

Section: Administrative

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SERIOUS OCCURRENCE POLICY

POLICY

Contact Brant will strive to protect the health, safety and welfare of the individuals being served.

Contact Brant will meet expectations in service delivery and be accountable in serious occurrence follow-up, consistent with relevant legislation, regulations and/or Ministry policy.

PROCEDURE

- 1.0 For any incidents, employees will first attend to the incident, taking appropriate steps to address any continuing risks to the individual or others' health or safety, including providing medical attention when needed.
 - 1.1 Employees will then report all incidents/potential serious occurrences immediately to their Supervisor or Chief Executive Officer or designate.
 - 1.2 Written documentation by employees involved or witnessing a serious occurrence shall be completed prior to completing their workday.
 - 1.3 If there is reason to suspect that a client has been abused and/or is in need of protection, employees must also remember to report to the appropriate child welfare agency, and to police as appropriate.
- 2.0 The Chief Executive Officer, Manager, or designate shall immediately begin a serious occurrence internal inquiry, to gather information regarding the actual or alleged occurrence. They will evaluate the incident against the criteria in the Ministry Guidelines and agency policy to determine whether the incident is a Serious Occurrence and what reporting category/categories and timeframe for reporting must be made.
 - 2.1 The Chief Executive Officer, Manager, or designate will report all serious occurrences to the Ministry, referencing the Ministry's *Serious Occurrence Reporting Guidelines* (Appendix 1).
 - 2.2 Serious occurrence reporting will be completed through the Ministry SOR-RL website, <https://www.sorrl.mcscs.gov.on.ca/SORRL/public/login.xhtml>. There is a Serious Occurrence Report Form that can be used if the website is unavailable.
 - 2.3 Designates for serious occurrence reporting are the Lead Resource Coordinator, the Manager of Service Coordination, and the Executive Assistant.
 - 2.4 Employees must adhere to all privacy and confidentiality requirements when completing a Serious Occurrence Report. The SOR-RL does request the First and last name of individuals involved, their date of birth and gender.
 - 2.5 The Chief Executive Officer will report all serious occurrences to the Board at the next Board meeting.
- 3.0 Timelines for submitting a serious occurrence report are based on the type of incident. Refer to the *Tip Sheet*, Appendix 2, for prompts for timelines for reporting:
 - **Level 1** - Immediately notify MCCSS through the SOR-RL and submit a Serious Occurrence Report within one hour of becoming aware of the serious occurrence or deeming the incident to be a serious occurrence.
 - **Level 2** - Submit a Serious Occurrence Report through the SOR-RL as soon as possible but no later than 24 hours of becoming aware of the serious occurrence or deeming the incident to be a serious occurrence.
- 4.0 Categories of incidents that are to be reported as serious occurrences (SO) are:

4.1 Death

- The death of an individual that occurs while receiving a service (Level 1)
- 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 (Level 1).

4.2 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.

- A life-threatening injury (Level 1)
- An injury caused by a service provider (Level 1)
- An injury requiring emergency medical services (Level 1)
- All other serious injury SO (Level 2).

4.3 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.

- A life-threatening illness (Level 1)
- An illness requiring emergency medical services (Level 1)
- All other serious illness SO (Level 2).

4.4 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.
 - Threat to the health and safety of the individual or immediate risk of harm to the individual (Level 1)
 - All other serious injury SO (Level 2)
- Alleged, witnessed or suspected assault: An individual receiving a service is assaulted or is accused of assaulting someone.
 - Any assault that results in serious injury to the individual or service provider staff (Level 1)
 - All other serious injury SO (Level 2)
- 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.
 - The contraband/safety risk: Has the potential to cause injury or death; is being actively investigated by the police and/or MCCSS; or resulted in the use of lockdown/searches. (Level 1)
 - All other serious injury SO (Level 2)
- 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.
 - The information technology usage results in or could result in criminal charges, the usage is tied to engagement in prostitution or human trafficking, or the usage is a threat to public safety (Level 1)
 - All other serious injury SO (Level 2)
- 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 a young person who has escaped lawful custody; a young person who is unlawfully at large (UAL); an individual who is missing/absent without permission or is missing/absent under unusual or suspicious circumstances.

- The absence poses a serious concern about the individual's immediate safety or poses a serious public safety concern (Level 1)
- All other serious injury SO (Level 2)
- **Serious charges:** An individual receiving a service incurs serious charges.
 - New charges that represent a significant individual or public safety concern (Level 1)
 - All other serious injury SO (Level 2)
- **Relinquishment of care/threat of relinquishment of care:** a) the family/primary caregiver of an adult with a developmental disability receiving a service relinquishes care of the individual, b) the family/primary caregiver of an adult with a developmental disability threatens to relinquish care, or c) another individual (e.g. a staff, volunteer, etc.) suspects that relinquishment of care may occur.
 - Relinquishment of care by family/primary caregiver(s) has been fulfilled (Level 1)
 - All other serious injury SO (Level 2).

4.5 **Restrictive Intervention:**

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;

Mechanical Restraint - 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; or 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.

- Any restrictive intervention that Contravenes MCCSS legislation, regulations and/or policy (Level 1)
- Any restrictive intervention that resulted in physical impairment/injury and/or emotional harm of the individual (Level 1)
- Any restrictive intervention that resulted in treatment by a regulated health professional, requiring emergency medical services (Level 1)
- Any restrictive intervention that was administered by an unauthorized person (Level 1)
- All other restrictive intervention SO (Level 2).

4.6 **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.

- There is an immediate threat to the health, safety or well-being of the individual or others (Level 1)
- A current service provider staff, volunteer, etc. is implicated in the alleged, witnessed or suspected abuse or mistreatment of an individual (Level 1)
- The individual is receiving threats or harassment from a human trafficker (Level 1)
- All other abuse or mistreatment SO (Level 2).

4.7 **Error or Omission**

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.

- 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 (Level 1)
- All other error and omission SOs (Level 2).

4.8 **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.

- 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 a service (Level 1)
- All other serious complaint SOs (Level 2).

4.9 **Disturbance, Service Disruption, Emergency Situation or Disaster**

The disturbance, service disruption, emergency or disaster occurs on the service provider premises, or within close proximity of where the service is provided, and it interferes with the service provider's ability to provide routine services.

- The Business Continuity Plan was activated in response to an incident that threatened the health or safety of individuals or others (Level 1)
- The incident is or was perceived to be a significant danger to or concern of the community (Level 1)
- There was/is a site evacuation because of this incident (Level 1)
- There was/is a site lockdown because of this incident (Level 1)
- Police intervention or assistance was/is required (Level 1)
- All other disturbance, service disruption, emergency situation or disaster SO (Level 2).

5.0 Initial notification of a Serious Occurrence should include a brief description of the incident including:

- The service provider's site information
- The date and time of the SO;
- The date and time of becoming aware of the SO/deeming the incident to be a SO (if different from date and time of the SO);
- The SO category or categories;
- A description of the SO;
- Who has been notified about the incident (including the parent/guardian as well as other stakeholders as appropriate);
- Whether any initial actions have been taken by the service provider in response to the incident;
- Whether the incident resulted in any media attention, and whether the service provider expects there to be any media attention in the future;
- Whether the initial SOR is expected to be the only/last report submitted for the SO.

