



# Clinical Manual

Last Updated  
October 2020

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## **INTRODUCTION TO CLINICAL MANUAL**

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Revised and Approved January 2020

### **Purpose**

This manual has been written:

1. To clearly state the clinical procedures and practices of Woodview Mental Health and Autism Services.
2. To ensure consistent high quality practice in all clinical and program activities.
3. To provide a reference for all staff, clients, and other observing or monitoring bodies.
4. To assist in the orientation of new staff.

### **Orientation**

All staff will be oriented to the Clinical Manual and have access to the Manual at the time of and throughout their employment on the sidebar of the MailSolutions e-mail system.

### **Acknowledgement**

All Woodview employees are required to sign a written acknowledgement that they have read and understand the contents of the Clinical Manual within 30 days of being hired (Page 6). A signed copy of this acknowledgement is retained in the employee's human resource record.

Staff are required to review all policies annually and sign off to this effect on the Annual Declaration form.

### **Reviews and Revisions**

All policies are reviewed annually and revised on a regular basis, at least every 3 years or as needed. Any proposed changes must be submitted to Senior Management for consideration using the [Request for Review and/or Revision Form](#) found in the front of each manual. Employees are encouraged to make suggestions for needed revisions at any time.

Senior management will review and determine whether the proposed change is appropriate and conforms to Woodview's Mission, Vision, Values, Service Principles, mandate, and relevant statutory laws and regulations.

Once the Executive Director reviews and approves the proposed changes, a senior management team member will advise the staff member of the outcome, the policy will be updated in the manual, and the revised manual will be replaced on the sidebar of MailSolutions. Updated policies will be sent to all staff with a description of the updated content.

Out of date policy manuals are archived electronically at the Halton administrative office for reference if required.

### **Responsibility for Access and Maintenance of the Manual**

All main offices (Halton, Brantford, Hamilton) will have a printed Clinical Manual on site. Access to the electronic copy of the Clinical Manual is available to staff at all times located on the shared folder of the e-mail system.

It is the responsibility of the Program Manager to ensure that outdated pages in printed manuals are removed and new or revised pages are inserted immediately upon receipt, and that all staff are fully informed of any updates or changes to the manual and have read and signed the written acknowledgement.

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## **CLINICAL MANUAL ACKNOWLEDGEMENT**

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Reviewed and Approved January 2020

I have read and understand the contents of the Clinical Manual for Employees of Woodview.

I understand that there will be an electronic copy of the manual available to me at my work location for my personal reference.

**NAME: (please print)** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**PROGRAM & LOCATION:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PLEASE FORWARD A COPY OF THIS SIGNED FORM TO HEAD OFFICE ADMINISTRATION FOR INPUT INTO  
HUMAN RESOURCE RECORDS.**

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## REQUEST FOR REVIEW AND / OR REVISION

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Reviewed and Approved January 2020

I request that the following policy and/or procedure be reviewed by Senior Management:

**POLICY NAME:** \_\_\_\_\_

**PAGE NO.** \_\_\_\_\_

**IDENTIFY ISSUE:**

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**RECOMMEND CHANGE:**

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**GENERAL COMMENTS:**

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**SUBMITTED BY:** \_\_\_\_\_

**PROGRAM AND LOCATION: DATE:** \_\_\_\_\_

**SUBMIT TO PROGRAM MANAGER:** \_\_\_\_\_

**PROGRAM MANAGER SUBMITS THE FORM ALONG WITH PROPOSED CHANGES TO THEIR DIRECTOR OF SERVICE to be brought forward to a senior management meeting.**

**REVIEW DATE:** \_\_\_\_\_

**DECISION/OUTCOME:** \_\_\_\_\_

**\*NOTE:** It is the responsibility of the Directors to ensure that staff be made aware of all changes/revisions.

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## ABUSE RECOGNITION AND REPORTING

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Approved October 2020

Woodview believes that all people deserve to live in a safe and harm free environment and to be treated with respect and dignity. In the course of our work with Woodview clients and families, staff may become aware of someone who may appear to be experiencing abuse or neglect. (Refer to Woodview Policies: [Reporting and Management of Alleged or Suspected Child Abuse and Neglect](#), and [Adults with ASD, Abuse Prevention, Identification and Reporting and Supporting](#)).

In addition, Woodview staff may come in contact with family members or others who may appear to be victims of abuse or neglect. Woodview staff will be aware of:

### **Recognizing and Dealing with Domestic Violence or Intimate Partner Violence**

\*This policy also applies to any victim of abuse, regardless of gender, sex or sexual orientation.

At least 1 in 10 women in Canada experiences abuse. Domestic abuse happens to people from all races, religions, sexual orientations, income levels and education levels. (*Settlement.Org, Oct. 2020*)

Domestic violence refers to violence among people in a domestic situation, and can thus include not only a spouse or partner (same sex or opposite sex), but also siblings, parents, aunts, uncles, cousins, etc. Intimate partner violence is more specific in describing violence perpetrated by a partner in a romantic or dating relationship ... the descriptor “intimate partner violence” is a more recent term. Many people still consider “domestic violence” as referring in fact to intimate/dating partners. It’s a nuanced issue, and until the general public begins using a more inclusive term, we have decided to use both phrases interchangeably when we discuss relationship violence. ([www.womenagainstabuse.org](http://www.womenagainstabuse.org), Oct. 2020)

Domestic violence is a pattern of assaultive and coercive behaviors, including physical, sexual, and psychological attacks, as well as economic coercion, that adults or adolescents use to gain power and control over their intimate partners. ([www.womenagainstabuse.org](http://www.womenagainstabuse.org), Oct. 2020)

Abuse in same-sex relationships is also a serious problem within lesbian, gay, bisexual, trans and Two-Spirit communities. Same-sex partner abuse is often ignored, minimized or misunderstood by families, friends, communities and services providers, but it is a reality. (*Rainbowhealthontario.ca, Oct. 2020*)

Types of abuse can include: physical, emotional/psychological, financial, sexual, religious or spiritual, social, or environmental.

Possible ways of identifying abuse:

- Unexplained bruises, burns, scratches;
- Depression and/or high anxiety and/or crying easily;
- Withdrawal, passivity, or excessive need for control;
- Reluctance to talk openly about partner or obsession with partner;
- Excusing partner’s hurtful behavior while denying own pain
- Signs of fear, shame and/or nervousness;
- Repeated vaginal infections, burning urine, tissue tears;
- Changes in self-care or self-expression;

- Lack of adequate food, clothing, social contact or other necessities for self or children;
- Standard of living incongruent with income, assets or abilities;
- Self-defeating or self-harming behaviours.

If a staff suspects possible abuse they will report their concerns to their manager to consult regarding next steps. If there is an imminent risk for harm, staff are to call 911 and report the risk to the Police. Staff can also offer the person community resource referrals for themselves (and their children). Remember that children who witness familial abuse (domestic violence) are considered in need of protection by the Children's Aid Society's legal mandate. Refer to [Reporting and Management of Alleged or Suspected Child Abuse and Neglect](#).

### **Community Resources**

When sharing resources with possible victims of abuse, messages should not be left on the phone, nor should this information be sent via text or email in case it is viewed by the alleged perpetrator.

#### **Brantford:**

Sexual Assault Centre of Brant – 519-751-3471

Sexual Assault & Domestic Violence Centre, Brant Community Healthcare System – 519-751-5544 ext. 0

#### **Halton:**

SAVIS – Sexual Assault & Violence Intervention Services of Halton – 905-825-3622, **Crisis Support Line – 905-875-1555.**

#### **Hamilton:**

Sexual Assault Centre of Hamilton – 905-525-4573

Sexual Assault & Domestic Violence Care Centre, Hamilton Health Sciences – 905-521-2100 ext. 73557

#### All communities:

Rainbowhealthontario.ca – 416-324-4100

### **Recognizing and Report the Abuse of Elderly Persons**

According to The Ontario Network for the Prevention of Elder Abuse (ONPEA), abuse can exist when there is an unequal balance of power, dependency and isolation. ONPEA states that; abuse, if not addressed, can escalate with an increasing seriousness of harm. (*onpea.org, Oct. 2020*)

Elder Abuse is defined as: "...an act or omission that harms a senior or jeopardizes her or his health or welfare" (*Ontario Seniors' Secretariat, 2004*).

Types of abuse can include: physical, sexual, psychological, financial and/or neglect. Barriers to disclosure of abuse exist for elderly persons including fear of more abuse, feel humiliated or ashamed, blame themselves for abuse, worry about what will happen to him or herself and/or the abuser, believe that privacy is at stake, or

history of abuse. For older adults who are immigrants' other factors may also prevent disclosure including fear of being deported if sponsorship withdrawn, possibly unable to communicate in English, lack of knowledge about Canadian system and laws, or dependent on children.

If a staff suspects possible abuse of an elderly person they will report their concerns to their manager to discuss next steps. If there is an imminent risk for harm staff are to call 911 and report the risk to the Police.

### **Community Resource**

The Ontario Network for the Prevention of Elder Abuse - **Seniors Safety Line – 1-866-299-1011** or contact them at 1-416-640-7784, <http://onpea.org/index.html>

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## **ADMISSION PROCESS – CHILDREN’S MENTAL HEALTH PROGRAMS**

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Revised and Approved January 2020

Following the referral and intake process and the decision to offer service, admission procedures for various programs are as follows:

### **Counselling Services and Community Programs**

1. Arrange treatment schedule of appointments.
2. Ensure completion of all admission documentation.

### **Day Treatment Programs**

1. The program staff responsible for the screening process prior to a decision made to offer or decline service arranges pre-placement visits for the client and a meeting with the family.
2. Ensure completion of all admission documentation before the child/youth enters the program.
3. Establish the date of admission. Provide confirmation of admission and date to the family.
4. Arrange transportation if required.
5. Review Orientation Brochure with Risks and Benefits of treatments and rights of clients.

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## ADMISSION PROCESS – AUTISM PROGRAMS

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Reviewed and Approved January 2020

### **Halton Autism Services – In-Centre IBI (Intensive Behavioural Intervention), Family Skill Development, LEAP Preschool, Groups, and Camp CARE**

1. Initial phone call or e-mail received.
2. Program Manager completes Brief Intake over the phone.
3. Schedule free intake and tour with family with Program Manager and Clinical Supervisor.
4. Intake and tour with family, Program Manager, and Clinical Supervisor to discuss client's needs and strengths, priority goals, services available and relevant program / service fees.
5. Hours of service are determined based on family's needs and goals in addition to recommendations made by Clinical Supervisor.
6. Date of admission to Halton Autism Services is established with the family.
7. Contracts, consents, and final details (i.e. payment) are completed with the Program Manager.
8. Client is added to the schedule and therapist (or team of therapists) are assigned to the child in addition to a Clinical Supervisor.

### **Woodview Learning Centre**

1. Self-referral by families. Meeting is set to determine if referral is appropriate and to tour the program and to review program tuition fees.
2. When determined that child/youth would benefit from the program, an admission meeting is set when the next vacancy is available in a class according to natural admission dates in the calendar year (September or January). Intake package is mailed to the family with admission documents for the family to complete.
2. Program Manager meets with the family and reviews Orientation information and all completed admission documentation before the child/youth enters the program. Admission materials including tuition payment schedule is provided to family.
3. The date of admission and times of orientation for child/youth is established with the family.

### **Hamilton Child & Youth Autism Programs**

1. Referrals received by fax or mail from Contact Hamilton.
2. Woodview determines if the referral meets eligibility requirements. Referral is then placed on the Woodview wait list. The wait list is reviewed several times per year, primarily when vacancies occur.
3. Program Manager or program staff meets with the child and family and discusses the program to determine fit and interest of the child and family. Program fees are reviewed with the family.
4. The Program Manager or program staff reviews the Orientation information with the family and completes all admission documentation before the child/youth enters the program.
5. The date of admission and times of group service is reviewed with the family.

### **Hamilton Adult Autism Programs**

1. Referrals are received from Developmental Services Ontario (DSO) only once a vacancy has been declared for an MCSS funded adult program. Woodview does not maintain a wait list for any funded DS program.

2. Vacancies in Residential, Supported Independent Living, Caregiver Respite and Community Supports programs are declared via the Developmental Services Consolidated Information System (DSCIS). Developmental Services Ontario prioritizes referrals according to need.
3. The Program Manager then reviews referral received from DSO and contacts the individuals and families to discuss the referral. Contact may be by telephone or by meeting in person. A site visit may be arranged to provide more information for the individual and/or assist in determining fit for the program. Detailed information regarding hours of service, program fees, etc. will be reviewed with the individuals and families.
4. The Program Manager then determines which referral will be offered the vacancy. Once the individual has accepted the program, DSCIS will be updated to indicate that the agency has accepted the individual into the program.
5. The Program Manager or designate then reviews/provides orientation information based on the Intake Orientation of Clients policy and Participation Agreement.
6. The date of admission is reviewed with the individual.

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## **ADULTS WITH ASD – ABUSE PREVENTION, IDENTIFICATION AND REPORTING, and SUPPORTING**

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Revised and Approved January 2020

Woodview promotes a policy of zero tolerance towards all forms of abuse.

Abuse is defined by Ontario Regulation 299/10, *Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008*, as: any action or behaviour that causes or is likely to cause physical injury or psychological harm or both to a person with Autism Spectrum Disorder, or results or is likely to result in significant loss or destruction of their property, and includes neglect.

Abuse includes any and all of: physical, sexual, emotional, verbal, financial abuse, exploitation, harassment or neglect (O. Reg. 299/10, s. 1(2)).

Neglect is defined by Ontario Regulation 299/10, *Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008* as the failure to provide a person with Autism Spectrum Disorder with the support and assistance that is required for their health, safety or well-being and includes inaction or a pattern of inaction that jeopardizes the health or safety of the person.

### **Staff & Volunteer Training Requirements**

All agency staff and volunteers working directly with adults in MCSS funded programs are required to be trained in abuse awareness, including: abuse prevention, identification, reporting requirements and Woodview's abuse policies. This training will occur during orientation at the time of hiring and then on an annual basis. Staff and volunteers will sign an acknowledgement that they have received this training.

### **Board of Directors Orientation Requirements**

All Board members will receive an orientation to Woodview's Abuse Prevention, Identification and Reporting policy. The abuse policy will be reviewed annually by the Executive Director and Board of Directors.

### **Providing Education to Persons with Disabilities**

All adults with Autism Spectrum Disorder receiving supports and services at Woodview will be educated in safety and abuse awareness. Individuals will learn in plain language about the different types of abuse and their rights. Other topics include setting boundaries, self-advocacy, disclosing abuse and preventing abuse at home and in the community as well as learning about healthy relationships.

Parents will be informed of the purpose and general content of the training. Training will occur on an annual basis and adult clients will sign an acknowledgement that they have received this training.

### **Reporting of Abuse**

Where a service agency suspects any alleged, suspected or witnessed incidents of abuse of a person with a developmental disability may constitute a criminal offence,

- (a) the service agency shall immediately report to the police the alleged, suspected or witnessed incident of abuse; and
- (b) the service agency shall not initiate an internal investigation before the police have completed their investigation. O. Reg. 299/10, s. 8 (4).

*(Quality Assurance Measures, Ontario Regulation 299 / 10 Part II 8(4))*

This includes abuse that has been witnessed, suspected abuse or abuse that has been reported to Woodview staff. Confidentiality and consent does not apply to reporting abuse to police.

Staff must be vigilant and aware of direct evidence, or signs of abuse. If abuse is suspected staff must document their suspicions and report to their direct supervisor. The police will then be notified.

Staff must intervene and stop witnessed abuse. The individual being abused must have their safety assured. The abuse must then be documented and reported to the police. Staff must not seek out any further information from the abuser or the abused. The program manager and Director must be notified.

If abuse is reported to staff, the staff must assure the abused individual is safe and then immediately report the abuse to the police. Staff must document the facts they were told, not ask any questions and document that no questions were asked.

All reported abuse must be disclosed to the Ministry of Children, Community and Social Services by filing a Serious Occurrence Report, and to the Executive Director of Woodview. The reported abuse will also be disclosed to a person acting on behalf of the client if the client has signed or given verbal consent to share information with this person and if police are investigating, when the investigating officer gives permission to share information. Permission to disclose information will be documented in the client file.

In all cases of reported abuse, the police investigation will determine if criminal charges are to be laid. An internal agency investigation will not be conducted until police have completed their investigation.

In cases where criminal charges are laid by police against staff, the staff charged may be suspended with or without pay during the investigation or may be assigned alternate duties with no direct contact with clients. If convicted of the charges, the staff will face immediate dismissal. In cases where a volunteer is charged with abusing a client, the volunteer's direct work with clients will be suspended. If convicted of the charges, the volunteer will be permanently dismissed from volunteering for any Woodview program. In cases where clients are charged with abusing other clients, the client charged will be supported in a manner that limits their unsupervised contact with other clients during the police investigation. If the client is convicted of the charges, Woodview shall support the client to the best of our ability while determining the best course of action for them.

If the police deem no criminal charges will be laid, Woodview will conduct an internal investigation to determine what actions or consequences will follow. The Program Manager(s), Executive Director, Director of Human Resources, and Manager of Finance, in the case of financial abuse, will be involved in the internal investigation.

### **Supporting Persons**

Woodview is committed to supporting an adult with Autism Spectrum Disorder, where abuse of that person has been alleged, suspected or witnessed. Support and protection for victims of abuse/ alleged abuse will be provided in order to safeguard the rights and dignity of the abused/ alleged abuse person.

The manner in which Woodview staff in consultation with the Program Manager will support the person could include:

- Report of abuse/alleged abuse to the Police
- Referral to appropriate medical and/or community services
- Providing support during the inquiry process from someone with whom she/he feels comfortable
- Reporting/discussing alleged abuse using communication methods familiar to the person (In all cases of reported abuse police will determine when staff can speak with person regarding the abuse/alleged abuse or witnessed abuse/alleged abuse).
- Where required, providing information regarding what to expect during a police inquiry and legal proceedings

## **Abuse Notification and Consent**

Woodview staff will ensure that if an abuse allegation is made or abuse is witnessed, staff and volunteers are prepared in advance and clearly understand the notification procedure for informing people acting on behalf of the person with a disability.

Notification procedure may include:

- Prior determination for all Adults with Autism Spectrum Disorder, who the persons acting on behalf of the individual are
- Connecting with persons via phone, email, letter, etc.
- Timelines will be discussed with Program Manager to determine when to notify persons. Generally within 1 hour to 1 day depending on type of incident.

Woodview staff will obtain the consent of the adult client before notifying others, if the adult is capable of providing consent. Staff may obtain consent verbally or in writing.

This policy will be reviewed annually by adult autism program staff and program managers, administration, and the Board of Directors.

In addition, a client, caregiver / guardian, or a member of the general public may report witnessed or suspected abuse or neglect to [ReportONdisability@ontario.ca](mailto:ReportONdisability@ontario.ca), or 1-800-575-2222, or TTY 1-844-309- 1025.

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## **ADULTS WITH ASD – BEHAVIOUR INTERVENTION AND INTRUSIVE MEASURES**

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Reviewed and Approved January 2020

### **General Statement**

Woodview is committed to providing positive programming that is person-centered, client- directed and based on the inherent dignity and value of each person. Woodview promotes the use of non-intrusive measures in order to prevent and avoid crisis situations. Staff must include the individual and listen carefully to people's wishes before developing or implementing any type of program. Behaviour programs must be based on ABA principles. All staff must ensure that the individuals we support have opportunities to make choices about their lives, have opportunities to develop new skills, meaningful relationships, have the ability to communicate their needs and desires, and have active lives that include opportunities to participate in their communities. Family members should also be included in the decision- making process at the clients request or with their consent or where an individual is unable to provide clear direction or consent. We have a responsibility to our clients, their families and MCCSS to construct interventions that are not only effective, but also minimally intrusive and based on evidence based practices.

Volunteers do not participate in Behaviour Interventions or Physical restraints.

### **Definitions**

**Challenging Behaviour** is defined by Ontario Regulation 299/10 as 'behaviour that is aggressive or injurious to self or to others or that causes property damage or both and that limits the ability of the person with a developmental disability to participate in daily life activities and in the community or to learn new skills or that is any combination of them'.

**Crisis Situation** is defined by Ontario Regulation 299/10 as a 'circumstance where a person with a developmental disability displays challenging behaviour that is new or more intense than that which was displayed in the past and the person lacks a Behaviour Support Plan or the strategies outlined in the person's Behaviour Support Plan do not effectively address the challenging behaviour. Or the challenging behaviour places the person at immediate risk of harming themselves or others or causing property damage and attempts to de-escalate the situation have been ineffective.'

**Behaviour Intervention** is defined as interventions that are either intrusive or non-intrusive in nature, that are put into place in response to a persons' maladaptive or challenging behaviour.

**Intrusive Measures** is defined as any program that results in a restriction of freedom of movement on any sensory level with the goal of modifying or controlling behaviour; whether this program is written into a treatment plan or is used as an emergency procedure

### **Behaviour Support Plans**

All behaviour interventions that include an intrusive measure must be part of a Behaviour Support Plan and all staff working directly with the person with the challenging behaviour must receive training on the Behaviour Support Plan prior to working with the person.

All Behaviour Support Plans must consider the risks and benefits of the various strategies that are used to address the behaviour. The Behaviour Support Plan must be based on positive and least intrusive approaches including redirection, encouragement, use of relaxation and positive reinforcement and address the acquisition of adaptive skills.

All Behaviour Support Plans that include intrusive strategies must be approved by a psychologist, a psychological associate, a physician, a psychiatrist or Board Certified Behaviour Analyst (BCBA), and must be reviewed twice in a 12 month period for its effectiveness and the review must be clearly documented. All Behaviour Support Plans that include intrusive strategies must also include provisions for the eventual fading or elimination of the intrusive measure. Intrusive measures should not be used on an infinite basis and should be faded or eliminated when a) There is a least intrusive effective behaviour intervention available b) The Intrusive intervention hasn't been used within a 3-month period c) There is objective evidence that the Intrusive Measure is increasing the frequency of maladaptive behaviour.

The Program Manager will monitor the application and use of behaviour intervention strategies, both positive and intrusive strategies to ensure they are carried out as outlined in the BSP and in accordance with best practice.

### **Referral Process**

Individuals who require remedial Behaviour Supports may be referred through DSO in order to access Ministry approved community services.

### **Consent and Confidentiality**

Consent from the individual receiving support or their substitute decision-maker must be received prior to the referral process and before implementation of any behaviour interventions.

### **Intrusive Measures**

It is our agency's position that our primary focus should always be on developing adaptive and pro-social skills. This is a more positive and supportive approach which treats the individuals we support with dignity and respect. It is recognized however, that under certain conditions, physical intervention may be necessary to prevent serious injury. Staff may need to use intrusive interventions such as physical restraints to be used only a last resort and only when the person is at immediate risk of harming themselves or others.

In addition to the conditions below, staff shall ensure that the use of physical restraint and/or PRN medication is terminated immediately when there may be a risk to the inherent health or safety to the individual and/or to staff. Volunteers are not permitted to use strategies that are considered intrusive in nature. The following are examples of interventions that may be used in our agency and are considered Intrusive Measures:

**Physical restraints:** Defined by Ontario Regulation 299/10 as a holding technique used to restrict the ability of the person with a developmental disability to move freely. (i.e.) nonviolent crisis intervention restraints

**PRN Medications:** Defined by Ontario Regulation 299/10 as medication that is prescribed to assist a person in calming themselves. (i.e.) Medication prescribed to control behaviour. All psychotropic PRN medication used for behaviour must have a PRN protocol signed by a physician and be reviewed as part of the Behaviour Support Plan.

The use of PRN medication is tracked separately to ensure that it is not administered excessively or as a punishment for behaviour, convenience or as a substitute for meaningful support.

Woodview does not use secure isolation or confinement time outs or mechanical restraints.

## **Physical Restraints**

As a general rule, physical restraints are used only as a last resort in a crisis situation and when all less intrusive options have been deemed ineffective. Before a physical restraint may be used, staff must consider the following:

In situations where the use of physical restraint is deemed necessary, the following criteria must be met:

1. The physical restraint is used as part of an approved Behaviour Support Plan.

OR

2. The use of a physical restraint is used in response to a crisis situation in which failure to act would result in injury to the individual or others, and it has been determined that less intrusive interventions are or would be ineffective in preventing the individual from physically injuring themselves or others.

In compliance with Ontario Regulation 299/10, made under the Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008, staff are only authorized to use physical restraints through an approved training program; Woodview utilizes the ASD Non-violent Crisis Intervention approved training program. Only direct care staff who has received training in Non-Violent Crisis Intervention may carry out physical restraints. Volunteers are not permitted to carry out physical restraints or engage in any interventions of an intrusive nature. When physical restraints are used, they must be carried out using the least amount of force necessary to restrict the individual's ability to move freely. The use of physical restraints outside of those taught in ASD Non-violent Crisis Intervention (ASD- NVCI) are not permitted unless they have been approved by the consulting psychologist, MCSS and are written into a Behaviour Support Plan.

## **Monitoring**

During physical restraints, the individual's condition must be continually monitored and assessed by staff. Use of a physical restraint must be stopped upon the earlier of the following:

- When there is no longer a clear and imminent risk that the individual will physically injure themselves or others.
- When there is a risk that the physical restraint itself will endanger the health or safety of the individual and/or staff.

If an intrusive measure is deemed a necessary part of an individual's Behaviour Support Plan, the plan should also include strategies that focus on the acquisition of more adaptive skills and replacement behaviours. As well, consideration of environmental and antecedent controls is necessary to safely manage behaviour by trying to prevent it. This will ideally lead to the elimination or need for physical restraints.

## **Documentation**

All physical restraints must be reported to the Program Manager or designate immediately, who will complete a Serious Occurrence Report within the SOR-RL portal within the required timeframe (refer to policy [Serious Occurrences – Managing and Reporting](#)). All necessary forms and reports must be completed before the end of the Program Manager or designate's scheduled workday and a copy of the SOR must be included in the daily

logbook. The Program Manager/Designate must follow the steps outlined in Clinical Policy [Client Incidents](#) whenever a physical restraint occurs.

## **Reporting**

Any use of physical restraint is reportable under the authority of the Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008. The use of physical restraint must be immediately reported to the Program Manager or designate and the Manager or designate will notify the Service Director. The Program Manager or designate is required to inform MCSS by completing the Serious Occurrence Initial Notification Report (INR) within 24-hours of becoming aware of the incident or within 24-hours that the service provider deemed the incident to be serious. The Program Manager or designate will complete a Serious Occurrence Inquiry Report (IR) within 7 business days of submitting the Initial notification report.

With client consent, any use of an intrusive behaviour intervention will be communicated to the client's alternate decision maker and regular updates given on the Behaviour Support Plan.

### **Conditions that will NOT be tolerated:**

- Use of physical force or corporal punishment to control behaviour or force compliancy will not be tolerated.
- Use of physical restraints by employees to control or restrain individuals, except under the conditions described above, is considered by Woodview to be a form of abuse and may result in disciplinary action up to and including termination of employment.
- Depriving basic human needs such as adequate food, clothing, heat/cooling, access to health care, suitable shelter or reasonable access to family members will not be tolerated.
- Intrusiveness can also occur in more subtle ways as individuals with Autism Spectrum disorder are more vulnerable by the very nature of their disability and there's the potential for staff to exert power and control over areas of their life. It is important that staff members working for this organization to understand the commitment to the rights of individuals with Autism Spectrum Disorder to make choices where they are able.

## **Debriefing Process**

### **Purpose of Debriefing:**

- To gain a greater understanding from all perspectives of the events that lead up to the use of the restraint so that we can learn from the incident and possibly avoid future incidents requiring physical restraints.
- To ensure that any use of physical restraints are in compliance with Woodview policies and MCCSS regulations.
- To evaluate the staff intervention and determine any areas which could be improved.
- To provide support to the individual who was restrained and to re-establish positive communication. To provide support to staff and identify staff needs for additional support/training from the agency. To support the learning opportunity for the individual who was restrained.
- To ensure accountability to the individual and their family/substitute decision-maker.
- Debriefing is a fact finding process and not fault finding.

## **Staff & Individual Debriefing:**

After an individual we support is physically restrained, or a psychotropic PRN is given (if PRN protocol signed by physician) a debriefing process will be conducted among the direct care staff members who were involved or were present during the application of the intrusive measure.

Additionally, a debriefing process will be conducted including the direct care staff members who were involved in the intrusive measure and the individual. This process is meant to provide the individual with an opportunity to contribute from their perspective to the process. It is important that the debriefing occur when all parties have regained physical and emotional control so that the debriefing may be productive. This process must be structured to accommodate the individual's psychological and emotional needs and cognitive capacity. Where the individual has limited capacity to participate in a debriefing process, it is recommended that a third party represent the interests of the individual where possible. With the individual's consent family member/substitute decision- maker must be notified of all physical restraints.

The **initial debriefing** will occur within 48 hours after the intrusive measure was carried out with the direct care staff involved. If circumstances do not permit a debriefing process to be conducted within the 48 hour period, the debriefing process is conducted as soon as possible after the 48 hour period and that a record is kept of the circumstances which prevented the debriefing process from being conducted within the 48 hour period.

Additionally, staff should consider the emotional well-being of the residents who witness distressing situations. Therapeutic rapport can be implemented not just for the person involved, but also for those who are in the environment at the time.

## **Notification and Consent**

In consultation with the adult client and review of the Individual Support Plan, Woodview staff will notify people acting on behalf of the adult client (or identified support person if no one acting on behalf of the adult) if a challenging behaviour or crisis situation occurs and there is consent to do so. Staff must document whether consent to share information was obtained in the logbook.

The identified support person will also be given regular updates on the use of intrusive measures with the adult client's consent.

Notification procedure may include:

- Prior determination for all Adults with Autism Spectrum Disorder, who the persons acting on behalf of the individual are (or identified support person).
- Connecting with persons via phone, email, letter, etc.
- Timelines will be discussed with Program Manager to determine when to notify persons.

Woodview staff will obtain the consent of the adult client before notifying others, if the adult is capable of providing consent. Staff may obtain consent verbally or in writing.

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## ADULTS WITH ASD – FINANCES

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Revised and Approved January 2020

### **Individual Finances**

- Adults with ASD are strongly encouraged to have their own bank account on entry into service to increase their capacity to learn the life skills associated with managing their own finances.
- If a client has a trustee and does not have access to his/her own finances, the trustee is responsible for the individual's budgeting and banking, including payment of all bills including rent.
- Clients have the choice to relocate their banking to a financial institution closer to their living accommodations. They can request staff assistance to do this.
- Clients are assisted, as required, in the development of a monthly budget to manage their finances. This may also include weekly budget sheets.
- On a monthly basis (or another schedule determined by the landlord) clients will write a cheque, dated the first of the month, to pay their rent and may request staff assistance as needed. This cheque will be written and mailed in a timely fashion to be received by the landlord by the first of the month.
- The level of support to manage finances will be detailed in each client's Individual Support Plan.
- Spending money may be kept in a locked safe in the office for those who require and consent to this level of support. All transactions in and out of the safe will be documented on an individual ledger which will be reviewed annually as part of a third-party review.
- The bank records, ledgers and budget sheets will be reviewed and approved annually by Woodview's Manager of Finance and the Board of Directors Finance Committee and kept at Woodview's head office location. A copy will be kept on-site at #10-845 Rymal Road.

