



Personal Support Services

POLICY: R-I-11

DEPARTMENT: Personal Support Services

CATEGORY: Personal Planning and Supports

EFFECTIVE DATE: November 2013

SUPERSEDES VERSION DATED: N/A

Page 1 of 5

Policy & Procedure Manual

RIGHTS ASSESSMENT/MANAGEMENT R-I-11

POLICY:

OPTIONS northwest recognizes their responsibility to deliver services that promote the health, safety and well-being of individuals they support, ensuring the individual and/or the person(s) acting on their behalf are informed and involved.

OPTIONS northwest is committed to providing services and supports that honour people's rights under the Canadian Charter of Rights and Freedoms and the Human Rights Code. All employees, volunteers and students have an obligation and responsibility to ensure that the rights of all individuals receiving support are respected and upheld and that any rights restrictions or limitations are implemented in accordance with this policy.

A Rights Review Committee will be in place to safeguard the human, civil and legal rights of all individuals receiving supports. The committee shall review all perceived rights restrictions and ensure that plans are developed to enable individuals to uphold and/or regain their rights. Rights limitations or restrictions can only be imposed with approval of the Executive Director on recommendation of the Rights Review Committee except in an emergency situation, which will need to be reviewed within 30 days.

Examples of rights restrictions include, but are not limited to, a creation of a barrier; a locked area (room, closet etc.); removal of full access to the person's home; perceived punishment as discipline; the use of a psychotropic drug to alter the person's behavior (without an approved updated behavior support plan/protocol in place).

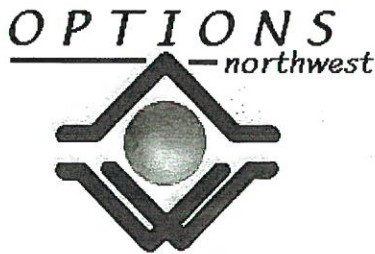
An appeal process will be available to any individual who disagrees with the recommendations of the Rights Review Committee/Executive Director.

PURPOSE:

1. To safeguard and support the human, civil and legal rights as well as the daily personal freedoms of all individuals who receive support from OPTIONS northwest.

PROCEDURE:

1. In preparation for the Annual Support Plan Meeting, the Primary/Secondary Counsellor, or person acting on their behalf will support the individual to complete a Rights Restriction Assessment Form (Appendix A). The Rights Restriction Assessment Form will be filed in the Individual Support Plan Binder and the date



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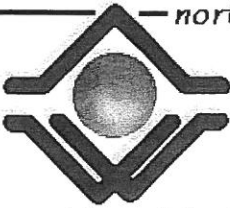
EFFECTIVE DATE: November 2013

SUPERSEDES VERSION DATED: N/A

Page 2 of 5

completed will be identified on the Rights Assessment/Management section of the Individual Support Plan (I.S.P).

2. When a Rights Restriction is identified on the assessment form, the Primary/Secondary Counsellor will notify the individual or person acting on their behalf and will support the individual to complete a Rights Restriction Proposal Form (Appendix B).
3. A Rights Restriction Proposal Form will be completed anytime during the year when a restriction is identified or when a new restriction is put in place.
4. In an emergency situation, a rights limitation or restriction can be put in place immediately and a Rights Restriction Proposal Form will be completed and submitted within 30 days as indicated below.
5. The completed Rights Restriction Proposal Form along with Consent to Obtain/Disclose Personal Information will be placed in the I.S.P binder and a copy of each will be submitted to the Rights Review Committee (see Appendix C for Rights Review Committee Terms of Reference). This can be done by:
 - Delivering the form to any Supervisor at OPTIONS northwest, who will forward it to the Rights Review Committee Coordinator or;
 - Sending the referral to OPTIONS northwest, Attention Rights Review Committee Coordinator, 95 North Cumberland Street, Thunder Bay Ontario, P7A 4M1 or;
 - Faxing the referral to 807-346-5811 addressed to the Rights Review Committee Coordinator.
6. The Rights Review Committee Coordinator shall arrange for the Rights Review Committee to assess the Rights Restriction Proposal Form at the next scheduled monthly meeting or as required.
7. If the Rights Review Committee requires additional information they will complete the Request for Additional Information Form (Appendix D) and forward it to the Primary/Secondary Counsellor. The Primary/Secondary Counsellor will forward copies of the requested information to the Rights Review Committee Coordinator within 2 weeks.
8. If the Rights Review Committee has suggestions/recommendations that will allow the restriction to be removed, Part A of the Request to Remove Restriction Form (Appendix E) will be completed and returned to the Primary/Secondary Counsellor.
9. Using the recommendations/suggestions made by the Rights Review Committee and with input from the individual and/or the person acting on their behalf, the Primary/Secondary Counsellor will complete Part B of the Request to Remove



