of full age to whom the person directly provides in-home health services or social services on behalf of an institution. In the event of a repeat offence, the fine amounts are doubled.

For obstructing the work of an inspector or investigator

13.1.2. Anyone who in any way hinders or attempts to hinder an inspector or investigator in the performance of inspection or investigation functions, in particular by deceiving the inspector or investigator by concealment or misrepresentation or, in the case of an inspector, by refusing to provide a document or a file that the inspector is entitled to require under this Act, commits an offence and is liable to a fine of \$5,000 to \$50,000, in the case of a natural person, or to a fine of \$15,000 to \$150,000, in other cases. In the event of a repeat offence, these amounts are doubled.

**For
retaliation**

13.1.3. Anyone who threatens or intimidates a person or takes reprisals or attempts to take reprisals against a person because the person complies with this Act, exercises a right provided for by this Act or reports conduct that contravenes this Act commits an offence and is liable to a fine of \$2,000 to \$20,000 in the case of a natural person and \$10,000 to \$250,000 in any other case. In the event of a repeat offence, these amounts are doubled.

Procedure for requesting the application of penal sanctions in connection with the Act

13.2. Several situations can lead a person to file a request for penal sanctions related to the combat of maltreatment to be imposed on someone, for example:

- a) the person considers himself to be a maltreated person;
- b) the person believes that an adult person receiving health services or care is maltreated;
- c) the person believes that a person providing health care or social services has not made a mandatory report in relation to the maltreatment;
- d) the person experiences threats or intimidation in relation to a situation of maltreatment that they have denounced or that they wish to denounce.

**Submitting
a request**

13.2.1 To submit a request:

- a) the applicant must be a direct witness to the facts, be a relative or a representative of the maltreated person;
- b) the alleged situation of maltreatment or retaliation must be against an adult who receives health services or social services at home on behalf of an institution⁷;
- c) the place targeted by the complaint must be clearly identified and be located in Québec;
- d) the request must concern a health or social service provider or a member of a professional order who, in the exercise of his duties, failed to report to the Local Complaints Commissioner for competent services that a person is the victim of maltreatment.

For submitting a request for the application of penal sanctions in link with the Act to combat maltreatment, you can contact those responsible by telephone or send the [Request Form for penal sanctions in connection with maltreatment](#) by e-mail (maltraitance.die@msss.gouv.qc.ca) or by mail :

- Direction de l'inspection et des enquêtes du Ministère de la Santé et des Services sociaux
3000, avenue Saint-Jean-Baptiste, 2e étage, local 200,
Québec (Qc) G2E 6J5
- for help completing the request, contact the 1 (877) 416-8222.

⁷ This also covers an adult user housed in a residential and long-term care center, an adult user supported by an intermediate resource (RI), an adult user supported by a family-type resource (RTF) and a resident of a private seniors' residence (RPA).

Other possible sanctions

13.3. In addition to the sanctions described in the preceding paragraphs, criminal or penal proceedings may also be initiated. For example, “Every one is criminally negligent who in doing anything, or in omitting to do anything that it is his duty to do, shows wanton or reckless disregard for the lives or safety of other persons (s. 219 (1) of the Criminal Code).

Following a complaint and an investigation by the Commission des droits de la personne et des droits de la jeunesse (<https://www.cdpcj.qc.ca/en>), there may be proceedings before the human rights tribunal which can make all procedural and practical decisions and orders necessary for the exercise of its functions which, in particular, have a link with the rights of any elderly person or any disabled person to be protected against all forms of exploitation.

Disciplinary and administrative sanctions

13.4. Examples of sanctions or protective measures that can be applied by the institution or disciplinary bodies concerned when faced with a finding of maltreatment:

Employees **13.4.1.** Disciplinary measures with the support of Human Resources: warning, suspension or dismissal, or any other measure placed in the employee's file in which the steps taken to verify the facts are indicated in accordance with the terms provided for in the collective agreements, working conditions, policies and/or with applicable directives.

CMDP members **13.4.2.** Disciplinary measures for members of the Council of Physicians, Dentists and Pharmacists (CMDP): reprimand, change of status, deprivation of privileges, suspension of status or privileges for a specified period or revocation of status or privileges.

13.5. Examples of possible sanctions or protective measures against people and institutions who are at the origin of a situation of maltreatment or who do not report known situations.

Members of a professional order A professional order may, in particular, impose the following sanctions on one of its members: reprimand, temporary or permanent removal from the roll, fines, revocation of the permit, revocation of the specialist certificate, limitation or suspension of the right to exercise professional activities.

Institutions The MSSS may, in particular, impose the following measures with regard to institutions: appoint observers, investigate, require the submission of an action plan, assume provisional administration (public and private institutions under agreement), suspend or revoke the permit.

14) Concerted intervention process regarding maltreatment (PIC)⁸

Objective **14.1.** The PIC applicable to the health region must allow any senior or any person in a vulnerable situation who does not receive services from the health and social services network (RSSS) who believes they are a victim of maltreatment as well as any person who has reasonable grounds to believe that a such person is a victim of maltreatment to file a complaint or make a report to the resource persons designated by an Integrated Health and Social Services Center (CISSS), a police force, the Public Curator, the Commission des droits de la personne et des droits de la jeunesse (CDPDJ) and the Autorité des marchés financiers (AMF).

What is a PIC? **14.2.** In connection with the National Framework Agreement, a PIC promotes rapid, concerted and complementary actions on the part of stakeholders from organizations represented by government departments and agencies in the field of health and social services, justice and public safety and the protection of persons.

It aims to harmonize the management of situations of maltreatment requiring consultation and official partnerships with organizations playing a leading role in the combat of maltreatment (Public Curator, Autorité des marchés financiers, police forces, etc., particularly in cases where the maltreatment is of a criminal or penal nature).

Who is covered by the PIC? **14.3.** The PIC applies both to people who receive health and social services and to people not known to the RSSS.

Section 17 of the Act serves to cover situations not targeted by the Policy to combat maltreatment without excluding people monitored by the RSSS.

Who coordinates the PIC? **14.4.** The regional coordinators specializing in the combat of maltreatment working at the CISSCN coordinate, in collaboration with their regional committee, the deployment, application and assessment of the PIC.

When to use PIC? **14.5.** A PIC can be initiated by a designated resource person for an RSSS user when the alleged situation of maltreatment is complex and meets the 3 criteria for initiating a PIC:

1. a resource person has reasonable grounds to believe that a senior or an adult in a vulnerable situation is the victim of maltreatment within the meaning of the Act
2. the situation of maltreatment requires consultation between resource persons to be able to put an end to it effectively
3. the resource person has reasonable grounds to believe that the situation of maltreatment could constitute an offence criminal or penal.

⁸ Israel , S., Dubé, A.-S., Couture, M. Berintan , M., (2023). All concerned: tool to support the development and revision of policies to combat maltreatment of seniors and any other adult in a vulnerable situation – 2nd edition. Center for research and expertise in social gerontology of the CIUSSS West-Central Montreal

**Who to
refer to?**

14.6. For a complaint or report concerning a person not known to the RSSS, refer to section 8.7 and after. - *Procedures for making a complaint or reporting to a designated PIC resource person.*

Initiation of a PIC for persons known to the CLSC or not

14.7. The initiation or the reception of the initiation of a PIC can be processed by any Designated PIC resource person who has completed the required training.

For more information regarding this procedure, contact the CLSC:

- catherine.tetreault.09naskp@ssss.gouv.qc.ca telephone 418 585-2110 ext. 278
- katarina.hayes.09naskp@ssss.gouv.qc.ca or by telephone at 418 585-2110 ext. 290.

Roles and responsibilities

**The PIC
designated
representative**

14.8. The mandate of the PIC designated representative for the CLSC Naskapi is in particular to:

- a) participate in regional committee meetings;
- b) ensure the adaptation of the internal decision-making procedure to determine the procedure to follow when one of its resource persons observes a situation of maltreatment so that the procedure takes into account the possibility of appealing to the PIC;
- c) ensure the appointment of designated PIC resource persons for the departments concerned;
- d) ensure access for designated PIC resource persons to the required training (appropriation workshop on SIMA and information session on the intervention process concerned);
- e) maintain the complete list and contact details of designated PIC resource persons;
- f) collaborate with the regional coordinator in carrying out appropriation activities aimed at implementing the PIC.

**Designated
PIC resource
person**

14.9. The designated PIC resource person from the concerned services are pivotal stakeholders, who have the responsibility and the ability to handle cases of maltreatment. Their mandate is to:

- a) initiate or receive PIC initiations and monitor them in accordance with internal procedures;
- b) contact resource persons of the other organizations to discuss complex situations of maltreatment while respecting the applicable consent rules;
- c) refer to the designated representative as necessary.