### **Semi Independent Living House Accounts**

- Each Semi Independent Living unit (SIL) will have a joint house account which household expenses (i.e. groceries, utility bills and cable/internet) are paid from.
- At least one individual living in the SIL unit will be named on the house account with the preference being that all individuals be named jointly on the account.
- In situations where not all individuals are named on the account, signed consent from those not named will be required.
- Each individual living in the SIL unit will arrange to have a set amount of money transferred from their personal account to the house account monthly, to cover household expenses. This amount will be predetermined by the staff overseeing the SIL unit and in agreement with the individuals living there and adjusted, as necessary, to meet the changing needs of the SIL unit.
- Automatic withdrawals for bill payments will be set up.
- A debit card will be attached to the house account for the weekly purchase of groceries. Clients will ask staff for the use of the debit card and staff will monitor transactions records on an ongoing basis
- The bank records will be reviewed and approved annually by Woodview's Manager of Finance and the Board of Directors Finance Committee and kept at Woodview's head office location. A copy will be kept on-site at #10-845 Rymal Road.

## **Trips**

- Clients will write cheques to Woodview to cover the cost of a trip organized by Woodview.
- Cheques will be deposited to Woodview and staff will requisition money to cover expenses occurred during a trip.
- Receipts will be attained for expenses and kept on file with the original requisition at head office.

## **Inventory, Personal Property of Adult Clients**

Woodview staff maintain an inventory for the adult clients which lists:

- sources of income
- items purchased each year
- level of support required to care for/maintain personal property
- level of support required to manage finances

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## **ADULTS WITH ASD – MEDICAL SERVICES AND HEALTH CONCERNS**

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Reviewed and Approved January 2020

Woodview staff document medical services that are provided to adults with Autism Spectrum Disorder, where the agency is providing residential services and/or as identified in the Individual Support Plan.

The intent is to promote health and well-being among people receiving services and supports from the agency. Documentation provides valuable information regarding the person's medical and dental visits to ensure continued good health.

Documentation could include:

- Level of assistance is identified in the ISP
- Medical appointment records
- Notation in the Individual's record
- Notation in the log book
- Cumulative Health Records
- Biological Timelines
- Annual Medical Forms
- Health Care Provider Visit Form
- Medical Appointment Summary Forms
- Health Care Treatment Record regarding medical services that are provided to the person with Autism

### **Health Concerns**

Woodview staff monitor the health concerns of persons with Autism Spectrum Disorder who are receiving services and supports from the agency, where supports have been identified in their individual support plan.

Woodview staff are trained to meet the person's basic and special health care requirements and treatment needs as required.

Health concerns could include diabetes, high blood pressure, heart conditions, obesity, epilepsy, etc.

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## ADULTS WITH ASD – MEDICATION ADMINISTRATION

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Reviewed and Approved January 2020

Many clients take medication on an ongoing basis. It is therefore important that medicines are handled safely and it is imperative that each client is administered the right medication(s), right dose, at the right time.

Medications for clients in Manor Residence and SIL units will be kept in a locked cupboard in the staff office. Clients demonstrate a wide range of competence in handling their medications. It will be documented in all full-time clients' files the level of support they require with regard to their prescribed medications (ordering/refilling medication, storage, ensuring correct medications are taken on the right date and time, etc.). Prescriptions are renewed by the pharmacy.

Formal training in the dispensing of medication will occur upon hiring and this policy will be reviewed annually by all staff. Further, follow-up discussion of medication use and practices will occur on a regular basis as part of the weekly staff meetings as needed and will be recorded in the staff meeting notes.

There is a protocol in place for individual clients for the use of prescribed medication administered on a pro re nata (PRN) (as needed) basis only, on the advice of the prescribing doctor.

The Manor can be a “busy” place with a variety of staff and clients in and out throughout the day. For a quick check to see if a medication has been given there is a check-off sheet posted on the front of the medication cabinet where all the clients receiving medications are listed. The sheet is to be used daily as a quick reference only and DOES NOT TAKE THE PLACE OF THE MAR SHEET.

### **MAR Sheet Protocols:**

#### **General**

Each client receiving a medication will have an individual Medication Administration Record (“MAR sheet”). On these sheets each medication that is given, the dosage, and the time(s) it is given is listed. Further, there are check-off boxes, dated for each day, so that when the medication is given the staff giving it initials having done so in the correct date box. It is mandatory that each staff person initial the MAR sheet when dispensing a medication.

The MAR sheet is an important legal record. Accordingly, NO WHITEOUT can be used on it. If a mistake is made on the MAR sheet (e.g., a staff person initials the wrong box), the error must be circled and an explanation written on the sheet itself.

Each MAR sheet covers a 1-month period. The program manager oversees the MAR sheets on a weekly basis to ensure that sign-offs take place, that changes to medications and/doses are implemented and recorded on the MAR sheet, and that new monthly sheets are printed and in place at the start of each month and the “old” sheets stored.

If there is a blank check-off box with no initials or code symbols then it will be assumed that the staff present at that time have neglected to dispense the medication. **This is a grave omission.**

## **Refusals**

If a client refuses to take his or her medication, staff will speak to the client to determine the client's reason for refusal and problem solve with the client. Information will be reviewed with the client on the benefits of the medication. If the client still refuses the medication the program manager will be contacted to provide direction as to whether or not the staff will contact the pharmacy, Telehealth Ontario or prescribing physician for further direction. If the client continues to refuse to take medication a Medication Error Report Form must be completed and signed off by the manager. Staff are to notify the program manager of the error and completed form within 24 hours. This will also be documented on the MAR sheet using the code symbol "R" and if there is more than one incidence of refusal without just cause the client will be referred back to their physician for further discussion. The client's support person may be contacted if there is a signed consent to do so.

## **Transportation of Medication**

Medication is transported when clients go to work, attend agency run day trips or other outings such as an overnight trip. When staff transport medication they are to ensure that the medication is labelled with the client's name, the date, and the dosage. If the medication is being transported by staff for less than a 24-hour period, then staff are to sign the MAR sheet upon their return. If the medication is being transported by staff for more than a 24-hour period, then staff are to bring the MAR sheet off- site with them for tracking purposes. It is to be kept in a safe and secure location with privacy and confidentiality in mind.

**"O"** – Offsite: If a client is transporting their medication off-site without staff (for no more than 12 hours) and will be self-administering medication (going to work, out with a friend, etc.) staff assist clients in placing labelled medication pouch in a secure location (backpack, purse, etc.). The MAR sheet is completed by staff to indicate the client is taking medication off site. This is done using code symbol "O" with the initials of the staff who provided the medication to take off-site. When a client returns from work or an activity, it is the responsibility of the staff on-site to ensure that the client has taken the medication and to make a note on the MAR sheet if medication was not taken using the appropriate code symbol. Appropriate action should be taken if medication is missed (see below).

**"A"** – Absent: If the client is going on a family visit or off-site for more than 12 hours, staff prepare or assist client in preparing a dosette or ensure there are adequate medication packages provided by the pharmacy for the number of days the client will be away from the program, including one extra day of medication in case date of return changes. Labelled medication is stored securely in client's bag so family members and client know where medication is stored for transport. In this case, family members or other "caregivers" are responsible for ensuring that medication has been administered. The MAR sheet is filled out indicating that the client is out of the program for the specified number of days and that one extra day of medication has been provided. This is to be tracked on the MAR sheet using the code symbol "A" for the dates on which the client is expected to be away from the program (excluding the date on which the client is expected to return) with the initials of the staff who provided the medication to take off-site. Staff will then note at the bottom of the page the current date, the number of extra days' worth of medication that was provided, followed by the staff's initials (ex. January 1, 2017 – 1 day of medication – JS). When the client returns to the program staff ensure that medication was taken and make a note on the MAR sheet if the full amount was not taken and/or if the extra medication was not returned.

## **Medication Errors**

Dispensing errors take two forms: a “commission” error which is giving the wrong medication or an “omission” error which usually means the client missed the required medication. **In the event of one of these types of errors, the staff on duty must immediately contact the pharmacy to enquire what the potential impact of the error will be on the client and to seek advice as to what should occur** (i.e. the dose should be administered immediately, the dose should be skipped, and/or if the time of the next dose should be altered). **Further, the program manager must be contacted.** It will be up to the manager to decide whether to file a Serious Occurrence Report based on the potential seriousness to the client. The Medication Error Report Form must be completed and signed off by the program manager. The staff must notify the program manager of the error and completed form within 24 hours.

“E” – Errors: An explanation of what happened and what actions were taken should be written in the comments area on the form.

“M” – Miss: An explanation and description of subsequent actions will be written in the comments area.

## **Part-Time/Respite Clients**

The risk of error in the administration of medicines to people attending on a part-time or respite basis can be greater than for permanent residents due to the time scales involved and lack of confirmed information. Staff need to be vigilant in checking medicines brought into Unit 10.

Discrepancies can occur between what is prescribed (as per labelled items) and what a person says they are taking. Care is needed to check which are current and which have either been stopped or just not taken. Record keeping is the same as for other clients. Staff should prepare a new MAR sheet for each monthly period.

## **OTC Medication, Vitamins, and Supplements**

At times, clients may purchase and/or request Over the Counter (OTC) medications like Tylenol/Advil, cold and flu Medication, Tums, etc. or vitamins / supplements like Vitamin C. **At no point should clients be given (OTC) medications or vitamins / supplements without checking with the pharmacy first to ensure that there are no dangers to combining these and the client's prescribed medication.** For OTC Administration Protocol, refer to Medication Administration Record Binder.

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## **ADULTS WITH ASD – RESIDENTIAL – FACILITIES REGULATION REQUIREMENTS**

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Reviewed and Approved January 2020

Adult Residential Facilities operated by Woodview are regulated under the *Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act* (2008) and must comply with all regulations as set out by the Act and procedural and policy directives of the Ministry of Community and Social Services).

If Woodview does not comply with the Ministry regulations, they may be granted a specific period of time to allow the agency to correct noted deficiencies.

**Purpose:** Compliance with the regulations is a systematic means of assessing if a basic level of care and safety is being provided in an adult's residence. The review process is not a comprehensive evaluation of the program or treatment methodology of a facility, nor is it an assessment of the relative merit or success of a program.

**Process:** The auditing process includes the following:

**Annual inspections:**

- Fire inspection/approved Fire Plan – locally - done as needed
- Health inspection - Municipal Public Health Unit
- Emergency Lighting inspections
- Fire extinguisher inspections
- Heating system/furnace inspection
- Inspection of smoke alarm system

**Monthly inspections:**

- Fire drills
- Health & Safety Inspections

**Daily inspections: (staff sign/fill out checklist in daily log book)**

- Ensures that fire exits are clear
- Monitors /records water temperature at main floor bathroom tap
- House and agency vehicles are locked and secured
- Bed check, assuring all residents are accounted for

To ensure the upkeep and maintenance of each residence and grounds, inspections are done on a regular basis to ensure the safety of residents and staff using the facilities. Staff on duty will take action to rectify any situation identified as hazardous, notifying Program Manager/supervisor of the actions taken via an entry into a log book.

**Temperatures in Adult Residential Facilities:**

Woodview is committed to providing welcoming, safe and secure residential environments for its employees, clients and visitors.

The residences must be heated to a minimum of 20 degrees C. from October 1st to May 31st. During the hot summer months, residents will have access to air conditioning.

To prevent scalding, the temperature of hot water in the building must not exceed 49 degrees C. The water tank should have a functional regulator attached. As a safeguard, after the water has run for several minutes its temperature must be checked at a tap daily with a handheld thermometer. The results will be recorded in the daily log book. (Checking the water temperature will be the responsibility of the person doing the overnight shift or the last person working prior to a closed weekend. The temperature will be recorded in the logbook.)

In the event the temperature of hot water in the building exceeds 49 degrees C, staff will:

- Notify all residents of the situation, ensuring they take caution when using water;
- Contact the program manager or on-call manager to notify them of the situation;
- Contact a Kiwanis (landlord) approved contractor by phone during business hours to arrange for a repair of the hot water tank.

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## **ADULTS WITH ASD – RESIDENTIAL – FOOD AND NUTRITION**

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Reviewed and Approved January 2020

Woodview will ensure that all individuals participating in residential program are offered meals that are varied, of good quality, nutritionally balanced and prepared according to the most current Canada Food Guide. Residents are given the option of eating meals prepared by/with staff (served meals) or to prepare their own meals with an appropriate level of support offered.

### **Food**

- Served meals will be prepared taking into consideration client likes and dislikes or the residents may choose to make their own meals
- Accommodations will occur for special dietary/nutritional requirement or modified meals, including medical, religious and lifestyle diets (e.g. vegetarian) where required or requested.
- Snack food (ex. Crackers and cheese, fruits and vegetables, yogurt, etc.) are available and clients also may choose to purchase their own snack foods which are made readily available

### **Portion Size**

- Portion sizes of served meals will be based at minimum on the most current Canada Food Guide though clients may request additional servings.
- When preparing meals independently, residents will be encouraged to follow the Canada Food Guide and Nutritional Information with regard to portion sizes.

### **Mealtimes**

- Served meals will be offered at the usual mealtimes but may vary slightly to accommodate an individual's preference, i.e. choosing to sleep in, etc.
- Staff will encourage mealtime to be a positive experience for the individual. Residential staff will model good habits while creating an upbeat and relaxing mealtime, encouraging skill development and independence as appropriate.

### **Medical and Behavioural Advice**

- Identification, reaction and treatment of food allergies, including anaphylaxes will be recorded.

### **Health Education**

- Information will be provided to the individual about safe food handling, food preparation and nutrition when the individual has an active role in these activities. This will be overseen by the staff in a format that is suitable to the individual's level of understanding.

### **Cultural Diversity**

- The cultural diversity of individuals will be considered when designing menus.

### **Monitoring and Supervision**

- Individuals will be supervised to the level required by their functional skill level, while in the kitchen.
- Individuals will be monitored during meal preparation only using products and equipment appropriate to the individuals physical and or their skill level.

### **Prohibited Practices**

- Deprivation of food is prohibited. Food may only be limited as part of an individualized and documented treatment approach that is administered under the guidance of a health care professional.

### **Food must not be used to bribe, punish, reward or coax.**

Preferred food items above and beyond meals may be used as planned positive reinforcement.

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## **ADULTS WITH ASD – RESIDENTIAL – MEDICAL APPOINTMENTS**

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Reviewed and Approved January 2020

Adults in the residential and SIL units will have a minimum of one annual medical appointment and one annual dental exam. Dates of medical appointments will be maintained in the client's file.

### **Refusal of Client to Attend Medical Appointments**

If a client refuses to attend a medical appointment staff will speak with client to determine the client's reason for refusal and problem solve with the client in an attempt to resolve any barriers to attending the appointment. Staff will emphasize the importance of attending medical appointments.

If the client still refuses to attend the medical appointment there is a form that they are required to sign. Staff will also document refusal to attend appointment and notify client's support person if consent is given to do so.

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## **ADULTS WITH ASD – RESIDENTIAL – PERSONAL SAFETY AND SECURITY**

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Reviewed and Approved January 2020

The personal safety and security of the adult clients with ASD participating in the residential program is very important to Woodview. Several safety and security measures are in place to ensure the wellbeing of the clients.

Safety and security measures include:

- Staff support 24 hours per day, with the exception of home visit weekends and when travelling independently in the community (staff available by phone if needed). Clients are offered cards with Woodview's contact information that can be carried on their person in case of emergency.
- Client vulnerabilities and/or safety concerns are noted in ISPs
- Emergency on-call staff support for residential clients and those living in SIL units,
- Daily sign off in log book by staff each evening ensuring that fire exits are clear, doors are locked, the hot water temperature has been checked and a bed check has been completed.
- Monthly fire drills.
- Smoke detectors and carbon monoxide detectors in all units.
- Annual furnace inspection.
- Monthly health and safety inspections.
- Abuse/Awareness training for staff and clients.
- Mandatory and Best Practice training for staff – see Staff Training and Development Policy
- An approved fire plan.
- Emergency Response policies.
- Risk Management (Organizational) policy.
- Service Continuity Plan.

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## **ADULTS WITH ASD – RESIDENTIAL – PUBLIC HEALTH INFORMATION**

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Reviewed and Approved January 2020

Public Health information is made available to adult clients in the residential programs. Information is posted in central living areas on diet and health, and includes listings of phone contact and website information for public health resources (i.e. Sexual health clinic, Canada Food Guide, etc.). Adult clients are encouraged to use such resources in order to gain knowledge, and to promote self-advocacy and independence. Staff provide support to clients in order to access these resources upon request or as required based on the client's level of need. A sexuality course is also conducted on an as needed basis and offered to all adults in the adult autism programs. Every effort is made to encourage adults in the residential programs to participate in this training. Training provided to clients in order to promote learning and regular review of topics includes (but is not limited to) introduction to sexuality, relationships, physiological aspects of sexuality, STD prevention, consent, etc.

Staff have access to information/training related to clients' health needs in order to support clients to make informed choices (i.e. Diabetes).

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## **ADULTS WITH ASD – RESIDENTIAL – RIGHTS OF CLIENTS**

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Reviewed and Approved January 2020

Adults involved in Woodview programs have the following rights:

- To be fully involved in the development of an individualized support plan that will meet their needs.
- To make their own choices.
- To be treated with respect and dignity in a safe environment.
- To have their cultural and religious beliefs respected and their needs met.
- To involve others, with their consent, to help them to reach their goals. This may include family members or an alternative decision maker, other service providers and other support people that the client identifies.
- To share information about themselves with others by signing a consent form.
- To receive education to increase their awareness of protection from abuse.
- To have their health and safety protected while in the program.
- Confidentiality and privacy.
- A formal complaint process if they are not satisfied with the services provided.
- A copy of the Service Principles, which outline Woodview beliefs and commitment to its clients.
- A copy of Woodview's Privacy Statement.

Persons who live in one of Woodview's residential settings also have the right to:

- Live in a safe and clean environment.
- Be involved in community activities.
- Have their own possessions.
- Have an itemized list of their personal property maintained and updated annually by Woodview staff.
- Have staff support to learn how to access maintenance and repair services for personal possessions as required and/or be encouraged to access the assistance of their family or support person.

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## **ADULTS WITH ASD – RESIDENTIAL – SAFETY DURING BATHING**

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Reviewed and Approved January 2020

Woodview's Adult clients with ASD (Autism Spectrum Disorder) generally have the capacity to bathe or shower independently.

Staff will provide visuals to assist clients in following sequence of steps in bathing or showering where required.

Staff will also provide information regarding safe practices in the bathroom.

All clients level of independence and any assistance/supports required with bathing or showering will be documented in his or her Individual Support Plan.

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## **ADULTS WITH ASD – REVIEW COMMITTEE – BEHAVIOURAL SUPPORTS**

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Reviewed and Approved January 2020

Woodview has established a Review Committee process to review Behavioural Support Plans for Adult clients requiring them to manage challenging behaviour. The reviewing and monitoring of the behaviour support plan are important steps in making sure that the plan is suitable for the person and his/her changing needs. Behaviour Support Plans are to be reviewed at least once after they are initially developed, prior to first use, and whenever the plan is altered. The review will be documented and dated and kept in the client's file.

Behaviour Support Plans are reviewed for persons with Autism Spectrum Disorder who have challenging behaviour and who are receiving support from the agency. The committee provides advice as to whether the use of intrusive behavioural supports are:

- Ethical and appropriate to the person's needs and assessment results, based on professional guidelines and best practices; and
- In compliance with the Ministry's requirements outlined in the regulation to the *Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008*.
- Least intrusive
- Utilize most effective evidence-based practices (including positive behaviour intervention strategies).

**Membership on the Review Committee Includes:**

- A clinician with expertise in managing challenging behaviour and knowledge of Autism Spectrum Disorders (i.e. BCBA, psychologist etc.).
- At least two other members who have an educational background and experience working with individuals with ASD.
- The members of the Review Committee may be Woodview employees or consultants but must not directly provide service to the adults with ASD whose Behaviour Support Plan is being reviewed.

**Findings and Recommendations:**

The Review Committee's findings and recommendations are documented and provided back to the clinician who oversees the plan. A copy of these findings and recommendations will be kept in the client's file.

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## ADULTS WITH ASD – UNEXPLAINED ABSENCES

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Revised and Approved January 2020

Woodview Manor is a program that encourages adults with ASD to maximize their independence. The residential units range from the Unit #10 which is staffed 24 hours a day to supported-independent living units in the immediate area (units 7, 8, 9 & 17 at 845 Rymal Road East and unit 72 at 595 Rymal Road East). Woodview encourages individuals to be as independent as possible. Clients that are able to move within the community are encouraged to do so. Clients have individualized schedules but staff should know their general whereabouts at any point in time. This notwithstanding, many clients travel in the community of their own volition.

Of concern are exceptional circumstances which may occur and could include, but are not confined to, fits of anger and mental health deterioration (depression, psychosis) that would result in a client being away from the housing area unexpectedly or for prolonged periods (e.g., late into the night – past midnight).

### **Policy**

A client would be deemed a missing person when, depending on individual circumstances and an assessment of risk by the staff on duty, a client does not return to their living unit within a reasonable period of time from a community activity or leaves a living unit or activity area extremely upset or confused. Risk is assessed on the basis of potential harm to themselves or others within the community due to the exceptional circumstances outlined above.

All programs should prepare and maintain an updated description card for each client to provide an accurate description of the missing person. One card is to be kept in the client's file, one card is to be kept at the program site and one card is to be available for outings. It is considered good practice to ensure that pertinent information on clients is accessible at all times of the day or night.

### **Procedures**

1. Ensure immediate safety and staffing support for all clients under their supervision.
2. Inform Program Manager and/or Executive Director who will aid in assessing the individual circumstances and perceived risk level.
3. If deemed necessary, notify the Police having jurisdiction where the resident is located and provide the following information as required:
  - a. name of client, date of birth, sex and complete physical description;
  - b. name of Woodview staff, agency, address and telephone number;
  - c. name of parent(s)/guardian(s) and addresses where appropriate;
  - d. any locations where the client may be and possible associates;
  - e. any serious concerns, e.g. suicidal, homicidal, medical problems and
  - f. photograph if available.
4. Obtain the name and badge number of the reporting Police Officer and the occurrence number (if available) for future reference.
5. Notify parent/guardian if appropriate.
6. Complete Incident Report and or Serious Occurrence Report (Level 1 or Level 2). Refer to [Serious Occurrences - Managing and Reporting](#) policy.
7. Ensure copy of Incident Report or Serious Occurrence Report is included in client file.

8. On the client's return to the residence staff on duty will:
  - a. inform the Police, in cases where the client is not returned by the Police;
  - b. inform Program Manager as well as parent and/or guardian (if appropriate)
  - c. ensure that the client's file is updated.
  - d. Debrief with client and staff
9. Program Manager will review all Incident Reports/SOR's with entire staff.

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## ADVOCACY – CHILD AND FAMILY

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Revised and Approved January 2020

### **Advocacy Services within Woodview**

Woodview is committed to the process of advocacy for clients based on clinical need, and for the needs of our community.

Woodview collaborates with community resources and encourages partnerships in order to promote the development and implementation of programs that address client needs.

The Ontario Ombudsman promotes fairness, accountability, and transparency in the public sector. The Ontario Ombudsman has established a dedicated children and youth unit to investigate child protection issues covered under the Child, Youth, and Family Services Act, 2017.

The Ontario Ombudsman at:

Ombudsman Ontario  
Bell Trinity Square  
483 Bay Street  
10th Floor, South Tower  
Toronto, Ontario M5G 2C9  
1-800-263-1830 – Complaints Line  
TTY – 1-866-411-4211  
Fax – (416) 586-3485  
Email Address – [info@ombudsman.on.ca](mailto:info@ombudsman.on.ca)

Ombudsman French Language Services Unit  
800 Bay Street, Suite 402  
Toronto, Ontario N5S 3A9  
Toll Free – 1-866-246-5262  
TTY – 1-416-847-1520  
Fax – 1-416-847-1520  
Email Address – [sf-fls@ombudsman.ca](mailto:sf-fls@ombudsman.ca)

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## ASSESSMENT PROCEDURES – CHILDREN’S MENTAL HEALTH

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Revised and Approved January 2020

Assessment is both a step in treatment occurring within 60 days of admission to program and an ongoing process that begins at intake and occurs throughout treatment. Assessment involves collecting relevant information about the client and the client’s life circumstances to facilitate the preparation of a comprehensive and effective treatment plan for the individual and/or family, including information from relevant service providers the individual has worked with in the past two years.

Assessment activities may include:

- The completion of specific questionnaires, survey, histories.
- InterRAI Screener and/or CHYMH.
- Interviews and direct observation of client and family.
- Specialized assessments or consultations, e.g. psychiatric, psychological, Section 34 YCJA court-ordered assessments, TAPP-C (The Arson Prevention Program for Children), neurological, speech and language, and/or auditory.
- Collection of data from previous service providers. (All contact with outside individuals or sources is confidential and requires the written consent of the client prior to any contact.)

The assessment completed by the case manager, identifies the strength, needs and resources of the child or youth and family that are relevant to the development of a treatment plan. The assessment documents staff views as well as those of the child, youth and family. All clients are active participants in this process and the assessment is shared with them in a way that will achieve the fullest possible understanding of the assessment.

The Assessment Summary is reviewed regularly and all significant changes will be documented in the file.

The Assessment recognizes and accommodates the influence of the background and circumstances unique to the individual such as culture, religion, language and ethnicity.

A full and complete assessment will be conducted for individuals involved with the agency with the exception of clients receiving a brief or time-limited service, either individually or within a group setting. In these cases, a minimal assessment will be conducted that is appropriate to the client’s needs. The assessment may be contained within a report format that summarizes the service from beginning to end. Assessment activities for brief or time-limited services may include:

- InterRAI Screener.
- Interview(s) with the individual and/or family.
- Client Satisfaction Survey Parent and Youth.

The Assessment Report is located in the Clinical File and is the first report in the section entitled Woodview Reports. On EMHware, the Assessment Report is located under the Reports tab.

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## AUDIOVISUAL RECORDINGS

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Revised and Approved January 2020

### **Conditions When Audio Visual Recordings May Be Made**

Audio Visual recordings may be made with the written consent of the client (if age 12 or over) or under age 12 if the child is capable of making the decision and understands what he/she is consenting to, or with the written consent of his/her parents/guardians (if child is under 12). Authorized staff (employees, students and consultants) may make audio visual recordings of clients and/or family members for the following purposes only:

**Clinical Purposes:** a recording made with the expressed intent of improving clinical skills and may only be viewed by authorized staff on Woodview's premises.

**Training:** a recording made with the intent of receiving clinical training from someone who is not employed by Woodview Mental Health and Autism Services. Include the names and professional qualifications of the person providing the training and indicate any other participants in the training.

**Teaching:** a recording made with the intent of using it for the purpose of teaching other mental health professionals or students. Include the names of individuals, organizations or institutions using the recordings for teaching purposes.

**Promotion/Marketing:** a recording made for the purpose of promoting or marketing Woodview's services to the general community.

Authorization from the Service Director is necessary to make and use the audio visual recordings.

Training recordings may leave Woodview's premises if signed out and the staff member agrees to ensure security of the recordings.

### **Obtaining Agreement**

1. An Agreement for Audio Visual Recording form must be completed:
  - a) Signed by the client age 12 or over or under age 12 if the child is capable of making the decision and understands what he/she is consenting to, or by his/her parent/guardian if client is under 12;
  - b) Signed by any other person over 12 years who is the subject of the recording; and
  - c) Witnessed by a Woodview staff member.
2. Prior to signing the Agreement for Audio Visual Recording, the authorized staff member must inform the client and/or subjects and ensure that they understand:
  - a) The purpose of the recording;
  - b) That participation is voluntary; and
  - c) That consent can be revoked at any time.
3. Copies of the form are provided to the client.
4. The original is filed in the client's main file.

## **Use**

If an agreement has been signed for a specific purpose, the audio visual recording is not to be used for a different purpose without obtaining the appropriate signed agreement from the client(s)/subjects(s) of the recording.

Recordings are not to be duplicated and are not to leave the possession of the authorized staff member.

## **Storage of Audio Visual Recordings**

All audio visual recordings are to be stored in a locked cabinet and follow the same security policies as clinical files.

## **Access by Staff**

The recordings are to be signed in and out in the same manner as clinical files. When off the premises of Woodview, all efforts must be made to ensure the security/confidentiality of the video recording. In the event that the client does not consent to removal from Woodview premises, a label attached to the video must indicate this.

## **Access by Clients**

Clients or other subjects of an audio visual recording may request access to the recording verbally or in writing.

## **Erasure**

Audio visual recordings made for teaching or training purposes are to be erased by the authorized staff member within two months of the date that the client's file is closed at the agency. A notation is to be made in the file on the date the erasure takes place.

## **Revoked Consent**

Any person who signs an agreement for Audio Visual Recording can revoke the consent verbally or in writing at any time.

The recording must be erased within 20 working days of such a request by the authorized staff member responsible for making the recording. The staff member is to write void across the agreement on file and the date the request for erasure was made.

A notation is to be made in the file on the date the erasure takes place.

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## CAMPING AND OUT TRIPPING

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Reviewed and Approved January 2020

Tripping involves the taking of a group of participants camping, hiking, biking, or in canoes, or kayaks a distance where it requires two or more hours to access emergency services such as hospital/medical supports. The group is deemed to operate independently of any immediate services and supports. These activities represent recreational and developmental opportunities that support physical and skill development, positive socialization, the pursuit of life-long leisure interests, educational opportunities and basic life experiences. The safety and well-being of the participating clients and staff is a primary focus of camping and out-tripping. Safety needs should be balanced with the need for normal childhood experiences.

### **Staffing**

There should be a designated Trip Leader for all types of camping and out-trips. The Trip Leader for canoe trips must be qualified as a Trip Leader (11) or Instructor (111) as defined by Ontario Recreational Canoeing Association (O.R.C.A.) standards.

Support staff for camping trips must have previous experience, have undergone training, and be proficient in all skills necessary to implement an out-trip. It is recommended that on canoe trips support staff be certified in Tripping 1 as defined by O.R.C.A.

There must be a minimum of 3 staff attending any out-trip. The minimum staff to camper ratio must be 3:8.

All staff who are supervising children involved in out-trip activities for the agency are to hold current standard first aid and CPR qualifications.

