

PURPOSE OF THE AGREEMENT

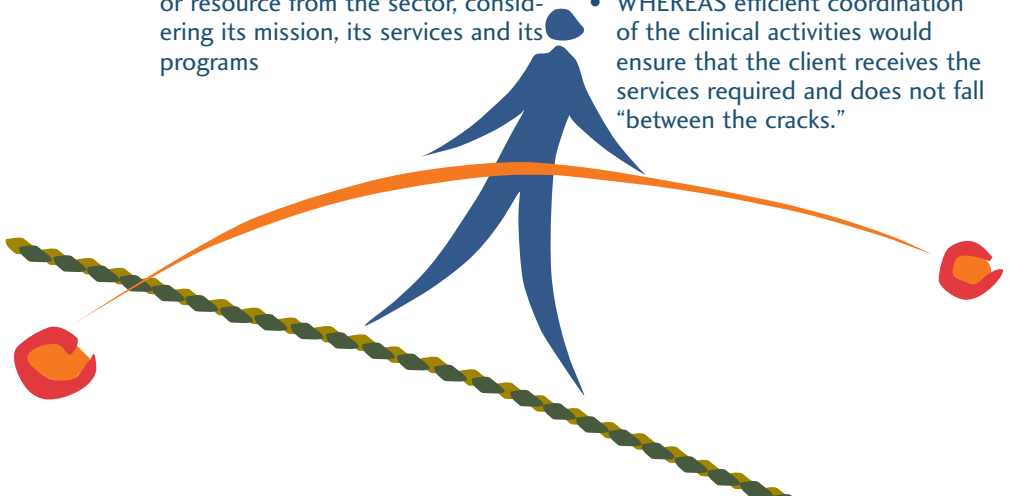
The intersectorial resources involved in the application of the *Act respecting the protection of persons whose mental state presents a danger to themselves or to others* agree to establish methods of collaboration in the provision of services to persons in a crisis situation when their specific needs require the contribution of another institution, organization or resource from the sector, considering its mission, its services and its programs

- WHEREAS access to services must first be facilitated and simplified;
- WHEREAS the request for service may come through an emergency call service (ex.: 911) or the health and social services network;
- WHEREAS, furthermore, efficient coordination of the clinical activities would improve the quality of the services to the client;
- WHEREAS efficient coordination of the clinical activities would ensure that the client receives the services required and does not fall “between the cracks.”

OBJECTIVES PURSUED AND EXPECTED RESULTS

The intersectorial resources involved in the application of the *Act respecting the protection of persons whose mental state presents a danger to themselves or to others* agree to establish methods of collaboration in the provision of services to persons in a crisis situation when their specific needs require the contribution of another institution, organization or resource from the sector, considering its mission, its services and its programs

