

Policy & Procedure Manual

Rights Assessment and Management Policy (R-I-11)

Policy

OPTIONS NORTHWEST is committed to respecting and protecting the rights of all individuals it supports, in accordance with the Canadian Charter of Rights and Freedoms, the Human Rights Code, and related legislation. All employees, volunteers, and students share responsibility for upholding these rights. Any restriction of rights must follow this policy and be reviewed by the Rights Review Committee. 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, which will need to be reviewed within 30 days or less.

Purpose

To ensure that the human, civil, and legal rights of people receiving support are protected, and that any restriction of rights is necessary, justified, documented, and regularly reviewed. The committee has formed Terms of Reference (Appendix A) and Guidelines to use when evaluating a circumstance (Appendix B).

Procedure

The Primary/Secondary Counsellor or assigned designate will identify the proposed rights restriction and complete the Rights Restriction Referral Form (Appendix C) and Support Agreement for Restrictions (Appendix D) with the person referred. This paperwork will be submitted to the committee and filed in AIMS Rights Restriction area, and SharePoint Rights Review Committee area by the committee chair.

In an emergency a rights limitation implemented immediately must be reviewed within 30 days or less.

Submission

Submit the completed form using one of the following methods:

- Provide it to any OPTIONS NORTHWEST Supervisor (who will forward it to the Rights Review Committee Coordinator)
- Mail to: Rights Review Committee Coordinator, OPTIONS NORTHWEST, 95 North Cumberland Street, Thunder Bay, ON P7A 4M1
- Fax to: 807-346-5811 (attention: Rights Review Committee Coordinator)
- Email the OPTIONS NORTHWEST general email address (use the person's initials only)

Review

The Rights Review Committee reviews the proposal and provides recommendations to the Executive Director for a final decision. Supervisors involved are encouraged to attend the pre-meeting and monthly meetings for restrictions pertaining to areas they oversee. If further information is needed the supervisor will get that to the committee within two weeks or less.

Decision

The decision to approve or deny is communicated to the submitting staff and documented in the person's file. Using either form, Rights Review Committee Approval of Restriction or Rights Review Committee Removal of Restriction Form (either Appendix E or Appendix F depending on the outcome).

Decisions may include deferring a decision until additional information is submitted, upholding the restriction with specific conditions or removing the restriction.

Ongoing Review

All approved restrictions are reviewed by the Executive Director at least annually, or more frequently if requested by the individual or their representative. Accommodation if the person supported or their representative will be made if they wish to participate in the review.

Documentation

All records are maintained in accordance with privacy and compliance requirements. Documentation is uploaded to the AIMS Rights Restriction tab and stored in SharePoint Rights Review Committee folders by the Committee Chair.

Appeal

Appeals can be submitted by email using initials only to the committee chair and Executive Director. A decision may be appealed if it is believed that information was not fully shared, the process was not followed, or a less restrictive option is available. If a resolution cannot be reached, additional avenues may be explored, including the Human Rights Commission.

Responsibilities

All staff, volunteers, and students must comply with this policy and respect people's rights. Supervisors are responsible for ensuring timely submission of documentation, compliance with review decisions, and are strongly encouraged to attend Rights Restriction preparation and discussion meetings.

RECOMMENDED BY: Director of Clinical Services

APPENDICES: 6

OPERATIONAL ACCOUNTABILITY: Administration, Supported Living Services (all), Community Resource Team

ORIGINAL POLICY DATE: March 1987

AUTHORIZED BY: Executive Director

SIGNATURE: _____



**Rights Review Committee
Terms of Reference**

Purpose:

The Rights Review Committee has been established by Community Living Thunder Bay, Options Northwest, and Superior Greenstone Association for Community Living to ensure that all people have access to a committee that will review any perceived rights restrictions.

Responsibilities:

- Ensure that restrictions are the least intrusive as possible, and that they are appropriate and well monitored.
- Request additional information if they feel the information provided is not adequate.
- Make recommendations and ensure supports are in place to make the restriction the least intrusive as possible and the plans support the person in regaining their full rights.
- Review restrictions annually once approved by the committee.

Membership:

The committee will be composed of representatives from each agency. Quorum is composed of a minimum of 1 person in attendance from each agency.

Voting Rights:

Each member of the Rights Review Committee is entitled to one vote on all matters coming before the committee unless they have a conflict of interest.

Meeting Procedure:

Schedule: The committee will meet once a month or more as often as required.

Format: Virtual, via Microsoft Teams.

Agenda: Agenda will be developed by the committee, each agency rotating taking turns completing and distributing the agenda.

Minutes: Minutes will be drafted by the committee, each agency rotating taking turns completing and distributing the minutes. To be approved at the following meeting.

Confidentiality:

Each committee member has signed a confidentiality agreement with their employer and agree to keep confidentiality on this committee. Due diligence will be completed to ensure personal information is redacted when brought forward to the committee.