Restriction Form. Once completed, the original form will be placed in the Individual Support Plan binder and a copy will be returned to the committee for review.

10. If the Rights Review Committee requires guidance or their recommendation is to uphold the restriction, they will complete a Request for Review by Executive Director Form (Appendix F). The Rights Review Committee Coordinator will forward this form along with all attachments to the Executive Director for review and decision.
11. When the restriction is brought forward to the Executive Director each individual and/or person acting on their behalf will be informed and given the opportunity to present information to the Executive Director.

DECISIONS MADE BY THE EXECUTIVE DIRECTOR:

1. The Executive Director will complete the Executive Director Response Form (Appendix G) indicating whether the decision is:
 - A) No decision at this time-Request for additional information
 - B) Remove the Restriction
 - C) Uphold the Restriction with Conditions

PROCEDURE:

A) No decision. Additional Information Required:

1. When the Executive Director requires additional information "No decision at this time" will be checked off on the Executive Director Response Form and a Request for Additional Information Form will be completed and forwarded to the Primary/Secondary Counsellor.
2. The Primary/Secondary Counsellor will forward the requested information to the Executive Director within 2 weeks.

B) Remove the restriction:

1. When the recommendation is to remove a restriction, the Executive Director will complete the Executive Director Response Form indicating to remove the restriction. The Executive Director will also complete Part A on the Request to Remove the Restriction Form noting any suggestions/recommendations that will allow for the restriction to be removed. Both forms will be sent to the Primary/Secondary Counsellor for completion.
2. Using the recommendations/suggestions of the Executive Director and with input from the individual and/or the person acting on their behalf, the Primary/Secondary Counsellor will complete Part B of the Request to Remove the Restriction Form.



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POLICY: R-I-11

DEPARTMENT: Personal Support Services

CATEGORY: Personal Planning and Supports

EFFECTIVE DATE: November 2013

SUPERSEDES VERSION DATED: N/A

Page 4 of 5

Once completed a copy will be returned to the Executive Director for review and the original will be placed in the I.S.P binder.

C) Uphold the restriction with conditions:

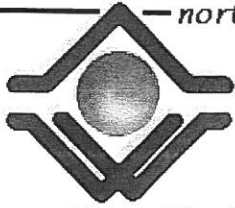
1. The Executive Director will attach the Rights Restriction Proposal Form and complete the appropriate sections on the Executive Director Response Form indicating any conditions/recommendations and forward it to the Primary/Secondary Counsellor.
2. The Primary/Secondary Counsellor will complete the Rights Restriction Support Plan (Appendix H) placing the original in the Individual Support Plan Binder and a copy will be returned to the Executive Director within 2 weeks. The Primary/Secondary Counsellor will explain the rationale and anticipated duration of the restriction, and the appeal process to the individual and person acting on their behalf.
3. Each restriction will be reviewed by the Executive Director at least once a year or more often as required. The individual and/or person acting on their behalf will be informed of review dates and accommodations will be made if they would like to present information.