6.0 Further reporting of the Serious Occurrence will include clarification of initial reporting and additional information gathered:

- The type of incident (e.g. death, serious injury, serious illness, etc.);
- The approximate number of individuals involved;
- Whether any of the individuals involved have immediate health or safety needs, and what the service provider is doing to address these needs;
- If the SO is about a specific individual or individuals, include each individual's views/perspectives of the SO, where applicable/available;
- Current condition (i.e. health and safety) of individuals involved in the incident;

- Precipitating factors that led to the incident and what efforts were made to de-escalate the situation;
- What happened and where in chronological order;
- Service provider response to the incident/action taken;
- Whether the incident involved a criminal offence;
- If EMS or the police were called/involved in the incident;
- Current status of the incident;
- Services and supports being provided to individuals involved in the incident;
- Further action/follow-up to be taken (where applicable) by the service provider, such as information on how the service provider plans to mitigate, reduce or prevent incidents from occurring in the future.
- Any supporting documents that the service provider feels are necessary and directly related to the Serious Occurrence to support the review of the SOR or that the Ministry requests to be attached to the SOR.

7.0 The Chief Executive Officer, Manager, or designate will respond to any Ministry clarification requested. Until the Ministry deems that no further action is required from the service provider with respect to the SO, service providers are required to provide updates as new information becomes available about the SO and no later than 7 business days after submitting the initial SOR.

Ministry of Children, Community and Social Services Serious Occurrence Reporting Guidelines, 2019

The Ministry of Children, Community and Social Services (MCCSS) is committed to promoting the health, safety and well-being of children, young persons and vulnerable adults who receive services.

Serious Occurrence Reporting is a process that:

- Allows service providers to manage incidents as they occur, make records of the incidents and monitor actions taken in response to incidents in order to prevent or mitigate further incidents; and
- Supports MCCSS in monitoring and overseeing service providers in the delivery of services.

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1. Overview

The *MCCSS Serious Occurrence Reporting Guidelines, 2019* (“the Guidelines”) are to be used by service providers and MCCSS staff who are directly involved in submitting and/or reviewing Serious Occurrence Reports (“SORs”).

The Guidelines outline Serious Occurrence Reporting requirements and explain what should be included in SORs that are submitted to MCCSS. The Guidelines align with and support the reporting requirements for using the Serious Occurrence Reporting and Residential Licensing (SOR-RL) online tool and complement existing MCCSS Serious Occurrence Reporting legislation and policy.

Please note: Not all information within the Guidelines will apply to every service provider. If service providers are unsure whether the Guidelines apply to their specific service(s), the service provider should contact their designated MCCSS contact(s) for assistance.

The Guidelines do not constitute an exhaustive list of all Serious Occurrences that must be reported to MCCSS. In addition to what is stated in the Guidelines and any applicable MCCSS legislation or policy, service providers are expected to use their professional judgment in determining whether an incident involving an individual receiving a service is sufficiently serious to warrant a SOR.

1.1 What is the purpose of Serious Occurrence Reporting?

Serious Occurrence Reporting (“SO Reporting”) is a process that:

- Allows service providers to manage incidents as they occur, make records of the incidents and monitor actions taken in response to incidents in order to prevent or mitigate further incidents; and
- Supports MCCSS in monitoring and overseeing service providers in the delivery of services.

1.2 What is a Serious Occurrence?

A Serious Occurrence (“SO”) is an incident that:

- Requires or may require intervention and/or investigation by a service provider, MCCSS, and/or other applicable parties (such as the police); and
- Falls within one or more of the following SO categories (see [Appendix A](#) for a summary of the SO category definitions):
 1. Death;
 2. Serious injury;
 3. Serious illness;

4. Serious individual action;
5. Restrictive intervention;
6. Alleged, witnessed or suspected abuse or mistreatment;
7. Error or omission;
8. Serious complaint; and
9. Disturbance, service disruption, emergency situation or disaster.

Please note: The [“What should be included in a SOR”](#) section of the Guidelines includes information on what needs to be included in a SOR for each category.

1.3 What is a Serious Occurrence Report?

A Serious Occurrence Report (SOR) is the official record used to report information about SOs to MCCSS.

1.4 Who is required to report Serious Occurrences?

SOs are to be reported by service providers¹ when the SO occurs during the provision of the following services to individuals²:

1. **Residential care**³ for children⁴ or young persons⁵, including:

- Persons or agencies licensed to provide residential care under the *Child, Youth and Family Services Act, 2017* (CYFSA), including licensees operating foster

¹ Under the Guidelines, “**service providers**” are any persons or entities that are funded, licensed or directly-operated by MCCSS under the authority of the *Child, Youth and Family Services Act, 2017* (CYFSA), the *Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008* (SIPDDA), and/or the *Ministry of Community and Social Services Act* (MCSSA).

² Under the Guidelines, “**individual**” means a child, young person or adult receiving MCCSS-funded, licensed or directly-operated services under the authority of the CYFSA, MCSSA and/or SIPDDA.

³ Under the CYFSA, “**residential care**” means boarding, lodging and associated supervisory, sheltered or group care provided for a child away from the home of the child’s parent, other than boarding, lodging or associated care for a child who has been placed in the lawful care and custody of a relative or member of the child’s extended family or the child’s community.

⁴ Under the CYFSA, “**child**” means a person younger than 18.

⁵ Under the CYFSA, “**young person**” means, (a) a person who is or, in the absence of evidence to the contrary, appears to be 12 or older but younger than 18 and who is charged with or found guilty of an offence under the *Youth Criminal Justice Act (Canada)* or the *Provincial Offences Act*, or (b) if the context requires, any person who is charged under the *Youth Criminal Justice Act (Canada)* with having committed an offence while they were a young person or who is found guilty of an offence under the *Youth Criminal Justice Act (Canada)*.

care agencies or children's residences (e.g. youth justice facilities, secure treatment programs)⁶;

- Persons or agencies funded by MCCSS to provide residential care, such as persons or agencies that provide services to children or young persons specific to mental health, respite or special needs;
- MCCSS directly-operated children's or young person's residential providers; and
- Placing agencies⁷ that place children or young persons with residential providers who are not licensed or funded under the CYFSA.

2. **Residential services and supports**⁸ for individuals with developmental disabilities, including:

- Service agencies that provide and/or oversee intensive support residences, supported group living residences, host family residences and supported independent living residences; and
- Placing/case management agencies that place individuals with developmental disabilities with residential providers who are not funded directly by MCCSS under the *Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008* (SIPDDA) and/or the *Ministry of Community and Social Services Act, 1990* (MCSSA).

3. **Residential services provided under the authority of the MCSSA**, including:

- Violence Against Women residential services;
- Indigenous Healing and Wellness Strategy residential services;
- Provincial Anti-Human Trafficking residential services; and

⁶ Licensees who operate children's residences should refer to s.84 of Ontario Regulation 156/18 under the CYFSA for legal requirements respecting SO Reporting. Nothing in these Guidelines should be seen to interfere with the licensees' obligation to report SOs as required in s.84 of Ontario Regulation 156/18 under the CYFSA. The Guidelines are intended to supplement the requirements specified in the regulation specific to SO Reporting for licensees operating children's residences. MCCSS expects licensees to comply with both the regulatory requirements and the requirements specified in the Guidelines.

⁷ Under the CYFSA, "**placing agency**" means a person or entity, including a society, that places a child in residential care or in foster care and includes a licensee.