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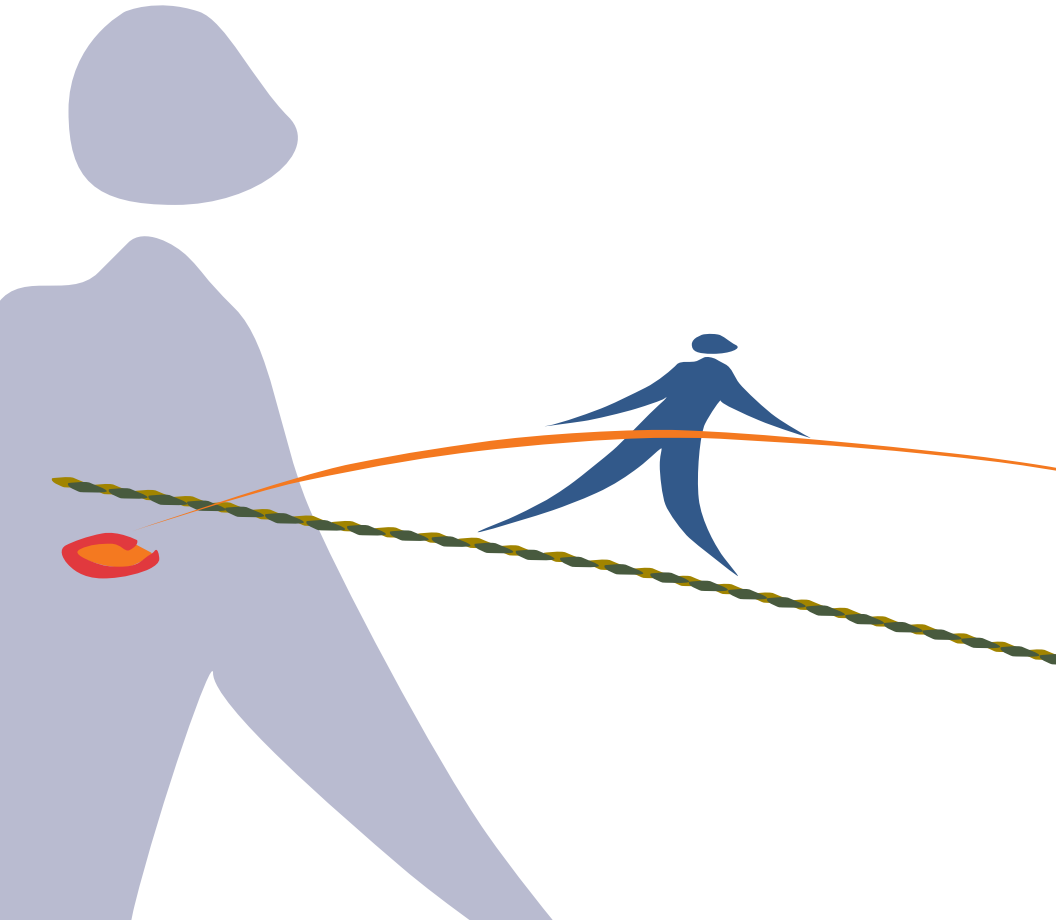


SERIOUS AND IMMEDIATE DANGER

The life of the person in crisis is in danger and he finds himself in a situation such that he likely will risk serious injury to his health if care and treatment are not provided within a short period of time.

SAFETY OF CHILDREN

If children are directly or indirectly involved in the situation, the social worker or the police officer must ensure their safety by mobilizing a significant person who can take care of them and/or by notifying a youth services centre if the children's safety may be compromised.



AN ACT RESPECTING PERSONS WHOSE MENTAL STATE PRESENTS A DANGER TO THEMSELVES OR TO OTHERS (R.S.Q., ch P-38.001)

Special legislation

The aim of this act, adopted in 1997, is to ensure the protection of the person and others, even against the will of the person involved. At the same time, it reaffirms the need to offer crisis services 24/7 in all regions of Québec, so that the emergency measures, provided by the Act, are effectively used only in special cases.

The Act concerns crisis services particularly in the context of the application of section 8 which allows a nonjudicial intervention (without a court order) to bring a person in crisis against his will to a hospital.



Objectives

1. To offer the person in danger the immediate availability of help that can prevent him from being involuntarily confined in an institution.
2. The member from the crisis intervention unit, when he evaluates the situation:
 - attempts to defuse the crisis;
 - proposes alternatives to resolve it;
 - obtains the consent of the person in crisis, if his state requires that he receive emergency care.

The social worker considers hospitalization as a last resort and only if necessary.

SECTION 8

“A peace officer may, without the authorization of the court, take a person against his will to an institution described in section 6¹ :

1. at the request of a member of a crisis intervention unit who considers that the mental state of the person presents a grave and immediate danger to himself or to others;
2. at the request of the person having parental authority, the tutor to a minor or any of the persons mentioned in article 15 of the Civil Code of Quebec, where no member of a crisis intervention unit is available in due time to assess the situation. In such a case, the peace officer must have good reason to believe that the mental state of the person concerned presents a grave and immediate danger to himself or to others.”

¹ Only an institution operating a local community service centre equipped with the necessary facilities or a hospital centre may be required to place a person under preventive confinement or temporary confinement for a psychiatric examination.

Three basic principles

- The inviolability of the person in crisis,
- Danger as the sole application criterion,
- Increased protection of the rights and recourses of the people placed under confinement.

Important changes

- Three types of institutional confinement for reasons of danger: preventive confinement, temporary confinement and regular confinement.
- Supervision of the psychiatric evaluation process.
- A process by which a person in crisis can be brought against his will to a health care institution.

HOSPITAL application of the Agreement

- CITÉ DE LA SANTÉ DE LAVAL
- HÔPITAL DU SACRÉ-CŒUR DE MONTRÉAL

ORGANIZATION OF SERVICES

- Emergency services 24/7: reception, evaluation, observation, treatment and orientation of the person in crisis towards the appropriate resources.
- Evaluation of the need for preventive confinement, temporary confinement or authorized regular confinement.
- The service accompanying the person in crisis must inform emergency personnel beforehand by telephone or by fax (police officer, designated social worker or ambulance technicians).
- Information by the police officer to the person in crisis: of the location where they are being taken, the fact that they must undergo a psychiatric evaluation, and their right to communicate immediately with their close relatives or an advocate.

LEGAL RESPONSIBILITY

- Person in crisis taken in charge in priority (less than 15 minutes) at the hospital by the triage nurse, and subsequently the physician proceeds with an examination.
- Placement under preventive confinement of the person in crisis by the physician, if he believes that his mental state presents a serious and immediate danger:
 - informs the director of professional services of his decision;
 - informs the person in crisis of the location of his confinement, the reason for the confinement and his right to communicate immediately with his close relatives or an advocate.
- The police officer gives the *Dangerousness Assessment Form* to emergency personnel.
- If the person in crisis refuses to undergo a psychiatric evaluation, the hospital has 72 hours to obtain the court's authorization for temporary confinement.



COMMITMENT

- Receipt of the Dangerousness Assessment Form;
- Taking charge of the person in crisis (serious and immediate danger) in **less than 15 minutes**, accompanied by a police officer, a social worker or ambulance technicians;
- Evaluation of the need for preventive confinement and decision taken for confinement, if necessary;
- Informing the designated social worker about the decision taken, by returning the completed Dangerousness Assessment Form to him (NB: consent of the person in crisis is necessary);
- After release, the institution will take all the available steps to ensure that follow-up is offered to the person in crisis.

PROCEDURES

TAKING CHARGE

- Evaluation by the triage nurse within a maximum of 15 minutes.
- Immediate notification of the physician.
- After the nurse's evaluation, the person in crisis is the hospital's responsibility and the police officer or the social worker may leave.

EXAMINATION BY THE PHYSICIAN

- Evaluation of the danger and a decision taken.
- Placement under confinement must be documented in the file (preventive confinement).

INFORMATION

With the patient's consent, the hospital forwards to the referring social worker the information on the result of the proposed procedure within a maximum of 24 hours.



DESIGNATED ORGANIZATIONS

application of the Agreement

- **URGENCE SOCIALE, CITY OF LAVAL**
- **L'ÎLÔT, REGIONAL CRISIS SERVICE**

ORGANIZATION OF SERVICES

- Face to face intervention
- Telephone response 24/7, crisis and/or suicide emergency intervention

LEGAL RESPONSIBILITY

As a designated organization, it completes the *Dangerousness Assessment Form* in order to evaluate whether the mental state of the person in crisis presents a serious and immediate danger to himself or to others.

COMMITMENT

- Emergency and crisis intervention, evaluation of the situation, assessment of dangerousness, and in the presence of a serious and immediate danger, seeking consent from the person for interventions that will prevent him from putting his life or that of others in danger.
- If there is refusal to cooperate:
 - intervention by a peace officer in order to take him to the hospital;
 - call to the hospital (emergency) to inform the personnel of the arrival of the person in crisis;
 - sending the *Dangerousness Assessment Form* to the hospital.

ACCESS to the City of Laval's Service d'Urgence sociale

Calls from 911:

The personnel of the City of Laval's Service d'Urgence sociale can be reached by telephone between 8:15 a.m. and 5:30 p.m. during the week by dialing **(450) 662-4595**.

Evenings and weekends, dial **911**.

ACCESS to L'Îlôt, regional crisis service (Bilingual service)

Calls from the health network:

L'Îlôt staff can be reached by telephone 24 hours a day, 7 days a week by dialing **(450) 629-3550**

24 hours

PROCEDURES

The crisis intervention and the danger assessment are done face to face.

The telephone evaluation is used only as a last resort and if it is impossible to meet with the person in crisis.

AT THE END OF HIS INTERVENTION, THE SOCIAL WORKER MUST ANSWER THE FOLLOWING QUESTIONS:

Does the mental state of the person in crisis present:

- a danger that is not serious;
- a serious danger but where the foreseeable nature of the danger is not immediate;
- a serious and immediate danger (within the meaning of the Act).

Is the person cooperating or not?



Situation no 1

SERIOUS AND IMMEDIATE DANGER WITH COOPERATION

The social worker:

- offers intensive crisis support;
- or
- takes the person to the crisis lodging service or to emergency at the designated hospital.

Exceptionally, if the social worker cannot be present:

- Asks that the person in crisis be taken to emergency at the designated hospital.
- As a last resort, if there is no close family member present or this person is unable to take the person in crisis, the social worker may call on police officers.



Situation no 2

SERIOUS AND IMMEDIATE DANGER REFUSAL TO COOPERATE

The social worker:

- asks the police officers to take the person in crisis to emergency at the designated hospital.
- if there is justification for immobilization on a stretcher, the police officer proceeds to immobilize the person in crisis and, as need be, the person in crisis is transported in the ambulance to the designated hospital, with the police officer aboard.
- If, following an initial refusal, the person in crisis accepts the support services offered, he is transported in the police vehicle to the designated hospital.

Gives the third party (family or close friends):

- the information for the legal procedures for ordering temporary confinement;
- the information on how to reach support organizations for families and close friends.



Situation no 3

REQUEST FOR ASSISTANCE SAFETY RISK FOR DESIGNATED SOCIAL WORKER

Evaluation of the crisis situation over the telephone:

- The social worker asks to be accompanied by a police officer to detail further his assessment of the crisis situation
- or
- the social worker asks the emergency call service (ex.: 911). At that time, the police officer intervenes according to the instructions in force in the department.

REGIONAL SUICIDE RESOURCES

application of the Agreement

ORGANIZATION OF SERVICES

- Postvention services (crisis intervention following a suicide)
- Support and intervention for people bereaved by suicide

ACCESS to Regional Suicide Resources of the CLSC-CHSLD du Ruisseau-Papineau

The resource unit staff can be reached by telephone, from Monday to Friday, by dialing **(450) 687-5691, ext. 434**.

LINK WITH THE CORONER'S OFFICE*



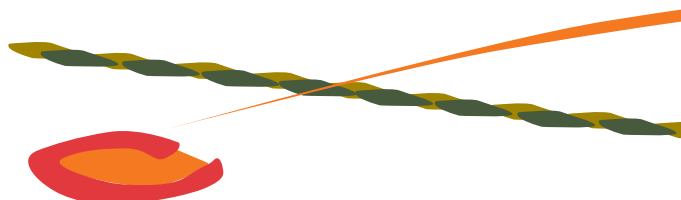
Following a suicide, the coroner:

- emphasizes to the bereaved persons the importance of receiving help and support under such circumstances;
- presents an information sheet addressed to bereaved people;
- reassures them about the confidential nature of the services offered;
- contacts *Regional Suicide Resources* as soon as possible in order to forward the request from the consenting person.

Following receipt of the request, the Regional Suicide Resources staff:

- proceed with telephone follow-up within two working days;
- the support worker evaluates the specific needs, offers his services or, depending on the case, directs and refers these people to other applicable resources.

* The same agreement is being discussed with the Laval police department.



CLSC (person in crisis on site) application of the Agreement

ORGANIZATION OF SERVICES

Reception and assessment of the person in crisis presenting psychosocial problems, including suicide or homicide crisis problems.

COMMITMENT

Assessment of the situation and evaluation of the danger.

PROCEDURES

Faced with a person in crisis and presenting a serious and immediate danger, cooperating or not, the social worker immediately contacts the organization designated for the crisis interventions or the police officers.