### **Consent, Approvals and Eligibility**

Parent/guardian consent is obtained at admission to service through the Agreement for Service that includes consent for recreational and outdoor activities. Parent/guardians need to be informed and made aware of camping or out-trips with sufficient notice. For each overnight trip, a consent form needs to be completed by the child/youth's parent/guardian prior to departure. A copy of the form is to be taken on the trip. The original is to be filed in the client's file.

The Program Manager must review the Float Itinerary and approve the trip. A copy of the Itinerary must be provided to the Service Director and Executive Director

All trip participants must be assessed as to their level of physical, intellectual and social maturity and be judged to be able to withstand the rigours of the trip and to potentially benefit from the experience in order to be considered eligible to participate.

### **Trip Preparation**

An Itinerary must be completed and submitted at least 10 days prior to the beginning of the camping or out-trip. It needs to include the following details:

- designated leader
- participants
- detailed description of the trip
- risk assessment

- departure and arrival times
- emergency procedure information including telephone numbers of local hospital, police, and agency contact designate.

The Trip Leader needs to have researched and be knowledgeable about the intended trip. A nutritious menu needs to be prepared and food purchased

All equipment needs to be checked and in good working order.

All personal equipment and food needs to be inspected, properly packed and waterproofed.

A First Aid Kit should be assembled and inspected. Medications and Medical Cards that authorize emergency medical care should be included. A medication log should be taken on trips. An emergency contact list should be compiled that includes the names and telephone numbers of emergency responders, agency contacts for crisis situations, parent/guardian contacts and others as appropriate.

A repair and emergency kit should be assembled and inspected.

All participants should undergo some pre-trip training including: basic skills necessary to the activity.

- familiarity with camping equipment
- for canoe trips; safety skills including: tipping a canoe, swimming 50 metres in a PFD, righting a canoe and re-entering it

### **Trip Operations**

The safety of all participants should be taken into consideration at all times.

Trip Leaders need to be aware and ensure that all participants comply with laws and rules pertaining to the activity.

All canoes need to be equipped with an extra paddle, a bailer, a signalling device, and a 50' throw line made of floating rope.

On canoe trips all participants need to wear a Ministry of Transportation approved Personal Floatation Device that is appropriate to the weight and size of the individual. The PFD must be in good working order.

Canoes must travel within hearing distance of each other. A staff must lead and trail the group.

Participants should comply with water-based policy and procedures.

Participants should be dressed appropriately for the activity and according to weather conditions.

Sunscreen should be applied to exposed areas as a precaution against sunburn.

A high standard of hygiene and sanitation should be maintained at all times including:

- proper precautions should be taken with drinking water (boiled, purification tablets or water filter)
- waste elimination should be carried out at least 50 metres back from the camp and water; bury faeces and toilet paper, wash hands Use facilities if available
- dishes, eating utensils etc. should be washed with soap and water after each meal and soapy water should be deposited at least 50' back of the camp and water

## **Emergency Procedures**

- assess situation
- apply emergency first aid as needed
- the group leader must decide whether to evacuate the group, split up the group, or arrange for medical assistance to come to the location of the emergency. This decision should be based on the nature of the emergency, group location, experience and proficiency of support staff and the maturity and skill level of the participants. Staff should utilize local resources whenever possible (e.g. cottagers, lodges, etc.)
- access medical or emergency support as soon as possible
- contact designated agency contact person as soon as possible

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## CASE CLOSURES – CHILDREN’S MENTAL HEALTH

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Reviewed and Approved January 2020

Case closure is the point in the intervention/treatment process where there is a decision to stop service. The time for case closure might be set in advance as part of the intervention/treatment plan, or it might occur when goals have been met, or simply when it has been agreed that there is no need to continue. Case closure involves a review and documentation of successes achieved, ongoing or anticipated client needs, and suggestions for future support/services.

### **The Case Closure Process**

1. When case closure is a planned process, Woodview staff and the child or youth and family negotiate a plan for case closure that takes into consideration successes achieved, ongoing or anticipated client needs, resources available, and the preferences of the child or youth and family.
2. Specific case closure plans are developed in partnership with the child or youth and family, and key others where appropriate. Exceptions to client involvement may occur where client capacity and/or availability to participate is limited, with documentation in the file. In time- limited intervention/treatment, case closure is addressed implicitly or explicitly from the beginning of service. It would not be unusual for the case to close at the first and only session.
3. Clients are referred to, or provided with, information regarding alternate or additional services and community supports that may be appropriate to sustain achieved successes or support ongoing coping and adaptation (i.e., following the resumption of school, or at the onset of adolescence).
4. Clients are provided with information regarding options and methods for contacting the agency for future support.
5. Where case closure is unplanned, efforts are made to invite the child or youth and family to contact the agency in future as needed, or to provide suggestions of alternate services. Client need and service history determine the extent and nature of effort expected to contact the client to offer or suggest further or alternative services.
6. There is a written closing report for each child, youth and/or their family with details appropriate to the nature of service provided. There is a specific structure for what information needs to be included in the closing report (see Final Treatment Plan Closing Summary).
7. The closing report is written collaboratively with the client or discussed with the client whenever possible.
8. Woodview gives a written copy of the closing report to the client and/or family. For some time-limited services (e.g. Crisis response, this might not be practical).

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## **CLIENT CONSENT TO PARTICIPATE IN TREATMENT SERVICES**

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Reviewed and Approved January 2020

All clients have the right to be informed of Woodview services and activities prior to participating in them. Dialogue between staff members, clients and care providers are required about all aspects of their involvement in the agency. Consent is ongoing.

When staff members are informing clients about services, consent is ensured when the following aspects are discussed and documented in progress or case notes:

- Explanation of the purpose of consent and providing information about the nature of service.
- Provision of information on the expected risks and benefits of service.
- Discussion of alternate courses of action and likely consequences of not participating in service.
- Response to requests for additional information prior to client giving consent.

### **Eligibility to Provide Consent**

All clients in services eligible to provide consent will complete the Agreement for Service at the beginning of their service.

Youth age 12 years or older (or under 12 if the child is capable of making the decision and understands what they are consenting to - informed consent) and/or parents/legal guardians may provide consent. Registered nurses of the extended class may also provide consent if the child is unable to due to a physical handicap

### **Withdrawal of Consent**

All clients in services at Woodview have the right to withdraw consent at any time.

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## **CLIENT DATABASE INFORMATION SYSTEM - EMHWARE**

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Reviewed and Approved January 2020

### **Method of Registering New Client**

Halton and Hamilton client information is entered manually into EMHware by administrative staff. Program staff are to forward a completed Woodview Registration form to Administration. Program staff are to ensure that client name, sex, date of birth, program, complete address, relations (if available), contact date & date of admission are written on the form. The above- mentioned procedure is also to be used when entering Brantford clients who are to be admitted into the YCJA under 16, YCJA over 16, Youth Justice and TAPP-C programs. These referrals are received via fax from the Courts, Youth Probation, or the Fire Department.

For Brant clients who are sent by Contact Brant through the EMHware system electronically, the referrals appear in EMHware which is checked on a daily basis and downloaded by administrative staff. The registration forms are entered manually into EMHware by administrative staff. The Contact Brant Referrals are downloaded by administrative staff. The designated program is added manually into the downloaded client file, and a reminder is sent to the Manager of the program. The Manager of the program assigns the client to a staff member after review of the file. The Manager would then take into consideration current staff case load, or if the case needs a specialized staff member. The EMHware database is specifically designed to meet Woodview's internal and external (Ministry) requirements.

A client file is created for each program that a client participates in. A copy of the admission form if data is manually entered is put in the client file. If the referral is received electronically, the first page of the referral is put in the client file. A printout of relative information and client address information are also put into the client file. A Program risk assessment is put into the client file. The remainder of the client file is standard and premade per the requirements of our accreditation team and Manager of Quality Improvement / Data. At any time, a staff member or a manager have the capability of using the Client Search feature on EMHware to review their case load, and active/past program participants.

### **Transfer of Client from one Program to Another**

For Halton and Hamilton clients, the Transfer form is completed and forwarded to administration in Brantford. This form will specify the completion date of the existing program and the starting date of the new program. Administration will create a new program for the existing client in EMHware, and create a new client file. Woodview staff will advise the administrative staff if there are any information changes.

For Brant clients who have referrals sent via Contact Brant, staff are to complete an internal referral form and forward to administration. Administration will fax the form to Contact Brant. Contact Brant will send the referral electronically back to Woodview and the procedure will be the same as described above. Woodview staff is to close the existing file.

### **Discharge Form**

Hamilton & Halton complete a discharge form and forward to administration. Administration enters the End Date into EMHware, however, staff are encouraged to enter End Dates into EMHware on their own. Staff enter the End Date into EMHware and will do a preliminary audit of the client file and then forwards the file on to administration for a final client audit.

### **Security**

Woodview's client data base is secure through tiered Administrative and staff access and is password protected.

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## CLIENT DEATH

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Reviewed and Approved January 2020

In the event of a death of a client under the direct care and supervision of Woodview, either on the premises or attending a Woodview program, senior staff at the site is to:

1. Contact the 911 requesting police and ambulance assistance.
2. Contact their immediate Manager, Service Director and the Executive Director.
3. Notify the client's parent or guardian, as appropriate.
4. Ensure that the local coroner is notified immediately in all cases involving death, regard less of location (e.g. hospital) or circumstances.
5. Follow Clinical Policy Serious Occurrence – Managing and Reporting.

Note: All communications will be the direct responsibility of the most senior staff member available, the Executive Director whenever possible. Only that person will communicate with outside agencies, the Ministry and the press following Woodview's policies (see Community and Media Relations policy in the Administrative Manual). Where appropriate, other staff may be designated to communicate with specific individuals.

Upon confirmation of any client death regardless of the location of the occurrence, and subsequent to the above actions, the Executive Director will ensure the following:

1. Executive Director or designate notifies all programs.
2. Executive Director or designate to notifies all agency board members.
3. Executive Director or designate contacts the Ministry of Children, Community, and Social Services or Ministry of Health using the Exceptional Circumstances Report.
4. Program staff and Manager inform and support other clients in the program.
5. Program Manager and Director debrief and support other staff - remind them of the Employee Assistance Plan.
6. Director, Human Resources informs the Employee Assistance Plan office

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## CLIENT DIRECT ACCESS TO RECORDS

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Reviewed and Approved January 2020

1. All requests for client access to information are to receive a response as soon as possible and at least within 30 days following receipt of the request, and upon review of manager / coordinator.
2. Upon receipt of a written request, information in a client's record can be reviewed by:
  - a) a client who is 12 years of age or older (or under 12 if the child is capable of making the decision and understands what they are consenting to – informed consent), or
  - b) parents/legal guardian of children under age 12 and youth over age 12 and under age 16 with the consent of the youth
3. Access to the record or specific information in the record may be restricted in the following situations:
  - a) A parent/guardian may designate specific information relating to him/herself as information not to be disclosed to his/her children. In such cases, a notation should be made in the front of client's file and the specific information clearly marked.
  - b) The case manager may feel that the information is not in the best interests of the child or youth (i.e. may cause physical or emotional harm).
  - c) The case manager may withhold information and the source of that information if it is thought that disclosure is likely to result in physical or emotional harm to the person who provided the information.
  - d) The case manager may withhold the name of an individual who has provided information in the client's record but is not engaged in providing service.
4. If full or partial access is denied, the client is to receive a written response which:
  - a) outlines the reason(s) for denial or restriction, and
  - b) advises the client of the right to have Woodview's decision reviewed by a committee of the Executive Director and the Board of Directors. If the client is not satisfied with the decision of the Executive Director and the Board of Directors, the client is advised to contact the Area Manager of the Ministry of Children Community, and Social Services or Ministry of Health for a review by the Minister or delegate.
5. In some files there may be reports written by professionals who are not employed by Woodview. If release/access is requested, the client is provided with the means of contacting the source of the report, i.e. name, address and/or telephone number.
6. All written requests to access a record are to be kept in the clinical file along with the response. They are also documented on the Record of Disclosure/Access form at the front of the file.
7. Access to a client's record is to be in the presence of Woodview staff or manager / coordinator, preferably the staff person most familiar with the client, so that:
  - a) staff or author of reports are available to answer questions which may arise, and
  - b) the client record is safeguarded.
8. Access to a client's record does not include releasing the record to the client for removal and return. Release of parts of the record is at the discretion of Woodview's manager / coordinator in consultation with Director of Service and based on principles of confidentiality.

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## CLIENT INCIDENTS

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Revised and Approved January 2020

Incidents include but are not limited to:

1. serious anti-social behaviour, e.g. property damage, theft, disruptive behaviour, possession of stolen property, use of alcohol, use of illicit drugs
2. situation requiring physical restraint of a client
3. assaultive behaviour or injuries to staff, clients, others
4. absent without permission, e.g. running, failure to return from planned visit or outing, missing, or lost
5. suicidal ideation including gestures and attempts
6. client allegations of abuse

All incidents occurring while an individual is participating in service provided by Woodview must be documented prior to the end of the scheduled work day and reported to the Manager/Coordinator of the program. All incidents are to be documented on the Major or Minor Incident Report form with the exception of situations when physical restraint has been utilized. In these situations, the PMAB Tracking form, NVCI Children's Mental Health Tracking form, or NVCI Autism Tracking form is to be completed. In situations where an injury has occurred during a physical restraint, both a PMAB Tracking Form or NVCI Children's Mental Health or Autism Tracking Form and an Incident Report must be completed. A Serious Occurrence Report is also required in situations that meet this criterion (Refer to [Serious Occurrences – Managing and Reporting](#) Policy for further information).

All incidents must be reviewed and monitored by management on a regular basis.

**Staff Responsibilities:**

1. Ensure immediate safety of individual(s).
2. Provide medical attention if necessary.
3. Inform parent/guardian.
4. Inform manager/coordinator of the program.
5. Assess incident and determine if situation meets the criteria of a Serious Occurrence. Refer to Policy [Serious Occurrences – Managing and Reporting](#).
6. If appropriate, notify Police and/or Child Welfare agency.
7. Complete Major or Minor Incident Report or PMAB or NVCI Children's Mental Health or Autism Tracking form by the end of the scheduled workday.
8. Ensure copy of Incident Report or Tracking form is included in client file.

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## **CLINICAL GOALS, OBJECTIVES, AND STANDARDS**

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Reviewed and Approved January 2020

### **Goals and Objectives**

Clinical goals and objectives are:

1. To provide a continuum of mental health and autism services to meet the needs of clients.
2. To provide a multidisciplinary perspective to the delivery of mental health services to children, youth, and families in Hamilton, Halton and Brant Areas. Services are also provided to children, youth and adults with Autism Spectrum Disorder.
3. To provide services, where possible, that keeps children and their families together and enhances individual and family well-being.
4. To provide accessible services to eligible clients.
5. To develop an individualized treatment/service plan with each client through shared decision making.
6. To utilize the strengths of individuals and families.
7. To collaborate with other service providers to facilitate effective service.
8. To provide training and educational opportunities for staff and other mental health professionals.
9. To plan, deliver and evaluate services on an ongoing basis in order to respond effectively and efficiently to community needs.

### **Standards**

Clinical standards are:

1. To provide services in a confidential and ethical manner.
2. To ensure continuity of service provision.
3. To provide services relevant to the participants concerns and needs and that are modified over time, if necessary.
4. To conduct quality assurance that contributes to continual improvement of services.
5. To evaluate services and use the results of evaluation to improve services.
6. To support research where possible and use the knowledge generated by research in service delivery.
7. To support supervision, training and staff development in order to continue to deliver high quality services.

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## **CLINICAL RECORDING REQUIREMENTS**

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Reviewed and Approved January 2020

### **Overall Requirements**

1. A clinical file is opened for each client registered for service with Woodview.
2. Open files must be maintained for all active registered clients.
3. Recording is to be written to enable the individual and/or family to understand it along with the professionals involved with them.
4. Recording should be brief with supporting facts as needed. No more information should be recorded than is actually necessary for the provision of service. Professional impressions and opinions should be identified as such. Views of clients and expected outcomes are to be attributed to them. Information reported by clients should also be attributed to them.
5. Use full sentences in type written reports.
6. Reports are dated and signed with the staff member's job title and educational degree and/or professional designation. Entries are dated and signed with the staff member's name and job title.
7. The file is maintained in chronological order with the most recent information at the front of each section of the file.
8. The client's name should be on all file sheets.
9. The case manager is responsible for completing the required reports and ensuring the file is up to date. When service involves a team, more than one person may be required to input information to complete reports.

### **Standardized Formats**

Standardized formats are provided for standard reports. These formats are available in hard copy or electronically.

The recording system is designed to be generic so that the specific service requirements and procedures can be accommodated within programs. The recording formats are to be used by all programs. A service specific section may be added to these formats as required.

### **Distribution**

Clients receive a copy of all reports generated by Woodview. Exceptions to this must be noted on the report. The original is placed on EMHware or a hard copy on the file.

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## CLINICAL RECORDS

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Revised and Approved January 2020

Woodview opens and maintains a clinical hard and electronic EMHware file for each client that is registered with the agency. Registered clients are involved in client specific interventions and/or activities and are fully identified and have a clinical file. They may be involved in individual and/or family counselling, outreach, home, school and community-based services, groups, and day treatment.

Clients involved in community groups only are registered in EMHware but do not have a clinical file. In this case the information recorded in EMHware is client name, date of service, program or group name. This information is recorded in EMHware as soon as the client is registered in the group.

The Clinical Record is the documentation of the assessment and service planning and review process with a registered client. Client data gathered through referral and intake is maintained in the electronic EMHware file as well as reports created. A hard copy of the clients file will include contact information to reach client, signed agreement for service, consent forms and other information gathered from other resources involved.

### **Purpose**

1. To assist the clinical staff in the organizing, guiding and summarising of the course of an individual and/or family's treatment or supports and provides for continuity of service.
2. Facilitates communication amongst professionals, both internal and external; and between professionals and clients.
3. The file is the legal record and the mechanism by which the agency is accountable to the client, community and licensing authorities. The maintenance of adequate records of the agency's activities is legally required.

### **Contents**

A record includes all written or electronic documentation, i.e., progress/contact notes, log notes, assessments, treatment plans, ISP, and discharge summaries. In the case of brief services or groups, one brief/group report will be written. Some files may contain audio and/or video recordings and/or photographs. Rough notes taken during meetings or phone calls with clients should be shredded as soon as the progress case notes are completed.

Clinical recording should be factual, non-judgemental and written so that it can be understood by the individual and family and professionals involved with them. Sources of information should be identified. Impressions and opinions should be identified as such. All clinical recording must be dated and signed indicating the writer's professional designation and position.

The hard copy file is maintained in chronological order of the information it contains. Reports, case notes and some other data will be maintained electronically on EMHware.

All information contained in both the electronic and hard copy files is considered to be part of the client record and may not be altered. If a correction to the record is required, it will be noted as such.

All clinical files include the following documentation, when relevant:

1. Intake/Referral Information -referral forms and other intake documentation.
2. Progress/Contact/Log Notes - telephone contacts with clients, interviews and other face to face contacts with clients, and meetings/conferences attended on behalf of clients.
3. Woodview Reports - Assessments, Brief Therapy/Consultation Reports, Progress Reviews/Treatment Plan Reviews, Plans of Care, Individual Support Plans, Discharge/Closing Reports.
4. External Reports- assessments and reports from other agencies/professionals including psychological, psychiatric, educational, developmental, community case conference minutes, etc.
5. Correspondence and Consents - all written correspondence, consents authorising release of information, requests for information, Agreement for Service, Consent to Video/Audio Tape forms, etc.

Non-clinical files for non-registered clients contain a face sheet with identifying information and a consent to participate and may also include an attendance sheet and log notes.

### **Maintenance of Records**

Woodview will maintain all client records, including case notes and communication logs, for a period of twenty years from the date of termination of service to the client.

### **Access and Storage**

Active clinical files are kept at program sites or in designated, locked areas at main Woodview locations. All files are stored in an electronic format on EMHware. All closed files are centrally stored off-site in secure storage and must be signed out. Agency staff may read the file within approved areas on site, e.g., in a private office. Files must not be left open and unattended. Files must be accounted for at all times. Files may not be taken from the premises except for exceptional purposes and with explicit authorisation from the manager responsible for the record. Files are kept on premises that meet fire codes. Hard copies of files may only be transferred from one Woodview program site to another for information purposes when a client is being transferred between programs.

### **Destruction of Records**

Woodview will ensure and oversee the destruction of all client records, in a secure and confidential manner.

Woodview will maintain a record of all client records that are destroyed, and the record will indicate the name, date of birth, and last known address of the client.

Woodview will maintain a record of all communication logs that have been destroyed.

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## **CLINICAL SUPERVISION – CHILDREN’S MENTAL HEALTH**

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Revised and Approved January 2020

Woodview provides both clinical supervision and administrative supervision (see Supervision Policy in Human Resources Manual). Woodview strives to support staff with clinical supervision at the program level and/or through designated clinical meetings (i.e. MDT/DBT) or Consultation Teams (i.e. For DBT).

### **Clinical Supervision**

Supervision can be both scheduled and as needed. Staff must seek supervision from their Managers, or a designate, if a person being served is at risk (for example, suicide, family violence, abuse, risk of harm) and following specific guidelines as identified in the Supervision Policy (in Human Resources Manual).

A model for supervision has been recently developed at Woodview to address both clinical and administrative supervision needs. The C.A.S.E Model for Supervision identifies areas of focus across Clinical, Administration, Support and Evaluation categories giving both the supervisor and supervisee key areas to address during supervision.

Clinical supervision focuses on a review of cases and interventions used through an evidence informed lens of the treatment modality being used (i.e. Dialectical Behaviour Therapy, Cognitive Behaviour Therapy).

Clinical supervision is also available to staff either within their program or through an internal consultation process regarding Dialectical Behaviour Therapy, Cognitive Behaviour Therapy, Trauma Informed Therapy and other modalities. Cases are assigned by the manager.

Supervision may not be able to meet all of the clinical development needs of a staff. The supervisee’s responsibility includes: setting personal learning goals, self reflection, preparing cases and topics for discussion during supervision, seeking clinical knowledge from other sources such as; Woodview’s library resources, tele-mental health webinars, peer supervision and team meetings.

Peer consultation utilizes skill set of clinicians who have strengths in specific areas. Staff, in consultation with managers, will identify cases for peer consultation at a team meeting and set a time to review a topic or case with an identified clinician.

A Clinical Orientation Manual has also been developed for new children’s mental health staff in programs delivering evidence informed DBT to orient them to the clinical principles the program is following.

### **MDT/DBT (MULTI-DISCIPLINARY TEAM MEETING)**

MDT/DBT is a Multi-disciplinary Team Meeting that takes place monthly where clinical cases are presented for review through a Dialectical Behaviour Therapy lens, solidifying knowledge gained and enhancing skills that have been put into practice during direct service to clients. All Children’s Mental Health Programs and staff participate in MDT. This team is chaired by a Woodview Clinical Manager.

### **Clinical Consultation**

Clinical consultation is also available to managers and staff through Woodview consultants in the areas of Psychology, Pediatrics and Neuro Psychology. Additional extensive evidence informed training and consultation is available to Woodview through Tele-Mental Health.

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## COMPLAINTS (CLIENTS)

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Revised and Approved January 2020

### **Violation of Client Rights**

Every person who obtains services from Woodview has the right to express concerns about the services provided or any perceived violation of their individual rights (see policy [Rights and Responsibilities of Clients](#)). Family members and / or the general public may also make a complaint.

The agency is committed to responding to all concerns in a responsive, efficient, confidential and respectful manner. The agency's aim is to resolve complaints as satisfactorily and speedily as possible and as close to the staffing level at which the complaint occurred. Alternate opportunities for resolution are available where direct resolution is not possible.

Woodview makes information available to clients regarding individual's Rights and Responsibilities and the Client Complaint Procedure. Specifically, this information is reviewed when clients enter day treatment services, in our client orientation brochures. Information is available in the orientation brochure and on Woodview's website on Woodview's complaint procedure as well as information about the Office of the Ombudsman of Ontario.

Information is also reviewed with Adults in the Adult Autism programs. Adults are given a copy of the Complaint Process for Adult Autism Services at admission, ensuring that the Adults are informed of the complaint procedure as set out in the Services and Supports to promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008 and its regulations.

Complaints that constitute a Serious Occurrence will be addressed under the [Serious Occurrence](#) Policy.

Woodview asks clients and their families for feedback via client satisfaction surveys on an annual basis. This information is sent directly to the Quality Improvement department for review and data collection. The Director of Services contacts clients and/or families who have expressed concerns in the survey and works to resolve these concerns in collaboration with the manager of the program and client prior to moving to a complaints process.

### **Complaint Procedure**

1. The staff member receiving the complaint from a client, guardian/caregiver or the general public (via website, phone, e-mail, letter, or directly to a staff member), obtains information related to it, including the nature of the complaint, when it occurred, how, who was involved, time and place. If the client is not comfortable dealing with the staff involved they can ask to speak with another staff. The client may also ask to have a third-party present for support and assistance and to ensure the compliant process is free of coercion, intimidation or bias. The client is responsible for relaying accurate information about the complaint to the best of their ability, or has a third party articulate the complaint on their behalf, with their written consent. The client is responsible for participating in the complaints process in good faith with the goal of working towards a resolution of the issue. Woodview will not engage any further in the complaint procedure for complaints determined to be vexatious or frivolous.
  
2. The staff member then engages the complainant in a problem-solving process, working towards satisfactory resolution of the complaint. If the complaint can be resolved to the client's satisfaction no further steps are taken. Process taken and outcome is documented in the client case notes and the manager of the program is informed. This step should last no longer than 5 days.

3. If the complaint is not resolved, the staff member receiving the complaint must advise the client that they may raise their concern with the Manager of the staff member who has received the complaint and provide the client with the necessary information to do so.
4. Upon receiving the complaint, the immediate manager will engage the client, and staff involved in a problem-solving process, documenting the process and gathering any additional necessary information, working toward a satisfactory resolution of the complaint within 10 working days of receiving the complaint. The client may choose to have their guardian/caregiver or another supportive adult present at this meeting. The Manager will complete the Client Complaint Form (internal document) and file a copy of the report in the client file and give a copy to the Service Director. The Manager will speak with the client and their support person if applicable; to ensure that the client feels their concerns are being handled respectfully and without conflict of interest. If a client feels there are concerns in either of these areas the Manager will work with the client to address these concerns and/or involve the Service Director to assist in resolving these concerns in EMHWare. The process will be documented by each person dealing with the complaint.
5. If the complaint is not satisfactorily resolved, the Manager will advise the client of their right to raise the issue with the Service Director and provide the client with the name and phone number of that person. The Manager will ask the client to put their concerns in writing and assist as necessary. A copy of the written complaint will be provided to the client.

The Manager advises the Service Director of the complaint and forwards all written documentation to them.

Upon receiving the complaint, the Service Director will conduct a review. If appropriate the review may include:

- a) advice of medical personnel, legal experts; or
- b) request further information from any of the parties involved.

The Service Director will discuss the issue with the client within ten working days of receiving the complaint:

- a) by phone
- b) in person, or
- c) with all parties involved.

The Service Director will update the Client Complaint Form and distribute copies of the report as follows:

- a) client
- b) client's file
- c) Executive Director/centralized client complaint file

6. If a satisfactory resolution is not reached, the Service Director will advise the client of their right to raise the issue with the Executive Director and provide the client with the name and phone number of that person. The Service Director advises the Executive Director of the complaint and forwards all written documentation to him or her.

Upon receiving the complaint, the Executive Director will conduct a review. If appropriate the review may include:

- a) advice of medical personnel, legal experts; or
- b) request further information from any of the parties involved

The Executive Director will discuss the issue with the client within ten working days of receiving the complaint:

- a) by phone
- b) in person, or
- c) with all parties involved.

7. If a satisfactory resolution is not reached, the Executive Director will advise the client of their right to request a review by a committee of the Board of Directors. Complaints related to programs or services are directed to the Quality Assurance Committee while complaints related to professional issues are directed to the Human Resources Committee. The appropriate committee of the board will meet with the client and their support person, if requested by client, within 30 days of receiving the documentation regarding the complaint from the Executive Director.
8. If a satisfactory resolution is not reached, the Executive Director will advise the client of their right to request a review by a delegate of the Ministry of Children, Community and Social Services or Ministry of Health. The Executive Director will advise the client to write to the Program Supervisor/Regional Director and offer staff assistance as necessary. For Adult Autism Services any serious complaint must be sent to MCSS as a Serious Occurrence Report.

The Executive Director will notify the Board of Directors of complaints that may put the organization at risk (i.e. media exposure) within 24 hours.

**For Children's & Adult Autism (Hamilton) and Youth Justice (Brantford) Programs**

Ministry of Children, Community, and Social Services

Central Region – 6733 Mississauga Road, Suite 2000, Mississauga, Ontario, L5N 6J5

West Region – 119 King Street West, Suite 600, Hamilton, Ontario, L8P 4Y7

**For Children's Mental Health Programs**

Ministry of Health

777 Bay Street, 5<sup>th</sup> Floor, Toronto, ON, M7A 1N3

**Review and Tracking of Client Complaints**

1. All written Client Complaint information is forwarded by the Service Director to the Executive Director.
2. The Executive Director maintains a record of all formal complaints and the corresponding documentation forwarded to the Executive Director, the Board of Directors, and the Ministry for resolution in the Centralized Complaint File. Copies of all documentation completed by the Executive Director, the Board of Directors, and the Ministry in relation to a client complaint will be forwarded to the client, the client file and the Director.
3. On an annual basis, senior management will review all complaints and their resolution. The nature and frequency of all occurrences will be reviewed to ensure quality of service, improve service and, where possible, take preventative steps.

\*\*When necessary, the Service Director shall ensure that the complaint is reported to the police (i.e. As in the case of alleged, suspected or witnessed abuse) or the Children's Aid Society.

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## CONFIDENTIALITY AND RECORDS DISCLOSURE

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Revised and Approved January 2020

Woodview makes a clear and complete commitment to all clients to maintain strict standards of confidentiality regarding all records and communication relating to them. Woodview guarantees confidentiality to all clients at the time of admission and there is a commitment to preserve this confidentiality.

Furthermore, all staff are legally and ethically bound to follow the formal standards and regulations as outlined in the Freedom of Information and Protection of Privacy Act, and the Regulations of the Child and Family Services Act of the Province of Ontario. Refer to Privacy Policy.

### **Internal Communication**

1. Client information shall be communicated internally only to those individuals who have a need to know the information as part of their professional activities.
2. Staff will not discuss any child and/or family involved with the agency with any other clients.