Members must declare conflict 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 the objectivity of fairness of decisions from the committee member.

Rights Review Committee (RRC) – Guidelines for Evaluating Rights Restrictions

1. Purpose of the Committee

To protect the rights of people receiving services by ensuring that any restriction of rights is:

- Least intrusive
- Time-limited
- Reviewed annually, and more frequently if needed

2. Composition of the Committee

The RRC should include:

- At least two members from each agency
- A rights advocate or representative (independent if possible)
- A self-advocate
- A member not involved in the person's direct care

The RRC must ensure there is no conflict of interest in decision making.

3. Definition of Rights Restrictions

A rights restriction refers to any **limitation or removal** of a person's basic human, civil, or personal rights, including but not limited to:

- Privacy
- Freedom of movement
- Choice of activities or meals
- Access to personal belongings or communication
- Use of restraints or seclusion
- Limiting social interaction or visits
- Locked areas within one's home
- Access to personal finances

4. Guiding Principles

Restrictions must:

- Be **least intrusive first**, always prioritizing non-intrusive, positive behaviour supports before considering intrusive interventions
- Be **necessary** to prevent harm to the individual or others
- Demonstrate that **less restrictive alternatives** have been tried and failed
- Include **measurable goals** for reducing or removing the restriction
- Include an **estimated end date** or review timeframe
- Include **opportunities for skill building** and supports (i.e.. Technology to exercise the right)

5. Documentation Requirements

Any proposal for rights restriction must include:

- Description of the right being restricted
- Reason and justification for proposed restriction
- Evidence of attempts at less restrictive alternatives
- Plan for how the restriction will be monitored
- Data collection methods and review intervals

6. Review Process

- Proposals should be submitted in writing prior to implementation (unless in emergency).
- Committee meets monthly
- All discussions are documented with decisions and rationale.
- Approval, conditional approval (with required modifications), or denial is recorded in meeting minutes

7. Rights Advocacy

The individual whose rights are being restricted must be:

- **Informed of the restriction** in a way they understand
- Given **opportunity to express concerns**

8. Monitoring & Reassessment

- All restrictions must be reviewed annually
- The committee must ensure **progress is tracked** and documented
- Restrictions should be **lifted or reduced** as soon as it is safe and appropriate



(place x where applicable)

Likelihood	Consequence Scale			
	Minor	Moderate	Major	Catastrophic
Highly Likely				
Likely				
Possible				
Unlikely				

Consequence	Description
Catastrophic	The consequence would be extensive and irreversible including death or permanent injury to the person supported or staff.
Major	The consequence could include serious but not permanent injuries/safety risks. Also including major health risks to well-being.
Moderate	The consequence could include some injuries or fractures, conflict with the law, loss of valued activities, including social isolation. This also includes moderate consequences to health and well-being.
Minor	The consequence could include an inconvenience or delay of desired activities, negative attention, running out of funds, etc. This may affect health and well-being.

Print Name (person completing form):

Signature of Supervisor:

*Original to be uploaded in AIMS and copy forwarded to the Internal Review Committee. **



Support Agreement for Restrictions

Name:

Date:

I need support with:

The proposed supported restriction is:

The best way to support me with this restriction is:

I'd like to review this supported restriction in: *(place x where applicable)*

- 1 month
- 3 months
- 6 months
- 1 year

I understand that this proposed supported restriction is my own choice, and I can stop or start this supported restriction at any time.

Signature of Person Supported/acting on behalf of:

Signature of Supervisor:

Witness:

Dated:

*Original to be uploaded in AIMS and copy forwarded to the Internal Review Committee. **

RIGHTS RESTRICTIONS COMMITTEE

As per Policy R-I-1-1

APPROVAL OF RESTRICTION

INITIALS OF PERSON SUPPORTED:

DATED:

WHAT IS THE RESTRICTION METHOD?

APPROVED YES or NO

(PLACE X WHERE APPLICABLE)

IS THERE MORE INFORMATION NEEDED AT THIS TIME? YES or NO

IF YES, PLEASE EXPLAIN HERE:

RECOMMENDATIONS ARE AS FOLLOWED:

***THIS RESTRICTION WILL BE REVIEWED IN ____ MONTHS.**

SIGNATURE OF RRC CHAIR:

SIGNATURE OF EXECUTIVE DIRECTOR:

COMMENTS:

RIGHTS RESTRICTIONS COMMITTEE

As per Policy R-I-1-1

REMOVAL OF RESTRICTION

INITIALS OF PERSON SUPPORTED:

DATED:

WHAT IS THE RESTRICTION METHOD?

REASONS FOR REMOVING THE RESTRICTION?

SUGGESTIONS TO REMOVE RESTRICTION ARE AS FOLLOWED:

SIGNATURE OF RRC CHAIR:

SIGNATURE OF EXECUTIVE DIRECTOR:

COMMENTS: