

# Planning for a Person in Crisis

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*Presented by: Family Service Toronto*

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For People For Change  
FAMILY SERVICE TORONTO



United Way  
Greater Toronto

# Introductions

## Who we are:

- Paula Alves- Children's Community Resource Facilitator
- Ornella Cavasin- Adult Community Resource Facilitator
- Celia Saunders- Children's Community Resource Facilitator
- Elizabeth Irwin- Community Network Facilitator/ Behind-the-scenes

## Who we are not:

- Experts
- Magicians
- Behaviour therapists
- People with lived experience

# Good-to-Knows

- Sensitive content: Some information in this presentation is controversial
  - Take care of yourself: Content may be triggering
  - People are not problems, problems are problems
  - Whenever possible, decisions about the care of a person with a disability should be made by that person
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# Objectives

Understand what constitutes a “crisis” from a systems perspective

Have tools to prepare for and respond to a medical or behavioural crisis

Know which formal/ professional supports to engage and when

# Agenda

Defining “crisis”

Medical emergency

- Preparation
- During
- Following

Behavioural emergency: Risk

- Preparation
- During

Behavioural emergency: Elopement

- Preparation
- During

Following a behavioural emergency

Key contacts

Questions



# What is a crisis?

- Subjective experience
- In the developmental services sector, something is usually considered a crisis if:
  - There is imminent risk of harm to self or others
  - A person is charged with a crime
  - A person is at risk of homelessness
  - Incapacity/ death of primary caregiver
  - The situation requires involvement from emergency services to be contained/ resolved
- Common crisis situations:
  - Unplanned hospitalization/ medical emergency
  - Elopement
  - Serious harm or imminent risk of serious harm to self or others
  - Property destruction that places self, others, or living situation at risk

# Medical Emergencies Overview

<b>Prepare</b>	One-page profile Traffic light assessment Supplies Social story
<b>Respond</b>	EMS Griffin Community Support Networks Advocacy
<b>Follow-Up</b>	Update key contacts Reflect on what worked/ didn't work

# Helen Sanderson's One-Page Profile

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My One-Page Profile



What people appreciate about me

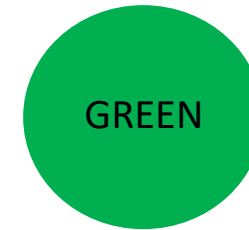
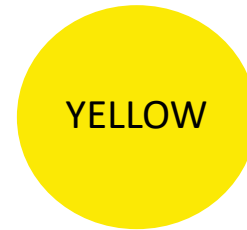
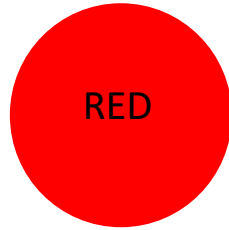
What is important to me

How to support me



# Traffic Light Assessment

## Hospital Assessment



This assessment gives hospital staff important information about you. Please take it with you if you have to go into hospital. Ask the hospital staff to hang it on the end of your bed.

Please note: Value judgements about quality of life must be made in consultation with you, your family, people who care for you and other professionals. This includes Resuscitation Status.

Make sure that all the nurses, doctors and support people who look after you read this assessment.

# Go Bag

## Include:

- Copy of one-page profile
- Copy of traffic light assessment
- List of important contacts
- Clothing for an overnight
- Medication/ medical supplies for 1-2 days
- Comfort item (if applicable)

# Social Story

When you are sick, you will normally go to see the doctor in their regular office. If you are very sick or have hurt yourself, you may have to go to hospital.



# Who to Contact

## Immediately:

- 911

## After stabilization:

- Hospital social worker- problem-solving, counselling, funding supports
- Griffin Community Support Networks- inform them of hospitalization and possible additional support needs (either in-hospital or to transition out of hospital). For ages 16+.
- Update relevant family/ friends/ service providers
- Ask about essential caregiver policies during COVID-19

# Calling EMS

- In addition to the status quo, include:
  - Relevant diagnoses
  - Communication style
  - Mobility devices/ equipment used
  - Behaviours that could place person/ EMS at risk
  - Medical professional's recommendation that the person is brought to a specific hospital
- After you call 911:
  - Make yourself visible
  - Unlock doors
  - Have contact numbers/names of service providers involved for support in an accessible place (e.g. where you store medication)
  - Ensure others in home (including pets) are safe and out of the way
  - Ensure go-bag is packed and accessible



# Following a Medical Emergency


- Contact:
  - LHIN
  - DSO (adults only)
  - Family doctor/ relevant medical professionals
  - Relevant support people (e.g., day program, school)
- Reflect:
  - What worked?
  - What didn't work?
  - What would I have done differently?
- Update plan

# Behavioural Emergencies Overview: Risk to Self or Others

<b>Prepare</b>	<ul style="list-style-type: none"><li>Avoid escalation</li><li>Manage the environment</li><li>Create a safety plan</li></ul>
<b>Respond</b>	<ul style="list-style-type: none"><li>Implement safety plan</li><li>Engage emergency services</li><li>Communicate with person experiencing crisis</li></ul>
<b>Follow-Up</b>	<ul style="list-style-type: none"><li>Update key contacts</li><li>Reflect on what worked/ didn't work</li></ul>

# Avoiding Escalation

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- Behaviour is communication
  - Identify triggers
  - Identify signs of escalation
  - Involve external supports (community respite, in-home supports, behaviour therapy)
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- A large orange triangle is positioned in the bottom right corner of the slide, pointing towards the top right.



# Managing the Environment

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- Calming space/ safe room for person
- Minimal objects to throw
- Unsafe objects stored safely
- Secured balcony
- Physical space to stay yourself/ for other vulnerable people in the home



# Safety Plan

- Ensure environment is safe (see 'Managing the environment' above)
- Direct person to safe space (if possible)
- If it's not possible to move the person, remove others from the environment (including yourself, if safe to do so)
  - Keep copy of safety plan on your person if you move
  - Keep communication device (e.g. cellphone) on your person if you move
- Utilize crisis prevention and intervention strategies (if you have been trained)
- Use PRN if available
- If situations continues to escalate and strategies are not effective, call 911

# Who to Contact

## Immediately:

- 911- immediate help required
- Gerstein Centre- can provide guidance on responding to a crisis but not hands-on support

## After stabilization:

- Hospital social worker- problem-solving, counselling, funding supports
- Griffin Community Support Networks- inform them of hospitalization and possible additional support needs (either in-hospital or to transition out of hospital). For ages 16+.
- Update relevant family/ friends/ service providers
- Ask about essential caregiver policies during COVID-19

# Requesting Emergency Services

- When contacting 911, if you don't require police, you can always ask that EMS comes and not police, if police are triggering to the person
- Can request emergency personnel of a specific gender (if the person has more successful interactions with one gender)
- Can request a mobile crisis intervention team



# Calling 911

- In addition to the status quo, include:
  - Relevant diagnoses
  - Tips for successful interactions
  - Triggers
  - Behaviours that could place person/ first responders at risk
  - That the person is NOT armed with a weapon
  - Specific requests for first responders (e.g. yes/ no police, first responder gender)
- After you call 911:
  - Make yourself visible
  - Unlock doors
  - Have contact numbers/names of service providers involved for support in an accessible place (e.g. where you store medication)
  - Ensure others in home (including pets) are safe and out of the way
  - Ensure go-bag is packed and accessible



# Once Emergency Services Arrive

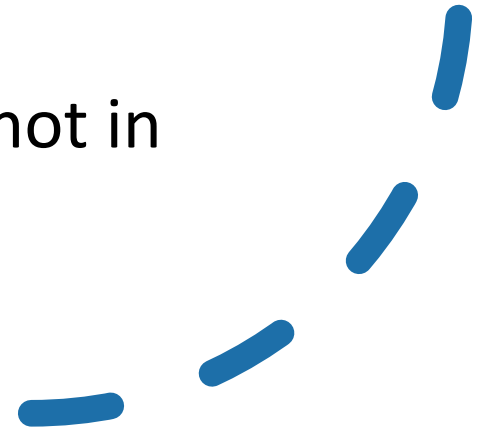
- Sometimes, police stabilize a situation and then leave. If this is not sufficient, the caregiver needs to advocate for the person to be brought to hospital.
- Once brought to hospital, the person may have to wait in the emergency room for evaluation.
- Emergency room will try to stabilize the person. If stabilization is successful, the person may return home. If the person cannot be stabilized in the emergency room, the hospital may suggest an inpatient admission. If the parent/ outpatient medical team feels that an inpatient evaluation is required, the parent should advocate for this.
- Parent should direct ER staff to traffic light assessment, so they are familiar with a person's needs
- Whenever possible, hospital visits should be avoided, particularly during COVID-19

# Doctor's Letter

- You can request a doctor's letter that supports your advocacy for an inpatient admission. The doctor's letter might include:
  - Reason why hospitalization is being requested (e.g., previous/ frequent use of emergency services, family circumstances, no further outpatient interventions available)
  - Request for medical examination to rule out physiological issues
  - Request for medication review
  - Rationale for specific hospital request (if applicable)
  - Offer for consultation with inpatient medical team

# Speaking to the Person Experiencing the Crisis

- Explain possible use of emergency services during calm times
- Involve the person in the safety planning, if possible
- Explain what's going on and why you're involving emergency services (without shaming the person)
- Remember to speak about the person in a way that's dignifying
- Remind the person that they're not in trouble