### **External Communications**

1. No information (written or verbal) may be released to any individual or organization outside of the agency without the written consent of the client, over the age of twelve, or the parent or guardian of the client where the client is under the age of twelve.
2. The written consent of other individuals in the family or the guardians of those individuals must be obtained in order to release information pertaining to them that may be contained in clinical reports.
3. Where there is an active conflict between guardians or parents; where there is an active dispute over access or guardianship; or where custody is unclear, it is recommended that the permission of all parties be received before the release of any information.

Exceptions:

- a) Any allegations or suspicion of abuse or neglect must be reported to the local Children's Aid Society as per the Child, Youth, and Family Services Act.
  - b) A parent or guardian of a child / youth must be notified of any threats or thoughts of self-harm reported by that client to agency staff. Serious threats to harm others must be reported to the Police.
  - c) Access to client records is provided to the Ministry of Children, Community, and Social Services for the purposes of compliance reviews.
  - d) The classroom teacher may release academic and classroom behaviour reports to another school subject to the regulations of the Board of Education.
  - e) The clinical file or specific reports may have to be produced if they are subpoenaed by a court of law. Also, unless specifically prohibited by the Order, the client and/or legal guardians should be informed of the Order.
4. Only records created by Woodview staff may be released. Reports received from other sources may not be released; however, the client and/or guardian must be informed of the existence of all other reports, and given the means of contacting the source of the reports; i.e. address and/or telephone number.

The reports of independent medical consultants, i.e. psychiatrists, psychologists, pediatricians, etc., are to be released only with permission of the author of the report.

5. Publication or release of any pictures showing individuals and/or families involved with the agency is prohibited without written consent of the client and/or guardian.
6. Anyone requesting information should be directed to do so in writing with an appropriate signed authorization to release the information.
7. All information received from outside sources by Woodview Mental Health and Autism Services must meet the same standards as outlined above. If it has not been properly released, it should not be in the agency's possession. When attending case conferences, agency staff should confirm that the appropriate release forms have been received.

#### **Consent Forms Authorising Release of Information Should Include**

1. A specific description of the information to be released, including dates and titles of reports.
2. A clear statement as to whom is the receiving agency or individual.
3. A separate release for each receiving agency or individual.
4. A clear statement of whom is giving the consent to release the information, and what their legal relationship is to the individual(s) named in the release.
5. A clear statement for the length of time that the consent is valid. Unless otherwise specified, it is assumed that the consent is valid only for six months.
6. The signature of a witness to the signing of the consent to release information.
7. A clear indication of the date on which the consent to release information is signed.

The consent to release information may be revoked at any time in writing by the consenting individual.

The consent form must be kept in the client file. The original copy must be retained and only a photocopy may be sent out with the released information.

The release of information must be documented on the Disclosure/Access Record.

#### **Internal Transfer of Records**

The transfer of records between Woodview programs must be authorized by the program coordinator or manager responsible for the record or the staff member authorized to do so for centralized records.

#### **Electronic Records**

All electronic records are subject to the overall policies regarding confidentiality. Furthermore, no staff shall access the computerised record of another staff member without obtaining the permission of that staff, or authorisation from the manager responsible for the record.

Individual staff are responsible for ensuring the privacy and confidentiality of their own electronic records; e.g. by the use of an access code, by safe storage of computer removable devices, and/or restricting access to the terminal.

### **Audio Visual Recordings**

All audio visual recordings are subject to the overall policies regarding confidentiality. Refer to policy [Audio Visual Recordings](#) for further information.

### **Consequences for Breach of Confidentiality**

Confidentiality is considered to be one of the most basic rights and guarantees for clients and staff members. Any violation of these rights will be cause for disciplinary action, with the discipline to be determined according to the nature of the specific incident.

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## EQUITY, DIVERSITY, AND INCLUSION POLICY

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Reviewed and Approved January 2020

References:

*Ontario Human Rights Code*

*Accessibility for Ontarians with Disabilities Act*

Woodview strives to follow principles of equity, diversity, and inclusion both within the workplace and in working with our children, youth families and adult clients.

**Definitions:**

**Inclusion** – Creating an environment where people have both the feeling and reality of belonging. (Ontario Inclusion Learning Network)

**Diversity** – The presence of a wide range of qualities and attributes within individuals.

**Equity** – Every person has a right to equitable treatment with respect to services, goods and facilities without discrimination. Equity means treating people as individuals and respecting their diverse needs and differences.

Woodview provides a culturally safe environment where all individuals are treated with dignity and respect. Woodview's clients, staff and volunteers have a shared responsibility to keep Woodview free from harassment and discrimination.

Woodview, under the laws of The Canadian Charter of Rights and Freedoms and the Ontario Human Rights Code prohibits harassment and discrimination on the grounds of ancestry, age, citizenship, colour, creed, disability, ethnicity, family status, marital status, place of origin, religion, sex or sexual orientation, or sexual identity.

Further, Woodview will not permit or tolerate seeking conversions, proselytizing or criticizing other faith groups by staff, students or volunteers.

Woodview makes a commitment to provide services and accommodations in an environment that takes into consideration ethno-cultural, racial, linguistic, ancestral diversity, faith, and ability and accommodates the gender-specific needs of all clients. This includes all protected grounds in the Ontario Human Rights Code.

Woodview strives to be an inclusive and equitable organization. It involves actively identifying and removing barriers that prevent individuals from accessing and participating in programs and services.

Woodview will endeavour to provide access to interpretation and translation services on an as needs basis.

Woodview will endeavour to provide opportunities for community and stakeholder consultation on Equity, Diversity, and Inclusion themes and topics to better understand the unique needs of individuals served and staff.

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## EMERGENCY CRISIS SUPPORT FOR CLIENTS

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Revised and Approved January 2020

1. All Woodview Main office and satellite offices, phone messages include information on how clients, or new referrals can access Woodview or community agency designated services in an emergency or crisis situation. Included is information on accessing local hospitals or 911 services.
2. All clients are given emergency crisis contact information in their community regardless of level of need:

Brantford: St. Leonard's Mobile Crisis	519-759-7188 or 1-866-811-7188
Hamilton: COAST Mobile Crisis	905-972-8338
Halton: ROCK Mobile Crisis COAST (for 16 or older)	905-878-9785 or 1-877-825-9011

3. Programs review the level of need of each case within their team, and a crisis or safety plan is made with clients for situations determined to be of risk.
4. If crisis occurs during office hours, clients are to contact their case managers and cases will be prioritized according to need.

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## ETHICAL CONSIDERATIONS

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Reviewed and Approved January 2020

The following are principles that every employee of Woodview is expected to follow. They have been adapted from the Canadian Code of Ethics of Psychologists (CPA, 2000) and modified for our use. They are not codes of conduct per se but reflect an attitude and the contextual and ethical thinking within which we perform our particular functions. These principles are outlined in such a way that, should ethical conflicts between principles arise, judgment should give more weight to the first principle stated.

1. We appreciate and respect the dignity and worth of the children, families, and adults whom we serve. Our responsibilities include respecting their right to privacy, self-determination and autonomy. Procedures such as informed consent and confidentiality are consistent with those rights and are respected and upheld by all staff. By virtue of age or condition, they may be more vulnerable than most persons, therefore, protection and promotion of their dignity and rights is especially important.
2. The best interests of those we serve take precedence over our other responsibilities. We will take care that our actions maximize benefits and minimize harm and that their well-being as well as their rights are respected.
3. Since we are held in trust by those we serve, integrity in relationships is expected. These expectations include, but are not limited to, fairness, honesty, impartiality, an avoidance of misrepresentations, maintaining a level of competence, acknowledging the limitations of our knowledge and skills, honouring of our commitments, not engaging in exploitation of those we serve, seeking consultation when appropriate, and continual re-evaluation of how our personal values may affect our attitudes and behaviour.
4. Respect is conveyed for existing social structures, custom, laws and community values, as long as they do not contravene the above principles of respect for the dignity of persons, responsible caring, and integrity in relationships. We will abide by government laws and Agency policy in a similar way. We will also encourage others to exercise their responsibilities in a like manner. We will strive to prevent our knowledge from being misused.

**Review of Ethical Questions:**

While using the above principles to guide decision making, ethical considerations can be complicated and require support or review. Employees have the opportunity to discuss ethical considerations with their Program Coordinator/ Manager, during formal supervision meetings or as needed, as well as with their team.

If a decision has been made that requires an ethical review, this will be done with the Program Coordinator / Manager and their Director. Should further clarification be required, the Executive Director will be consulted.

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## **EVIDENCE-BASED PRACTICES AND EVIDENCE INFORMED PRACTICES**

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Reviewed and Approved January 2020

Woodview is working towards the implementation of Evidence Based and/or Evidence Informed treatment in its programs, and is at varying stages with different program types.

### **Principles**

Clinical work is informed by clinical expertise; however, research evidence is just one factor informing clinical decision making.

Assessment including the appropriate use of clinical tools guides clinical formulation, diagnosis where appropriate, treatment planning, and outcome evaluation.

The ongoing monitoring of treatment progress, including client feedback is essential.

Treatment where possible should include, but is not limited to, those treatments which are evidence based or evidence informed. When these are not available, promising practices which have been evaluated using other methods including case studies, qualitative studies, process- outcome and quasi-experimental designs will be used.

When no established treatment exists for the identified clinical issue being experienced by the client, the use of assessment and outcome data facilitates an individualized approach to evidence-informed intervention.

Evidence-based or evidence informed practice requires ongoing supervision, organizational support, education / training, monitoring and evaluation to ensure both fidelity and effectiveness.

### **Implementation of Evidence Based or Evidence Informed Practice**

#### **Process**

Identify organizational and program(s) readiness to implement a new practice. Determine if this is the right time to implement an Evidence Based Practice or Evidence Informed Practice? Are staff team and management ready to undertake this process? Is there capacity within the organization to sustain this process?

Help program(s) prepare for change. Determine who would be the lead for the project. What training time is required? How will the program be covered while staff is trained?

Assess evidence in the field to determine which Evidence Based Practice or Evidence Informed Practice is the best fit for the program type. Review literature in the field and review what other agencies delivering similar programs are doing. Take into consideration client needs, values, preferences and circumstances when reviewing appropriateness of an Evidence Based Practice or Evidence Informed Practice.

Develop a written plan that documents the time frames, goals and responsibility for essential activities. When a program is already underway, and began without a plan, review the experience to date, and create a plan to help guide future activities. The plan should identify resources, supports and strategies necessary for successful implementation. Refer to Woodview form: Plan for Implementation of Evidence Based or Evidence Informed Practices.

Establish an implementation team to actively work with the developers of the Evidence Based Practice or Evidence Informed Practice who also have the authority to change organizational structures and functions to fully support the use of the Evidence Based Practice or Evidence Informed Practice, if possible.

Systems and measures are put in place to monitor effectiveness of an Evidence Based Practice or Evidence Informed Practice using Woodview's Results Based Accountability Framework and Client Satisfaction Data gathered annually.

The program(s) implementing the Evidence Based Practice or EBI will be encouraged to continue to learn of any new developments in the Evidence Based Practice or Evidence Informed Practice chosen and use new evidence to move practices forward.

### **Definitions**

**Evidence Based Practice** is a program or treatment intervention that has undergone sufficient scientific evaluation to be proven to be efficacious or effective. An evidence-based treatment requires 2 or more Randomized Controlled Trial (RCT) studies by at least 2 or more research groups (gold standard).

**Evidence Informed Practice** combines the best available research with the experience and judgment of practitioners, children, youth and families to deliver measurable benefits.

**Promising Practice** often refers to a program or treatment strategy that has worked within a particular setting and shows promise for becoming field tested or evidence-based. It should have some objective basis for being referred to as a promising practice and the potential for replication in other settings.

**Efficacy** is an intervention's ability to do more good than harm among the target population in an ideal setting (research setting).

**Effectiveness** is an intervention's ability to do more good than harm for the target population in a real world setting (community setting).

**Fidelity** is the degree to which a treatment is being implemented in a manner consistent with the treatment model and the research that supports it.

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## FILE AUDITS

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Revised and Approved January 2020

Case files are audited to ensure that:

1. Information in the file (both hard copy and on EMHware) is current and recording is up to date;
2. The file contains the required information;
3. Case recording practices complies with Woodview's policies and procedures;
4. Case recording is up to date;
5. Problems with a file are identified and addressed.

File audits will be completed on a regular basis by management staff. The Director of Services will ensure that a selection of open and closed cases will be audited each year. The Directors of Service are responsible to ensure that the file audit process occurs in each area.

For open files, the recording completed within the service currently being provided is audited. For closed files, the recording completed in the service(s) for which discharges occurred is audited. Files are also audited upon closure by the program manager and staff to ensure they contain all required information.

Files in each program provided by Woodview are to be audited.

1. Files are selected for audit in each program, and a File Audit Form is attached to each file.	Manager
2. File audits are completed on both EMHware file & hard copy of file.	Management Staff
3. Completed File Audit Forms are forwarded to the Case Manager.	Manager
4. Issues are addressed. Corrections are completed and documented on the File Audit Form.	Case Manager/staff
5. Corrected File Audit Forms are reviewed.	Manager
6. File Audit Forms are filed in the respective files.	Case Manager
7. A composite report of the File Audits is completed.	Director of Services
8. All composite reports are forwarded for an annual review.	Executive Director and Senior Management

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## GROUPS

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Reviewed and Approved January 2020

Woodview plans, provides and evaluates group programs for clients and the community for purposes of prevention, education and/or treatment.

Group programs have a written description that clearly articulates its purpose (e.g., treatment, psycho-educational), target population and rationale.

Each group program has written goals.

Each group program has a written outline or activity plan describing how the goals will be achieved.

Woodview measures group outcomes, and collects and reviews the data. Group involvement is consistent with the client's assessed needs.

When clients are involved in groups as well as other services at the agency, group service is coordinated with other components of the participant's treatment plan.

Group involvement is reviewed periodically along with other components of the client's treatment.

If the client is involved in another program in addition to the group, group involvement is reflected in the participant's file as appropriate, (e.g., in the treatment plan), in the context of reviews.

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## INTAKE ELIGIBILITY AND REFERRALS

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Revised and Approved January 2020

### **Eligibility for Mental Health Services**

Woodview provides services to children and youth, between the ages of 0 and 18, and their families with social, emotional, psychological and/or psychiatric difficulties. Eligibility for specific services and programs varies according to the location and nature of the service.

Eligibility is determined by a number of factors:

- Geographic location
- Age of individual
- Presenting problems/diagnosis
- Other community resources
- Program capacity
- Meeting specific Ministry requirements

Reasons for referral may include:

- behaviour concerns at home, school or within the community
- symptoms of depression or anxiety
- grief, adjustment to parental separation, or blended family issues
- difficulty managing anger
- parent/child conflict
- bullying
- trauma such as abuse or assault
- family violence, addiction and/or mental health problems may contribute to the family's stress

### **Geographic Areas Served**

Woodview offers children's mental health services in Halton, Hamilton and Brantford.

Woodview offers autism services to children and youth in Halton, and children, youth, and adults in Hamilton.

### **Eligibility for Autism Services**

Autism services are eligible to children, youth and adults with a diagnosis of Autism Spectrum Disorder (ASD).

Eligibility for the Halton Autism Services in-centre Intensive Behavioural Intervention (IBI), Family Skill Development (FSD), and social skills groups is determined during the phone and / or intake meetings with the family, Program Manager, and Clinical Supervisor. Where the child is determined to be ineligible (i.e. severe self-harm / aggression, mental health problems) and are outside of the scope of the Clinical Supervisors for the Halton Autism Services, suggestions for appropriate programming are provided.

For Hamilton Autism Programs, all participants must be able to function within a staff ratio of approximately 1:6, be able to follow direction, stay with a group, be willing to participate, and be able to move to increased levels of independence. Adults taking part in these programs cannot require consistent 1:1 behavioural support. Adult autism programs provided by Woodview are offered to residents of the Hamilton Region only. Halton

Halton Children's Autism Services are open to all geographic locations. Woodview Learning Centre is open to all geographic locations.

## **Service Access: Principles**

All referrals for service are voluntary and require the consent of the client and participating family members.

Woodview is committed to providing timely, flexible, responsive and accessible service for all clients.

Language, ethnic and cultural needs will be respected and facilitated to the greatest extent possible.

Priority will be given to those clients most in need, with consideration given to program fit, according to the abilities and resources of the specific program(s). Safety issues and potential impact on existing group dynamics will be assessed when consideration is for a program offered in a group setting, i.e. day or residential treatment and autism social skills.

Woodview is committed to including the client and all relevant family members in all aspects of the referral/intake process, and all participants will be fully informed of the benefits and risks of admission to any particular program.

In all admission decisions, the health and well being of all clients in a particular program must be fully considered.

## **Intake Process**

1. Referrals may be initiated by:
  - a) The family of a child, youth or adult,
  - b) Children over 12 years of age (or under 12, if child capable of making decision – informed consent) may refer themselves for counselling without parental consent, although they may be encouraged to include parents or guardians in the treatment process,
  - c) Youth 12 years of age and over must consent to any referral being initiated on his/her behalf,
  - d) Professional in the community (e.g. health, education, social services, etc.)
  - e) Advocates or supporting individuals authorized by the client(s).

Following a referral, an intake can only be completed through direct contact with the potential client (child, youth or adult) and, where appropriate, the parents/guardians.

Applicants for service will be required to provide detailed information regarding the child/youth/ adult and family situation as well as details of past service received.

The intake process varies according to the geographic area in which the program is located as well as the type of program. The following procedures are currently in effect:

### **Brant:**

All referrals are made through the centralized intake process (Contact Brant) at (519) 758-8228. All clients seeking service must call Contact Brant directly. Exceptions include referrals for the TAPP-C (The Arson Prevention Program for Children) which are made directly by the Fire Departments of Brantford and Brant County, the Youth Justice Program which are made directly by Probation Officers, and Youth Justice Court-Ordered Assessments which are made directly by the Court.

**Hamilton:**

All referrals for Delta and Mountain Day Treatment Programs and the Child and Youth Autism Programs are made through the centralized intake process (Contact Hamilton) at (905) 522- 3304.

Referrals for Adult Autism Programs are made through Developmental Services Ontario Hamilton Niagara at 1-877-376-4674.

For Adult Autism fee for service programs referrals are made directly to the Program Manager at 905-575-7355.

**Halton:**

All referrals for Halton Children's Mental Health services are made by direct referral to the program. Exceptions include referrals for the Linking Youth and Families program which are made by the Halton Children's Aid Society.

A centralized intake process is currently being developed for the Halton Region through the Lead Agency ROCK. Once implemented, all referrals for Halton Children's Mental Health services will be made through the centralized intake point at 905-634-2347.

Requests for the Halton Intensive Program are directed to the Program Manager, but will also be requested to have a Service Coordination meeting to determine appropriate level of need and existing resources. Applicants should call the program directly at (905) 689-4727.

Referrals for Halton Autism Services (Ontario Autism Program) are directed to the Program Manager at 905-689-4727 x117 for both in-centre and community programs.

Woodview Learning Centre referrals are directed to the Program Manager at 905-689-4727 x137.

**General Inquiries**

Halton: (905) 689-4727

Hamilton: (905) 689-4727

Brant: (519) 752-5308

Overall: to the Central Administration Office/Burlington at (905) 689-4727

**Intake Responsibilities for Staff**

1. To respond to all telephone calls or other inquiries within a timely manner.
2. To provide current information regarding Woodview programs within the area of service.
3. To determine eligibility and priority for Woodview services through review of information gathered during intake, and for children's mental health clients, the use of intake screening tool (InterRAI Screener or CHYMH). The intake tool is used to triage, prioritize need and determine program type.
4. In consultation with manager/coordinator, special consideration is given to issues that may affect eligibility or priority (i.e. Bereavement, depression).
5. To direct the prospective clients toward the most appropriate Woodview service or to the most appropriate community alternative, and to assist the client(s) in accessing that service to the fullest extent possible.

6. To complete all relevant Intake forms and initiate all file procedures as required within the area in which the service is located.
7. Essential Information to be gathered will include: name of child, youth or adult being referred, age, parental information including which parent has custody and/or access, current address, presenting problems, program being requested, grade, school attending, cultural and/or religious connections, individual and/or family supports, previous or other current agencies working with person being referred.
8. To record all essential information on EMHware.
9. To obtain all signed Agreement for Service and required consent forms, release of information forms, etc.
10. To complete the InterRAI Screener or CHYMH with the parent of child and/or youth being referred for Children's Mental Health services to assist in determining program needs (InterRAI Screener will be completed by Contact agencies in Brantford and Hamilton), and any other statistical and registration procedures.
11. To provide a comprehensive orientation (including written documents) to the client and family, the steps involved in continuing to access the designated service, including providing information on the extent and nature of the waiting list if relevant.
12. If a client is being placed on the wait list for services, staff will inform client of wait list supports available in each geographic location. In Brantford, Woodview has a wait list walk in clinic offered weekly, as well as crisis support through ST. LEONARD'S COMMUNITY SERVICES. In Hamilton and Halton COAST and ROCK offer Mobile crisis support and in Halton a wait list walk in clinical is offered as well as some wait list groups or individual support as required.
13. To complete all other statistical and registration procedures.
14. While a decision is being made for acceptance into a program, leave the interested client with a contact name and phone number (to inquire about wait list status) and information on what services are available at Woodview and in the community in case of an emergency (See Policy – [Emergency Crisis Support for Clients](#)).
15. When the Intake is complete and the referral has been accepted, complete Agreement for Service, any additional consent and provide client with Privacy Statement and Orientation Brochure.
16. Intake information is updated periodically as required.

### **Internal Transfers**

It is recognized that the nature of a client's needs may change over time. It is important, where possible, to respond to those changing needs by increasing or decreasing the intensity of the service provided. This will necessitate an internal transfer, however the principle of continuity of service will be maintained to the fullest extent possible.

For some programs, internal transfers must be reported to centralized coordinating body, i.e. Contact Hamilton, Contact Brant or Connections Halton.

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## INTAKE ORIENTATION OF CLIENTS

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Reviewed and Approved January 2020

To ensure that all clients are oriented to the agency and the service in which they are participating. Woodview values informed consent. The intent of informed consent is to ensure that the client is aware of the services being offered prior to the provision of the service. Orientation includes the client's understanding of their rights and responsibilities, privacy of their information, risks and benefits of service participation and the complaints procedure. Orientation also includes the "fit" of the service to the client. We will make every attempt to accommodate all linguistic, cultural and accessibility considerations. An Orientation Brochure is given to each client.

### **Policy**

Woodview values the importance of including clients in the planning and delivery of services. In order to be as inclusive and transparent as possible, all clients will receive orientation to the service in which they are participating. Clients are also informed of how services are modified as appropriate to type of service being offered (e.g. single session, day treatment, intensive).

### **Procedure**

Woodview employees orienting a participant to a service will provide information to the person (and parent/guardian where applicable) about the following prior to beginning the service:

- The program or service philosophy
- What is the nature and scope of the service
- Who is usually involved in providing the service
- What are the rights and responsibilities of clients
- What are the expected benefits of the service
- What are the alternatives to participating in the service
- What are the risks of participating in the service
- Woodview privacy practices and review of privacy statement
- Confidentiality and limits of confidentiality
- Access to files and reports
- Complaints procedure
- Safety practices employed by the agency
- Emergency contact information for their specific geographic area
- Any fees or cost involved in the service/program (Autism Services)

The client will also be asked if they have any cultural and accessibility considerations (language, traditions, modifications etc.) that they wish to have accommodated within service provision. All efforts will be made to accommodate cultural and linguistic considerations and additional resources (i.e. interpreters) will be accessed as necessary.

Orientation processes may be modified depending on the type of services involved. Orientation processes specific to programs are identified within each program and reviewed with clients during the orientation meeting. In addition, clients are oriented to their rights and responsibilities during treatment, whenever the intervention/treatment changes.

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## **INTAKE TOOL – InterRAI Screener (ChYMH-S) and ChYMH – CHILDREN’S MENTAL HEALTH**

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Revised and Approved January 2020

### **InterRAI Screener Plus (CHYMH-S)**

The interRAI Screener is a screening instrument intended to complement the interRAI ChYMH and Adolescent Supplement. It is intended for children and youth from 4-18 years of age who are referred to either community based (outpatient) or residential (inpatient) services. It uses a semi-structured interview format to support the collection of information across selected areas that are known to impact child and youth mental health. The Screener Plus provides a brief summary of the urgent needs of the child/youth to assist with triage and to identify the need for a full, comprehensive assessment (ChYMH). The Screener Plus is designed for clinical use. The items describe the child’s/youth’s risk of danger to self or others, and provide an overall view of the child / youth’s presentation and functioning.

The Screener Plus is intended to be used with children/youth in mental health settings to support decision-making related to screening, triaging and prioritization. It employs a three-day observation (unless otherwise indicated) period in order to provide reliable and valid measures of characteristics that reflect the child’s or youth’s urgent needs. The Screener Plus informs immediate care planning, however it is not considered a replacement for the comprehensive ChYMH assessment.

For mental health service providers, the purpose is to complete the screening with the goal of:

- Determining the child/youth’s risk of danger to self and others;
- Providing clinical information that supports decision-making related to the need and urgency for comprehensive assessment or formal mental health services;
- Recording basic clinical information for children/youth who would not be receiving a comprehensive assessment at a later stage;
- Providing the minimum clinical information needed for short-term services that may be put in place prior to completion of a full interRAI ChYMH assessment; and-Recording basic clinical information on children/youth who may need information only and/or other services that the organization will not formally provide (for example, referral to an external organization for mental health services).

(*ChYMH-S Manual: Stewart S. L., Hirdes, et al. interRAI Child and Youth Mental Health- Screener (ChYMH-S) Assessment Form and User’s Manual.*)

### **InterRAI CHYMH**

The InterRAI ChYMH (“inter-rye chime”) is a comprehensive, multidisciplinary mental health assessment system for children and youth from 4-18 years of age who are referred to either community-based (outpatient) or residential (inpatient) services. It uses a semi-structured interview format to support the collection of information across a broad range of areas that are known to impact child and youth mental health. It provides a summary of the needs of the child and family to complement further assessment and treatment planning.

The ChYMH assessment is designed for clinical use. The items describe the presentation, performance and capacity of the child or youth in a variety of domains, with specific items serving as triggers for care planning. The ChYMH is designed to work in concert with the Child and Youth Mental Health Screener (ChYMH-S) to identify children and youth requiring further comprehensive assessment.

The ChYMH is intended to be used with children/youth in mental health settings to support comprehensive care planning, evidence informed intervention and outcome measurement. It employs a three-day observation (unless otherwise indicated) period in order to provide reliable and valid measures of characteristics that reflect the child's or youth's strengths, needs, and circumstances.

(*ChYMH Manual (Stewart S. L., Hirdes, et al (2012). interRAI Child and Youth Mental Health (ChYMH) Assessment Form and User's Manual.)*)

Different program types at Woodview have been identified to use either the Screener or CHYMH as an Intake Tool.

### **Interviewer Competency**

Staff are required to pass competency testing in order to implement both the Screener and CHYMH tools.  
Administration Guidelines

The assessment consists of items and definitions. It should be used as a guide to structure the clinical assessment.

The assessment process requires communication with the child or youth and the primary support individual, observation of the child or youth, communication with other members of the clinical team, and review of medical records and other available documents. Where possible, the child or youth is the primary source of information.

Items on the interRAI Screener and ChYMH Assessment flow in a reasonable sequence that can be followed in the assessment. However, the assessor is not bound by this sequence. Items may be reviewed in the order that works best for the child or youth and the assessor.

Sometimes the assessor must reconcile multiple sources of information that yield seemingly inconsistent results (for example, the child or youth being assessed may report something very different from the response of the parent). In this case, the assessor must use his or her clinical judgment to determine the most appropriate response for the particular item. Assessors should talk in private with each informant, if possible.

As with any assessment, if during the course of the interview, information of a reportable nature comes to light, it is the responsibility of the interviewer to report this in a timely manner based on individual workplace policy. The child or youth should be made aware of this information from the outset of the process.

(*InterRAI Child and Youth suite Training Binder Screener/CHYMH*)

### **Who Implements the InterRAI Screener or CHYMH?**

In the Brantford and Hamilton Communities Contact Brant and Contact Hamilton administer the Screener. All other Woodview programs complete either the InterRAI Screener or CHYMH at intake depending on the program type.

### **Data Integrity and Compliance**

Woodview's Quality Improvement Manager, in coordination with Woodview InterRAI Implementation Team and implementation support from CPRI (Child and Parent Resource Institute), will monitor the collection of all Woodview data to ensure compliance with established policies and procedures and Ministry guidelines. Woodview is in the beginning implementation phase with the InterRAI tool.

### **InterRAI Used to Inform Treatment**

InterRAI is a new tool being implemented at Woodview. As an intake tool, InterRAI will be used by Program staff to assist in prioritizing cases for service, triaging cases to determine appropriate program and highlighting treatment needs to be reviewed with clients.

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## KNOWLEDGE EXCHANGE

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Revised and Approved January 2020

Woodview recognizes that human and social services represents varied, specialized and continuously evolving bodies of knowledge. Woodview is committed to reviewing relevant knowledge with the goal of evolving service delivery.

We value personal/professional development. We combine our areas of expertise to support each other in the delivery of comprehensive and coordinated services. Woodview believes in staff development and fosters an environment of continuous learning and growth.

### **Policy**

Woodview is working towards ensuring that current knowledge informs program development implementation and review. Current knowledge and information is available to all employees through various means.

### **Knowledge Uptake and Exchange**

Relevant information (studies, research, resources) is made available to employees through:

- Libraries of information – hard copies
- Electronic libraries of information
- Access to information through Tele Mental Health
- Sharing of information and resources during team meetings
- Sharing of information / newsletters / journals electronically

### **Annual Training Plan**

An annual training calendar is developed to include:

- Mandatory training
- Agency training, as determined through CQI process
- Targeted group training, as determined through CQI process

### **Staff Development**

Staff development is encouraged through supervision and team meetings. Individual staff professional development goals are informed by the goals of the individual staff determined through the Performance Appraisal process as well as the Annual Training Plan.

### **Procedures**

Staff are responsible to:

- Review current information and literature as it is provided to them
- Report new learning (i.e. through professional development opportunities) through team meetings, electronically or in hard copy
- Note personal learning goals in supervision / performance appraisal process.

Managers are responsible to:

- Ensure time is designated within their team to allow for exchange of knowledge
- Ensure resources are available and accessible to employees
- Examine current knowledge and research, utilizing it to inform program review
- Identify staff learning goals in supervision / performance appraisal process

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## LAYING CHARGES AGAINST A CLIENT

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Reviewed and Approved January 2020

Woodview believes that youth and adult clients are responsible for their choices and their behaviour. We also recognize that clients who are in treatment may behave in antisocial ways and have difficulty accepting responsibility for these behaviours or fully understand the impact of their behaviours. The very nature of treatment is to try and impact on these behaviours, attitudes and social understanding. Further, the laws that protect society also protect the Woodview community. Given this, a client at Woodview who wilfully breaks the law may be charged; however, this is only to be done if it is in the best interests of the client, in the context of his or her treatment and the protection of others. This should be clearly noted in the plan of care, Individual Support Plan, or a team meeting note, and the staff working closely with the client on a daily basis are to be made aware of this position.