DOCUMENTATION:

1. When completing the Rights Assessment/Management Process, the Primary/Secondary Counsellor will document each step in the individual's progress notes.
2. All above decisions and recommendations will be shared with the person, the person acting on their behalf, Supervisor and Support Team. The Rights Restriction Support Plan will be sent to clerical for typing, uploaded onto C.I.M.S and returned to the Support Team to file in the person's I.S.P binder removing any old copies, which will be shredded.
3. The Director of Personal Support Services will be provided with a copy of the completed Rights Restriction Support Plan.

APPEAL PROCESS:

1. A person may appeal the decision of the Executive Director for the following reasons:
 - They feel that not all relevant information was shared.
 - They feel that the process was not followed properly.
 - They feel there is a less restrictive solution.
 - Other



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Page 5 of 5

The Executive Director will look at other avenues, which may include the Human Rights Commission when a resolution cannot be reached.

RECOMMENDED BY: Director, Personal Support Services

APPENDICES: 8

OPERATIONAL ACCOUNTABILITY: Administration, Personal Support Services
Administration, Personal Support Services

ORIGINAL POLICY DATE: N/A

AUTHORIZED BY: Executive Director

SIGNATURE:

A handwritten signature in black ink, appearing to be "Robert [unclear]", written over a horizontal line.

OPTIONS northwest

Rights Assessment

Name: _____

Prepared By: _____

Date: _____

RIGHTS ASSESSMENT

All questions/statements will be explained to the individual in a manner that he/she can understand. If the individual is unable to answer, staff completing the form will determine if a rights restriction exists. Answer each question with a check mark in the appropriate box indicating "YES", "NO" or "WITH SUPPORT". Each "NO" identifies a right restriction which will be indicated in the space provided below each section. The last page will be used to indicate any restrictions which are not identified on the assessment.

Name:

Date Completed:

Right to Freedom Of Speech

- I am informed about my right to Freedom of Speech
- I feel that people listen and respond to what I communicate
- People ask for my opinion and respect it
- People respect me when I say "no"

YES	NO	WITH SUPPORT

Identify any Rights Restrictions from this section:

Right to Privacy

- I am informed about my Right to Privacy
- I can be alone when I want to be
- I can visit with my friends/family alone
- People knock before coming into my personal space
- I have privacy when talking on the phone/cell phone or using a computer
- I have a place to go to be alone
- People respect my privacy regarding my belongings, files and bank accounts

YES	NO	WITH SUPPORT

Identify any Rights Restrictions from this section:

Right to Raise Concerns

- I am informed about my right to raise concerns
- I have someone I can talk to if I have a concern
- I receive emotional support when required
- I am aware that I have the right to inform the Executive Director personally or with support if I feel any of my rights have been violated

YES	NO	WITH SUPPORT

Identify any Rights Restrictions from this section:

Right to Practice Religion (with education and opportunities)

- I am informed about my right to participate in aspects of religious activities
- I can choose to believe in God, or not to
- I can choose to practice a religion or not
- I can choose to attend religious services or events
- My religion or spiritual beliefs and practices are treated with dignity, privacy, and respect

YES	NO	WITH SUPPORT

Identify any Rights Restrictions from this section:

Right to Receive and Send Mail

- I am informed about my right to receive and send mail
- I get mail at home
- I read my own mail, unless I need assistance
- I get assistance in writing letters and sending mail when needed

YES	NO	WITH SUPPORT

Identify any Rights Restrictions from this section:

Right to Medical Treatment

I am informed and receive education about my right to refuse Medical Treatment and the effects of refusing such treatment
 I see a doctor, dentist, etc. for regular check ups
 People take me seriously when I complain about not feeling well
 I have been informed about the medication I take including side effects and risks

YES	NO	WITH SUPPORT

Identify any Rights Restrictions from this section:

Right to Have/Keep Personal Possessions

I am informed about my right to keep personal possessions
 I have things that belong to me
 I keep my things where I want to
 I can access my things whenever I want

YES	NO	WITH SUPPORT

Identify any Rights Restrictions from this section:

Right to Participate in my Community

I am informed about aspects of community life including educational, recreational, social, and cultural activities
 I participate in community activities of my choice
 I am involved in activities with people I live with if I choose to be
 I attempt to keep in contact with family and friends as I choose
 I do things that other people in the community do
 I have been kept informed and involved about what groups and organizations there are in the community and my right to join

YES	NO	WITH SUPPORT

Identify any Rights Restrictions from this section:

Right to Receive and Spend Money

- I am informed and educated about my finances
- I have access to my money/cheque book when I need it
- I decide how to spend my money

YES	NO	WITH SUPPORT

Identify any Rights Restrictions from this section:

Right to Access My Own Records

- I am informed about my right to access my own records/casebook
- I am informed of where my files are kept
- I have the opportunity to look at and know what is in my files

YES	NO	WITH SUPPORT

Identify any Rights Restrictions from this section:

Right to Freedom of Movement

- I am informed and receive education about my right to risk
- I can go where I want, when I want in my home and community if I choose
- If I choose, staff are with me when I go somewhere
- I have been provided education on various modes of transportation
- I receive adequate/needed assistance/supervision but am not overprotected in such a manner that there is little chance of either failure or improvement
- There is support in place so that I am free from chemical, physical or mechanical restraint

YES	NO	WITH SUPPORT

Identify any Rights Restrictions from this section:

Right to Adequate Accommodation

I am informed of my right to adequate accommodation
 If needed I am given information about other options for living arrangements

YES	NO	WITH SUPPORT

Identify any Rights Restrictions from this section:

Right to Choose My Friends

I am aware of my right to choose friends
 I choose my own friends
 I have contact with my friends
 I am assisted and provided opportunities to meet new friends
 I choose who I want to spend time with

YES	NO	WITH SUPPORT

Identify any Rights Restrictions from this section:

Right to Choose Services

I am informed of and receive education about services that are available
 I decide on the services I need/want
 People help me access services if needed

YES	NO	WITH SUPPORT

Identify any Rights Restrictions from this section:

Right to Choose What I Want to Eat and Drink

I am informed of and receive education about nutrition
 I am informed of my diet restrictions and how it will affect me if I can choose not to follow them
 I participate in my meal plans
 I have adequate fluids and nutrition and the right to request more/less or different options

YES	NO	WITH SUPPORT

Identify any Rights Restrictions from this section:

Right to Have Intimate Relationships

I am informed and receive education about my right to have intimate relationships
 I am able to have a boyfriend/girlfriend if I choose
 I am able to have privacy with my boyfriend/girlfriend

YES	NO	WITH SUPPORT

Identify any Rights Restrictions from this section:

Right to be Free from Abuse or Neglect

I am informed of and receive education about the right to be free from abuse or neglect
 In my residence:
 I am free of discrimination or degradation
 I have received education about physical, sexual and emotional abuse

YES	NO	WITH SUPPORT

Identify any Rights Restrictions from this section:

Right to be Informed about Services Received from OPTIONS northwest

I have participated in the development of all my support plans in place and have a primary/secondary counselor to assist me
 I have been informed about all services I receive
 I have been informed about the Mission statement, Service Principles and Recipient's Bill of Rights
 On my own or with support I receive information in a manner which is understandable and informative
 I am supported by staff who are informed about the Service Principles and Recipient's Bill of Rights

YES	NO	WITH SUPPORT

Identify any Rights Restrictions from this section:

Summary

Please list any rights restrictions that the individual and/or the person acting on their behalf feel are imposed on them that are not mentioned in the previous pages of the assessment form and describe the reason why these restrictions are in place.

When a Rights Restrictions is identified on this assessment form, the Primary/Secondary Counsellor will notify the individual or person acting on their behalf and will support the individual to complete a Rights Restriction Proposal Form.

File this Assessment in the appropriate section of the Individual Support Plan Binder

OPTIONS northwest

Rights Restriction Proposal Form

page 1

Name:

Proposal Number _____

Date:

Completed Consent Attached:

Yes

No

Name of Individual/Person acting on their behalf involved in the completion of this form

Explain the restriction.