⁸ Under the SIPDDA, "**residential services and supports**" means services and supports that are provided to persons with developmental disabilities who reside in one of the following types of residences and includes the provision of accommodations, or arranging for accommodations, in any of the following types of residences, and such other services and supports as may be prescribed: 1. Intensive support residences; 2. Supported group living residences; 3. Host family residences; 4. Supported independent living residences; 5. Such other types of residences as may be prescribed.

- Intervenor Services residential services.

4. **Child protection services** from a children's aid society⁹ ("society") for:

- Children or young persons who are the subject of temporary care agreements, temporary care and custody orders, or interim or extended society care orders;
- Children or young persons receiving services under a Voluntary Youth Services Agreement (VYSA) or a Customary Care Agreement (CCA)¹⁰, and
- Individuals receiving services under a Continued Care & Support for Youth (CCSY) agreement.

5. **Probation services**¹¹ for young persons, inclusive of all young persons who receive services and support from a probation officer and/or young persons under direct probation supervision as required by court order.

6. Any other funded service provided under the CYFSA, SIPDDA, *Youth Criminal Justice Act* (YCJA) and/or MCSSA where MCCSS deems that the service provider can reasonably be assumed to be responsible for the safety/care of individual(s) involved in the incident and/or that SO Reporting is needed for effective monitoring and oversight, including:

- Youth Justice non-residential services (e.g. attendance centres, extra-judicial sanctions, counselling services);
- Children's special needs and respite non-residential services;
- Adult non-residential developmental services (e.g. community participation supports, adult protective services and caregiver respite services and supports);
- Provincial Anti-Human Trafficking non-residential services;
- Intervenor non-residential services (e.g. community participation supports);
- Violence Against Women non-residential services (e.g. counselling, transitional and housing support program);
- Education programs supported by service providers (e.g. Section 23 classrooms); and

⁹ Under the CYFSA, "**society**" means an agency designated as a children's aid society under subsection 34(1) of the Act.

¹⁰ In situations where a society has granted a subsidy to the person caring for the child under the Ontario Permanency Funding Policy Guidelines.

¹¹ Under the Guidelines, "**probation services**" means services provided by a probation officer appointed under the CYFSA and/or a youth worker as defined under the YCJA as any person appointed or designated, whether by title of youth worker or probation officer or by any other title, by or under an Act of the legislature of a province or by the lieutenant governor in council of a province or his or her delegate to perform in that province, either generally or in a specific case, any of the duties or functions of a youth worker under this Act.

- Youth Outreach Worker Program.

Tip: If the service provider is unsure whether they are required to report SOs and/or in what instances they are required to report SOs, the service provider should contact their designated MCCSS contact(s) for assistance.

Please note: MCCSS may at any time set out an expectation for SO Reporting for other funded program areas.

1.5 Serious Occurrence Reporting roles and responsibilities

Service providers are responsible for:

- Managing any incident that occurs;
- Determining whether an incident is a SO in accordance with MCCSS legislation, policy, the Guidelines and the service provider's internal SO Reporting policy;
- Complying with existing MCCSS Serious Occurrence Reporting legislation (e.g. s.84 of Ontario Regulation 156/18 under the CYFSA for licensees who operate children's residences) and MCCSS policy;
- Notifying MCCSS, and other parties as required, about SOs within the time frames outlined in the Guidelines¹²;
- Ensuring that the SOR includes accurate information about the SO and individuals involved in the SO;
- Demonstrating to MCCSS, and other parties as appropriate, that SOs have been managed in accordance with any requirements¹³, or demonstrating that work is underway to meet requirements;
- Monitoring SO Reporting trends and utilizing SO data to assess compliance with requirements, develop strategies to reduce or prevent SOs, identify staff training needs, and/or evaluate program/service effectiveness; and
- Maintaining an internal SO Reporting policy that includes the minimum requirements noted below.

¹² And where applicable, in accordance with legislation or policy requirements (e.g. for licensees who operate children's residences, in accordance with s.84 of O. Reg. 156/18 under the CYFSA).

¹³ Under the Guidelines, "requirements" refers to service provider requirements in legislation, regulations, policy directives, licensing requirements, program descriptions, contract agreements and/or MCCSS policy.

1.5.1 Service provider Serious Occurrence Reporting policy

Service providers are to have an internal SO Reporting policy that includes, at a minimum:

- How to identify, respond to and report a SO;
- Roles and responsibilities of service provider staff and others (e.g. volunteers) in identifying, responding to, and reporting SOs, including:
 - Procedures for having staff available to determine the reporting level of a SO; and
 - Guidelines for which staff are authorized to approve/sign-off on SORs;
- Required training for staff, including the review of the service provider's internal SO Reporting policy with each person when they first receive training and orientation, and at least once annually thereafter;
- Procedures for maintaining the privacy and confidentiality of an individual's personal information;
- Procedures for reviewing and updating the service provider's internal SO Reporting policy;
- Procedures for regularly reviewing and assessing SOR patterns/trends; and
- Procedures for conducting an annual review and analysis of all SORs for each calendar year:
 - The annual review and analysis should identify any issues, trends or patterns and detail actions planned or undertaken in response to any issues or concerning trends/patterns uncovered through the annual review and analysis;
 - The service provider shall maintain a record of the annual review and analysis, which is to be made available to MCCSS upon request; and
 - Any significant issues or concerning trends/patterns that arise from the review and analysis of SORs shall be communicated to the service provider's designated MCCSS contact(s), and the communication shall include strategies to address the identified issues or concerning trends/patterns.

MCCSS is responsible for:

- Reviewing SORs received from service providers, which may include seeking clarification of information within a SOR or requesting additional information/updates;
- Determining whether any further action or follow-up is required from service providers and/or MCCSS, which may include enforcement action; and
- Analyzing SO Reporting trends to help inform the development of policies, programs and best practices.

1.6 Timelines for submitting Serious Occurrence Reports

Based on the type of incident, a SO is designated as either a Level 1 or a Level 2. The level indicates the timeframe in which the SO must be reported to MCCSS.

Level 1 Serious Occurrences

Immediately notify MCCSS and submit a SOR within 1 hour of becoming aware of the SO or deeming the incident to be a SO.

Level 2 Serious Occurrences

Submit a SOR as soon as possible but no later than 24 hours of becoming aware of the SO or deeming the incident to be a SO.

For SORs submitted outside of the reporting timelines specified in the Guidelines, service providers are required to explain within the SOR why the submission was late.

Tip: Refer to each SO category under the “[what should be included in a SOR](#)” section of the Guidelines to determine whether the SO is a Level 1 or Level 2.

1.7 Submitting one Serious Occurrence Report per Serious Occurrence

Tip: When multiple incidents occur consecutively, and the incidents are related (for example, an individual is physically restrained and then files a complaint about the physical restraint use), consider these incidents to be one SO and thus reportable as one SOR.

Service providers are to submit one SOR per SO, which means that each SOR can include information on multiple individuals and/or multiple SO categories.

Multiple individuals can mean:

- Multiple children receiving a service;
- Multiple young persons receiving a service;
- Multiple adults receiving a service;
- A child and their family receiving a service; or
- An adult and their dependent(s) receiving a service.

Example: A young person in a youth justice secure custody/detention facility is involved in a physical altercation with another young person in the facility. Both individuals are physically restrained. One of the individuals is seriously injured as a result of the altercation and requires emergency medical services¹⁴.

In one SOR, the service provider would report:

- The information of the two individuals that were involved in the altercation.
- The following SO categories/subcategories for individual #1:
 - Serious Individual Action category, Individual on Individual Assault subcategory; and
 - Restrictive Intervention category, Physical Restraint subcategory.
- The following SO categories/subcategories for individual #2:
 - Serious Individual Action category, Individual on Individual Assault subcategory;
 - Restrictive Intervention category, Physical Restraint subcategory; and
 - Serious Injury category, Aggressive Behaviour subcategory.

Please note: The examples supplied in the Guidelines are meant for illustrative purposes only and do not constitute an exhaustive list of incidents that are SOs.

Service providers are expected to adhere to applicable MCCSS legislation, MCCSS policy, the service provider's internal SO Reporting policy and exercise professional judgment in determining when a SO has ended and a new SO has started.

1.8 Serious Occurrences involving multiple service providers and/or MCCSS regions and/or program areas

When a SO involves an individual, the individual may be in receipt of services from more than one service provider and/or be involved with more than one MCCSS region or program area. Where this is the case, the service provider with primary responsibility for the individual at the time of the SO will lead the SOR submission. Other service providers and/or MCCSS regions/program areas that require information about the individual's involvement in the incident should be notified about the SOR, and where appropriate, provided with a copy of the SOR.

¹⁴ Under the Guidelines, “**emergency medical services**” means ambulance, paramedic and/or fire services.

Multiple service provider involvement examples:

Children's placing agencies and residential service providers:	<p>When a SO involves a child or young person who has been placed with a residential service provider that is licensed, funded, or directly-operated by MCCSS, the residential service provider will lead the SOR submission and the placing agency will be notified about the SOR.</p> <p>When a children's placing agency funded by MCCSS places an individual with a residential provider who is not licensed, funded or directly-operated by MCCSS, the placing agency has sole responsibility for submitting the SOR.</p>
Children's placing agencies and residential service providers – missing person and end of a placement agreement:	<p>When a child or young person placed with a residential service provider who is licensed, funded, or directly-operated by MCCSS goes missing, the residential service provider will lead the SOR submission and the placing agency will be notified about the SOR.</p> <p>If the child or young person remains missing and the placing agency or residential service provider end the placement agreement, the responsibility of the SOR will transfer from the residential service provider to the placing agency.</p>

1.9 The Serious Occurrence Reporting process

Please note: Service providers are required to report the SO to MCCSS within the [time frames outlined in the Guidelines](#).

Step 1: Attend to the incident and individuals involved in the incident

Upon becoming aware of an incident, service providers shall attend to the incident and any immediate health or safety needs of individual(s) involved in the incident.

Step 2: Determine if the incident meets the definition of a SO

After attending to the incident, service providers will evaluate the incident against the criteria within the Guidelines, applicable MCCSS legislation/policy and the service provider's internal SO Reporting policy to determine whether the incident is a SO.

Tip: If the service provider is unsure whether the incident meets the SO criteria, the service provider can contact their designated MCCSS contact(s) for assistance.

Step 3: Determine the category for reporting

Once an incident is identified as a SO, the service provider will determine which category or categories the SO should be reported under.

Tip: If the service provider is unsure which SO category or categories the incident falls under, the service provider can contact their designated MCCSS contact(s) for assistance.

Step 4: Determine the timeline for reporting

Once the SO category or categories have been identified, the service provider will determine which time frame the SO must be reported to MCCSS under ([either Level 1 or Level 2](#)).

Tip: Refer to each SO category under the “[what should be included in a SOR](#)” section of the Guidelines to determine whether the SO is a Level 1 or Level 2.

Step 5: Initial notification to MCCSS about Level 1 SOs

Service providers must immediately notify MCCSS about Level 1 SOs. The initial notification should be a brief description of the incident, including:

- The type of incident (e.g. death, serious injury, serious illness, etc.);
- The approximate date and time of the incident;
- The approximate number of individuals involved;
- Whether any of the individuals involved have immediate health or safety needs, and what the service provider is doing to address these needs;
- Who has been notified about the incident;
- Whether any initial actions have been taken by the service provider in response to the incident; and
- Whether the incident has garnered media attention¹⁵ or is expected to garner media attention.

¹⁵ Under the Guidelines, “**media attention**” means the SO has received attention from print and/or online newspapers, social media, internet websites, radio etc. and information about the SO has been communicated via one of these mediums to the public.

Step 6: Submit an initial SOR to MCCSS

Level 1 Serious Occurrences
Submit a SOR within 1 hour of becoming aware of the SO or deeming the incident to be a SO.
Level 2 Serious Occurrences
Submit a SOR as soon as possible but no later than 24 hours of becoming aware of the SO or deeming the incident to be a SO.

All SORs are to be submitted through the SOR-RL online tool.

Initial SORs must include, at a minimum:

- The service provider's site information (for service providers that have multiple site locations, select the site that is submitting the SOR);
- The date and time of the SO;
- The date and time of becoming aware of the SO/deeming the incident to be a SO (if different from date and time of the SO);
- The [SO category or categories](#);
- A [description of the SO](#);
- Who has been [notified about the incident](#);
- Whether any initial actions have been taken by the service provider in response to the incident;
- Whether the incident resulted in any media attention, and whether the service provider expects there to be any media attention in the future; and
- Whether the initial SOR is expected to be the only/last report submitted for the SO.

Please note: In circumstances where SOR-RL is unavailable for use, service providers shall submit SORs using a method approved by MCCSS.

Step 7: MCCSS initial response to the SOR

Once MCCSS has received the initial SOR from the service provider, MCCSS will review the submission and may contact the service provider to:

- Seek clarification of any information submitted;

- Request information submitted to be corrected, including having the service provider change the SO category selected if it is not correct or remove any unnecessary [personal information](#)¹⁶;
- Request additional information about the SO; and/or
- Request or direct that additional action to be taken by the service provider, including enforcement action.

Step 8: Provide updates (where applicable)

Until MCCSS deems that no further action is required from the service provider with respect to the SO, service providers are required to provide updates as new information becomes available about the SO and no later than 7 business days after submitting the initial SOR.

Updates are required at a minimum every 7 business days thereafter until MCCSS deems that no further action is required from the service provider.

MCCSS may request updates at any time.

Step 9: Determining when no further action is required

MCCSS will review each SOR to determine when no further action is required from the service provider with respect to the SO, which includes checking that the service provider:

- Filled out all required fields;
- Made all required notifications;
- Has undertaken all further action or follow-up, as requested; and
- Met all SOR requirements.

Please note: A SOR that is flagged in SOR-RL as “no further action required” can be updated at any time as new information becomes available or at the request of MCCSS.

¹⁶ Under the *Freedom of Information and Protection of Privacy Act* (FIPPA), “**personal information**” means recorded information about an identifiable individual. See Section 2, “Definitions”, under FIPPA for the full list of what personal information includes.

2. What should be included in a Serious Occurrence Report

2.1 Maintaining privacy and confidentiality

Service providers must adhere to all privacy and confidentiality requirements when completing a SOR, including but not limited to applicable requirements in:

- The *Youth Criminal Justice Act* (YCJA);
- The *Freedom of Information and Protection of Privacy Act* (FIPPA);
- The *Personal Health Information Protection Act, 2004* (PHIPA);
- Part X of the CYFSA (scheduled to come into force on January 1, 2020);
- Applicable MCCSS policy; and
- The service provider's internal SO Reporting policy.

Service providers must consider the following privacy and confidentiality principles when developing their internal SO Reporting policy:

Principle	Requirements
Accountability	<ul style="list-style-type: none">• Service providers are responsible for the personal information in their custody or under their control; and• Service providers are required to implement policies, procedures and safeguards to protect personal information. For example, limiting who has access to SORs based on their roles and responsibilities, and storing reports (electronic and print) in a secure manner.
Accuracy	<ul style="list-style-type: none">• When reporting SORs, service providers must ensure that all information is accurate, complete and up-to-date to serve the purpose for which it is being used by MCCSS.
Transparency	<ul style="list-style-type: none">• Service providers should be open about their personal information policies and practices, including how personal information may be used or disclosed. For example, service providers should inform individuals and/or legal guardians that personal information will be shared with MCCSS as part of the SO Reporting process.
Individual Access	<ul style="list-style-type: none">• Service providers must be prepared for and be able to respond to requests from individuals for access to their personal information. As such, it is important that SORs are recorded and reported in a clear, objective and factual manner.

Limiting Use and Disclosure	<ul style="list-style-type: none"> Personal information must be limited to that which is necessary to meet SO Reporting requirements and must not be transferred and/or shared with anyone who does not have authorization or approval to access the personal information.
Openness	<ul style="list-style-type: none"> Service providers must make information about how they manage personal information public and accessible.
Safeguards	<ul style="list-style-type: none"> Service providers are required to take reasonable steps to safeguard the sensitive information contained in SORs, including when securely transferring and/or sharing SOR data. Service providers are responsible for ensuring that access to SOR-RL is provided only to authorized staff involved in managing the SO Reporting process, and that access is limited based on the staff's SO Reporting roles and responsibilities. Staff user accounts must be reviewed on a regular basis and annually to ensure access to SOR-RL reflects current users and only those who have been authorized to access SOR-RL.

Please note: Summaries of the privacy and confidentiality provisions found in the YCJA, FIPPA, PHIPA and CYFSA can be found in [Appendix B](#).

The information contained here and in Appendix B is not legal advice and should not be construed as legal advice or relied upon as such. Service providers should seek their own legal advice for information particular to their situation.

2.2 General reporting requirements

There are general reporting requirements for each SOR. Service providers that are [required to report SORs](#) are expected to adhere to the reporting requirements listed below:

Site, date and time

- Site information (for service providers that have multiple site locations, the site that is submitting the SOR);
- Date and time of the SO; and
- Date and time of becoming aware of the SO/deeming the incident to be a SO (if different from date and time of SO).

Individuals involved

Individuals involved in the SO, including the following information about each individual:

- First and last name;
- Date of birth;
- Gender (male, female or X-other);
- Program(s) at time of occurrence, for example, Child Protection Services or Anti-Human Trafficking Community Supports (where applicable);
- Youth Offender Tracking Information System (Y-OTIS) number, Developmental Services Consolidated Information System (DSCIS) number, and/or Child Protection Information Network (CPIN) personal reference number (where applicable/available);
- Placing agency (where applicable);
- Probation officer (where applicable for young persons); and/or
- Legal guardian status (where applicable), for example, a child in extended society care.

Categories

The type of SO, including:

- The categories and subcategories that relate to an individual or individuals;
- The categories and subcategories that relate to a SO event;
- Where the SO occurred:
 - At the service provider's site;

- While in the community;
- While admitted to hospital;
- While with an individual's parent/guardian; and/or
- At pre-admission (reportable under the Serious Injury or Serious Illness categories for youth justice service providers only).

Notification

Who has been notified about the SO, including:

- A child or young person's parent/guardian, unless notification is contraindicated (i.e. there is an allegation against the parent/guardian, the service provider has reasonable grounds to believe the individual would be at risk of harm if the parent/guardian were notified, the notification could undermine an investigation, the child or young person is their own legal guardian, etc.)¹⁷;
 - If a child or young person's parent/guardian is not contacted, indicate the reason in the SOR.
- Placing agency or entity that placed the individual (where applicable);
- Probation officer (where applicable);
- Emergency contact person for an adult with a developmental disability;
- Emergency medical services (EMS) or police¹⁸ having jurisdiction in the area where the service is being provided (where applicable);
- A society (where applicable);
- Coroner (where applicable);
- The Ontario Ombudsman (where applicable or required¹⁹);
- MCCSS personnel (where applicable); and/or
- Other service providers or MCCSS regions/program areas that require information about the SOR (where applicable).

Description

¹⁷ Licensees operating children's residences are required to comply with s. 84 of Ontario Regulation 156/18 under the CYFSA.

¹⁸ Service providers can notify the police at any time respecting a SO, even if not expressly required by these Guidelines.

¹⁹ A society or children's residential licensee shall inform the Ombudsman in writing and without unreasonable delay if the society or licensee learns of the death of or serious bodily harm to a child or young person who has sought or received a children's aid society service within 12 months before the death or the day on which the harm occurred (section 1 of Ontario Regulation 80/19 under the *Ombudsman Act*).

The detailed description of the SO, including:

- Precipitating factors that led to the incident and what efforts were made to de-escalate the situation;
- What happened and where in chronological order;
- Service provider response to the incident/action taken;
- Whether the incident involved a criminal offence;
- If EMS or the police were called/involved in the incident;
- Current status of the incident;
- Current condition (i.e. health and safety) of individuals involved in the incident;
- Services and supports being provided to individuals involved in the incident; and
- Further action/follow-up to be taken (where applicable) by the service provider, such as information on how the service provider plans to mitigate, reduce or prevent incidents from occurring in the future.

Indicate whether the incident resulted in media attention, and if so, the date/time of the media attention, the media outlet that reported the incident, and any relevant media links that do not include unnecessary personal information.

Please note: The SO description should be concise, factual and only include information that is required.

The SO description text box in SOR-RL is linked to all individuals involved in the SO, therefore do not include any personal information about individuals receiving a service or others in the SO description text box. Instead, use non-descriptive identifiers (such as Individual #1 and Individual #2; Parent A and Parent B, etc.) when referencing individuals receiving a service or others involved in the SO.

Further details

- Next steps, including:
 - Any further action proposed by the service provider; and
 - Direction, if any, provided by MCCSS.
- If the SOR was submitted outside of the MCCSS required reporting timelines, an explanation as to why the SOR was late; and
- From the service provider's understanding, whether the SOR being submitted is expected to be the only or last submission, or if further submissions are expected with an explanation as to why.

- MCCSS may require further follow-up or action from the service provider at any time.

Please note: The further details section in SOR-RL is linked to all individuals involved in the SO, therefore do not include any personal information about individuals receiving a service or others in the further details section. Instead, use non-descriptive identifiers (such as Individual #1 and Individual #2; Parent A and Parent B, etc.) when referencing individuals receiving a service or others involved in the SO.

Individual's views / perspectives

If the SO is about a specific individual or individuals, include each individual's views/perspectives of the SO (where applicable/available).

Please note: Service providers are required to report SOs to MCCSS within the [time frames outlined in the Guidelines](#). An individual's view/perspective does not have to be submitted immediately but every effort to include this information should be made.