# Behavioural Emergencies Overview: Elopement

<b>Prepare</b>	Making needs known Using technology Creating a plan
<b>Respond</b>	Locating the person Involving emergency services
<b>Follow-Up</b>	Update key contacts Reflect on what worked/ didn't work

# Making Needs Known

- Toronto Police Vulnerable Persons Registry
  - <https://www.torontopolice.on.ca/vulnerable-persons-registry/>
- Medic alert system
  - <https://www.medicalert.ca/autism>
- Wallet card
  - Name
  - Address
  - Health card number
  - Relevant diagnoses
  - Emergency contact x2
- Meeting with Community Response Unit
- Community safety skills assessment

# Using Technology

- Tracking devices
  - Jewelry
  - Tag
  - Phone
- Home safety
  - Locks
  - Alarms
  - Motions sensors
  - Cameras
- Many options available online



# Creating a Plan

Consider:

What community safety skills does the person have?

Is this a common or uncommon behaviour for the person?

What places does the person usually go to?

At what point do you involve emergency services?

Who stays at home? Who goes searching?

Inform trusted neighbours of the person's tendency to elope and provide your contact in case they're spotted

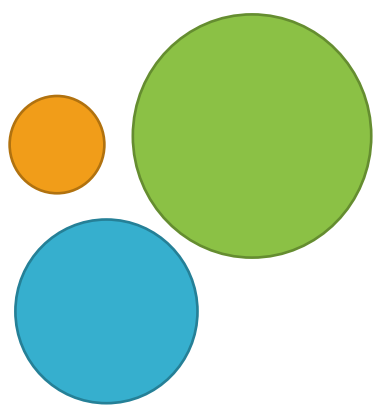
# Responding to Elopement

Try to figure out where person is (tracking device, transit card, bank card)

Check common spots

Your choice about when to engage emergency services

# Following a Behavioural Emergency



## Contact for children:

- Relevant service providers
- Doctor/ relevant medical professionals
- Child welfare- if you feel unable to keep the child, or other children in the home safe

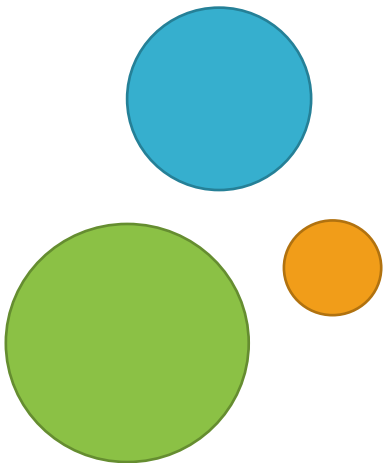
## Contact for adults:

- Relevant service providers
- Doctor/ relevant medical professionals
- DSO

## Reflect:

- What worked?
- What didn't work?
- What would I have done differently?

Update plan as needed



# Key Contacts

- 911
- Toronto Police Service General Number
  - Phone: (416) 808-2222
  - Hours: Mon-Fri, 7am-5pm
- Child welfare
  - Age 0-18
  - Phone: (416) 924-4646 (Children's Aid Society of Toronto)
  - Hours: 24/7
- DSO-Toronto Region
  - Phone: 1 (855) 372- 3858
  - Hours: 8:30am-5pm
- Griffin Community Support Networks
  - Age 16+
  - Phone: (416) 222-3563. Ask to speak to a Network Intake Worker.
  - Hours: Mon-Fri, 9am-9pm
  - Website: [http://www.griffin-centre.org/downloads\\_programs/TSS\\_GCSN.pdf](http://www.griffin-centre.org/downloads_programs/TSS_GCSN.pdf)
- Surrey Place- Coordinated Service Planning
  - Age 0-21
  - Phone: 1 (833) 575-5437
  - Website: <https://csptoronto.surreyplace.ca/>

# Crisis Hotlines

- Toronto Distress Centre
  - Phone: (416) 408-4357
  - Hours: 24/7
  - Website: <https://www.dcoct.com/our-organization>
- ConnexOntario Mental Health Helpline
  - Phone: 1 (866) 531-2600
  - Hours: 24/7
  - Website: <https://www.connexontario.ca/en-ca/>
- Gerstein Centre
  - Age 16+
  - Phone: (416) 929-5200
  - Hours: 24/7
  - Website: <https://gersteincentre.org/>



# Psychiatric Emergency Services

## CAMH

Emergency Services  
250 College St, Toronto, ON M5T 1R8  
416-979-6885

## Toronto Western Hospital

Psychiatric Emergency Service  
399 Bathurst St, Toronto, ON M5T 2S8  
416-603-2581

## St. Michael's Hospital

Psychiatric Emergency Service  
30 Bond St, Toronto, ON M5B 1W8  
416-860-4000

## The Scarborough Hospital

Mobile Crisis Program  
Telephone crisis response service for adults in Scarborough and East York  
416-495-2891