Why is the restriction in place?

Have you talked with anyone about this restriction? Yes

No

If yes, who? _____

Tell us your concerns or how this restriction affects your quality of life:

Is there anything being done to reduce the effects of this restriction?

Yes

No

Not Sure

If yes please explain:

What could happen that would be harmful to you if this restriction is not in place:

Think about the following questions when completing the chart below:
 Should the above happen, how harmful would that be to you? (See attached consequence scale) and how likely is it that the above will happen?

Please complete the table below using a check mark in the one appropriate box

Probability	Consequence Scale				
	Insignificant	Minor	Moderate	Major	Catastrophic
Highly Likely					
Likely					
Possible					
Unlikely					

Who will be affected by the event if it occurs?

Who has completed this Proposal?

- Individual
 Individual with support
 Other

Signatures:

 Individual/Person acting on their behalf

 Date

 Primary Counsellor

 Date

 Secondary Counsellor

 Date

 Supervisor

 Date

Consequence Scale

Level	Consequence	Description
5	Catastrophic	The consequence would be extensive and irreversible including death or permanent extensive disability to the individual or support worker.
4	Major	The consequence could include serious but not permanent injury/disability; loss of home; imprisonment. It may also have Major Consequences to their health and well-being.
3	Moderate	The consequence could include major soft tissue injury or minor fractures; arrest or conflict with the law; loss of employment or other valued activity; social isolation from family and friends. It may also have Moderate Consequences to the individual's health and well-being.
2	Minor	The consequence could include nuisance injuries, inconvenience or delay of desired activities; negative attention and/or dishonor; straining of relationships with family and friendships; running out of funds. This may affect their health and well-being to a minor degree.

1	Insignificant	Consequences can be largely ignored or are self resolving.
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Rights Review Committee Terms of Reference

BACKGROUND

To ensure that all individuals supported by OPTIONS northwest have access to a committee that will review any potential or perceived rights restrictions.

RESPONSIBILITIES:

1. Review all Rights Restriction Proposal Forms and make suggestions/recommendations that will allow a restriction to be removed.
2. Request additional information if they feel the information provided is not adequate.
3. Make recommendations on the Rights Restriction Committee Response Form to bring forward to Support Teams and the Executive Director.

MEMBERSHIP:

There shall be a minimum of four committee members and a maximum of seven. Membership shall include Individuals supported by OPTIONS northwest as well as support staff that will facilitate the process.

The Rights Review Committee will have at least 4 Committee members present in order to review any Rights Restriction Proposal.

TERMS OF APPOINTMENT:

Initial appointments by the Rights Review Committee Coordinator will be for one-year or two-year terms, in order to ensure continuity of committee membership.

The Rights Review Committee members will recommend to the Rights Review Committee Coordinator the appointment of new Internal Rights Review Committee members as vacancies or extraordinary needs arise.

Any committee member may resign upon written notification to the Rights Review Committee Coordinator.

The Committee has the discretion to approve, in advance, an extended absence of any Internal Rights Review Committee member.

VOTING RIGHTS:

Each Internal Rights Review Committee member is entitled to one vote on all matters coming before the committee.

MEETING PROCEDURE:

Schedule:	The Committee will meet once a month or more often as required.
Format:	In person or teleconference.
Agenda:	Agenda will be developed by the Rights Review Committee Coordinator with input from committee members
Minutes:	Will be drafted by the Rights Review Committee Coordinator for review and approval at the next committee meeting.
Committee Coordinator Support:	Provided by OPTIONS northwest, including meeting coordination, preparation and distribution of materials, meeting agenda and drafting meeting minutes.

TRAINING:

All members will be provided with training by the Rights Review Committee Coordinator.

CONFLICT-OF-INTEREST DISCLOSURE:

Members must declare conflicts of interest prior to the discussion of individual files. A conflict of interest refers to situations in which personal, occupational or financial considerations may affect or appear to affect the objectivity or fairness of decisions related to the task group activities. A conflict of interest may be real, potential or perceived in nature. Individuals must declare potential conflicts to the Rights Review Committee Coordinator and must either absent themselves from the discussion and voting, or put the decision to the Committee group on whether they should absent themselves.

CONFIDENTIALITY:

Each committee member must sign a confidentiality agreement. All files/written information will be returned back to the coordinator after each meeting.

AMENDMENT TO TERMS OF REFERENCE:

OPTIONS northwest may amend committee terms of reference at any time as required and shall review the terms of reference at least annually.

**OPTIONS northwest
Rights Review Committee**

Request for Additional Information

Proposal Number _____

Forward to Primary/Secondary Counsellor: _____

Date Required: _____

Please copy and attach all requested information. Only use the Proposal Number on all requested documents removing the individual's name.

Comments:

Date Returned by Support Team: _____

Copies Forwarded To:

I.S.P Binder Individual/Person acting on their behalf Supervisor

Rights Review Committee Executive Director (as required)

Date Required Information Received: _____

**OPTIONS northwest
Rights Review Committee**

Request to Remove the Restriction

Part A: Completed by: __ Rights Review Committee __ Executive Director

Proposal Number: _____ Date Reviewed: _____

Forwarded to the Primary/Secondary Counsellor: _____

What is the restriction that is in place?

Reasons for removing the restriction:

Suggestions to remove the restriction:

Please complete Part B of this form and return by: _____

Number of Attachments: _____

Rights Review Committee Chair Person

Date

**OPTIONS northwest
Rights Review Committee**

Request to Remove the Restriction

Part B: To be completed by the Primary/Secondary Counsellor.

Steps implemented to remove the restriction:

Number of Attachments _____

Please indicate the date the restriction will be removed: _____

Comments:

Signatures:

Individual/Persons acting on their behalf

Date

Primary Counsellor

Date

Secondary Counsellor

Date

Supervisor

Date

Director of Personal Support Services

Date

Copies forwarded to:

___ Individual/Person acting on their behalf
___ Supervisor

___ Rights Committee Coordinator

Original to be placed in the I.S.P binder

**OPTIONS northwest
Rights Review Committee**

Request for Review by Executive Director

Proposal Number _____

Date Reviewed by Rights Review Committee: _____

Restriction:

Recommendations:

Please list all attached documents:

Comments:

Chairperson Signature _____

Copies forwarded to:

- Individual/Person acting on their behalf
- Rights Review Committee Coordinator
- Supervisor

Original to be placed in the I.S.P binder

OPTIONS northwest

EXECUTIVE DIRECTOR RESPONSE

Name _____ Proposal Number _____

Primary/Secondary Counsellor: _____

Date Reviewed by Executive Director: _____

Individual was present/involved in review? YES NO

If no please explain why:

DECISION:

- A) No decision at this time. Require more information
- B) Remove the restriction
- C) Uphold the restriction with conditions
(Please list conditions below)

Comments/Conditions:

Executive Director Signature: _____

Chairperson Signature: _____

Copies Forwarded to:

- __ I.S.P Binder __ Individual/Person acting on their behalf __ Supervisor
- __ Executive Director

**OPTIONS northwest
Rights Review Committee**

RIGHTS RESTRICTION SUPPORT PLAN

Name: _____

Proposal Number _____

Proposal Form Attached: ___

IDENTIFY RIGHTS RESTRICTON:

Guidelines for implementing the restriction	Timeframe to lift the restriction	Responsibility

Number of attachments: _____

Comments:

Signatures:

Individual/Person acting on their behalf

Date

Primary Counsellor

Date

Secondary Counsellor

Date

Supervisor

Date

Director of Personal Support Services

Date

Executive Director

Date

Copies forwarded to:

- Clerical
- Individual/Person acting on their behalf
- Rights Review Committee Coordinator
- Supervisor

Original to be placed in the I.S.P binder