LEGAL RESPONSIBILITY

1. If the person is cooperating and if the social worker cannot come to the site, the police officer can take the person in crisis to the designated hospital.
2. If there is refusal to cooperate, the police officer takes the person in crisis against his will to the hospital, depending on the request:
 - of a designated social worker who considers that there is a serious and immediate danger and that there is refusal to cooperate;
 - of a third party (family or close relative), if the designated social worker is not available in due time and if he has reasons to believe that the person's state presents a serious and immediate danger.
3. Informs the person in crisis:
 - of the location where he is taken,
 - that he can contact his family and an advocate,
 - that he will undergo a psychiatric evaluation in the case of temporary confinement.

COMMITMENT

- Acts at the request of a designated social worker;
- Transports or has the person in crisis transported to the hospital, if need be;
- Remains responsible for the person in crisis until the hospital takes charge of him;
- Collaborates with the hospital staff to facilitate this taking charge;
- In the case of a suicide, refers to the appropriate organization (Regional Suicide Resources).

PROCEDURES

The request for assistance can come from three sources	<ol style="list-style-type: none">1. A designated social worker: L'Îlot, regional crisis service2. City of Laval's Urgence sociale3. 911
The request from a designated social worker may involve two situations	<p>The social worker asks to be accompanied by the police officer for a danger assessment (safe context).</p> <p>The social worker evaluated a serious and immediate danger and a refusal to cooperate and asks the police officers to take the person in crisis against his will to the hospital.</p>



NO PHYSICAL PROBLEM REFUSAL TO COOPERATE

The police officer telephones the designated social worker from the location of the person in crisis to assess the danger.

Following the assessment:

1. No serious and immediate danger and refusal to cooperate:
 - the social worker leaves;
 - if the person in crisis agrees to the support services offered, the social worker helps him set up an appointment with an agreed upon resource.
2. Serious and immediate danger and refusal to cooperate:
 - asks a police officer to take the person in crisis, as needed, with the help of the ambulance technicians to the designated hospital.
 - if there is justification for immobilization on a stretcher, the police officer proceeds to immobilize the person in crisis and, as need be, the person is transported in the ambulance to the designated hospital with the police officer aboard.
 - If, following a first refusal, the person in crisis agrees to the support services offered, he is transported aboard the vehicle to the designated hospital.



S i t u a t i o n s



Situation no 2

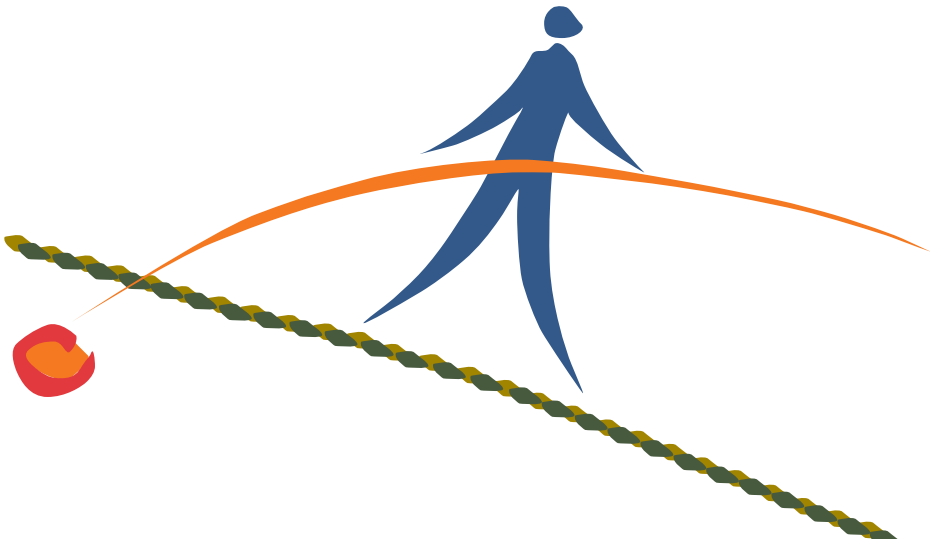
**NON-URGENT PHYSICAL PROBLEM
REFUSAL TO COOPERATE**

If the first persons on site are the ambulance technicians:

- telephone the police officer who contacts the designated social worker from the location of the person in crisis so that he can evaluate the danger.