Factors to be considered in charging youth include: the capacity of youth to understand the youth criminal justice process (e.g. developmental delay or severe emotional or psychotic disturbance); the capacity to learn positively from the criminal justice process (will this help or hinder the youth's positive learning and socialization?); the stage of treatment; whether there is a repeating history of this behaviour; the parents/guardian support; and the need to protect others from youth's behaviour.

Factors to be considered in charging an adult client include: probation conditions that may already exist, pre-existing history of behaviours, seriousness of the offence including the impact on other clients, staff, the general public and themselves.

In situations where staff believe that a client's behaviour may warrant criminal charges (i.e. serious property damage, or serious acts of aggression against another person, possession of stolen property, illegal substances or illegal sexualized behaviour) staff must consult with the Program Manager, who will consult with the Director of Service.

The decision to charge a client and set the criminal process in motion is undertaken by the police as a result of their investigation, not the agency.

If a charge is brought against a client, it is the responsibility of the staff to continue to offer the client support including ensuring the client is able to contact a parent/guardian and/or a lawyer. If the youth or adult client is on Probation the Probation Officer must be notified.

In the event that the police do not lay a charge, and a staff member who has been victimized still wishes to pursue the matter, consultation must occur with the Program Manager, and the Director of Children's Mental Health or Autism Services prior to taking any such action. Although Woodview discourages any laying of charges outside the context of a treatment plan, the staff member ultimately has a right to lay a charge. The Agency may contact the policy for advice regarding the possible charge. If the matter needs further consideration, the Agency's lawyer may be consulted. For adult clients please also refer to Clinical Policy, Adults with ASD – Abuse Prevention, Identification, Reporting and Supporting.

Staff who witnessed the incident that resulted in police involvement / potential charges, must complete an Incident Report prior to the end of their shift. After consultation with the Program Manager and Director of Service, the situation may be brought forward to the Executive Director to determine if it will be deemed a Serious Occurrence.

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## LEGISLATION

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Revised and Approved January 2020

Woodview operates under the Child, Youth, and Family Services Act (CYFSA) which provides the mandate for the services and programs offered by the agency to children, youth and/or their families.

Specific references to legislation are occasionally provided with policies and procedures in this manual. In specific situations, it is the responsibility of staff members to refer to details in the pertinent legislation.

A copy of the Child, Youth, and Family Services Act is available on-line at  
<https://www.ontario.ca/laws/statute/17c14>, or can be purchased from:

Ontario Government Book Store  
Publications Ontario  
50 Grosvenor Street  
Toronto, Ontario  
M7A 1N8

<https://www.publications.serviceontario.ca/ecom>

A copy of the Services and Supports to Promote the Social Inclusion of Person with Developmental Disabilities can be found by going to

<https://www.ontario.ca.laws.statute/08s14>

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## **MANAGEMENT OF BEHAVIOUR – CHILD and YOUTH MENTAL HEALTH, AND ADULTS WITH ASD**

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Revised and Approved January 2020

### **Overview**

Woodview believes children and youth require a safe, consistent environment, which encourages growth and positive interactions to occur. While participating in a service, children and youth are expected to comply with the behavioural expectations of these services. Refer to Clinical Policy [Rights and Responsibilities of Clients](#). When expectations are not met, staff are expected to intervene in ways, which facilitate growth and learning. Staff are expected to be positive role models and encourage clients to use positive methods to deal with anger or conflict. Interventions, including redirection, use of logical and natural consequences, loss of privileges and time-outs are used. A healthy, eclectic balance of all of these techniques is recommended to stabilize our clients and work environment. Physical restraint is to be used only in situations where the safety of the child/youth or other persons is immediately at risk. A physical restraint can only be administered by persons who are trained in behaviour management techniques, including the use of physical restraints, and should only be used after less intrusive behavioural interventions have been considered and attempted first. Woodview utilizes techniques taught in the Non-Violent Crisis Intervention (NVCI- Mental Health) training program and the Prevention and Management of Aggressive Behaviour (PMAB) training program in the Children's Mental Health Programs. Woodview utilizes techniques taught in Non-Violent Crisis Intervention (NVCI- Autism) training program in the Children and Adult Autism Programs. Prior to admission, parents/ guardians and clients are informed of Woodview's policies regarding the management of behaviour.

Woodview's adult clients with ASD (Autism Spectrum Disorder) do not typically have high behavioural needs as the nature of the program (staff to client ratios, skills taught and performed, etc.) preclude those individuals who require 1:1 behavioural support. Individual Service Plans would not typically include a behaviour support plan as individuals who require intensive behavioural support would not be participating in our programs, however the program staff are trained and able to use techniques taught in the Non-Violent Crisis Intervention Program (NVCI).

Prior to admission, parents/guardians and clients are informed of Woodview's policies regarding the management of behaviour.

It is Woodview's policy that all "front-line" and as many supportive staff as possible are trained in NVCI (children's mental health or autism) or PMAB (children's mental health). Staff are required to be retrained on an annual basis in the use of physical restraints. Students/volunteers may have PMAB/NVCI training but are not permitted to restrain clients. This training is helpful in the following ways:

- identifying the importance of programming and activities which will facilitate a supportive, therapeutic environment
- providing an understanding of the potential underlying causes of aggressive behaviour
- identification of precipitating factors and creative responses to reduce aggressive influences
- understanding the cycle of aggression
- identification of group contagion and appropriate interventions
- recognition of the stages of an escalating crisis and the appropriate responses at each stage
- use of calming techniques in the pre-crisis phase
- use of defusing techniques in the crisis phase before verbal behaviour escalates into physical aggression
- use of defensive and/or physical intervention techniques in the crisis phase post crisis communication/intervention follow-up with the client
- post crisis debriefing with staff, within 48 hours

## **General Principles of Discipline**

Proper discipline includes a corrective learning element. It is not intended to be punishment. Whenever possible, inappropriate behaviour should be redirected with appropriate explanation, clarification and support that recognize the varying capacity of each individual to comprehend and act. The emphasis should be positive, encouraging and rewarding.

Contracting with clients to experiment with different ways of acting or reacting to negative situations and developing treatment plans that recognize clients' success in reducing or eliminating assaultive or violent behaviours are important aspects of treatment. It is sometimes necessary however to intervene more directly to stop a particular behaviour that may be detrimental to the client or others. It is important to recognize that many of these children, youth and adults may have experienced harsh, inappropriate and inconsistent discipline.

The following guidelines must be followed in disciplining children, youth or adults:

- the discipline shall not be out of proportion to the behaviour under consideration
- discipline shall not be delegated to other clients
- clients shall not be subjected to verbal abuse, threats, or derogatory remarks under any circumstances
- clients shall not be subjected to corporal punishment under any circumstances
- clients shall not be deprived of basic necessities as part of discipline including food, clothing, the opportunity for a reasonable night's sleep, and the opportunity to continue using personal hygiene practices.

## **Behaviour Management Techniques**

Calming Techniques should be used in the pre-crisis phase when the client is willing to listen and able to reason. These techniques are intended to explore the situation, get the child/youth/adult to discuss the problem, reduce the client's agitation.

The following are examples of calming techniques:

- open-ended questions to elicit detailed responses
- active listening to show interest in client's thoughts and feelings
- state clear expectations of client
- referring the client back to his/her personal schedule
- disarm power struggles by refocusing issues and questions and not engaging in power struggle
- brief, time limited removal of child/youth/adult from negative situation
- use of humour to lighten up a tense situation
- distraction to allow client to save face and refocus
- planned ignoring of negative behaviours/responses
- reviewing options and choices child/youth/adult has and potential outcomes
- positive reinforcement of appropriate behaviour
- negotiate to a mutually satisfying agreement/compromise

Defusing Techniques should be used in a crisis phase. (This phase is typically identified as a violent phase or an acting out episode with violent concerns). These techniques are intended to de-escalate potentially violent situations without violence occurring using verbal intervention.

The following steps should be taken when implementing diffusing techniques:

- identify which staff will defuse situation and which staff will act as back-up if defusing attempts fail
- maintain a calm approach, back-up staff become involved when a show of strength is necessary
- encourage child/youth/adult to voice frustrations, concerns, and thoughts by using open-ended questions and active listening
- make requests/directions in a calm, straight-forward manner moving from gentle persuasion to strongly assertive
- maintain a calm, firm, in-control attitude and willingness to listen to child/youth/adult
- avoid crowding client and have back-up staff on standby, preferably out of the client's vision
- look for visible cues, both verbal and non-verbal, indicating the child/youth is de-escalating before stopping defusing activity
- in the case of a youth over 12 or adult client's, remind him/her of the possible legal ramifications of his/her actions

**Transport/Escort Techniques** are utilized only when it is necessary to move a client who is at risk of hurting himself or others to another environment. The purpose of this intervention is to guide a client out of a potentially escalating situation. As many people with ASD have a touch "sensitivity", this would only be used as a last resort.

#### **"Time Out" Definition (Child, Youth, and Family Services Act)**

Time-out refers to the withdrawal of a child from all ongoing activities for the purpose of re-establishing self-control. Time-out usually involves placing the child in a specified place and it occurs for a brief and predetermined length of time. For Woodview's purposes, this is determined to mean the removal of a child or youth to his/her room or other quiet area apart from the activity area where the other children are located.

#### **Guidelines**

- A "time-out" is considered a brief removal of the child from the activity, where the child remains in close proximity to the program area, usually in view of the staff and other children.
- A staff member will closely supervise any client placed in a time-out.
- As soon as the client is determined to have regained control, he/she will be allowed to return to the regular activity.
- All incidents of time-out must be recorded in the log book at least as a statement of the total number of incidents and reviewed by supervisory staff.
- No child may be kept in a locked room or any locked premises. This includes all areas including school, outside activities, etc., while the child is in Woodview's care.
- Any major disciplinary action shall be recorded in the child's file by program staff and reviewed by the Program Manager.

At times, adults with ASD can become anxious, frustrated and/or confused in particular social settings or they may come into a situation preoccupied with events that have occurred away from the setting. This may result in aggressive behaviour (usual verbal, with physical agitation). At such times, it is a good technique to encourage the person to leave the situation for specified period of time until he/she can get under control or until the upsetting element in the situation can be rectified.

## Guidelines

- The staff and client should decide on the course of action to be taken and the length of time it should last (with the possibility that the client may forgo that particular activity for the rest of the day).
- A staff member will follow up with that person to help him/her resolve what transpired and discuss alternative courses of action that might make leaving the situation unnecessary in the future.
- Such incidents will be recorded in the program notes, and, where the individual is a resident client, in his/her log notes.

## Defensive Techniques

1. **Defensive stance** is a non-threatening, balanced and versatile stance that is utilized by staff to provide themselves with a margin of personal safety and time to react to punches, kicks or other similar assaults.
2. **Release or block** techniques are used by staff being assaulted by clients. It is important for staff to maintain and utilize self-control to deflect or preferably, to move away from an assault.
3. **Release points** are used by staff so they may gain their own release from a client's grip. They should be utilized as a "last resort" in the absence of any other less intrusive alternatives. Release points are used only for defensive purposes and not in conjunction with a physical restraint technique in order to maximize the physical control of a resident by staff.
  - a) These techniques involve no striking, jabbing or quick controlled movement and should not be confused with anything taught in a self-defence program. Release from a client's bite, hair grab, chokehold or control grip should be executed with the minimal force needed to attain freedom from the hold.

## **Physical Restraint/Intervention**

### Definition

"Physical Restraint" is defined as the physical control of a child by one or more persons to safely restrict the movement of a client, using one of a variety of holding techniques, with the least amount of force necessary to inhibit the ability of the child to move freely. Physical Restraint does not include restriction of movement, physical redirection or physical prompting, if the restriction of movement, physical redirection or physical prompting is brief, gentle and part of a behaviour teaching program.

### Principles

1. It is important for staff to be aware of their environment and be mentally, psychologically and physically prepared by thinking ahead and considering potential situations, maintaining a non-threatening manner and safe distance from an agitated client, and being realistic in their ability to physically intervene with a particular client.
2. Staff should consider the mechanical/physical principles involved in the implementation of physical restraint and/or attempting to protect themselves. A staff member should not attempt to physically restrain a client if it is not safe to do so.

## Guidelines

- The primary concern is the safety of the clients and the staff.
- Physical restraint shall be used as a temporary technique, after other non-physical interventions have been attempted and proven ineffective. It should be used as a last resort in the absence of any other alternative and as a response to immediate safety concerns and not as "therapeutic holding." Physical restraints are never to be used as punishment.
- The particular interventions used must be considered according to the situation, needs and capabilities of the individual client and correspond with the overall treatment plan for the client.
- The degree of physical restraint should be at the level required to gain effective control of the client and protect clients and staff. The specific techniques should be those, which are effective, yet least intrusive.
- Whenever possible, individual staff using physical restraint techniques should enlist the assistance of another staff person for the purpose of assisting and of avoiding injury to the resident or staff.
- Physical restraint shall be terminated as the client regains effective self-control.
- Physical restraint must not include the use of mechanical restraints or any striking of the client, i.e. punching, kicking, slapping, etc.
- Due to the possibility that the use of physical restraint may be necessary while out in the community, Woodview staff should carry identification with a current photograph for identification purposes.

Staff are authorized to utilize the following restraints/interventions, which have been designed to ensure both staff and client safety and minimize levels of discomfort to clients:

### **For PMAB**

#### **Single Staff:**

Single basket → Block/Release → Release Points

#### **Team Intervention:**

- Straight arm on shoulder
- Bent arm on shoulder
- Wrist/shoulder position
- Walk-by take down
- Escort/transport
- Maintenance position

Ideally clients are restrained without being lifted off their feet. Under various circumstances clients may require restraint on the floor prior to any further interventions. To control a client's rate of descent and to ensure safety, a takedown may be necessary; staff are authorized in these situations to utilize a **two-person walk by takedown**.

### **For NVCI:**

#### **Single Staff:**

Children's control position

#### **Team Intervention:**

- Interim control position
- Transport position
- Team control position

It should be noted that these techniques are never static. Staff may move from a release to a restraint to a flooring technique to a transport to a restraint again. This is why it is necessary for Staff to be able to identify the level of agitation of a client and to execute the appropriate technique.

Staff are required to monitor and assess the client's physiological state throughout any physical restraint including the client's breathing, pulse, and level of consciousness.

### **Corporal Punishment**

Corporal punishment is not permitted under any circumstances. This includes punching, hitting with objects, kicking, slapping, etc.

Any accusation of the use of corporal punishment will be investigated according to the Policy on the Reporting and Management of Alleged or Suspected Child Abuse and Neglect or the Policy on Abuse: Adult ASD Programs. Staff will receive the legal support and protection, or disciplinary measures outlined in this policy.

### **Use of Force**

Reasonable force may have to be used by staff to ensure the safety of clients, themselves, and others. The amount of physical force applied during a physical restraint is limited to the amount of force necessary to protect clients, staff and property.

### **Post Intervention Communication (Debriefing)**

It is important for both the client and staff to debrief following the use of calming or defusing techniques or physical restraint. The purpose of this debriefing is to understand exactly what happened and why and to determine from this information how staff should process the incident with the child/youth, what consequences may be appropriate and how further incidents of aggression may be prevented. In most situations, it is important for the child/youth/adult to be engaged in a discussion about alternative means of resolving conflicts. The client's view of the situation involving the physical restraint must be ascertained and documented within 48 hours of its occurrence.

Post-intervention staff debriefing may be described as a continuum of interventions designed to match the severity of effects on the staff involved in an incident. Staff debriefing is intended to:

offer support to staff involved in an incident;

- offer information as required;
- allow for the expression of feelings associated with the incident;
- assist staff to restore their sense of control;
- arrange for a more formal debriefing if necessary;
- and stabilize staff so that they can return to their normal duties.

The level of intrusiveness and the extent to which a debriefing becomes a formal process is dependent on staff's needs and responses and the nature of the incident.

Woodview is committed to provide proper training, orientation, and supports to all staff regarding behaviour management intervention. Staff members who operate within the policies and procedures of the agency will have the full support and legal protection of the organization.

### **Documenting and Reporting of Physical Restraints**

All physical restraints must be reported to the Program Manager or designate immediately. All necessary forms and reports must be completed before the end of the employee's scheduled workday. In particular, this includes the case note, PMAB or NVCI Children's Mental Health or Autism Tracking Form, Major or Minor Incident Report if applicable and Serious Occurrence Report, if applicable. Refer to [Client Incidents](#), [Serious Occurrences](#) [Managing and Reporting](#) policies.

Staff must follow the steps outlined in Clinical Policy Client Incidents whenever a physical restraint occurs.

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## MEDICAL EMERGENCIES – RESIDENTIAL / NON-RESIDENTIAL

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Reviewed and Approved January 2020

A primary responsibility of Woodview staff members is health and safety of all individuals involved in our programs.

A medical emergency is an unexpected event, serious illness, accident or injury that threatens the well-being of a person.

In a medical emergency, staff will:

1. Immediately assess the situation and administer first aid as required using standardised universal precautions.
2. Direct someone to call 911 for assistance. Provide pertinent information including any specific concerns regarding mental state. Use appropriate judgment and err on the side of caution when in doubt of whether to call for medical assistance.
3. If medical attention is required but an ambulance is not, immediately go to the nearest hospital room or walk in clinic.
4. Transport client in agency vehicle, if possible.
5. Take casualty's medical information along to medical facility.
6. One staff member is to remain with the casualty at all times until relieved by family member or legal guardian.
7. Safe-proof the environment and ensure the safety of other clients and staff members.

Once the casualty is stabilized and the emergency has passed, staff will:

1. Inform immediate manager or designate.
2. Contact parent(s) and/or legal guardian(s) to inform them of the nature of the emergency and advise them of your location. Parental consent is required for facility admission process.
3. Contact family physician and inform them of event.
4. Liaise with medical personnel.
5. Complete required paperwork such as an incident report and/or Serious Occurrence Report.
6. Debrief with colleagues and supervisor for support.

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## MEDICATION ADMINISTRATION

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Reviewed and Approved January 2020

Administration of medication is to be done by designated staff that is responsible for ensuring that it is given on time, and that the recording of the administration is completed.

- The designated staff will be responsible for notifying parent / supervisory staff when refills are required.
- The designated staff must be aware of medication changes as advised by the parent / doctor and make a note of the changes on the child's medication card

Administration of medication should follow clean procedures. Staff should wash hands before giving a medication, and avoid touching the medication.

Before administering the medication, staff should double check to ensure that the child/youth is given the right medication, the right amount, at the right time, to the right person.

Staff should ensure the child/youth has swallowed a pill by watching him/her take it. Staff must record administration of medication on the Medication Sheet.

Staff are to ensure that the process of administering medications occurs according to the regular schedule during community outings or camps.

### **Self-Administration of Medication**

If a physician or registered nurse of the extended class recommends that an older child would benefit from administering his or her own medication, and if the Agency staff and Manager concur with this recommendation, this procedure may occur. A note from the physician or registered nurse of the extended class recommending self-administration should be placed in the child/ youth's file.

The medication would be stored in Woodview's locked container for storage of medication and given to the child to self-administer if meet above criteria.

Older youth in some programs may self-administer medication as agreed during intake. Other youth and families may determine it is beneficial for Woodview staff to store and administer medication.

### Prescription Medications

For children/youth entering the program, medications must be provided in the original container.

Information on the container must include:

- a) dosage
- b) use
- c) duration of use

A letter from the prescribing physician or registered nurse of the extended class must document any changes to a child/youth's medication.

Parental Consent must be given for the administration of **Psychotropic Medications** (see Psychotropic Medication Consent form)

### **PRN Medication (Prescription):**

\***Pro Re Nata:** given as necessary with written consent of the parent/guardian.

PRN prescription medication is extra medication ordered for a specific sign or symptom such as pain, anxiety or aggressive acting out.

PRN medications at Woodview must be ordered by the client's consulting psychiatrist, family doctor, medical specialist or registered nurse of the extended class.

The order for PRN medications must include specific directions for:

- a) use
- b) duration of use.

### **PRN Medication (Non-Prescription):**

PRN medication that is non-prescription or other non-prescription drugs will be given to the child with written consent of the parent/guardian.

If a PRN medication that is non-prescription or other non-prescription drugs are administered they must be recorded on the clients individual Medication Sheet.

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## **MEDICATION CARD AUTHORIZATION FOR EMERGENCY MEDICAL CARE**

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Reviewed and Approved January 2020

A Woodview Medical Card is to be completed by parent(s)/legal guardian(s) and authorized by a Woodview staff member prior to admitting any client to a day treatment program, program administering medication or program taking clients out into the community.

The original is to be maintained in the client's file.

An additional card or a copy of the original is to remain at the program site and another card or copy of the original is to be taken with staff on all outings with the clients so there is immediate access to medical information in case of an emergency.

For long standing clients, Medical cards are periodically refreshed as health changes occur.

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## MEDICATION RECORD

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Reviewed and Approved January 2020

### **Medication Record**

A medication record must be completed for all medications, prescription or non-prescription, administered to a client while participating in a Woodview program. The medication may either be administered by staff or self-administered by the client (please refer to Medication Administration policy for further information on self-administration). The Medication Record must include:

- the type of medication
- the period for which it is prescribed
- when each dose is to be given
- by whom the dose is given
- instructions for documenting/reporting missed medication

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## MEDICATION STORAGE AND DISPOSAL

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Reviewed and Approved January 2020

### **Medication Storage**

All medication is to be kept in a secured area accessible only to Woodview staff.

Staff are to be aware of any medications that need to be refrigerated (i.e. some antibiotics), and store accordingly.

### **Disposal of Discontinued Medication**

Any medication remaining from a prescription that has been discontinued must be disposed of properly.

Medications may be dropped off at a Local Pharmacy, or a Waste Management Disposal Depot. At discharge, medication from current prescriptions is returned to the parent/ guardian.

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## MISSION, VISION, AND VALUES

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Revised and Approved January 2020

### **Our Mission**

Woodview goes above and beyond to engage individuals and families by providing high quality mental health and autism services and supports that inspires hope and strengthens lives.

### **Our Vision**

An inclusive community where everyone has a voice and feels valued.

### **Our Values**

#### **Accountability**

We act with integrity and are responsible, reliable, and transparent to all our stakeholders.

#### **Respecting Others**

We hold the people we serve at the centre of all that we do. We treat everyone with dignity, respect client voice, and embrace diversity.

#### **Working Together**

We actively encourage, support, and invest in partnerships.

#### **Leading**

We are forward-thinking and work to influence positive change in our communities.

#### **Innovation and Learning**

We seek new opportunities to learn, to improve, to teach, and to add value.

#### **Commitment to Staff**

We nurture a positive culture by celebrating individual accomplishments, empowering staff, and fostering team spirit.

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## MULTIDISCIPLINARY PROCESS – CHILDREN’S MENTAL HEALTH

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Reviewed and Approved January 2020

Woodview recognises that the clients referred for service have behavioural, emotional, psychological and social problems that exist in the context of a family and community. The multidisciplinary process recognises the systemic nature of the difficulties of these children and families.

The multidisciplinary process is an attitude and belief that is apparent in the professional standard that subsequently impacts the assessment and treatment planning for clients. Each professional, from the perspective of their discipline recognises and accepts that special knowledge and input gained from other professionals can assist in the understanding of and planning for clients and families.

Access to multidisciplinary resources may extend beyond Woodview and may require access to resources within or outside of the community. Input may be in the form of consultation with staff and family or may include specific assessment of the client and/or family. The opportunity for direct feedback is provided to the client and family.

The agency will clearly designate a case manager for each client receiving service. The case manager, in consultation with the treatment team and/or supervisor, identifies the need for multidisciplinary involvement on a case specific basis. This may occur at any time during the client and family's involvement with the agency and includes input in the form of information sharing, problem-solving and decision-making into the assessment, planning, treatment, discharge and follow-up of cases.

The case manager facilitates the multidisciplinary process by developing a plan to obtain the resources and incorporate this information into further assessment and treatment planning in conjunction with the client, family and other professionals involved. Input is obtained and documented in accordance with the Policy - Confidentiality and Records Disclosure.

Woodview will ensure the systematic review of all cases throughout the time of their involvement with the agency and facilitate access to the multidisciplinary process with both internal and external resources when indicated.

A Multi-disciplinary Team Meeting is held monthly. A consulting Psychiatrist is at these meetings with Woodview social workers and children and youth workers. Client cases are presented and input is gathered thought this process. Community Collaterals also participate at these meetings as relevant.

Tele-Mental Health Services are available at Woodview and are utilized for direct consultation between a psychiatrist and a client for Brantford programs, and/or a team consultation as well as educational purposes.

In consultation with the supervisor, the case manager will access multi-disciplinary consultation for persons served in risk situations (i.e. suicide risk, family violence, abuse).

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## PETS AND SERVICE ANIMALS

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Reviewed and Approved January 2020

### Pets

Pets are not permitted to reside in Woodview residential settings due to health and safety concerns. Pets may be brought on site to residential or other programs for therapeutic purposes as appropriate and arranged with the Program Manager.

Adults residing in SIL units may choose to have a pet in their unit and are solely responsible for the care of the pet. This would be decided in consultation and with consent of all housemates in the event that they might be negatively affected by having a pet in the unit, i.e. allergies, fears. Woodview staff will take note of the health and well being of any pets during their presence in the SIL units and provide direction to clients if any concerns arise.

### Service Animals

Service Animals are permitted at Woodview sites in accordance with the *Accessibility for Ontarians Disability Act*.

Woodview recognizes that Service Animals are trained to provide a specific function to the child, youth or adult they are assigned to, therefore staff are not responsible for training the guide dog or managing disruptive behaviours.

Guide dogs are not to be distracted or disrupted by others touching, petting or talking to the animal when they are in service. Staff will ensure that clients in the program are made aware of this.

If the guide dog should come to harm caused by the client or other clients or by escaping vehicles or eating foods harmful to the dog (i.e. chocolate, grapes etc.), Woodview will not be held responsible.

Woodview shall obtain written consent of the client at the beginning of service to communicate with the Guide dog provider and will contact the guide dog provider to report any concerns or suspected animal abuse.

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## PRIVACY POLICY

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Reviewed and Approved January 2020

### **Privacy Is Important**

Woodview is committed to meeting the highest standard of ethics with respect to maintaining the privacy and confidentiality of the personal health (client) information that we collect, use and disclose. Woodview strives to protect the privacy rights of our clients by meeting or exceeding the standards established by law, including Ontario's *Personal Health Information Protection Act, 2004* ("PHIPA").

Each member or authorized agent of Woodview must take an oath of confidentiality with respect to client information that they may obtain through the course of their involvement with Woodview, which includes adherence to the terms of this Privacy Policy. This oath is taken when the individual first becomes involved with Woodview and continues in effect indefinitely.

Woodview staff are orientated to the Privacy Policy during their orientation to the agency when they are hired.

The Director of Quality Improvement is the contact person for privacy matters and can be reached at 905-689-4727. In keeping with the requirements of PHIPA, for the purposes of protecting the privacy and confidentiality of client information, we have also prepared a Privacy Statement, which is available to the public.

### **Personal Health (Client) Information Collected**

Client information is "identifying information" about an individual, whether oral or recorded. It includes any information about an individual's health or service history. "Identifying information" means information that could identify an individual when used alone or with other information.

The types of client information that is collected, used and stored may vary depending upon the individuals involved and the nature of their relationships with Woodview. For clients (children, youth, adults and families), information collected may include a client's name, address, date of birth, health card information, and personal/family information related to assessment, counselling and treatment.

To acknowledge donations and for accounting purposes, names and addresses of specific donors may be collected.

With limited exceptions which includes centralized intake, Woodview obtains most client information directly from the client and collects only as much information as is necessary to meet the purpose of the collection.

### **Use of Personal Health (Client) Information**

Woodview will identify the purposes for which client information is being collected, in advance, and will inform clients of these purposes. Woodview will only collect, use and store information that is necessary for these purposes. For clients, personal information may be used:

- To provide assessment, counselling, and treatment services;
- For quality assurance purposes, including feedback as to how effective and helpful Woodview services have been, to improve services;
- To comply with legal and regulatory requirements (including licensing and accreditation);
- To contact individuals regarding upcoming events, activities and programs that may be of interest;
- For Woodview fundraising purposes.

Woodview may use anonymous information for research and program evaluation purposes, and for education and professional development of staff. If specific information is used that may identify a client in any way, the permission and consent of the client is required.

For donors, personal information may be used:

- To issue charitable receipts and acknowledge donations;
- To contact individuals regarding upcoming events, activities and programs that may be of interest;
- For Woodview fundraising purposes.

When using client information, Woodview exercises the highest level of care and will take all reasonable steps to ensure that client information is accurate, complete and up-to-date for the purpose the information is being used. Woodview uses technology and well-defined practices to ensure client information is processed promptly, accurately, and completely. Woodview depends on clients, however, to advise of any changes to client information.

Woodview staff will limit their access to client's information to only those PHI records that relate to clients they are working with within their program. This includes referrals and past clients to the program who want access to records or assistance, as well as limited access to PHI clients in other programs for purposes of clinical consulting.

### **Sharing Personal Health (Client) Information**

Woodview does not share personal client information with anyone outside of Woodview and its agents (e.g. consultants, legal counsel, licensing and accreditation reviewers) without the appropriate client consent.

Woodview shares information with other professionals, hospitals, agencies and schools who are involved in the care, education and treatment of clients only when the client (age 12 and over) or parent/authorized caregiver (for child or youth under age 12) provides consent to do so or under age 12 if the child is capable of making decision and understand what they are consenting to (informed consent). Woodview may rely on a client's implied consent to share information with an authorized agent as long as the sharing is related to the provision of service and the client has not expressly stated otherwise. For most service provision purposes, consent is implied as a result of admission to a Woodview program. In some circumstances however, express and often written consent may be required.

The only exceptions are legally necessary disclosures ordered by a subpoena or when required to notify authorities in situations of suspected abuse, neglect, or imminent harm.

### **Non-Identifying Information Data Sharing**

Non-identifying information is sent to the Ministry of Health and/or the Ministry of Children, Community and Social Services. The information provided is used for planning purposes, as well as, for improving service delivery.

### **Identifying Information Data Sharing**

In Halton and Hamilton, children's mental health client-specific information (Name, Date of Birth, and Postal Code) is encrypted and securely sent to the designated Lead Agencies. The Lead Agencies then send non-identifying information to the Ministry of Health for planning purposes, as well as for improving service delivery.