15) Fact-checking

15.1. After the CLPQS has ensured that the reported situation of maltreatment falls within its jurisdiction, he opens a file and contacts the clinical services to assess the entire situation and question the persons involved and the witnesses. The ensuing investigation process allows:

- to evaluate and analyze all the clues and indicators to confirm whether the harm caused by the person is linked to maltreatment;
- to confirm or not the presence of maltreatment and initiate the necessary actions and follow-up;
- to document the situation in depth and question the people involved if necessary.

15.2. This verification must be carried out by a resource person with the expertise to assess the problem identified, in collaboration with all other authorities with the necessary expertise. Clinical services must collaborate in the process and the CLPQS can carry out its own verifications.

16) Follow-up on any report and complaint

Monitoring of reports to the CLPQS

16.1. The processing of any report received by the CLPQS regarding a situation of maltreatment is ensured by the CLPQS whether it is mandatory or not.

16.2. The fact-checking following a report will be carried out by the service concerned, in cooperation with the CLPQS and any other required body. When the fact-checking is completed, the service concerned transmits the collected information to the CLPQS so that it can continue processing the report. In the latter situation, the CLPQS monitors the processing of the report and will in particular follow up with regard to the implementation of appropriate actions within the prescribed deadlines. He appreciates the work carried out and can make recommendations to the CLSC.

Conflict of interest

16.3. When the service concerned is likely to be in a conflict of interest or to exercise responsibilities that are difficult to reconcile with this investigative activity, despite the above, the collection of facts is carried out by the CLPQS in collaboration with the appropriate experts if necessary and not with the service concerned.

Delays in processing reports

16.4. The CLPQS notifies, in writing, and within a maximum period of 72 working hours the CLSC department concerned by the situation of maltreatment so that the latter:

- a) ensures any intervention and follow-up necessary to stop the maltreatment without delay and reduce or prevent its harmful consequences;
- b) follows up with the CLPQS within a maximum of 7 calendar days to give his opinion on the reported situation of maltreatment (confirm or deny the maltreatment). If the maltreatment is confirmed, the service concerned

must specify all the actions that have been taken or will be taken to stop the maltreatment or reduce its harmful consequences.

If the report involves a possibility of a criminal or penal offence:

- a) Designated PIC resource person: it is up to the resource person carrying out the fact-checking (or their immediate superior) to contact the designated PIC resource person, if necessary;
- b) Police: in the event of a complaint, the CLPQS recommends that the user or their representative contact the police. In the event of a report, it is up to the designated PIC resource person who validates the facts to contact the police,

while respecting the confidentiality rules that apply.

Monitoring of complaints and reports to the CLPQS

16.5. Any complaint to the CLPQS will be processed according to the [Health and social services network complaint examination system](#) and the CLSC By-law on the Complaint Examination Procedure and the main steps for communicating with a CLPQS are:

- a) he receives requests and can help formulate complaints;
- b) he examines the complaints to clearly identify the problem and attempt to resolve it. At this time, he will ask for the complainant's version of the facts;
- c) he collects information from the persons involved;
- d) when a practice or the conduct of a staff member raises questions of a disciplinary nature, he refers a file to the management concerned or the head of Human Resources for more in-depth study, monitoring of the file and taking measures appropriate, if applicable. He may also make a recommendation to this effect;
- e) he informs of the results within a period not exceeding 45 days following receipt of the complaint. His conclusions are accompanied by solutions to resolve the problem or corrective measures that are recommended to the institution. The conclusions are transmitted verbally if the complaint is verbal and in writing if it is written.

Monitoring of reports to the designated PIC representative

16.6. The follow-up of any report will be carried out by the designated PIC representative without delay and who, following its receipt, verifies whether:

- a) the situation is a situation of maltreatment;
- b) the situation meets the criteria for mandatory reporting;
- c) the situation meets the criteria for initiation of a PIC;
- d) the alleged maltreated person accepts or refuses services, and
- e) ensures that requests for support or services are handled according to the specifics of the situation by the relevant CLSC department.

Monitoring of reports to the responsible body for non-mandatory reports

16.7. When a report of maltreatment does not correspond to the legal criteria for mandatory reporting and the user concerned does not consent to a report being made to the CLPQS, the head of the department concerned must nevertheless ensure the management and monitoring of the situation of mistreatment, all according to the applicable legal framework, the terms of this Policy as well as the procedures in place.

Following receipt of a complaint or report, the services concerned ensure the clinical follow-ups to be carried out by the resource person or the treating team, within a reasonable period of time depending on the circumstances in order to ensure the safety and well-being of the person.

17) Support offered to those involved following a report of maltreatment

17.1. Following a report of suspected or confirmed maltreatment, it is important to ensure that the persons involved receive support according to their specific situation and needs :

- the alleged victim of abuse can receive support from the relevant clinical service
- the maltreating employee and other employees involved can receive support from the CLSC's employee assistance program (PAE)
- the maltreating person and any other witness can receive clinical support according to the required expertise (mental health, rehabilitation, drug addiction, current services, etc.).

18) Possible recourses in the event of dissatisfaction with the response or conclusions of the CLPQS

18.1. In the event of dissatisfaction with the results of the first recourse complaint process with a Complaints commissioner, it is possible to initiate a second recourse complaint process with the Protecteur du citoyen (Québec Ombudsperson):

Montreal Office: [514 873-2032](tel:514-873-2032)
Toll free: [1 800 463-5070](tel:1-800-463-5070)
protecteur@protecteurducitoyen.qc.ca

19) Roles and responsibilities

19.1. In addition to the roles and responsibilities identified in the Policy, several people have responsibilities and/or other important roles to play to combat maltreatment of seniors or adults in vulnerable situations. Everyone must collaborate by contributing according to their role or expertise. Increased vigilance is expected from all stakeholders concerned by this Policy so that everyone takes action when a situation of maltreatment is suspected or confirmed.

The Board of Directors

19.2. The Board of Directors adopts this Policy and, therefore, ratifies its intention not to tolerate any form of maltreatment towards persons in vulnerable situations covered by this Policy.

The Director General

19.3. The Director General or the person he designates sees to the implementation and application of the Policy and commits to promote a culture of well-treatment within the CLSC, particularly in the context of the application of practices or procedures and to take the necessary means to prevent maltreatment and put an end to any case of maltreatment that is brought to their attention (s. 3 of the Act).

Person responsible for implementing the Policy (PRMOP)

19.4. In consultation and/or collaboration with the services concerned by the Act, the PRMOP is responsible for:

- a) implement this Policy;
- b) collaborate in the development of a communications plan;
- c) revise the CLSC Policy according to the Act;
- d) make modifications to remedy difficulties related to implementation and improve procedures and practices;
- e) ensure the development and implementation of new approaches and best practices in terms of quality and risk management, aimed at achieving the highest standards of safety and quality practices within rigorous organizational coherence.

The local complaints and service quality commissioner

19.5. The CLPQS is responsible for:

- a) receiving and processing in the same way all reports received in relation to situations of maltreatment, whether they are mandatory or not and according to the guidelines provided in the Act to combat maltreatment or in the complaints examination system of the LSSSS;
- b) receive and process any complaint regarding a situation of maltreatment in accordance with the Act;
- c) ensuring the confidentiality of information allowing the identification of any person who reports a case of maltreatment, except with the consent of that person;
- d) including in his annual report a section specifically dealing with the files handled with regard to this Policy.

Human Resources

19.6. The Head of Human Resources is responsible for:

- a) ensuring the planning of training concerning the recognition and management of situations of maltreatment in collaboration with the various managers;
- b) participate in the identification and application of recommendations and/or sanctions;
- c) support CLSC managers in the implementation of this Policy.

Managers

19.7. Managers are notably responsible for:

- a) ensure the application of this Policy in the sector of activity for which they are responsible;
- b) ensure vigilance in order to quickly identify any situation likely to contravene this policy;
- c) intervene, if necessary, provide support and report the situation without delay to his immediate superior and promptly ensure the necessary follow-up;
- d) plan training to ensure the competence and expertise of the personnel whose intervention is necessary;
- e) ensure that the disclosure of the situation is made in compliance with the policy to combat mistreatment of any adult in a vulnerable situation.