Following the assessment

1. No serious and immediate danger and refusal to cooperate:
 - the social worker leaves;
 - the ambulance technicians document the refusal and record the name of the social worker and the reasons for the latter's decision.
2. Serious and immediate danger and refusal to cooperate:
 - the person in crisis is transported in the ambulance to the designated hospital, with the police officer aboard;
 - the ambulance technicians record the names of the police officer and social worker as well as the reasons for the latter's decision;
 - if, following a first refusal, the person in crisis accepts the support services offered, he is transported in the ambulance to the designated hospital. In this case, the presence of the police officer in the vehicle is unnecessary but the latter may escort the ambulance to this institution, if the situation so requires.
3. Danger of leaving the person in crisis alone, but without serious and immediate danger and cooperating:
 - in the absence of a close family member or friend to take this person, he is transported by ambulance to the designated hospital. The ambulance technicians record the name of the social worker and the reasons for the latter's decision.





**URGENT PHYSICAL PROBLEM
SERIOUS AND IMMEDIATE DANGER
REFUSAL TO COOPERATE**

Urgency of the situation:

- the police officer assists the ambulance technicians so that the person in crisis is rapidly transported in the ambulance to emergency at the designated hospital.
- if there is no social worker on site, the police officer acts under his “common law” powers to assist the ambulance attendant.



**NO URGENT PHYSICAL PROBLEM
MUCH DISORGANIZATION AND
DANGER TO HIMSELF AND TO OTHERS***

The police officer acts under his “common law” powers and does what is necessary to give the person in crisis a feeling of security, make the premises and the environment safe, and transports him to emergency at the designated hospital.

* Shows uncontrollable aggressiveness. Immediate stopping of any action.



AMBULANCE ATTENDANTS

application of the Agreement

LEGAL RESPONSIBILITY

- Transport the person in crisis to the designated hospital;
- Inform the person of the location to which he is taken.

COMMITMENT

Transport or have the person in crisis transported to the hospital, if need be.

PROCEDURES



NON-URGENT PHYSICAL PROBLEM REFUSAL TO COOPERATE

If the first people on site are the ambulance technicians:

- telephone the police officer who contacts the designated social worker from the location of the person in crisis so that he can evaluate the danger.