Supporting documents

Any supporting documents that the service provider feels are necessary to support the review of the SOR or that MCCSS requests to be attached to the SOR. Only upload files that are directly relevant to the SO.

Sign-off

Service provider sign-off of the SO (where required as per each service provider's internal SO Reporting policy), including:

- The person who prepared the SO, their position and contact information; and
- The person who approved (where applicable) the SO, their position and contact information.

2.3 Category-specific reporting requirements

There are specific reporting requirements for each SO category. Service providers that are [required to report SORs](#) are expected to adhere to the reporting requirements listed below.

Please note: The examples supplied in each category are meant for illustrative purposes only and do not constitute an exhaustive list of incidents considered to be SOs.

2.3.1 Death

1. Report a death as a SO when:

- The death of an individual occurs while receiving a service²⁰; 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 death²¹.

2. Determine the death SO reporting timeline:

Level 1 - Immediately notify MCCSS and submit a SOR within 1 hour of becoming aware of the SO or deeming the incident to be a SO:

All death SOs.

3. Preliminarily assess the death SO subcategory:

a. Suicide

b. Violence/homicide

²⁰ For greater clarity, “**receiving a service**” refers to services listed in section 1.4 of the Guidelines. Service providers are expected to use their professional judgment in determining whether an incident involving an individual receiving another type of service not listed in section 1.4 is sufficiently serious to warrant a SOR, and to consult with their designated MCCSS contact(s) as needed.

²¹ Required as per the *Child Death Reporting and Review Joint Directive, 2006* between MCCSS and the Office of the Chief Coroner for the Province of Ontario. Information on the Directive can be found in Appendix A of the Office of the Chief Coroner's Paediatric Death Review Committee and Deaths Under Five Committee 2017 Annual Report at: <https://www.mcscs.jus.gov.on.ca/english/Deathinvestigations/OfficeChiefCoroner/Publicationsandreports/PDRCDU52017Report.html#appendixa>. Note that this Directive requires societies to report the death of a child where the child or their family is receiving any type of service from a society at the time of the child's death or received any types of services at any time in the 12 months prior to the child's death. In this circumstance, the society's obligation to report a SOR is not limited to occasions when the society is providing the services listed in section 1.4 above.

c. Accidental

- Choking, fall, falling object, fire, motor vehicle accident, poisoning (i.e. alcohol, etc.), or other (specify)

d. Known illness or other natural cause

e. Unknown cause (i.e. the reason for death is unknown at the time of submitting the SOR or the Coroner has classified the death as Undetermined)

4. Include in the death SO description (in addition to [general SO description requirements](#)):

- Apparent cause of death;
- Whether there was anyone present at the time of death/any witnesses to the death;
- Witness accounts²² of the death (where applicable/known); and
- Where applicable, confirm that the *Child Death Reporting and Review Joint Directive* is being adhered to.

5. Notify the following individuals/entities about the death SO (in addition to [general SO notification requirements](#)):

- **The Coroner:**
 - When a child who resides in a children's residence dies, or a child dies while in receipt of residential care provided under the authority of a licence in a place other than a children's residence²³;
 - When an individual who resides in a supported group living residence or an intensive support residence under the SIPPDA dies²⁴;
 - When a child dies where: (a) a court made an order under the CYFSA denying access to the child by a parent of the child or young person or making the access subject to supervision; (b) on the application of a CAS, a court varied the order to grant the access or to make it no longer subject to supervision; and (c) the child subsequently died as a result of a criminal act committed by a parent or family member who had custody or charge of the child at the time of the act²⁵; Where an individual dies while, (a) a patient of a psychiatric facility;

²² Witness accounts for any SO may be shared as part of an investigation and/or Court proceedings.

²³ Section 140(1)(2) of O. Reg 156/18 made under the CYFSA; Section 10(2) of the *Coroners Act*.

²⁴ Section 10(2)(d) of the *Coroners Act*.

²⁵ Section 128 under the CYFSA.

(b) committed to a correctional institution; (c) committed to a place of temporary detention under the *Youth Criminal Justice Act* (Canada); or (d) committed to secure or open custody under section 24.1 of the *Young Offenders Act* (Canada), whether in accordance with section 88 of the *Youth Criminal Justice Act* (Canada) or otherwise, whether or not the person was on the premises or in actual custody of the facility, institution or place;

- Where an individual dies while being restrained and while committed or admitted to a secure treatment program²⁶; or
- When there is reason to believe a deceased individual has died (a) as a result of violence, misadventure, negligence, misconduct, or malpractice; (b) by unfair means; (c) during pregnancy or following pregnancy in circumstances that might reasonably be attributable thereto; (d) suddenly and unexpectedly; (e) from disease or sickness which was not treated by a legally qualified medical practitioner; (f) from any cause other than disease; or (g) under such circumstances as may require investigation²⁷.

Indicate who notified the Coroner on the SOR. If the service provider notified the Coroner directly, include any other applicable information about the notification, such as the Regional Supervising Coroner's Office that was contacted²⁸.

Note: Any provision in the Coroners Act that requires notification to the Coroner will take precedence over these Guidelines.

Tips for the death category:

- Under this category, only report deaths of individuals who received a service and not the deaths of an individual's family members, friends, etc.
 - If a family member, friend, etc. of an individual receiving a service dies, and the death triggers a SO for the individual receiving a service (for example, the individual engages in self-harm as a result of hearing the news of the death), report the SO under the category that relates to the incident (i.e. the SO would be reported under Category 2: Serious Injury, subcategory: Self-Harm).

²⁶ Section 10(4.8) under the *Coroners Act*.

²⁷ Section 10(1), (2) under the *Coroners Act*.

²⁸ Contact information for the Office of the Chief Coroner and Regional Supervising Coroner's Offices can be found on the Ontario Ministry of the Solicitor General's website at:

http://www.mcscs.jus.gov.on.ca/english/DeathInvestigations/CommonQuestionsAboutCoronersInvestigations/OCC_common_questions.html

2.3.2 Serious injury

1. Report a serious injury as a SO when:

- An individual receiving a service incurs a serious injury which requires unscheduled medical attention from a regulated health professional²⁹ and/or unplanned hospitalization³⁰.

2. Determine the serious injury SO reporting timeline:

Level 1 - Immediately notify MCCSS and submit a SOR within 1 hour of becoming aware of the SO or deeming the incident to be a SO:

- A life-threatening injury;
- An injury caused by a service provider; or
- An injury requiring emergency medical services.

Level 2 - Submit a SOR as soon as possible but no later than 24 hours of becoming aware of the SO or deeming the incident to be a SO:

All other serious injury SOs.

3. Determine the serious injury SO subcategory:

a. Accidental

- Choking, fall, falling object, fire, motor vehicle accident, poisoning (i.e. alcohol, etc.), or other (specify)

b. Aggressive behaviour (e.g. physical altercation between individuals)

c. Self-harm (including injuries sustained during a suicide attempt)

d. Unknown cause (e.g. the reason for injury is unknown at the time of submitting the SOR or there are conflicting accounts regarding how the injury was sustained)

e. During a physical restraint, mechanical restraint, or placement in a secure de-escalation room

²⁹ “**Regulated health professional**” means a member of a College under the *Regulated Health Professions Act, 1991*. A listing of regulated health professionals can be found on the Ontario Ministry of Health and Long-Term Care’s website at:

http://www.health.gov.on.ca/en/pro/programs/hhrsd/about/regulated_professions.aspx

³⁰ Under the Guidelines, “**hospitalization**” means admission to a hospital for treatment.

f. Other (specify)

4. Include in the serious injury SO description in addition to [general SO description requirements](#)):

- How the injury was sustained/type of injury;
- Date(s) and time(s) the individual was taken to see a regulated health professional and/or to the hospital, and date and time of release;
- Name of the hospital(s) and/or clinic(s) where the individual was taken;
- Who was involved in the injury (where applicable);
- Whether there was anyone present at the time of the injury/any witnesses to the injury, and witness accounts of the injury (where applicable/known); and
- Whether any treatment was provided by a regulated health professional, and whether any follow-up treatments are required or expected.

Tips for the serious injury category:

- A hunger strike that results in a serious injury should be reported under the Self-Harm subcategory.

2.3.3 Serious illness

1. Report a serious illness as a SO when:

- 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.

2. Determine the serious illness SO reporting timeline:

Level 1 - Immediately notify MCCSS and submit a SOR within 1 hour of becoming aware of the SO or deeming the incident to be a SO:

- A life-threatening illness; or
- An illness requiring emergency medical services.

Level 2 - Submit a SOR as soon as possible but no later than 24 hours of becoming aware of the SO or deeming the incident to be a SO:

All other serious illness SOs.

3. Determine the serious illness SO subcategory:

a. Mental health (e.g. an individual is taken to the hospital due to mental health concerns)

b. Communicable disease³¹

c. Other disease, illness or infection

d. Unknown cause (i.e. cause of illness is not known at time of submitting the SOR)

4. Include in the serious illness SO description (in addition to [general SO description requirements](#)):

- Type of illness (where known);
- How the illness was sustained (where known);

³¹ Under the Guidelines, a “**communicable disease**” means an infectious or contagious disease that is transmissible from person to person by direct contact with an affected individual or by indirect means (e.g. an insect bite), and is designated as a disease of public health significance in Ontario Regulation 135/18 under the *Health Protection and Promotion Act, 1990*, found online at: <https://www.ontario.ca/laws/regulation/R18135>

- Date(s) and time(s) the individual was taken to see a regulated health professional and/or to the hospital, and date and time of release;
- Name of the hospital(s) and/or clinic(s) the individual was taken to;
- Whether there was anyone present at the time of the onset of the illness;
- Whether any treatment was provided by a regulated health professional, and whether any follow-up treatments are required or expected; and
- For communicable disease SOs, confirmation of preventative measures taken by the service provider to stop the spread of the disease, and any follow-ups recommended by and/or conducted with public health officials (where applicable).

5. Notify the following individuals/entities about the serious illness SO (in addition to [general SO notification requirements](#)):

- **The service provider's local public health unit³²:**
 - When a children's residence, a supported group living residence, intensive support residence, or place of custody/detention suspects that an individual lodged in the residence or facility has or may have a disease of public health significance or is or may be infected with an agent of a communicable disease.

Tips for the serious illness category:

- Report communicable disease outbreaks under SO Category 9: Disturbance, Service Disruption, Emergency Situation or Disaster.

³² Required as per Section 27(2) of the *Health Protection and Promotion Act, 1990*. A list of public health units can be found on the Ontario Ministry of Health and Long-Term Care's website at: <http://www.health.gov.on.ca/en/common/system/services/phu/locations.aspx>

2.3.4 Serious individual action

1. Report a serious individual action as a SO when:

- **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 watch³³.
- **Alleged, witnessed or suspected assault:** An individual receiving a service is assaulted or is accused of assaulting someone.
- **Contraband³⁴/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 use³⁵ of information technology (IT)³⁶:** 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:
 - A young person who has escaped lawful custody³⁷
 - A young person who is unlawfully at large (UAL)³⁸
 - An individual who is missing/absent without permission³⁹ or is missing/absent under unusual or suspicious *circumstances*.

³³ Service providers are responsible for determining what constitutes “**placement on suicide watch**” within their service. For example, placement on suicide watch could mean that a service provider has decided to check-in on an individual at prescribed times.

³⁴ Under the Guidelines, “**contraband**” is goods prohibited by legislation or policies and procedures, or goods deemed inappropriate for a specific individual by a service provider.

³⁵ Service providers are responsible for determining what constitutes “**inappropriate usage of information technology**”. Unauthorized use of information technology is usage without permission or approval to do so.

³⁶ Under the Guidelines, “**information technology**” means the use of cell phones, computers, or any other technological device for communication purposes or to access, download and/or share information.

³⁷ Under the Guidelines, “**escape lawful custody**” means when a young person leaves a custody/detention facility, its grounds, or the custody of a staff person without authorization.

³⁸ Under the Guidelines, “**unlawfully at large**” means a young person does not return after a reintegration leave or other authorized leave.

³⁹ Under the Guidelines, “**missing/absent without permission**” means that an individual is missing/absent without permission in accordance with relevant legislation or policies and procedures.

- **Serious charges:** An individual receiving a service incurs serious charges⁴⁰.
- **Relinquishment of care/threat of relinquishment of care:** a) the family/primary caregiver of an adult with a developmental disability receiving a service relinquishes care of the individual, b) the family/primary caregiver of an adult with a developmental disability threatens to relinquish care, or c) another individual (e.g. a staff, volunteer, etc.) suspects that relinquishment of care may occur.

2. Determine the serious individual action SO reporting timeline:

Level 1 - Immediately notify MCCSS and submit a SOR within 1 hour of becoming aware of the SO or deeming the incident to be a SO:

Suicidal Behaviour: Threat to the health and safety of the individual or immediate risk of harm to the individual.

Alleged, witnessed or suspected assault: Any assault that results in serious injury to the individual or service provider staff.

Contraband/safety risk: The contraband/safety risk:

- Has the potential to cause injury or death;
- Assists with an escape, or has potential to assist with an escape, from a youth justice custody/detention facility or secure treatment program;
- Is being actively investigated by the police and/or MCCSS; or
- Resulted in the use of lockdown/searches.

Inappropriate/unauthorized use of information technology: The information technology usage results in or could result in criminal charges, the usage is tied to engagement in prostitution or human trafficking, or the usage is a threat to public safety.

Unusual, suspicious or unauthorized individual absence: The absence poses a serious concern about the individual's immediate safety or poses a serious public safety concern.

Serious charges: New charges that represent a significant individual or public safety concern.

Relinquishment of care/threat of relinquishment of care: Relinquishment of care by family/primary caregiver(s) has been fulfilled.

Level 2 - Submit a SOR as soon as possible but no later than 24 hours of becoming aware of the SO or deeming the incident to be a SO:

⁴⁰ Service providers are responsible for determining whether a charge is serious enough to be reported as a SO.

For service providers that provide services to young persons, this reporting requirement does not include any charges that relate to why the young person started to receive a service.

All other serious individual action SOs.