## **Safeguards and Security**

Woodview recognizes the importance of safeguarding client information and will take all steps that are reasonable in the circumstances to ensure that personal client health information is protected against theft, loss or unauthorized use or disclosure. Woodview will also ensure that the records containing this information are protected against unauthorized copying, modification or disposal.

Measures are taken to ensure the safe storage of client information including physical and technological security.

Physical security measures to protect client information include:

- personal health information is kept in locked and secure filing cabinets; and
- office access is restricted to authorized people; and
- all buildings are protected by a security system

Technological security measures to protect client information include the use of:

- passwords, user IDs;
- firewalls and virus scanners; and
- restricted access to information

Administrative measures that protect client information, include:

- confidentiality and records security policies which all staff and agents of Woodview are required to follow,
- staff training; and
- confidentiality agreements

Clients should be reminded that e-mail is not necessarily secure against interception. Clients should not send sensitive communications electronically unless the e-mail is encrypted or the browser indicates that access is secure. Clients can choose to have limited communication via email or text, with the preceding knowledge, if they choose, upon signing Consent for Email/Text Communication.

## **Privacy Breaches**

Upon being notified of an actual or potential breach of a client's privacy, reasonable and immediate steps are taken to prevent further unauthorized use or disclosure of PHI records.

In the event that a client's information has been stolen, lost or accessed by an unauthorized person, the client will be notified at the first reasonable opportunity.

## **Retention of Personal Health Information**

Woodview retains client records for twenty (20) years after the client's date of discharge or in accordance with any minimum retention period that is established by law.

## **Destruction of Personal Health Information**

When client information is destroyed, Woodview will use safeguards to ensure secure destruction, including entering into a written agreement with any agent retained for the purposes of destruction of client records, which will set out the requirements for secure disposal and require the agent to confirm in writing that secure disposal has occurred.

## **Access to Personal Health Information**

With certain limited exceptions, clients have a general right to access and request a copy of the client information kept about them by Woodview.

During the course of ongoing service, copies of reports generated by Woodview will be provided to the client and/or the family. If a client requests direct access to his or her clinical file, refer to Clinical Policy - Direct Client Access to Records.

## **Correction to Personal Health (Client) Information**

If a client believes that his or her client information is not accurate or complete, he or she may make a request to have the information corrected. Woodview will correct client information where it is demonstrated that the information in the client's record is, in fact, inaccurate or incomplete and the necessary information is provided to correct the record.

Clients have a right to append a short statement of disagreement to their record if a request for a correction is denied. A request for a correction may be denied when it is a professional opinion or an observation made by a service provider. This does not constitute inaccurate or incomplete information.

All requests for corrections to client information will be responded to in a reasonable time frame.

## **General**

Woodview's policies and procedures are reviewed on an ongoing basis and may be revised from time to time. If these revisions significantly change the way in which client information is collected, used or disclosed, clients will be informed consents obtained where required.

## **Questions/Concerns**

If clients have any questions or concerns about privacy at Woodview, they should be directed to contact the administration office:

Cindy I'Anson, Executive Director  
Privacy Officer / Health Information Custodian  
69 Flatt Road, Burlington, ON L7P 0T3  
905-689-4727 X114

If these concerns are unable to be addressed or if further information is required regarding Privacy in Ontario, contact the following:

Information & Privacy Commissioner of Ontario  
2 Bloor Street East, Suite 1400, Toronto, ON M4W 1A8  
1-800-387-0073  
[www.ipc.on.ca](http://www.ipc.on.ca)  
[commissioner@ipc.on.ca](mailto:commissioner@ipc.on.ca)

## **Changes to this Policy**

Any changes to the Privacy Policy shall be acknowledged in a timely manner.

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## **PROGRAM EVALUATION (RBA AND FORMAL EVALUATION)**

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Revised and Approved January 2020

Woodview uses Result Based Accountability (RBA) as the framework for evaluating our Children's Mental Health & Autism programs. One of the areas of Results Based Accountability is Performance Accountability which focuses on the well-being of the client population (children, youth and families).

Performance Accountability is a measurement system that agencies use to improve the performance of programs, agencies and service systems. Performance measurement categories include: How much did we do? How well did we do it? Is anyone better off?

Key Headlines, or goals, are identified by program managers and teams in coordination with the Manager of Quality Improvement and Data to focus on during each data collection year. Data collection years are based on the academic year (i.e. September – August).

### **Formal Program Evaluation**

#### **Background**

Program Evaluation is a form of applied research, often an intensive study of a specific program at a given point in time. Program Evaluation research design principles are applied as appropriate, however there may be fewer controls and so Program Evaluation is not expected to meet the same level of scientific rigor as Research.

#### **Purpose**

Woodview values formal program evaluation as a way to inform decision making about providing the most effective services to people and to ensure that we are maximizing the use of resources in planning for services.

#### **Policy**

Program evaluation projects will be reflective of current knowledge related to effective evaluation design and implementation. Evaluation practices will be conducted ethically and with integrity.

#### **Procedure**

1. Program evaluation design and methodology are to be selected based on the types of evaluation questions that are developed and the context in which the evaluation takes place.
2. Program evaluation must adhere to the highest technical standards appropriate to the methods used.
3. The Executive Director will be responsible for the consideration and approval of any formal program evaluation to be undertaken which uses client records and may consult with relevant managers and staff in determining the merits of the program evaluation.
4. Internal or external staff, consultants, students or researchers wishing to conduct Program Evaluation must have approval from the Executive Director and/or Manager of Quality Improvement / Data.

5. The following criteria must be adhered to in any program evaluation:
  - The evaluation must adhere to Woodview's Mission, Vision, Values and Service Principles and ethical interests.
  - The evaluation must have a clear purpose and objectives with a concrete evaluation work plan.
  - The evaluation is intended to contribute to improvement of Woodview's knowledge of what works in providing programs and services.
  - The dignity, privacy, security, diversity and respect of participants and stakeholders must be maintained throughout the process.
6. Program evaluation plans must include a clear knowledge exchange plan for informing staff, board, clients and stakeholders of the outcomes of the evaluation.

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## PSYCHIATRIC EMERGENCIES AND SUICIDAL RISK

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Revised and Approved January 2020

A primary responsibility of Woodview is the health and safety of all individuals involved in our programs.

A psychiatric emergency exists if in assessing an individual's mental health status, a staff member deems the person is at risk of harming him/herself and/or others such as in cases of suicidal behaviour, extreme aggressive behaviour or extreme withdrawal and elopement.

**In cases of suicidal risk, staff will:**

Immediately assess the situation by questioning the individual on seriousness of intentions to harm self or others and assess presence of risk factors, by using the following ASIST model:

- a. Directly ask about thoughts of suicide: i.e. – Are you thinking about killing yourself?
- b. When able, discuss with individual reasons for dying and reasons for living (Ambivalence).
- c. Review Risk Factors with individual:
  - i. Current Plan – How, When, Do they have the means to carry out?
  - ii. Pain – What is their level of emotional/physical pain?
  - iii. Resources – Does the individual have resources/support, or are they isolated?
  - iv. Prior Suicidal Behaviour – Has the individual attempted suicide in the past, what were the details?
  - v. Mental Health History – Is there a history of mental illness, past and current treatments?
- d. Contract a Safety Plan, providing for all risk factors. **\*If unable to secure a safety contract, follow procedures below for all other psychiatric emergencies.**

Safety Plan, include all items below when indicated during review of risk:

- i. Thoughts of Suicide  
Keep Safe – can agree to stay safe for specific period of time Safety Contact(s) 24 hr availability  
Safe/no use of alcohol/drugs Link to resources
  - ii. Has a Current Suicide Plan  
Disable the Plan – maintain personal safety as necessary
  - iii. Pain  
Ease the pain – sometimes just talking can help ease the pain
  - iv. Resources  
Link to resources – insure an adequate support system
  - v. Prior Suicidal Behaviour  
Protect against danger of previous suicidal behaviour, support past survival skills
  - vi. Mental Health History  
Link to mental health worker
- e. Follow-up: Ensure Safety Contract was followed through with and supports are in place.

**For all other psychiatric emergencies, or when unable to contract a safety plan, staff will:**

1. Immediately assess the situation by questioning the individual on seriousness of intentions to harm self or others and assess presence of risk factors.
2. Direct someone to call 911 for immediate assistance if either an ambulance or police escort is required. Provide pertinent information as required. Use appropriate judgement and err on the side of caution when in doubt of whether to call for medical assistance.
3. Administer first aid as required utilizing standardized universal precautions.
4. Immediately go to the nearest hospital emergency if the health and safety of the individual is at risk and police or ambulance is not required. Transport client in an agency vehicle, if possible.
5. Take client's medical information along to medical facility.
6. Liaison with medical personnel immediately. Provide information on the person's emotional state, current stressors, behaviours, verbalizations, onset of the event, current situation and historical background of risk behaviour. Provide information on steps taken to ensure client's safety.
7. One staff person is to remain with the client at all times to ensure client's safety until relieved by a family member or legal guardian.
8. Safe-proof the environment and ensure the safety of other clients and staff members.

**Once the client has been stabilized, the staff will:**

1. Inform immediate Supervisor or designate.
2. Contact parent(s) and/or legal guardian(s) to inform them of the nature of the emergency and to advise them of your location. Parental consent is required for facility admission process.
3. Contact family physician and inform them of the event.
4. Continue to liaison with medical personnel.
5. Complete required paperwork such as an incident report and serious occurrence report. Document the client's behaviour, assessment of risk, and action taken.
6. Debrief with colleagues and supervisor for support.

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## PUBLIC EDUCATION

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Reviewed and Approved January 2020

Woodview recognizes that public education is an important aspect of prevention and increasing awareness of mental health issues related to children, youth, adults and their families.

Upon request, Woodview provides a limited number of public informational/ educational presentations. Information sessions focus on services and programs offered by Woodview. Educational sessions include participation on panel presentations, workshops for children, youth, adults and parents, speaking engagements and consultations where appropriate.

Sessions may vary in presentation style and may include a broad range of subjects related to Children and Youth Mental Health and Autism Spectrum Disorder for all ages.

Requests for information related to Woodview services and programs or for educational presentations should be directed to the appropriate manager/coordinator. Direct requests to staff should be discussed with the staff member's immediate supervisor.

The decision to provide community education is based on:

- Location and size of target audience,
- Time commitment and related costs,
- Relevancy to Woodview's mandate,
- Assessment of community needs,
- Anticipated benefits of the target audience,
- Availability of resources (staff and/or volunteers).

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## **QUALITY IMPROVEMENT - CONTINUOUS**

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Revised and Approved January 2020

### **Policy**

Woodview is committed to providing quality service, management and governance practices, and to improving the quality of services and operations.

The Board of Directors shall monitor the identified quality improvement activities annually. The board of directors shall ensure that appropriate strategies and activities are in place to improve the quality client services and programs, governance and management practices. Initiatives and evaluations of programs and services shall include the perspectives of a variety of sources (i.e. persons served, staff and service data).

### **Procedures**

#### **Quality Improvement Activities**

The following planning, assessment and evaluative tools provide information about and contribute to the provision of quality services as well as the development of best practices. To that end, the Board shall insure that the following are in place:

1. A Performance Measurement framework that includes quality improvement activities and goals, itemizes performance indicators, levels to be achieved and timelines.
2. A Program Evaluation process that identifies and selects outcome measures, analyzes and interprets results, and prepares reports annually. The evaluation framework used across all Woodview programs is Results Based Accountability, which measures quality and efficiency of services. It outlines for each program, how much did we do, how well did we do it and is anyone better off? Results are analyzed at the individual client level, at the program level and across the organization.
3. A Client Satisfaction Survey process that includes clients' level of satisfaction with service and their evaluation of effectiveness and outcome of the service provided. Survey results will be tabulated by program where possible. This data will be analyzed and reported on annually.
4. Clinical File Audits
5. A review of client complaints, incidents, accidents and Serious Occurrences
6. Risk Management Framework Review, a risk assessment conducted by the Ministry every three years if the organization is evaluated as low risk.
7. An external accreditation reviewed conducted on a regular basis (currently every 4 years) the results of which are implemented, as applicable.
8. An annual external audit of financial management.

### **2. Reporting Accountability**

The Executive Director shall ensure that each of the activities is implemented and a report made available to the board annually.

Staff shall receive information at general staff meetings and/or team meetings.

Reports shall be shared with funders and other stakeholders, as appropriate.

Information shall be incorporated into the annual meeting report that is available in hard copy and electronically to staff, funders and other stakeholders.

## **REPORT FORMATS (STANDARDIZED) – CHILDREN'S MENTAL HEALTH**

Reviewed and Approved January 2020

Due dates for forms and reports are as follows:

<b>FORM</b>	<b>PURPOSE</b>	<b>DATE OF COMPLETION</b>
Intake Form (form may vary according to geographic area)	To record intake information	At intake and then forwarded to administration for input into EMHWare.
InterRAI Interview	Clients may be asked to complete an interview. The information is used for screening and as part of the assessment and for compiling a client database.	This process may occur at the central intake point or during the admission process to programs.
Registration/Transfer Form	To record identifying and other significant information for the client database.	To be completed and forwarded to the administration office at the time of admission or prior to a transfer between programs.
Progress or Contact Notes	To record briefly any contact with or on behalf of clients.	As soon after the contact as possible.
Log Notes	To document milieu activity in day and residential treatment.	By the end of each shift.
Assessment Summary	To summarise the results of an assessment process and the development, with client, of a treatment plan. It is recognised that assessment is an ongoing process and this report is based on the information available at the time of writing.	This is completed within 60 days of admission to service.
Assessment Summary Update  Treatment Plan Review	To document new and significant information obtained since the completion of the Assessment Summary.  To document the development and review, with the client, of a specific treatment plan with specific goals. When a team is involved, the review of all goals is documented.	To be completed and filed with the Assessment Summary when new information becomes available (or updated information recorded in TPR)  First TPR due 90 days after assessment. Subsequent TPR's completed a minimum of every six months following the assessment unless legislative requirements or contracts (i.e., day treatment) specify otherwise.
Individual Support Plan	To document the development and review, with the client, of a specific support plan with specific goals.	Once a year for part time clients and every six months for full time clients

FORM	PURPOSE	DATE OF COMPLETION
Closing/Discharge Summary	A summary of activity that occurred during the period the client was involved with the Agency. It summarises the goals and responses to treatment, including termination plans.	Within 30 days of the last contact with the client. For day treatment clients, a closing summary must be completed within 30 days of discharge (even when service continues).
Brief Therapy/ Consultation Report	This report summarises assessment and treatment for counselling clients when service delivery is short term.	Within one month of last counselling session or contact.
Group Case Notes Group Report	This group serves the purpose of treatment/or prevention. It is a written description that clearly articulates its purpose, target population and rationale. Groups are differentiated in EMHware as centre-based or community.	Ongoing - Outline of weekly sessions are kept on EMHware until last contact.
Community Group	This is completed when service is offered to clients who do not have a clinical file. The program outline is kept centrally and certificate given.	Within one month of last contact information forwarded to administration for input.
Respite Services	To provide for families allowing them to recharge and reflect. Can be offered during the daytime, afterschool, evenings and/or weekends	Plan is reviewed periodically and modifications are made as required.
Psychological Assessment	This report documents the results of psychological testing and is completed by a psychometrist or psychologist on contract with the Agency.	Within a mutually agreed upon timeframe.
Predisposition Assessment	This report is completed by order of the court under Section 34 of the Youth Criminal Justice Act.	Prior to court date.
Disclosure/Access Record	This is a record of any disclosure or access to records on open or closed cases. This must be completed in accordance with the CYFSA.	At the time of disclosure or access.

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## **REPORTING AND MANAGEMENT OF ALLEGED OR SUSPECTED CHILD ABUSE AND NEGLECT**

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Revised and Approved January 2020

### **General Principles**

The intention of these guidelines is to safeguard the rights and needs of children, parents and guardians, and the staff of Woodview, during the process of reporting an allegation or suspicion of child abuse.

The children/youth must feel that they are in an environment in which they can make a report to any adult internal or external to Woodview if they feel that they have been mistreated. Any allegations will be received without prior judgment or bias, and will be listened to in an understanding and empathetic manner. The child/youth must not feel that they will be restricted or punished in any way for making such a report. Any reported or suspected abuse will be reported to the appropriate authorities promptly and directly.

Families must feel that their children/youth are in a safe environment with complete opportunity to make their needs and concerns known to anyone within or outside of Woodview. This information is outlined to parents in the Parent Orientation Letter for the program that they are involved in. Families must be informed that any allegations or suspicion of abuse will be promptly reported to the Children's Aid Society who will determine whether an investigation is warranted.

The staff at Woodview must feel that their rights are equally respected and safeguarded if an allegation is made against them. The staff member will be provided with support, direction, and legal protection during the investigative process. If staff determines legal counsel is needed during investigation, Woodview will financially support this.

### **Reporting Procedures**

1. When an allegation of child abuse is reported to a staff member by the child/youth or any other person or the staff member has reasonable grounds to suspect that a child is or may be in need of protection, the staff member must immediately report this information to the local Children's Aid Society (CAS). The staff member who receives the information or has reasonable grounds to suspect that a child may be in need of protection must report the information to the CAS. If for some reason, the CAS is not available, a report may be made to the local police department.

If there is some question as to whether a particular incident or situation is reportable, the CAS may be contacted to for a confidential, non-identifying consultation to determine whether a formal report is required. If it is determined that this is required, identifying information must then be given to the CAS.

2. The staff member must immediately inform management staff that a report has been made. When required, the Executive Director or, in his or her absence the designated Director, will report to the Ministry. Refer to Policy [Serious Occurrences – Managing and Reporting](#).
3. Woodview staff, at the direction of the CAS staff, will determine an immediate plan to protect the child. This may include taking the child to a place of safety or another location.
4. The decision of how to inform the parents and/or guardians will be made in consultation with the CAS and Woodview's management staff.

### **Allegations Made Against a Staff Member:**

In most cases, the staff member named in the allegation will be reassigned to duties that do not include direct work with children or, minimally, the child/youth making the allegation. There is no presumption of guilt, and no loss of status or benefits implied; rather these actions are taken in recognition of the needs of both the client and the staff member for a “neutral” environment during the process of the investigation.

With the approval of the CAS, the staff member will be fully informed of the nature of the allegation, and of the procedures to be followed in responding to such an allegation. The staff will be fully informed of his/her legal rights and obligations. If staff determines that legal counsel is needed during the investigation, Woodview will financially support this.

The supervisor and management staff will provide support and direction throughout the investigation process.

### **Definition of Child in Need of Protection:**

A child is in need of protection in any of the following circumstances (Child and Youth Family Services Act, Section 125(1)).

Despite the provisions of any other Act, if a person, including a person who performs professional or official duties with respect to children, has reasonable grounds to suspect one of the following, the person shall immediately report the suspicion and the information on which it is based to a society:

1. The child has suffered physical harm inflicted by the person having charge of the child or caused by or resulting from that person's,
  - i. failure to adequately care for, provide for, supervise or protect the child, or
  - ii. pattern of neglect in caring for, providing for, supervising or protecting the child.
2. There is a risk that the child is likely to suffer physical harm inflicted by the person having charge of the child or caused by or resulting from that person's,
  - i. failure to adequately care for, provide for, supervise or protect the child, or
  - ii. pattern of neglect in caring for, providing for, supervising or protecting the child.
3. The child has been sexually abused or sexually exploited by the person having charge of the child or by another person where the person having charge of the child knows or should know of the possibility of sexual abuse or sexual exploitation and fails to protect the child.
4. There is a risk that the child is likely to be sexually abused or sexually exploited as described in paragraph 3.
5. The child requires treatment to cure, prevent or alleviate physical harm or suffering and the child's parent or the person having charge of the child does not provide the treatment or access to the treatment, or, where the child is incapable of consenting to the treatment under the Health Care Consent Act, 1996, refuses or is unavailable or unable to consent to, the treatment on the child's behalf.
6. The child has suffered emotional harm, demonstrated by serious,
  - i. anxiety,
  - ii. depression,

- iii. withdrawal,
- iv. self-destructive or aggressive behaviour, or
- v. delayed development,

and there are reasonable grounds to believe that the emotional harm suffered by the child results from the actions, failure to act or pattern of neglect on the part of the child's parent or the person having charge of the child.

7. The child has suffered emotional harm of the kind described in subparagraph 6 i, ii, iii, iv or v and the child's parent or the person having charge of the child does not provide services or treatment or access to services or treatment, or, where the child is incapable of consenting to treatment under the Health Care Consent Act, 1996, refuses or is unavailable or unable to consent to, treatment to remedy or alleviate the harm.

8. There is a risk that the child is likely to suffer emotional harm of the kind described in subparagraph 6 i, ii, iii, iv or v resulting from the actions, failure to act or pattern of neglect on the part of the child's parent or the person having charge of the child.

9. There is a risk that the child is likely to suffer emotional harm of the kind described in subparagraph 6 i, ii, iii, iv or v and the child's parent or the person having charge of the child does not provide services or treatment or access to services or treatment, or, where the child is incapable of consenting to treatment under the Health Care Consent Act, 1996, refuses or is unavailable or unable to consent to, treatment to prevent the harm.

10. The child suffers from a mental, emotional or developmental condition that, if not remedied, could seriously impair the child's development and the child's parent or the person having charge of the child does not provide the treatment or access to the treatment, or where the child is incapable of consenting to the treatment under the Health Care Consent Act, 1996, refuses or is unavailable or unable to consent to, treatment to remedy or alleviate the condition.

11. The child's parent has died or is unavailable to exercise custodial rights over the child and has not made adequate provision for the child's care and custody, or the child is in a residential placement and the parent refuses or is unable or unwilling to resume the child's care and custody.

12. The child is younger than 12 and has killed or seriously injured another person or caused serious damage to another person's property, services or treatment are necessary to prevent a recurrence and the child's parent or the person having charge of the child does not provide services or treatment or access to services or treatment, or, where the child is incapable of consenting to treatment under the Health Care Consent Act, 1996, refuses or is unavailable or unable to consent to treatment.

13. The child is younger than 12 and has on more than one occasion injured another person or caused loss or damage to another person's property, with the encouragement of the person having charge of the child or because of that person's failure or inability to supervise the child adequately.

#### **Ongoing duty to report (CYFSA 125(2))**

A person who has additional reasonable grounds to suspect one of the matters set out in subsection (1) shall make a further report under subsection (1) even if the person has made previous reports with respect to the same child.

#### **Person must report directly (CYFSA 125(3))**

A person who has a duty to report a matter under subsection (1) or (2) shall make the report directly to the society and shall not rely on any other person to report on the person's behalf.

**Duty to report does not apply to older children (CYFSA 125(4))**

(4) Subsections (1) and (2) do not apply in respect of a child who is 16 or 17, but a person may make a report under subsection (1) or (2) in respect of a child who is 16 or 17 if either a circumstance or condition described in paragraphs 1 to 11 of subsection (1) or a prescribed circumstance or condition exists.

**Offence (CYFSA 125(5))**

A person referred to in subsection (6) is guilty of an offence if,

- (a) the person contravenes subsection (1) or (2) by not reporting a suspicion; and
- (b) the information on which it was based was obtained in the course of the person's professional or official duties

**Professionals and officials (CYFSA 125(6))**

Subsection (5) applies to every person who performs professional or official duties with respect to children including,

- (a) a health care professional, including a physician, nurse, dentist, pharmacist and psychologist;
- (b) a teacher, person appointed to a position designated by a board of education as requiring an early childhood educator, school principal, social worker, family counsellor, youth and recreation worker, and operator or employee of a child care centre or home child care agency or provider of licensed child care within the meaning of the Child Care and Early Years Act, 2014;
- (c) a religious official;
- (d) a mediator and an arbitrator;
- (e) a peace officer and a coroner;
- (f) a lawyer; and
- (g) a service provider and an employee of a service provider.

**Penalty (CYFSA 125(9))**

(9) A person convicted of an offence under subsection (5) or (8) is liable to a fine of not more than \$5,000.

**Section overrides privilege; protection from liability (CYFSA 125(10))**

This section applies although the information reported may be confidential or privileged, and no action for making the report shall be instituted against a person who acts in accordance with this section unless the person acts maliciously or without reasonable grounds for the suspicion.

**Reasonable Grounds**

"Reasonable grounds" has been interpreted to mean what an average person, given his or her training, background and experience, exercising normal and honest judgment, would have reason to believe. Whether certain information constitutes "reasonable grounds to suspect" will also depend on the particular facts of the case.

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## REPORTING MISSING CHILDREN AND YOUTH

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Reviewed and Approved January 2020

### **Procedures:**

All programs should prepare and maintain an updated medical card for each client to provide an accurate description of the missing child/youth. One card is to be kept in the client's file, one card is to be kept at the program site and one card is to be available for outings. It is considered good practice to ensure that pertinent information on clients is accessible at all times.

The procedures for reporting missing children/youth from programs should be used when they are considered to be at risk, or if the child/youth cannot be located using reasonable staff efforts. Staff will consult with their Program Manager to make this determination.

### **Program Response:**

The staff shall report the absence of a child/youth from the program to:

- 1) A parent and/or guardian;
- 2) The Ministry Regional Office (by way of Serious Occurrence Reporting Procedures) if applicable.
- 3) The Children's Aid Society when the child/youth is in their care;
- 4) Notify the Police having jurisdiction where the child/youth is located and provide the following information as required:
  - a. name of client, date of birth, sex and complete physical description;
  - b. status of client, i.e., Parental agreement, Society Ward, Crown Ward, Probation with Order to Reside;
  - c. name of Woodview staff, agency, address and telephone number;
  - d. name of parent(s)/guardian(s) and addresses where appropriate;
  - e. any locations where the client may be and possible associates;
  - f. any serious concerns, e.g. suicidal, homicidal, medical problems;
  - g. photograph if available.
- 5) Obtain the name and badge number of the reporting Police Officer and the occurrence number (if available) for future reference.
- 6) Fill out all appropriate forms in accordance with the client's status and local practice, and ensure that a written report is entered into the client's file.
- 7) Ensure that all relevant individuals (as defined by agency practice and set out in Regulation 550/85) are notified.
- 8) On the child/youth's return to the program staff on duty will:
  - a. inform the Police, in cases where the client is not returned by the Police;
  - b. inform parent and/or guardian;
  - c. ensure that the client's file is updated.

### **Police Response:**

The Police will

- 1) inquire briefly into the circumstances under which the client left the program;
- 2) complete a Missing Persons Report (M.P.R.) and enter the client on the C.P.I.C. system as a missing person

The Police will ensure that the status of the client is included in the REMARKS section of the C.P.I.C. entry.

## **Police Authority to Apprehend A Runaway**

### **16 YEARS OR OLDER**

The Police have no authority to detain a young person of this age and status. They may try to locate the young person and convince him/her to go with them, but the young person is not obliged to return to the program nor can the Police force the young person to return. The police may wish to contact the program to discuss whether the C.P.I.C. should be cancelled or maintained.

### **UNDER 16**

Under Section 83 (4) of the Child, Youth, and Family Services Act, the child can be apprehended without a warrant and brought to a place of safety when:

“A peace officer or child protection worker may without a warrant bring the child to a place of safety if the peace officer or child protection worker believes on reasonable and probable grounds that,

- (a) the child is actually or apparently younger than 16, and,
  - (i) has left or been removed from a society’s lawful care and custody without its consent, or
  - (ii) is the subject of an extra-provincial child protection order and has left or been removed from the lawful care and custody of the child welfare authority or other person named in the order; and
- (b) there would be a substantial risk to the child’s health or safety during the time necessary to obtain a warrant under subsection (1).”

Under Section 85(1) of the Child, Youth, and Family Services Act,

“A justice of the peace may issue a warrant authorizing a peace officer or child protection worker to bring a child to a place of safety if the justice of the peace is satisfied on the basis of the sworn information of a person that,

- (a) the child is younger than 16;
- (b) the child has withdrawn from the person’s care and control without the person’s consent; and
- (c) the person believes on reasonable and probable grounds that the child’s health or safety may be at risk if the child is not brought to a place of safety.”

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## RESEARCH GUIDELINES

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Revised and Approved January 2020

Woodview believes that research and evaluation are opportunities for learning that will inform and improve the work that we do with individuals, families and communities. We believe that community participation improves the quality and relevance of research and evaluation. We will support and encourage research that will benefit the people that we serve.

The agency will consider several issues relative to its participation in research projects sponsored both internally and from external sources (e.g. Universities).

**Procedure:**

1. Each research proposal will be reviewed by the Executive Director who will ensure that the following criteria is met prior to approval:
  - The research adheres to the Agency's mission, vision, values, service principles, and ethical interests.
  - The research has a clear purpose and objectives.
  - The research will contribute to the Agency's learning and most importantly, benefit the service participants served.
  - Persons or organizations conducting the research must have the appropriate expertise, experience, qualifications and capacity.
  - The research must adhere to the professional standards and ethics of the researcher's governing body. And undergo a rigorous, objective ethics review.
  - There are clear methods of protecting confidentiality and the rights of service participants must be identified and will be adhered to.
  - There is a process identified for the security and privacy of research material and data during and following the study.
  - There is a plan identified for the dissemination of the research information.
2. Research in which clients are directly involved such as focus groups or interviews, in addition to information derived from their records, must be approved by an external Ethics Review Board (usually through an academic institution) prior to the research commencing. Service Participants must be considered in all Research plans. Woodview may provide input to the Ethics Review Panel to ensure agency standards are met.
3. Participants will be given information in an understandable language about the project including its purpose, funders, names of investigators and the intended use of information.
4. Research methods are selected which will be minimally intrusive, avoiding unreasonable demands on the service participants / employee's time.
5. Research must be conducted with sensitivity to issues of gender, culture, language and development as well as literacy levels and attention span of participants.
6. Research designs involving deception will be not be utilized.
7. Approved researchers will report to the applicable Manager/Director on a regular basis throughout the life of the project.

8. Researchers will be expected to report their findings in clear language to their intended audience, following the completion of the research project
9. Researchers will provide a copy of the completed report for Agency use.
10. Completed research will be accessible to staff, service participants, board of directors and stakeholders.
11. Clients who participate in research studies will do so voluntarily. Service participants sign a written consent form, which outlines the purpose of the research, the expected level and type of involvement from them and the intended use of the information gathered including potential publication or presentation at scientific meetings.

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## RIGHTS AND RESPONSIBILITIES OF CLIENTS

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Reviewed and Approved January 2020

### **Client Rights**

Woodview provides a safe environment where all clients are treated with dignity and respect. Woodview clients, staff and volunteers have shared responsibility to keep our setting free from harassment and discrimination.

Our agency, under the laws of the Canadian Charter of Rights and Freedoms and the Ontario Human Rights Code prohibits harassment and discrimination on the grounds of: ancestry, age, citizenship, colour, creed, disability, ethnicity, family status, marital status, place of origin, religion, record of offences, sex or sexual orientation.

In addition, all clients of Woodview have the right to:

- Be informed of all rights and responsibilities while participating in services, including a review of their rights and responsibilities during treatment when the intervention / treatment changes.
- Receive information on services to enable clients to provide consent to participate in available services.
- Participate in treatment planning.
- Be informed of treatment options and have their preferences considered in treatment plans.
- Be informed of risks and/or benefits to a client's safety and/or well-being of any treatment/service option at the decision-making process or treatment plan process.
- Be informed of all medical and other emergencies regarding their child/youth while their child/youth is participating in any programs operated by Woodview.
- Have access to all records generated by Woodview Mental Health and Autism Services.
- Be informed of Woodview's [Privacy Policy](#).
- Be provided with a copy of the Privacy Statement.
- Be informed of Woodview's confidentiality policy and the limitations of that policy. Refer to Clinical Policy - [Confidentiality and Records Disclosure](#).
- Be informed of Woodview's policy on clinical records. Refer to Clinical Policy - [Client Direct Access to Records](#).
- Be informed of and given direction to access the complaint procedure of Woodview. Refer to Clinical Policy - [Complaints \(Client\)](#).
- Expect straightforward, prompt and effective response to any complaint and be part of the complaint process.
- Privacy when speaking on the telephone, reading mail and visiting with family (unless court order dictates otherwise).
- Privacy with legal counsel.

### **Client Responsibilities**

Clients of Woodview are responsible to ensure their own effective participation in service. Clients are expected to:

- Participate in the treatment process and in the development of treatment goals.
- Be meaningfully involved in programs to the best of their ability.
- Provide staff members with information that may facilitate the treatment process.
- Be respectful of the rights of other clients, staff and volunteers, including privacy.
- Be respectful of property.
- Be respectful of the rules of Woodview Mental Health and Autism Services.
- Attend all scheduled appointments and meetings. If unable to attend, to notify the appropriate staff member(s).

- Co-operatively work with others.
- Accept consequences and accountability of behaviour in programs, if rules are not respected.
- Parents/legal guardians must be informed of their rights and responsibilities as soon as possible after admission to service and be informed of all medical and other emergencies regarding their child/youth while their child/youth is participating in any programs operated by Woodview.
- Parents of adult clients in the Autism Programs will be informed of medical and other emergencies regarding their son/daughter with the written consent of the adult client.

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## SERIOUS OCCURRENCES – MANAGING AND REPORTING

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Revised and Approved March 2020

Woodview is committed to providing services, which promote the health, safety and welfare of the clients being served. The first concern must be to render assistance, first aid or supports to any individual who has been harmed or is in danger of being harmed in any way. But, subsequently, any occurrences, which could impact seriously on the well-being of clients, the staff, or any individuals involved with the agency must be made known to the Executive Director, the Board of Directors, and appropriate legal and licensing authorities. Any circumstances that might impact on the integrity of the agency in any way shall also be reported. The Ontario Ministry of Children, Community, and Social Services prescribe the serious occurrence reporting procedures, which are required for proper accountability and prevention management.

The 2019 Serious Occurrence Reporting Guidelines apply to all of Woodview's funded children's mental health and autism programs.

**Definition (\*Refer to 2019 Serious Occurrence Reporting Guidelines, Appendix A)**

The Ministry of Children, Community, and Social Services\* defines a Serious Occurrence as an incident that:

- Requires or may require intervention and / or investigation by a service provider, MCCSS, and/other applicable parties (such as the police); and
- Falls within one or more of the following SO categories:
  1. **Death;**
    - The death of an individual occurs while receiving a service; or
    - A child dies where the child, or their family, received services from a society at any time in the 12 months prior to the child's death.
  2. **Serious injury;**
    - An individual receiving a service incurs a serious injury which requires unscheduled medical attention from a regulated health professional and/or unplanned hospitalization.
  3. **Serious illness;**
    - An individual receiving a service incurs a serious illness or has an existing serious illness which requires unscheduled medical attention from a regulated health professional and/or unplanned hospitalization.
  4. **Serious individual action;**
    - **Suicidal behaviour:** An individual receiving a service attempts suicide, utters a suicidal threat of a serious nature or utters a suicidal threat that results in the individual being placed on suicide watch.
    - **Alleged, witnessed, or suspected assault:** An individual receiving a service is assaulted or is accused of assaulting someone.
    - **Contraband/safety risk:** An individual receiving a service is suspected to be, or is discovered to be, in possession of a substance or object that:
      - a) is prohibited by legislation or policies and procedures,
      - b) has the potential to cause injury or death, and/or
      - c) is deemed by the service provider to be a significant danger or concern.
    - **Inappropriate/unauthorized use of information technology (IT):** An individual receiving a service uses IT in an inappropriate and/or unauthorized way that:
      - a) has or could result in criminal charges, and/or

- b) is or could be a threat to the health, safety or well-being of the individual, other individuals or the public.
- **Unusual, suspicious or unauthorized individual absence:** An individual receiving a service is discovered to be absent, and their absence is unauthorized, or the individual is missing/absent without permission, which includes:
  - o A young person who has escaped lawful custody
  - o A young person who is unlawfully at large (UAL)
  - o An individual who is missing/absent without permission or is missing/absent under unusual or suspicious circumstances.
- **Serious charges:** An individual receiving a service incurs serious charges.
- **Relinquishment of care/threat of relinquishment of care:**
  - a) the family/primary caregiver of an adult with a disability receiving a service relinquishes care of the individual,
  - b) the family/primary caregiver of an adult with a developmental disability receiving a service threatens to relinquish care, or
  - c) another individual (e.g. a staff, volunteer, etc.) suspects that relinquishment of care may occur.

## 5. Restrictive Intervention;

- **Physical restraint:**
  - o A physical restraint is used on a child or young person who is receiving a service. Any use of a physical restraint on a child or young person while receiving a service is to be reported as a SO.
  - o A physical restraint is used on an adult with a developmental disability who is receiving a service in circumstances where:
    - The physical restraint was used with an adult with a developmental disability to address a crisis situation when positive interventions have proven to be ineffective, where:
      - A person with a developmental disability is displaying challenging behaviour that is new or more intense than behaviour that has been displayed in the past and the person lacks a behaviour support plan that would address the behaviour, or the behaviour intervention strategies that are outlined in the person's behaviour support plan do not effectively address the challenging behaviour,
      - The challenging behaviour places the person at immediate risk of harming themselves or others or causing property damage, and
      - Attempts to de-escalate the situation have been ineffective.
    - The physical restraint was used with an adult with a developmental disability who was displaying challenging behaviour (either as part of the person's behaviour support plan or in a crisis situation) and the physical restraint resulted in the injury to the individual who was restrained, and/or the staff person(s) who employed the use of the physical restraint, and/or anyone else in the vicinity where the physical restraint took place; or
    - The physical restraint was used with an adult with a developmental disability who was displaying challenging behaviour (either as part of the person's behaviour support plan or in a crisis situation) and the physical restraint resulted in an allegation of abuse.
- **Mechanical restraint:**
  - o A mechanical restraint is used on a young person detained in a youth justice secure custody/detention facility.
  - o A mechanical restraint is used on a child in a secure treatment program.
  - o Where there is a plan of treatment or a plan for the use of a Personal Assistance Service Device (PASD) for the use of a mechanical restraint on a child or young person, and the mechanical restraint is used contrary to or outside of the purpose of such plan.

- o A mechanical restraint is used on an adult with a developmental disability contrary to the individual's behaviour support plan, the provisions of Ontario Regulation 299 under the SIPDDA and/or the policy directives (2.0 – Supporting People with Challenging Behaviour) under the SIPDDA.
- **Secure de-escalation (or secure isolation/confinement time-out):**
  - o An individual receiving a service is placed in a secure de-escalation (or secure isolation/confinement time-out) room. Any placement in such settings is to be reported as a SO.

**6. Alleged, witnessed, or suspected abuse or mistreatment;**

- There are allegations of abuse or mistreatment, abuse or mistreatment (witnessed or otherwise), or suspected abuse or mistreatment of an individual receiving a service which occurred, or is alleged to have occurred, while the individual was receiving a service; or
- There are new allegations of historical abuse or neglect of a child or young person receiving a service.

**7. Error or omission;**

- There is a medication error involving the prescribing, transcribing, dispensing, administration and/or distribution of medication(s) to an individual receiving a service.
- A young person who is receiving a service is improperly detained in or released from a youth justice custody/detention facility (i.e. contrary to a court order or contrary to the proper administration of applicable legislation).
- A child who is receiving a service is improperly committed or released from a secure treatment program.
- There is a breach or a potential breach of privacy and/or confidentiality, including any instance/suspected instance when personal information of an individual who is receiving a service has been collected, used, stolen, lost or disclosed without authority that results in serious harm or risk of serious harm to the individual and/or others, or is in contravention of the YCJA.

**8. Serious complaint;**

- A complaint is made by or on behalf of an individual who is receiving a service regarding the alleged violation of their rights (e.g. under the Canadian Human Rights Act, Canadian Charter of Rights and Freedoms, Ontario Human Rights Code, CYFSA, etc.).
- A complaint is made by or on behalf of an individual receiving a service regarding a violation of their privacy rights (i.e. improper collection, use or disclosure of the individual's personal information).
- A complaint is made by or about an individual who is receiving a service that the service provider considers to be of a serious nature.
- A complaint is made about the operational, physical or safety standards of the services received by an individual.

**9. Disturbance, service disruption, emergency situation or disaster.**

- The disturbance, service disruption, emergency situation or disaster occurs on the service provider premises or in the case of residential care, the place where residential care is provided, or within close proximity of where the service is provided, and it interferes with the service provider or foster parent's ability to provide routine services.

Note: If the designated Manager, Director, or Executive Director is not certain that the situation is a serious occurrence, the Ministry Program Supervisor may be consulted prior to submitting the report (during business hours).

## **Level 1 (Enhanced) and Level 2 Serious Occurrence Reporting**

Based on the type of incident, a Serious Occurrence is designated as either a Level 1 (formerly “Enhanced” Serious Occurrence) or a Level 2. The level indicates the timeframe in which the Serious Occurrence must be reported.

The staff’s first priority is always to attend to the incident and any immediate health or safety needs of individual(s) involved in the incident.

**Level 1 Serious Occurrence** – Submit a SOR within 1 hour of becoming aware of the SOR or deeming the incident to be an SO.

**Level 1 Youth Justice Serious Occurrence** – Immediately notify MCCSS by phone at 1- 519-858-2774 and submit a SOR within 1 hour of becoming aware of the SOR or deeming the incident to be an SO.

**Level 2 Serious Occurrence** – Submit a SOR as soon as possible but no later than 24 hours of becoming aware of the SOR or deeming the incident to be a SO.

## **Category Specific Reporting Requirements**

Once an incident is identified as a serious occurrence, the category of the serious occurrence should be determined as well as the Level of the incident based on the 2019 Serious Occurrence Guidelines.

	<b>Level 1</b>	<b>Level 2</b>
<b>Death</b>	All death SORs.	
<b>Serious Injury</b>	A life-threatening injury; An injury caused by a service provider; or An injury requiring emergency medical services.	All other serious injury SORs.
<b>Serious Illness</b>	A life-threatening illness; An illness requiring emergency medical services.	All other serious illness SORs.
<b>Serious Individual Action</b>	Suicidal behaviour; Alleged, witnessed, or suspected abuse; Contraband / safety risk; Inappropriate/unauthorized use of information technology; Unusual, suspicious, or unauthorized individual absence; Serious charges; Relinquishment of care / treat of relinquishment of care.	All other serious individual action SORs.
<b>Restrictive Intervention</b>	Any restrictive intervention that: Contravenes MCCSS legislation, regulations, and / or policy; Resulted in physical impairment/injury and/or emotional harm of the individual; Resulted in treatment by a regulated health professional, requiring emergency medical services; or Was administered by an unauthorized person.	All other restrictive intervention SORs.

<b>Abuse or Mistreatment</b>	<p>Any allegations of, witnessed, or suspected abuse or mistreatment where:</p> <p>There is an immediate threat to the health, safety, or well-being of the individual or others;</p> <p>A current service provider staff, volunteer, etc. is implicated in the alleged, witnessed, or suspected abuse or mistreatment of an individual; or</p> <p>The individual is receiving threats or harassment from a human trafficker.</p>	All other alleged, witnessed, or suspected abuse or mistreatment SORs.
<b>Error or Omission</b>	<p>Medication Error: any error that resulted or may result in physical or psychological impairment of the individual or has or may threaten the individual's health or safety, requiring immediate medical attention.</p> <p>Improper detainment/commitment/release: all instances.</p> <p>Breach/potential breach of privacy and/or confidentiality: the individual has been seriously harmed or is at risk of serious harm as a result of a breach of personal information or the breach contravenes the YCJA.</p>	All other error and omission SORs.
<b>Serious Complaint</b>	The complaint is about a service provider staff, director, or owner being charged or arrested for a crime that may affect or has affected an individual or individuals receiving service.	All other serious complaint SORs.
<b>Disturbance, Service Disruption, Emergency Situation, or Disaster</b>	<p>The continuity of operations plan or business continuity plan was activated in response to an incident that threatened the health or safety of individuals or others;</p> <p>The incident is or was perceived to be a significant danger to or concern of the community;</p> <p>There was/is a site evacuation because of this incident;</p> <p>There was/is a site lockdown because of this incident;</p> <p>Police intervention or assistance was/is required.</p>	All other disturbance, service disruption, emergency situation, or disaster SORs.

### Serious Occurrence Reporting Procedures

**Responding, reporting, and approval procedures apply to both Level 1 and Level 2 Serious Occurrences.**

#### **Responding to a Serious Occurrence**

1. **The health, safety and well-being of the client or any individual at risk must always be the primary consideration.** The client shall be provided with immediate medical attention when warranted. Appropriate steps will be taken to address any continuing risks to the client or other clients' health or safety.
2. Ensure that the local coroner is notified immediately in all cases involving death, regardless of location (e.g. hospital) or circumstances (e.g., "Do Not Resuscitate" order was in effect, or death not considered questionable).
3. If there is reason to suspect that a client has been abused (and/or in need of protection, in the case of a child):

- a. Contact the Children's Aid Society and/or police, as per the duty to report requirements under the CFSA (the person who has reasonable grounds to suspect that a child is or may be in need of protection is legally obligated to report it to the CAS)
  - b. For adults with ASD, follow Woodview's internal policy, Abuse – Adults with ASD.
4. The staff or any other person witnessing or having knowledge of the occurrence shall report the matter to the Program Manager/Coordinator or designate immediately and explain who was affected, what, when and where it happened. The Manager will then report to their Director who will then report the situation to the Executive Director or designate. The Executive Director or designate will make a determination as to whether the event is an incident or requiring a serious occurrence report to MCCSS. If it is deemed a serious occurrence, the Director or designate must ensure that the Executive Director and Ministry are notified within 24 hours for Level 2 Serious Occurrences and within 1 hour for Level 1 Serious Occurrences.
5. All persons having knowledge of the occurrence should be asked to remain on the premises until the designated person has interviewed them, or indicated that there is no need for their involvement at that point.

#### **Reporting a Serious Occurrence for Programs Funded by the Ministry of Children, Community, and Social Services (MCCSS)**

The Serious Occurrence Report and any update reports are to be completed and submitting using the Serious Occurrence Reporting and Residential Licencing (SOR-RL) online tool for all programs funded by MCCSS. These include all autism services, Youth Justice programs, Linking Youth and Families (Halton), and Wraparound Complex Needs (Brant). Designated Managers, Service Directors, Executive Director, and Executive Coordinator have access to the SOR-RL tool to submit and update Serious Occurrences.

1. Program Manager and / or Service Director with authorized SOR Initiator access completes the Serious Occurrence Report in the SOR-RL online portal within 24 hours for Level 2 Serious Occurrences and within 1 hour for Level 1 Serious Occurrences.

<https://www.iaccess.gov.on.ca/SORRL/public/login.xhtml>

For Level 1 Serious Occurrences involving a YCJA client, the regional Ministry office must also be notified by telephone within 1 hour in addition to the report filed on SOR-RL.

- Identify clients by their full name within Section 2 (Individuals involved) of SOR-RL, **except when the incident involves a YCJA client (use first name and last initial only)**. The client's name entered in Section 2 is redacted when printed.
  - **Non-identifying names** (i.e. Client A, Client B) are to be used in the description of events.
  - Do not include Woodview Incident Reports or PMAB Tracking Forms.
  - Use the legal name of Woodview Mental Health and Autism Services.
  - Include the name of the Ministry Program Supervisor for the specific / geographic area in the identified section.
2. Service Director and / or Executive Director will log into the SOR-RL system, review the Serious Occurrence, approve, and submit for review by the Ministry's Regional Office.
  3. Inform the parent/guardian, and if applicable, the person or agency who placed the client, the emergency contact person for an adult with ASD, unless notification is contraindicated, e.g. the

person is alleged to have abused the client or the adult with ASD requests that the family not be notified.

4. If required, complete and submit an update to the Serious Occurrence within seven business days of submitting the initial report, by locating the Serious Occurrence on the dashboard of SOR-RL. Submit the update within 7 business days even if information and/or actions have yet to be completed. Include and explanation that a further follow-up report will be provided.
5. The Ministry may request additional information from the service provider. The Ministry may also initiate its own review, depending on the circumstances.
6. A copy of all completed Serious Occurrences and any subsequent update reports is stored by the Executive Director for reporting purposes.

#### **Reporting a Serious Occurrence for Programs Funded by the Ministry of Health (MOH)**

The Serious Occurrence Report and any update reports are to be completed and submitted by email to [JFSHB@ontario.ca](mailto:JFSHB@ontario.ca) for all children's mental health programs funded by the Ministry of Health.

1. Program Manager and / or Service Director completes the Manual Serious Occurrence Report template within 24 hours for Level 2 Serious Occurrences and within 1 hour for Level 1 Serious Occurrences. The Manual Serious Occurrence Report template can be found on the documents sidebar of MailSolutions with the folder "SOR Guidelines MOH".
  - **Do not include any** identifying information in the Manual Serious Occurrence Report template. Use non-identifying names (i.e. Client A, Client B) throughout the document.
  - Do not include Woodview Incident Reports or PMAB Tracking Forms.
  - Use the legal name of Woodview Mental Health and Autism Services.
  - Include the name of the Ministry Program Supervisor for the specific / geographic area in the identified section.
2. Service Director and / or Executive Director will review the Serious Occurrence, approve, and submit by e-mail to the Ministry's Regional Office.
3. Inform the parent/guardian, and if applicable, the person or agency who placed the client, the emergency contact person for an adult with ASD, unless notification is contraindicated, e.g. the person is alleged to have abused the client or the adult with ASD requests that the family not be notified.
4. If required, complete and submit an update to the Serious Occurrence, using the same report template, within seven business days of submitting the initial report. Submit the update within 7 business days even if information and/or actions have yet to be completed. Include and explanation that a further follow-up report will be provided.
5. The Ministry may request additional information from the service provider. The Ministry may also initiate its own review, depending on the circumstances.
6. A copy of all completed Serious Occurrences and any subsequent update reports is stored by the Executive Director for reporting purposes.

## **Manual Serious Occurrence Reporting for Programs Funded by the Ministry of Children, Community and Social Services (MCCSS)**

The Manual Serious Occurrence Report (Manual SOR) is **only to be used to submit an SOR to the Ministry of Children, Community, and Social Services when the SOR-RL online tool is temporarily offline, unavailable, or inoperative**. A manual SOR must be submitted within the reporting timeframes and can be used to report a new serious occurrence or to update an existing SOR.

Full names or initials of individuals involved in the occurrence, including residents, clients, staff persons, guardians, or other individuals who would be identifiable through the inclusion of their personal information, should not be included in the manual SOR report. The SOR-RL online tool has built-in privacy and security safeguards that the manual SOR does not. Once access to SOR-RL is restored, service providers are asked to provide this information.

Complete the manual SOR form and submit to the Ministry SOR designate by phone, fax, or by email. It is recommended that the subject line of any fax or email submission include details such as “Manual SOR” and the “Service Provider Name”.

### **Halton – MCCSS**

Weekdays – Fax to 1-877-708-2895 (Designated fax line)

In the event that a serious occurrence or an enhanced serious occurrence takes place on a weekend or government holiday, the weekend early alert system below is to be used:

Fax: 1-866-262-8881

Phone: 1-877-444-0424

### **Hamilton & Brantford – MCCSS**

Email to [hnr.so@ontario.ca](mailto:hnr.so@ontario.ca)

Weekdays – Fax to 1-905-521-7621 (Designated fax line)

In the event that a serious occurrence or an enhanced serious occurrence takes place on a weekend or government holiday, the weekend early alert system below is to be used:

Fax: 1-866-262-8881

Phone: 1-877-444-0424

### **For Youth Justice (Brant) Programs ONLY**

Fax: Western Regional Office 1-519-858-8745 and to the Information Management Unit in North Bay at 1-705-494-3673 within 24 hours. The Inquiry Report is to be faxed to the Western Regional Office: 1-519-858-8745 within 7 days.

For Weekdays 8:30 a.m. to 4:30 p.m.

By phone to West Regional Office at 1-519-858-2774 ext. 2681. Leave a message indicating the caller's name, agency name and phone number, date and time, and a brief description of the occurrence.

For Evenings 4:30 p.m. to 8:30 a.m., Weekends and Statutory Holidays:

West Region PD on call number 1-519-435-0330 OR 1-888-990-8101. You will be connected directly with the PD – on call.

1. The Service Director or Executive Director or designate will also telephone the early alert system and leave a voice mail stating that a Serious Occurrence Initial Notification Report was faxed, the time and date of the fax, the name and telephone number of the person who completed the Serious Occurrence Initial Notification report.

2. If the early alert system cannot find the fax, the Director or Executive Director or designate will be contacted by telephone and asked to re-send the Report.
3. Where the report is filed by telephone, the Director or Executive Director or designate will either speak to a Ministry official or will know that the report has been left on the appropriate voice mail based on the Voice Message introduction, which clearly states that it is the message centre for the early alert system.

When making a telephone report, the following information must be given:

- Caller's name and contact number,
  - service provider name and site location, client's first name and last initial.
  - date of birth and age,
  - date and time of the incident,
  - and briefly what happened.
4. The Director or designate will then follow normal Serious Occurrence Reporting procedures including filing both a Serious Occurrence Report and a Serious Occurrence Inquiry Report to the Regional Office through SOR-RL.

#### **Woodview Management Procedures**

1. The original copy of all documentation, after obtaining all necessary signatures, shall be placed in the client's file with a photocopy in the Executive Director's office file.
2. A copy of the Serious Occurrence Reporting Policy must be available at all program locations in the clinical manual as a hard copy or electronic copy.
3. Copies of the 2019 Serious Occurrence Guidelines and Manual SOR Report template are available electronically on the sidebar of the MailSolutions e-mail system.
4. Staff must receive an orientation emphasizing the Serious Occurrence reporting procedures.
5. Staff must contact their immediate Manager / Coordinator who will contact their Service Director, then the Executive Director if a serious occurrence has occurred or is assumed to have occurred.

#### **Serious Occurrence Annual Summary and Analysis Report**

The Executive Director or designate will annually complete an Annual Summary and Analysis Report which summarizes all of the agency's serious occurrences from the previous one-year period and their identified issues, trends, patterns and action taken. The report is reviewed by the senior leadership team and the Board of Directors for trends.

The report will be made available to the regional Ministry office upon request. The annual report is reviewed by the Ministry regional office, noting any patterns that suggest a need for training or support and steps to address these needs. The regional office may also identify possible issues or action that could require follow-up by the agency. If follow-up action is requested, the service provider is required to submit an outcome report to the regional office, once the necessary action has been taken. The "Annual Summary and Analysis Report" is also a means of identifying more general information that could inform ongoing Ministry policy work.

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## **SERVICE COORDINATION / COLLABORATION – CHILDREN’S MENTAL HEALTH**

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Reviewed and Approved January 2020

Service Coordination/ Collaboration occurs when more than one service provider is involved in the intervention/treatment process. On behalf of the client, the intervention/treatment plan is coordinated between Woodview and any external service providers, and integrated within Woodview when multiple internal services are involved.

Woodview has a Service Collaboration protocol for the Brant community agencies and the Halton community has Service Coordination guidelines. Both documents outline roles and responsibilities for agencies, staff and clients. Community training for staff to develop a clear understanding of service coordination/collaboration guidelines occurs in each community for case managers and staff who work with community partners.

Through the Service Coordination/Collaboration process:

- The nature and timing of delivery of specific services is coordinated.
- There is an identified service coordinator named in the file.
- With the consent of the client (as required), the agency and external service provider(s) share information, coordinate intervention/treatment, and, where possible, integrate services, on behalf of and with the client.

### **Multiple Programs at Woodview Involved in Service Delivery**

If staff from the agency is providing multiple interventions/treatments to the child or youth and family, these interventions/treatments are coordinated, and integrated where possible. The case manager from the primary program involved will be responsible for coordinating services for the client, facilitating service co-ordination and the multidisciplinary process where required, as well as ensuring that everyone has the opportunity to participate, especially the client and the staff working most directly with them.

Services are delivered according to an integrated plan that addresses the nature and timing for their delivery.

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## SERVICE PRINCIPLES

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Reviewed and Approved January 2020

1. We believe that all individuals are capable of growth and change.
2. We believe that every individual and family has the right to feel valued and accepted and to be treated with respect and dignity.
3. We are committed to human rights including the safety, security, health and well being of all individuals and families.
4. We recognize and respect the cultural, language and religious beliefs of every person who is engaged in our services.
5. We believe that individuals and families need to be engaged in decisions regarding their own treatment and supports based upon individual needs and goals.
6. We are committed to providing strategies and supports that are specific to the needs of individuals and families.
7. We believe that individuals and families have the right to:
  - The opportunity to provide feedback on the services received.
  - Information regarding service effectiveness;
  - The opportunity to provide input into the design and delivery of services and supports.
8. We are committed to providing services that are:
  - Accessible, flexible and responsive to changing needs, perspectives and practices;
  - Designed within the context of an individual's family and larger community;
  - Based upon best practices, professional ethics and standards, and ongoing quality improvement.

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## STAFF SAFETY

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Revised and Approved January 2020

### **Preventative Measures**

Assessment and treatment planning includes the identification of possible risk to staff safety and the development of appropriate safety plans for staff as a preventative measure. Staff who have safety concerns must review the situation with their supervisor at the earliest opportunity to assess immediate and future programming needs to ensure their safety.

### **If at Risk**

A staff member who feels at risk is to evaluate the situation including perceived risk to self, other staff, and clients. The staff member should remain calm and:

- Be equipped and aware of emergency numbers when working with clients;
- Employ de-escalation strategies; (such as taught through NVCI or PMAB training that is available within the agency);
- The staff member may determine the need to manage the behaviour (i.e.: physical restraints as taught through the PMAB or NVCI - Autism training that is available within the agency). Refer to Clinical Policy Management of Behaviour;
- Seek additional supports to address safety issues (police, supervisors, other staff). Refer to Admin Policy Management On-Call;
- Remove himself/herself safely from the situation;
- In the event of family violence, the worker should attempt to leave the room and contact help immediately. The worker should contact police as well as the CAS. If a child is present and it is safe to do so, attempt to take them with you;
- Inform the appropriate supervisor of the situation. Refer to Admin Policy Management On-Call.

### **Alcohol and Drugs**

Workers shall inform clients and/or legal guardians that treatment will not continue if anyone is intoxicated from alcohol or drugs.

If it is suspected that a client is under the influence of alcohol or drugs, the worker involved will use his/her judgment to assess the situation and any risk to the client, the worker, the family and/or the community and determines an appropriate response to the situation:

- The client may not be offered service while apparently under the influence of the substance.
- The client should be offered the opportunity to make alternative arrangements for transportation.
- The police should be notified if the client is planning on driving while intoxicated.
- The worker should ensure that adequate supervision is arranged for small children if the caregiver is intoxicated.
- Treatment services can be permanently withdrawn.
- Any incidence of intoxication should be reported to the program manager, or a supervisor.
- The incident should also be documented by placing a note on file.

## **Home and Community Based Work with Clients**

When working with clients for the first time within their home or community, workers shall develop a service contract so that all parties have a clear understanding of each other's roles and responsibilities, as well as the relevant agency policies that may pertain to the client. The following should be taken into consideration when providing home-based or community services:

- The worker has a legal duty to report to the Children's Aid Society when they are aware of a child who may be suffering abuse or neglect. Refer to Clinical Policy [Reporting and Management of Alleged or Reported Child Abuse and Neglect](#). Documentation should be placed on file regarding the incident. Refer to Clinical Policy [Client Incidents](#).
- Clients will not be provided service if under the influence of alcohol or drugs.
- Clients and families should keep pets contained during visits.
- Clients and families should refrain from smoking during visits.
- In home workers should always be equipped with a cell phone, emergency numbers when visiting clients' homes. The phone numbers should either be programmed into the cell phone or written in a phone book that the worker takes on home visits.
- Staff working in community should also carry a cell phone and emergency numbers.
- In the event of family violence, the worker should leave the premises and call police as well as CAS from a safe distance from the residence or from their car. If a child is present and it is safe to do so, attempt to take the child out of the home. If domestic abuse is suspected or disclosed by a parent, encourage the parent to call CAS with you. If a child discloses domestic abuse, contact CAS. The worker shall also advise the program manager or designate of the incident. Documentation should be placed on file regarding the incident. Refer to Clinical Policy Incidents (Clients). Refer to Clinical Policy Reporting and Management of Alleged or Reported Child Abuse and Neglect.
- Communicable disease prevention is important for both worker and client health safety. Refer to H & S Policy Communicable Disease in the Workplace.
- Prior to a home or community visit, assess risk based on information about the family and their circumstances. If there is known violence in the home, discuss case with supervisor prior to visit and decide whether to schedule the visit in the home or in another suitable community location.
- In home and community, workers must immediately report any unsafe or unhealthy working situations to the supervisory staff. If the situation is an unsafe living condition and children are in the home, it must be reported immediately to the CAS.
- A safety plan should be developed and put into action for in home and community workers who are working in the homes of remote or high risk communities. Special controls may be needed in these circumstances such as leaving a voice mail message at a prearranged time when after hours work is completed. If a worker does not call, the supervisor initiates the following to locate the worker:
  - a) calls the worker's cell
  - b) calls the worker's home;
  - c) calls the client's home;

- d) calls the identified emergency contact person;
  - e) calls the police.
- Staff schedules of home and community based workers are known by their supervisors.

Workers should also consider working in pairs in high risk situations.

- If a client is injured during a home visit or is found injured upon arrival for a home visit, the worker should immediately ensure that the client obtains the necessary medical treatment. The worker can call 911 if the injury warrants it or have the client contact the family physician for minor injuries. Refer to Clinical Policy [Medical Emergencies](#). Documentation should be placed on file regarding the incident. Refer to Clinical Policy [Client Incidents](#).
- If a worker is injured on the job.