Staff members

19.8. Staff members include: employees (and managers), contract employees, employees of private agencies, physicians, trainees, volunteers or any persons who exercise a function or profession. The latter must notably:

- a) read and apply this Policy;
- b) behave with kindness and well-treatment towards users;
- c) be on the lookout for signs of vulnerability and maltreatment and identify potential situations of maltreatment;
- d) document and report any suspected or confirmed situation of maltreatment as soon as it is identified or detected, according to the procedures provided by the CLSC;
- e) support and accompany any user towards the appropriate resources;
- f) contribute to the fact-checking process, when required.

CLSC community worker

19.9. The CLSC community worker has the following roles in particular, to which other functions may be added as part of the application of this Policy:

- a) participates in the implementation committee;
- b) ensures the link with the community.

20) Promotion and dissemination of the Policy

20.1. In order to promote the Policy to combat maltreatment of seniors and adults in vulnerable situations, the CLSC must:

- a) make its Policy accessible and disseminate it within its facilities;
- b) display its Policy in public view and publish it on its website;
- c) publicize its Policy:
 - i. to users, including those who receive home services, their caregivers and significant members of their family, and
 - ii. to groups of people of its territory identified in the LSSS;

- d) inform people working for the CLSC and service providers of the content of the Policy and, more particularly, of the prevention measures put in place and of the possibility or their obligation to report a case of maltreatment to the CLPQS.

Dissemination

20.2. Strategies for disseminating the Policy by targeted population include:

- a) training on the up-to-date Policy to combat maltreatment available for employees and service providers to ensure that everyone is informed of the Policy and its implications;
- b) awareness raising among users, their representatives and significant members of their family, such as information brochures and posters inclusive of users covered by this Policy, in waiting and consultation areas;
- c) clinical managers responsible for managing situations of maltreatment are encouraged to regularly share information on the Policy with members of their department and to ensure that all employees are informed of the Policy and its implications.

21) Maltreatment assistance, assessment and reference center

21.1. The Minister responsible for Seniors establishes a maltreatment assistance, assessment and reference center whose functions include to:

- receive calls for information or support regarding maltreatment;
- offer active listening;
- assess the situation described and its risk level;
- provide information on the resources available and possible recourse;
- refer the person to the resource person most able to help them, including the competent Local Complaints and Service Quality Commissioner or any other designated resource person;
- conducting, with the person's consent, follow-up to accompany the person in the process or in the steps he has taken or is taking.

21.2. The organization and administration of the maltreatment assistance, assessment and reference center are carried out by the Adults and Seniors Mistreatment Helpline (1-888-489-2287 / 514-489 -2287 <https://www.aideabusaines.ca/> whose mandate is to support the person in their efforts, as well as the expansion of its clientele to any adult person in a vulnerable situation.

21.3. The services offered by the maltreatment assistance, assessment and reference center are divided into three components:

- Services to the population
- Support for professionals
- Raising awareness about maltreatment.

22) Final provisions

Official version

22.1. The Director General of the CLSC keeps the official version of this Policy.

Responsibilities

22.2. Any person covered by this Policy must respect all of its provisions. Each CLSC manager is responsible for the application and compliance with all the provisions of this Policy.

The PRMOP is responsible for:

- the implementation of the Policy to combat maltreatment at the CLSC Naskapi in collaboration with clinical managers and other managers
- to answer questions regarding this Policy, to provide support for its interpretation and to ensure that it is updated if necessary.

Her contact details are:

Catherine Tétreault, MSW
Head of psychosocial and community services
Cheffe de services – Services psychosociaux et communautaires
catherine.tetreault.09nskp@ssss.gouv.qc.ca
1016, rue Mohannis, CP 5154
Kawawachikamach (Qc)
G0G 2Z0
(418) 585-2110 ext. 278

Adoption

22.3. This Policy must be submitted by the CLSC, within 30 days of its adoption, to the Minister of Health and Social Services who, on the recommendation of the Minister responsible for Seniors, approves it within 45 days after receiving it, with or without amendment (s. 4.2 of the Act).

Revision

22.4. The Policy must be reviewed and submitted by the CLSC to the Minister of Health and Social Services no later than every 5 years, before the date set by the Minister. On the recommendation of the Minister responsible for Seniors, the Minister approves the reviewed policy, within 90 days after receiving it, with or without amendment (s. 7 of the Act).