Following the assessment

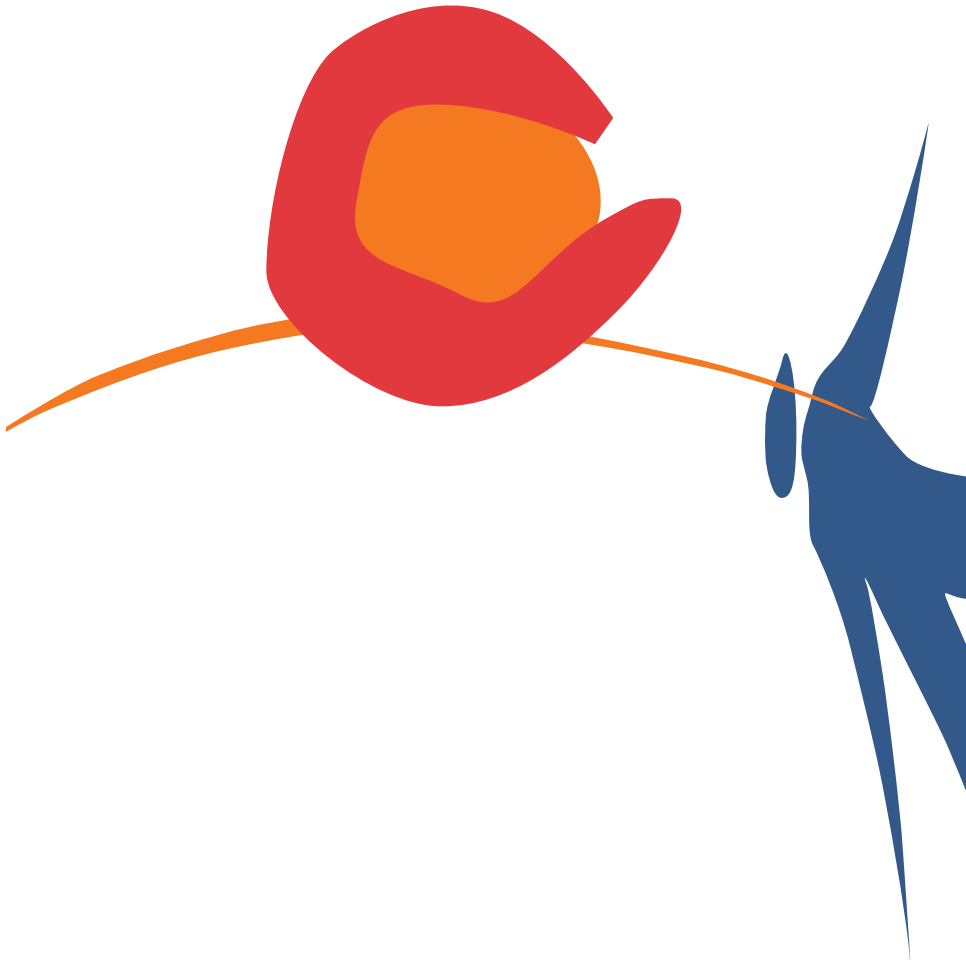
1. Serious and immediate danger and refusal to cooperate:
 - the person in crisis is transported in the ambulance to the designated hospital, with the police officer aboard;
 - the ambulance technicians call the police departments and record the name of the police officer and that of the social worker as well as the reasons for the crisis unit member's decision.
 - if, following a first refusal, the person in crisis accepts the support services offered, he is transported in the ambulance to the designated hospital. In this case, the presence of the police officer aboard the vehicle is unnecessary but he can escort the ambulance to this institution, if the situation so requires.
2. Danger of leaving the person in crisis alone, but without serious and immediate danger and cooperating:
 - in the absence of a close family member or friend to take charge of this person, he is transported by ambulance to the designated hospital. The ambulance technicians record the name of the social worker and the reasons for the latter's decision.



URGENT PHYSICAL PROBLEM
SERIOUS AND IMMEDIATE DANGER
REFUSAL TO COOPERATE

URGENCY OF THE SITUATION:

- the police officer assists the ambulance technicians so that the person in crisis is rapidly transported in the ambulance to emergency at the designated hospital.
- If there is no crisis unit member on site, the police officer acts under his “common law” powers to assist the ambulance attendant.



TELEPHONE LIST

COMMUNITY INSTITUTIONS OR ORGANIZATIONS

	Telephone	Fax
Association lavalloise des parents et amis pour le bien-être mental (ALPABEM)	(450) 661-0541	(450) 688-7061
Centre jeunesse de Laval	(450) 975-4150	(450) 975-4276
CSSS de Laval (Cité de la Santé) - General number	(450) 668-1010	(450) 975-5545
CSSS de Laval (Mille-Îles)	(450) 661-5370	(450) 661-6177
CSSS de Laval (Marigot)	(450) 668-1803	(450) 668-4988
CSSS de Laval (Ruisseau-Papineau)	(450) 687-5690	(450) 973-1689
CSSS de Laval (Ste-Rose de Laval)	(450) 622-5110	(450) 622-4150
L'En-Droit de Laval inc.	(450) 668-1058	(450) 668-7383
L'Îlot, regional crisis centre (number for social workers only)	(450) 629-3550	(450) 629-1281
Regional Suicide Resources	(450) 687-5691, ext. 434	(450) 973-1689
City of Laval - Social Emergency	(450) 662-4595	(450) 978-6569



TELEPHONE LIST

EMERGENCY SERVICES

	Telephone	Fax
CSSS de Laval (Cité de la Santé)/Emergency	(450) 975-5500	(450) 975-5353
Hôpital du Sacré-Cœur, Psychiatry department/Emergency	(514) 338-4212	(514) 338-4215
City of Laval - Social Emergency	(450) 662-4595	(450) 978-6569
	(450) 662-4242	
Sûreté du Québec - MRC Laval	Urgence : 310-4141	(450) 474-7686
Urgences-Santé	(514) 723-5600	





**Agence
de développement
de réseaux locaux
de services de santé
et de services sociaux**

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