Please also refer to policy In Home Client and Family Visits (Health and Safety Manual)

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## SUBSTANCE USE

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Reviewed and Approved January 2020

Woodview clients are not permitted to consume, use, or have on their person illegal substances (including alcohol if under the age of 19) while on agency property or participating in a program.

If a client appears to be under the influence of alcohol or an illegal substance:

1. Client services may be denied.
2. The client may be offered the opportunity to make alternative arrangements for transportation.
3. The client may be asked to leave the premises.
4. Police or other emergency services may be notified.
5. Services may be suspended for a designated period of time with referral to appropriate resources (in cases where continuous addictive behaviour interferes with service.)
6. Services may be permanently withdrawn.

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## TRANSPORTATION OF CLIENTS

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Revised and Approved January 2020

Clients may only be transported in vehicles owned by the agency or in staff vehicles that have been properly insured in accordance with the regulations of the agency. All staff must possess a valid driver's license, which permits them to operate a vehicle of the size, and type, which they are driving on Woodview business; e.g. a class F license is required to operate the 10 - 15 passenger vans. Staff using their own vehicles must obtain insurance for Public Liability and Property Damage and collision coverage for their vehicle. The coverage must be for a minimum of \$1,000,000.00. Staff must complete the '*Declaration of Insurance Coverage – Agreement to Operate Personal Vehicles for Agency Business*' before they may be permitted to transport clients or to use their vehicle for Woodview business (Refer to Vehicle Use policy in Human Resources Manual).

Staff operating agency owned vehicles must have the appropriate driver's licence as determined by Provincial Regulations.

All clients must be transported in a safe and secure manner that includes the use of the required seat belts, car seats and booster seats in accordance with Bill 73, An Act to Enhance the Safety of Children and Youth on Ontario Roads, an amendment to the Highway Traffic Act.

### **Car Seats & Booster Seats**

Toddlers weighing 9 to 18 kg (20 to 40 lbs.) are to travel properly secured in a forward-facing child safety seat that complies with Canadian Motor Vehicle Safety Standards and must be anchored to the vehicle using the tether strap (found on the back of the car seat).

Children under the age of eight, who weigh 18 kg or more, but less than 36 kg (40-80 lbs.) and who are less than 145 cm (57 ins. or 4 ft. 9 in.) must travel in a booster seat that meets the CMVSS. Agency booster seats are available for use with clients.

- specific programs are equipped with booster seats
- booster seats are purchased new and replaced according to manufacturer's expiry date
- staff are not permitted to use their own personal booster seats for clients or children of clients
- booster seats will be inspected regularly for safety
- Driver's License

A child can start using a seatbelt alone when any of the following criteria is met:

- The child turns eight years old;
- The child weighs 36 kilograms (80 pounds); or,
- The child is 145 centimetres (4 foot 9 inches) tall.

Please refer to Policy Vehicle, Car Seat, and Booster Use (Administrative Manual).

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## TREATMENT INTERVENTION PROCESS

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Reviewed and Approved January 2020

Planning intervention/treatment is the process by which interventions are selected by and for a child or youth and family, based on the assessment and building on the client's strengths. Woodview staff and the client negotiate the goals, projected time frame, and methods of service delivery.

The Intervention/Treatment Process:

1. The child or youth and family are informed about the intervention/treatment options and the likely benefits and risks to safety and well-being. Staff reminds children or youth and parents about the steps they can take to receive help in an emergency or crisis situation.
2. Each child or youth and family has a written intervention/treatment plan. The intervention/treatment plan reflects careful consideration of the assessment findings and formulation, and may be modified over time in response to changes in the assessment and formulation.
3. For early intervention or time-limited intervention treatment, the treatment plan may consist of brief recommendations/suggestions.
4. To help ensure that service is integrated, if multiple staff at Woodview is involved, the names and/or roles or titles of those who have been assigned to provide components of treatment/service plan are specified in the plan.
5. The plan indicates the initial/current time-frame for treatment/service as negotiated and contracted with the client.
6. Staff and the child or youth and family negotiate and share decision-making regarding the goals and time-frame for intervention/treatment, and the methods and arrangements for service delivery. Clients and staff work in partnership in the negotiation and decision-making process. Efforts to encourage participation of all relevant parties are documented in the file, including alternate means of gathering their input.
7. If staff from the agency is providing multiple interventions/treatments to the child or youth and family, these interventions/treatments are coordinated and integrated where possible.
8. The intervention/treatment plan is communicated in a manner tailored to support the understanding of the child or youth and family.
9. The intervention/treatment is reviewed and recorded in the file on a regular basis as set by agency policy, but at least every six months.
10. The child or youth and family are involved in planning and review of intervention/treatment.
11. The review of intervention/treatment is used to modify the intervention/treatment plan, if necessary.

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## **TREATMENT SERVICES**

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Reviewed and Approved January 2020

Woodview provides treatment services based on the needs of the client(s). Throughout the treatment process:

- Clients are active voluntary participants
- The strengths of the client, the family, and their community are utilized to provide the least intrusive method of treatment.
- Treatment planning is a continual process of assessment, goal setting and evaluation, which considers the client's views and needs and interests within the context of their environment.
- Multidisciplinary services are utilized according to treatment needs and are implemented within a unified treatment plan.
- The type of service and approach to treatment is flexible.
- Other service providers are valuable partners in providing treatment.
- All community services are considered to determine the most appropriate and available resources.
- Support is offered to access other services and to provide continuity in treatment planning.

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## **VIDEOCONFERENCING AS A MEANS OF CLIENT COMMUNICATION**

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Approved April 2020

Woodview uses the Ontario Tele-medicine Network (OTN) for secure videoconferencing with clients and families, for direct consultation between a psychiatrist and a client (for Brantford programs), and / or for team consultations as well as educational purposes. Woodview is the coordinating agency for Tele-Mental Health Service Area 2.

Videoconferencing involves a real-time encounter between one or more service providers and a client (or more in the event of group counselling). The client can be at home or another chosen location (i.e. coordination agency host site such as SickKids).

Woodview staff may utilize the Personal Computer Videoconferencing (PCVC) video counselling platform offered through OTN to provide virtual services to clients and families in approved circumstances. Staff who are using the PCVC system will be registered by Woodview's Tele-Mental Health Coordinator and are suggested to complete the following training courses:

Direct to Patient [Client] Video Visits (OTN) –

<https://training.otn.ca/course/view.php?id=10090> Virtual Care 101 (Ontario Centre of Excellence) – <https://www.youtube.com/watch?v=FJATMUC3z8c&feature=youtu.be>

OTN PCVC or in-office cart-based OTN video systems are the only approved videoconferencing platforms available to staff for videoconferencing with clients. All OTN platforms are secure and confidential and PHIPA compliant. OTN Privacy Resources can be found here:

<https://support.otn.ca/en/members/privacy-toolkit#Services%20and%20Safeguards>

### **Procedure**

If the staff, in collaboration with the client and / or their family, determines that videoconferencing is an appropriate method for connecting, and this has been approved by the manager, they should take the following steps prior to setting up and hosting a virtual counselling session to ensure confidentiality and effectiveness of the videoconference:

### **For the Client**

- Ensure that a consent for virtual services has been completed by the client / family including an acknowledgement that recording of the videoconference is strictly prohibited;
- Ensure that the client has a computer or other device that possesses a working camera and microphone. Use [OTN's technical eligibility checklist](#) as a guide;
- Ensure the client is aware of the risks and benefits of receiving counselling or other services virtually;
- When possible, the client should use a private space where they will not be seen or overheard by others;
- Ensure that the client will not be driving at the time of the session;
- Inform the client that the first part of the first session might require sorting out some technical issues;
- Establish a Plan B with the client in case the video connection does not work or fails during the session (e.g. the staff will phone the client, the staff will send a text message to the client);
- In situations where there is potential risk of privacy being breached, create a back-up / alternate plan with the client (e.g. if someone approaches the room the client has the staff's permission to end the conference. Also, the client can open a game online prior to the session so they can be seen playing if someone enters the room).

### **For the Staff**

- Ensure a stable internet connection and test the computer audio / video prior to the videoconference to reduce time spent troubleshooting. Test your connection using OTN's connectivity tool at: <http://networktest.otn.ca/>;
- Ensure the workspace is private and confidential:
  - In Office – Staff are to use a private workspace such as an office or meeting room. Systems are to be turned off when not in use to avoid unintentional connections. Never turn off the screen without first turning off the system;
  - In Home – In some circumstances, staff may be required to provide videoconferencing services to clients and families from their home (i.e. in the event of office closures due to pandemic). Staff are to maintain data security and absolute confidentiality to the same degree as when working at the regular worksite. Close the door if possible and ensure there is no access by other individuals in the household. Place the computer display in such a way that the client video cannot be seen if the door is inadvertently opened. Refer to the Working From Home policy in the Human Resources Manual (pages 86-87) for additional guidelines on working from home.
- When using PCVC from home, use a Woodview device whenever possible. If a Woodview device is not available, staff are to ensure that their personal device has the appropriate security measures in place including up to date anti-virus protection;
- When using OTN PCVC, lock the meeting room after you have confirmed that all invitees have joined to prevent unauthorized access;
- Use headphones to ensure no one else in the household can hear the session and to eliminate background noise;
- Enhance the video display by avoiding erratic hand gestures or wearing clothing with loud patterns.

**For OTN technical support, call 1-855-654-0888.** Have the event ID ready for the technician to troubleshoot the connection issue.

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## **VIRTUAL SERVICES – CLINICAL GUIDELINES & CONSIDERATIONS**

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Approved April 2020

Alternative methods of service delivery including videoconferencing may not be appropriate for all clients and families. Staff, in collaboration with the manager of the program, are expected to work with their clients and / or their families to ensure virtual services through videoconferencing is appropriate in each client's circumstances. They must carefully consider the potential outcomes, risks and benefits of stopping or modifying current services when making decisions about alternate service delivery. Any consideration of alternate service models should consider the child / youth and family's needs and goals and be clinically appropriate. Alternative service models for adult services should consider the individual's goals.

### **Professional Requirements and Regulations**

Clinicians and other professionals should consult their professional regulatory or certification bodies for information about virtual or remote services. Professionals must also comply with requirements and protections relating to a family's confidentiality and privacy, as stipulated in the bylaws of professional regulatory bodies and/or provincial legislation (e.g., the Child, Youth and Family Services Act [CYFSA], the Freedom of Information and Protection of Privacy Act [FIPPA], and the Personal Health Information Protection Act [PHIPA]).

#### **Professional Requirements – Resources:**

Ontario College of Social Workers and Social Service Workers

[Professional and Ethical: Communication Technology Practices and Policies for a Digital World](#)  
[Communication technology & ethical practice: Evolving issues in a changing landscape](#)  
[Top 10 considerations for using communication technology in practice](#)

College of Registered Psychotherapists of Ontario

[CRPO - Standard 3.4 Electronic Practice](#)  
[CRPO - Electronic Practice – Professional Practice Guideline](#)  
[CRPO - Security Practices Checklist](#)

BACB - Behavior Analyst Certification Board

[Ethics Requirements](#)  
[Ethics Guidance](#)

### **Individual and Group Counselling**

Counselling may be provided by videoconference on an individual basis or within a group. Group participants are to be reminded of confidentiality requirements at the start of each group session held by videoconference.

To ensure privacy and prevent unauthorized access when using OTN PCVC, staff must lock the meeting room after confirming that all invitees have joined.

### **Virtual Counselling Services – Guidance and Considerations**

The following guidance and considerations for providing therapy over the phone or through videoconferencing software have been adapted from training provided by *Lawrence Murphy, Therapy Online*.

When providing therapy over the phone or through OTN's PCVC, it is important to consider details which might not be necessary with traditional face to face service.

### **1. Location – Where is the client?**

Whether the client is in a public place or an area they have privacy could impact what they are willing to share. Similarly, due to confidentiality reasons, it is important to assess whether the conversation can be overheard by anyone around the client. Additionally, being aware of the client's location is important for responding to potential crisis situations. Having an accurate address is useful for connecting clients with resources or notifying proper authorities of any safety concerns.

### **2. Access to the device – Permitted/non-Permitted**

Another important consideration is who has access to the client's device. This includes access which is permitted by the client, such as a friend the client has chosen to share their device password with. This also includes access which may not be permitted by the client. For example, this could be a situation where someone could acquire the client's password without their knowledge. Perhaps this could occur by the client sharing their password with a friend who then shares the password with others. In the case of adolescents, there may be parents or guardians that have access to the client's device. Similarly, in romantic relationships there could be significant others with access to the client's device. Depending on the situation, the person accessing the client's device might see the client's call or internet history which could identify them as a client.

### **3. Not "one size fits all"**

In some cases, it may not be possible to provide the best service to clients at a distance or with the use of technology. One reason for this is the priority of addressing safety concerns. With clients experiencing active suicidal ideation or significant distortions in reality, the best possible service would likely be provided in person. This might also be true for clients disclosing past abuse for the first time or clients currently in relationships with ongoing violence.

### **4. Online disinhibition**

It has been found that people often say or do things online that they normally would not do face to face. It is possible a client may express themselves more openly due to this phenomenon which could become problematic. For example, a client may share more information than they are comfortable with before trust is able to be established. This could lead to feelings of vulnerability or embarrassment which might impact the client's feelings about returning to therapy. Additionally, a client may leave the session. While leaving an in-person session may seem like a daunting task, simply closing their computer or ending a phone call could appear much easier. If the therapist notices the session could be moving too fast, it can be helpful to address this with the client. Perhaps the therapist could explain they would first like to get to know a little about the client and who they are.

### **5. Ethical considerations**

With the use of technology and E-Walk In, a session can be similar to entering a client's home. Along with this view into their personal life, there are many scenarios a clinician may encounter. As with entering a client's home physically, it is important to be aware of the surroundings. Being conscious of what you see or hear in the client's background and following policies and procedures around how to address these concerns is important.

## **6. Absence of non-verbals**

The absence of non-verbal communication is one aspect that therapists often believe would impact the therapeutic experience significantly. In order to address this, therapists might find it helpful to consider what you do when meeting a client in person for the first time and the reason behind it. For example, a therapist might shake their client's hand upon meeting them for their first session. The goal behind this might be to make the client feel more welcomed. Without the opportunity to shake the client's hand, a therapist may welcome the client to the session with a statement instead. Another way to promote connection can be the use of the client's name more frequently. There is also an advantage to the absence of non-verbal communication. It is likely that as humans we are unable to control 100% of our non-verbal expressions during a session. This implies that during in person services it is likely the client may pick up unconscious non-verbal cues that the therapist is not even aware of.

## **7. Where to look**

When using a videoconferencing software there is the practical issue of where to focus your attention. In some cases, looking at the client's face on the screen may translate to looking somewhere else on the client's end. When engaging in a session through videoconferencing software it is recommended that the therapist center themselves in the camera and ensure they are a comfortable distance from the camera (not too zoomed in or out).

## **8. Safety Planning**

If the staff, in consultation with their manager, determine that the client's risk level is clinically significant (through information gathered during intake, counselling sessions, assessments, etc.), staff will ensure that a safety plan is in place that has been developed with the client and family.

Establish a Plan B with the client in case the video connection does not work or fails during the session (e.g. the staff will phone the client, the staff will send a text message to the client).

In situations where there is potential risk of privacy being breached, create a back-up / alternate plan with the client (e.g. if someone approaches the room the client has the staff's permission to end the conference. Also, the client can open a game online prior to the session so they can be seen playing if someone enters the room).

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## WATER BASED ACTIVITIES

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Reviewed and Approved January 2020

Supervised water-based activities are a normal part of the lives of children and youth. These activities represent recreational and developmental opportunities that support physical and skill development, positive socialization, and the pursuit of life-long leisure interests, educational opportunities and basic life experiences. The safety and well-being of the participating children, youth and staff should be the primary focus in the preparation and delivery of water-based activities given the inherent risks associated with these activities. Safety needs should be balanced with the need for normal childhood experiences.

### **Consent**

Parent/guardian consent is obtained at admission to service through the Agreement for Service.

### **Staffing**

It is recommended that staff have received some previous training in life saving techniques.

All staff who are supervising children involved in water-based activities are to hold current standard first aid and CPR qualifications.

Staff are responsible for being aware of the water-based activity policy, reviewing it on an annual basis and being proficient in all skills necessary to the implementation of the program.

The number of program staff in attendance is to be a minimum of one, under all circumstances. The number of additional staff required is to be determined on the basis of the age, abilities, and behavioural considerations of the clients involved, site considerations and other factors.

### **Preparations**

It is recommended that whenever possible water-based activities take place at a location where certified lifeguards are available and on duty.

Woodview staff will ensure that a beach/waterfront activities equipment and emergency kit is available and that the items contained within it are in working order.

The kit should include the following:

- a working cellular telephone or direct access to a telephone.
- a minimum of one reaching assist (flutter board, 50' throw line).
- a working whistle or signalling device. One blast signals a buddy check, two blasts signals participants to exit the water, three discontinuous blasts signals an emergency.
- an emergency contact list that includes the names and telephone numbers of emergency responders, agency contacts for crisis situations, parent/guardian contacts and others as appropriate.
- Department of Transportation approved Personal Floatation Devices (PFD) appropriate for the weight and age of the activity participants available for the use of non-swimmers and other participants who would like to use them.

### **Facilities or Locations with Certified Lifeguards**

When water-based activities are taking place at facilities/locations where certified lifeguards are on duty the group participants are expected to comply with the specified rules of the facility/location and follow the direction of lifeguards. Woodview staff can increase the requirements above the pool operator's procedures as long as they do not interfere with the pool operator's procedures and operations.

When water-based activities are taking place at unsupervised locations staff are expected to know the area and be aware of potential safety risks (e.g. drop-offs, currents, undertows etc.).

The skill level of participants should be assessed and rated by staff:

- Swimmers are those that can swim 25 metres with comfort without touching the bottom
- Non-swimmers are those who cannot swim 25 metres with comfort without touching bottom. Non-swimmers must wear a government approved Personal Flotation Device at all times. It must be in good working order and be appropriate for the size and weight of the participant.

### **Unsupervised Locations or Facilities**

When water based activities are taking place a facilities/locations where lifeguards are not available staff must follow the following procedures:

- the area must be checked and free of any safety hazards.
- staff must be situated in a position where they can provide effective, and if necessary, immediate hands on supervision to all the participants for whom they have a responsibility. This should be no further than the waters edge.
- staff should have a reaching assist and signalling devise with them.
- boundaries should be clearly identified for the participants.
- participants should be buddied up in partners of 2 or 3 when there is an odd number. Buddies are responsible to stay near and watch out for each other. When staff signal for a buddy check buddies need to stand still, hold hands and raise them above their heads.
- a buddy check should be made at a minimum of once every 15 minutes or as needed, and signalled by one whistle blast.
- staff should constantly scan the designated swimming area, and be taking a head count to ensure all swimmers are accounted for.
- if thunder is heard everyone must exit the water and may not re-enter until 20 minutes after the last sound of thunder has been heard.
- if a swimmer is missing all participants must exit the water and staff will implement emergency procedures.

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## **YOUTH ENGAGEMENT**

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Revised and Approved January 2020

### **Definition**

Youth Engagement is defined by The New Mentality as “empowering all youth as valued partners in addressing, and making decisions about issues that affect them personally and/or that they believe to be important.” (Pereira, N., 2007)

Youth Engagement “is an active and ongoing process that embeds youth voice at all levels. It is a set of practices that offer youth opportunities to develop meaningful relationships with adults, learn skills, work on issues they’re passionate about and contribute to social change.” (<http://www.yetoolkit.ca/content/definition>)

### **Purpose**

Woodview is committed to engaging youth in decisions that affect them and shape their future.

This policy will provide direction regarding youth engagement strategies within the operations of Woodview, ensuring the Agency works together in partnership with youth to enhance what we offer at the service, program, and system levels. We believe that by practicing youth engagement, Woodview and the community benefits from the expertise and experiences of youth as we create and sustain the services, opportunities, and supports that young people need for healthy growth and development.

This policy also defines the roles and responsibilities of the Youth Support Provider, Engaged Youth, staff and leadership.

### **Guiding Principles**

- Asset-Based Approach – (<http://www.search-institute.org>)
- Roger Harts Ladder of Participation
- Ready Set Engage – The New Mentality

### **Policy**

For the purpose of this policy youth are defined as ages 12 – 25 years old.

This youth engagement policy is intended to ensure that the values, guiding principles, and core components of Woodview’s youth engagement philosophy are realized within Woodview’s mandate, policies, and strategic plan. This will ensure that youth engagement at Woodview takes place in meaningful way.

- Woodview will enhance the voice of youth through developing youth engagement literacy within the Agency and implementing activities that engage youth in related operations of Woodview at the service, program, and system levels.
- Woodview will support two active The New Mentality chapters, consisting of approximately 8-20 members. Woodview will partner with the chapters to provide ongoing meaningful engagement and co-development opportunities at the service, program and system levels.
- Woodview, as the Moving on Mental Health Lead in Brantford, will support Youth Support Providers to engage youth in the community to partner with Woodview on Mental Health initiatives.
- Woodview will create employment opportunities for youth to support them in building their capacity and grow from their lived experience.

## **Roles and Responsibilities**

All Woodview employees have a role to play when it comes to practicing meaningful youth engagement at the Agency. The specific roles and responsibilities pertaining to the Agency positions are outlined below.

**Leadership Team**

Members of Woodview's leadership team play an essential role in supporting the implementation of this policy. Specifically they are responsible for:

- Ensuring youth are engaged by the Woodview Board of Directors when appropriate.
- Reviewing needs and resources to meet Woodview's youth engagement needs.
- Incorporating youth engagement principles and practices in the development of Woodview's strategic plan.
- Ensuring clinical support is available for all youth (both staff and volunteers) as required, specifically crisis and referral support.

## ***Woodview Staff***

Woodview staff are responsible for:

- Ensuring youth feel included and valued as a member of the team.
- Providing constructive feedback, when and where appropriate.
- Being aware of how their own role is impacted or impacts youth engagement.
- Identifying and addressing barriers that may prevent or negatively impact the participation of youth in Woodview programs/services.
- Engaging young people in the development of programs or services for youth.

## ***Youth Positions***

Woodview has recognized the need for various youth positions within the agency. These roles include volunteers, honorariums for services, and paid positions.

Youth are made aware of their specific responsibilities and expectations at the start of their involvement in each role, and are reviewed as needed.

The following responsibilities are required of all Youth:

- Respect the physical space;
- Respect peers and adult allies;
- Support the values of Woodview;
- Maintain confidentiality.

## ***Adult Ally (staff position)***

Adult allies act as a leader in guiding the youth engagement work and programs. Adult allies are expected to provide continuous support, respect, and encouragement to all youth participants and ensure the program environment is emotionally and physically safe for all participants. They shall provide advice and support and connect the youth as needed to resources, services, and people.

## **Procedure**

### **Youth Recruitment**

- Youth will be engaged internally, externally, as individuals, and groups to partner on work and projects.
- Youth will be recruited from current/past service participants of Woodview and the local youth population. All attempts will be made to recruit members that reflect the diversity of the community and programs that Woodview serves, including the demographic and geographic makeup of Halton, Hamilton, Brantford, Brant, Six Nations of the Grand River, and Mississaugas of the Credit First Nation.
- Opportunities are available for youth both internally and externally to become volunteers with the option to grow into new roles as opportunities are available.
- All youth candidates selected are interviewed by members of the leadership team, an adult ally, and a youth who is familiar with Woodview's youth engagement programs and policies.

### **Engagement**

- Youth will be supported by an adult ally (Woodview staff person) who has experience and training in youth engagement. The adult ally and Youth Support Provider(s) (where appropriate) will work together to promote youth engagement principles and philosophies.
- Youth will be engaged in collaboration with the adult ally in activities that may include, but are not limited to:
  - Input and co-development on Agency projects;
  - Participation in community forums;
  - Input into, vetting, and the co-development of public education, mental health, and other promotional materials;
  - Consultation on and co-development of social media posts;
  - Co-develop services, programs, and work to support the transformation of the children's mental health system;
  - Partner with Woodview at community events;
  - Youth will be consulted on an ongoing and as needed basis;
  - Co-development of training and co-facilitation of trainings;
  - Advocacy.
- Youth are assisted in their roles as they change or as they move into new roles, paid positions, and as they transition out of youth services.

### **Positive, safe and accessible spaces for youth**

- Meetings with youth will be youth-friendly, strengths-based, and supportive of youth participation and leadership.
- The safety and emotional well-being of youth who are engaged is paramount. The adult ally will be present at all youth engagement work. Youth are encouraged to bring forward any concerns they have about their emotional or physical safety to the adult ally.
- When a youth or the adult identifies that there is a mental health issue that may require intervention, the ally will make the youth aware of mental health services available. Staff will further work to assist the youth in connecting to services either at the organization (i.e. Brief mental health walk-in clinics) or in the community.
- The adult ally will work with engaged youth to ensure that their involvement in activities are supportive of their education and healthy development, and are not negatively impacting on their family, school, work and social activities.

- Youth will be asked to give their informed consent prior to sharing their personal experiences in public events/venues including the risks and benefits of doing so. Youth will be provided a thorough preparation process prior to sharing their personal experiences, support during the event, and a debriefing/support after the event.
- Woodview will not publish photographs, videos, or quotations without the consent of the youth. If a youth withdraws consent, Woodview will promptly remove the youth's images and words published online and will not reuse the images or text in subsequent publications. Participation is voluntary, and those who do not wish to take part in any public activity have the right to privacy.

### ***Youth Compensation and Recognition***

We value and appreciate our youth and have different levels of compensation and recognition

We offer:

- Leadership and training opportunities;
- Volunteer hours;
- Special recognition;
- Honorariums for services; and / or
- Identified youth paid positions.

### ***Youth Engagement Orientation***

- We provide youth a youth-friendly orientation that outlines Woodview's services, structure, mission and values, health and safety practices, confidentiality, and the guidelines, rules, and expectations of the group. Youth will also receive a detailed orientation to their roles, responsibilities and boundaries as staff / volunteers / participants at Woodview specific to their role and program in which they are involved (Fortitude Youthview, Youth Support Provide [MOMH], or Camp Unity Youth Leader).
- All Woodview staff and volunteers (adults and youth) will receive, as part of their orientation, an overview of Woodview youth engagement practices and how youth are involved in the operations of the organization.

### ***Learning and Development***

- Youth in leadership will receive training from the adult ally in public speaking, messaging, and media relations to prepare them for their roles.
- Woodview promotes new opportunities for youth across the agency and the community through training, and engagement projects.

### **Evaluation**

- All youth engagement activities and the functions of the Woodview youth groups and youth positions will be reviewed on an annual basis. Woodview Youth and Staff will take part in all evaluation processes related to the work of the Youth.

### ***Youth Engagement and Governance***

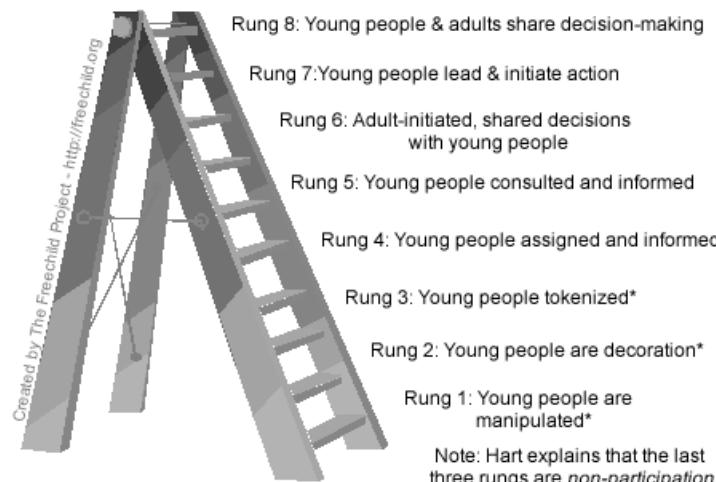
- The Board of Directors will engage Peer Support Providers through an advisory role in a reciprocal and meaningful way, implementing the youth engagement principles and philosophies as outlined in this policy.

# Ladder of Participation

## About the Ladder

Sociologist Roger Hart wrote a book called *Children's Participation: The Theory And Practice Of Involving Young Citizens In Community Development And Environmental Care* for UNICEF in 1997. This groundbreaking work put the work of young people and adult allies around the world in the context of a global movement for participation, offering needed guidance and criticism of many efforts. The "Ladder of Children's Participation," also called the "Ladder of Youth Participation," is one of many significant tools from the book.

Roger Hart's Ladder of Young People's Participation



Adapted from Hart, R. (1992). *Children's Participation from Tokenism to Citizenship*. Florence: UNICEF Innocenti Research Centre.

## Degrees of Participation

8) Young people-initiated, shared decisions with adults. This happens when projects or programs are initiated by young people and decision-making is shared between young people and adults. These projects empower young people while at the same time enabling them to access and learn from the life experience and expertise of adults. *This rung of the ladder can be embodied by youth/adult partnerships.*

7) Young people-initiated and directed. This step is when young people initiate and direct a project or program. Adults are involved only in a supportive role. *This rung of the ladder can be embodied by youth-led activism.*

6) Adult-initiated, shared decisions with young people. Occurs when projects or programs are initiated by adults but the decision-making is shared with the young people. *This rung of the ladder can be embodied by participatory action research.*

5) Consulted and informed. Happens when young people give advice on projects or programs designed and run by adults. The young people are informed about how their input will be used and the outcomes of the decisions made by adults. *This rung of the ladder can be embodied by youth advisory councils.*

4) Assigned but informed. This is where young people are assigned a specific role and informed about how and why they are being involved. *This rung of the ladder can be embodied by community youth boards.*

3) **Tokenism.** When young people appear to be given a voice, but in fact have little or no choice about what they do or how they participate. *This rung of the ladder reflects adultism.*

2) **Decoration.** Happens when young people are used to help or "bolster" a cause in a relatively indirect way, although adults do not pretend that the cause is inspired by young people. *This rung of the ladder reflects adultism.*

1) **Manipulation.** Happens where adults use young people to support causes and pretend that the causes are inspired by young people. *This rung of the ladder reflects adultism.*

### The 7/8 Debate

Roger Hart's Ladder of Participation shows young people-initiated, shared decisions with adults as the top form of young people's participation, followed immediately by young people-initiated and directed. This is somewhat controversial an issue for many people working with and around young people. Essentially, the debate is which of these levels of participation is actually the most meaningful?

Many believe that shared decision making is most beneficial to both young people and adults. Others believe that young people are most empowered when they are making decisions without the influence of adults. Most often, this doesn't exclude adults but reduces their role to that of support.

Both arguments have merit; ultimately, it is up the each group to determine which form of decision-making best fits with the groups' needs.

*Adapted from here.*

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