Date of the next revision: no later than October 6, 2028

Table of Contents

1) General Provisions	1
▪ Application	1
▪ Target population	2
▪ Goals	2
2) Definitions and Key Concepts	3
3) Reference framework and related documents.....	4
4) Prevention measures, awareness and training activities	5
▪ Implementation committee.....	5
▪ Prevention & awareness.....	5
▪ Promotion of training	6
5) Develop, promote and implement practices promoting well-treatment.....	6
6) Identification.....	7
7) Reporting situations of maltreatment	7
8) Complaints and Reports.....	8
▪ Persons who have a duty to report	8
▪ Persons covered by mandatory reporting	8
▪ Authority to report any mandatory reporting/	8
▪ Authority to report any non-mandatory reporting	9
▪ Exceptions	9
▪ Mandatory reporting	10
▪ Non-mandatory reporting.....	10
▪ Complaint.....	10
▪ Reporting	10
▪ Transmission	12
9) Confidentiality measures for reporting to the CLPQS or to a Designated PIC resource person.....	12
10) Prohibition of reprisals against a person who makes a report.....	12
11) Support measures for making a complaint or report	13
12) Annual review of the CLPQS	13
▪ Accountability	13
13) Sanctions.....	13
▪ For failure to make a mandatory report.....	13
▪ For an act of maltreatment.....	13
▪ For obstructing the work of an inspector or investigator.....	13
▪ For retaliation	14
▪ Submitting a request.....	14

▪ Employees.....	15
▪ CMDP members	15
▪ Members of a professional order	15
▪ Institutions	15
14) Concerted intervention process regarding maltreatment (PIC)	16
▪ What is a PIC?	16
▪ Who is covered by the PIC?	16
▪ Who coordinates the PIC?	16
▪ When to use PIC?	16
▪ Who to refer to?	17
▪ The PIC designated representative	17
▪ Designated PIC resource person	17
15) Fact-checking	18
16) Follow-up on any report and complaint	18
▪ Conflict of interest	18
▪ Delays in processing reports	18
17) Support offered to those involved following a report of maltreatment	20
18) Possible recourses in the event of dissatisfaction with the response or conclusions of the CLPQS ..	20
19) Roles and responsibilities.....	20
20) Promotion and dissemination of the Policy	22
21) Maltreatment assistance, assessment and reference center.....	23
22) Final provisions	24
▪ Official version	24
▪ Responsibilities	24
▪ Adoption	24
▪ Revision.....	24

—

Appendix A

List of Resources / Support Measures

CAAP	Complaints assistance and support center T. Baie-Comeau (418) 295-2779 · Sept-Îles (418) 968-2779 · / 1 877 767-2227 email: info@caap-cn.org .
CALACS	Centers for help and fight against sexual assault -Lumière Boréale P.O. Box 2216, Baie-Comeau (Qc) G5C 2S9 T: 418-589-1714 / 1-800-563-0443 email : calacs@lumiereboreale.qc.ca www.lumiereboreale.qc.ca
CAVAC	Crime Victim Support Center T: 418-962-2822 / 1-866-962-2822 Fax : 418-962-0150 email : administration@cavaccn.ca
CISSS Côte Nord	Centre intégré de santé et de services sociaux de la Côte Nord T: 1-418-589-9845 www.cisss-cotenord.gouv.qc.ca/
CLPQS	Local complaints and service quality commissioner of the CLSC Naskapi Commissariat du CISSS Côte-Nord 405, avenue Brochu, Sept-Îles (Qc) G4R 2W9 T : (418) 962-2572 (poste 414122) / 1 (833) 677-6243 email : plaintes.09cisss@ssss.gouv.qc.ca
CLSC	Accueil Psycho-social du CLSC Naskapi / Intake T: (418) 585-2110
FNQLHSSC	First Nations of Quebec and Labrador Health and Social Services Commission 250, place Chef Michel Laveau, local 102, Wendake (Qc) G0A 4V0 T: (418) 842-1540 Email: info@cssspnql.com
Info-Santé/ Info-Social (811)	A free and confidential telephone consultation service
LAMAA	Adults and Seniors Mistreatment Helpline / 1-888-489-2287 / 514-489-2287 lignemaltraitance.ca
Naskapi Police Force	The Naskapi Nation of Kawawachikamach naskapi.ca P.O. Box 5111, Kawawachikamach (Qc) G0G 2Z0 T: 418-585-2293 Fax: 418-585-2294
RCAAQ	Regrouping of the Native Friendship Centers of Quebec (RCAAQ) www.rcaaq.info