3. Determine the serious individual action SO subcategory (where applicable):

a. Suicidal behaviour:

- Attempt
- Threat that results in placement on suicide watch

b. Alleged, witnessed or suspected assault:

- Individual on individual (i.e. young person on young person receiving the same service, child on child receiving the same service, adult on adult receiving the same service, etc.)
 - Alleged aggressor, alleged victim or unknown
- Individual on staff
 - Alleged aggressor, alleged victim or unknown
- Individual on other(specify)
 - Alleged aggressor, alleged victim or unknown

c. Contraband/safety risk:

- Weapons
- Narcotics/illegal substances
- Fire setting (including arson)
- Other items that pose a threat to the safety of the individual, other individuals, staff, service provider operations and/or the public, and/or are used with the intent to cause harm to the individual or others⁴¹, including the possession of items contrary to policy, procedures and/or standards.

e. Unusual, suspicious or unauthorized individual absence:

- Escape lawful custody
- Unlawfully at large (UAL)
- Missing/absent without permission or under unusual or suspicious circumstances under the age of 16
- Missing/absent without permission or under unusual or suspicious circumstances over the age of 16

⁴¹ Service providers are responsible for determining whether items in the possession of an individual receiving a service pose a safety threat or could be used with the intent to cause harm.

4. Include in the serious individual action SO description (in addition to [general SO description requirements](#)):

Suicidal Behaviour:

- Whether the suicidal behaviour resulted in an injury;
- Whether the individual was taken to see a regulated health professional and/or a non-regulated health professional (such as a traditional Indigenous healer) and/or to the hospital, and if so:
 - The name of the hospital and/or clinic where the individual was taken;
 - The date and time of going to the hospital and/or clinic; and
 - Whether any treatment was provided by a regulated health professional and/or non-regulated health professional (such as a traditional Indigenous healer), and whether any follow-up treatments are required or expected.
- If the individual was placed on suicide watch, the status of the suicide watch;
- Information on debriefing conducted with the individual, staff, and others as applicable;
- Whether any individuals receiving a service witnessed the suicidal behaviour, and if so, information on debriefing; and
- Services and supports that are being provided for the individual (where applicable), including actions taken to prevent future incidents.

Alleged, witnessed or suspected assault:

- Whether the assault resulted in an injury;
- If the police were called, describe the police involvement (e.g. did the police attend the service provider's site, are police laying charges, etc.);
- Whether the individual was taken to see a regulated health professional and/or to the hospital, and if so:
 - The name of the hospital and/or clinic where the individual was taken;
 - The date and time of going to the hospital and/or clinic; and
 - Whether any treatment was provided by a regulated health professional, and whether any follow-up treatments are required or expected.
- Any efforts that have been taken to keep individuals involved in the assault separate, safe, etc.

Contraband/safety risk:

- Type of contraband/safety risk;

- Did the service provider complete a search of the site to ensure no further contraband is in the possession of any individuals receiving a service; and
- Whether the contraband has been properly disposed of (as appropriate).

Inappropriate/Unauthorized Use of Information Technology:

- Type of inappropriate/unauthorized use;
- Whether the use was via the service provider's information technology, the individual's personal information technology, or other; and
- Actions taken by service provider to mitigate or prevent future occurrences.

Unusual, Suspicious or Unauthorized Individual Absence:

- Describe whether the individual poses a serious risk to themselves or others (e.g. the individual is without their daily medication, the individual has history of suicidal behaviour, etc.);
- Actions taken to locate the individual;
- Type of absence/how the individual became absent (involvement in human trafficking, young person escaped facility, etc.);
- Indicate whether the individual has a prior history of being missing/absent without permission, missing/absent under unusual or suspicious circumstances, escaping lawful custody or being unlawfully at large;
- Individual's state of mind before becoming absent (where known);
- Information on where staff were at the time of the individual becoming absent;
- For young persons who escape lawful custody or are unlawfully at large, any new charges incurred by the young person; and
- Indicate when the individual has returned/is located.

Serious Charges:

- List the new charges;
- Detail the events that led to the charges (where known);
- Detail any media attention that is anticipated or has occurred as a result of the new charges; and
- Court dates (where known).

Relinquishment of Care/Threat of Relinquishment of Care:

- Indicate who relinquished care or who is threatening to do so;
- Describe the plan for the individual going forward (e.g. new placement, supports provided, etc.); and

- Reason for relinquishment of care (service breakdown, increased support required, emergency situation, etc.).

5. Notify the following individuals/entities about the serious individual action SO (in addition to [general SO notification requirements](#)):

Suspicious, Unusual or Unauthorized Individual Absence

- The police, in accordance with requirements in legislation or policy (see, for example, s. 84(3) of O. Reg. 156/18 under the CYFSA).

2.3.5 Restrictive intervention

1. Report a restrictive intervention as a SO when:

Physical restraint⁴²:

- A physical restraint⁴³ 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.
- A physical restraint⁴⁴ 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 behaviour⁴⁵ that is new or more intense than behaviour that has been displayed in the past and the person lacks a behaviour support plan⁴⁶ 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

⁴² Under the CYFSA, no service provider or foster parent shall use or permit the use of physical restraint on a child or young person for whom the service provider or foster parent is providing services, except as the regulations authorize. A service agency providing services to an adult with a developmental disability is responsible for the safe use of physical restraints as outlined in the behaviour support plan and in accordance with all legal and policy requirements.

⁴³ Under the CYFSA, a “**physical restraint**” means a holding technique to restrict a person’s ability to move freely but, for greater certainty, does not include, (a) restricting movement, physical redirection or physical prompting, if the restriction, redirection or prompting is brief, gentle and part of a behaviour teaching program, or (b) the use of helmets, protective mitts or other equipment to prevent a person from physically injuring or further physically injuring themselves.

⁴⁴ In Ontario Regulation 299/10 under the SIPDDA, a “**physical restraint**” is an intrusive behaviour intervention which includes a holding technique to restrict the ability of the person with a developmental disability to move freely, but does not include the 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.

⁴⁵ “**Challenging behaviour**” is 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 in the community or to learn new skills or that is any combination of them.

⁴⁶ In Ontario Regulation 299/10 under SIPDDA, a “**behaviour support plan**” means a document that is based on a written functional assessment of the person that considers historical and current, biological and medical, psychological, social and environmental factors (a bio-psycho-social model) of the person with a developmental disability that outlines intervention strategies designed to focus on the development of positive behaviour, communication and adaptive skills.

- 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:

- **Children or young persons^{47, 48}**
 - A mechanical restraint is used on a young person detained in a youth justice secure custody/detention facility⁴⁹.
 - A mechanical restraint is used on a child in a secure treatment program⁵⁰.
 - Where there is a plan of treatment⁵¹ or a plan for the use of a Personal Assistance Service Device (PASD)⁵² for the use of a mechanical restraint on a

⁴⁷ Under the CYFSA, no service provider or foster parent shall use or permit the use of mechanical restraints on a child or young person for whom the service provider or foster parent is providing services, except as Part VI (Youth Justice), Part VII (Extraordinary Measures) and the regulations authorize.

⁴⁸ Under the CYFSA, a “**mechanical restraint**” means a device, material or equipment that reduces the ability of a person to move freely, and includes handcuffs, flex cuffs, leg irons, restraining belts, belly chains and linking chains.

⁴⁹ In accordance with Section 156(1)(2) of the CYFSA and Sections 58 to 65 of Ontario Regulation 155/18. A SOR is not required when mechanical restraints are used on a young person who is detained in a place of secure custody or of secure temporary detention where it is reasonably necessary for the transportation of the young person to another place of custody or detention, or to or from court or the community (s.156(3) of the CYFSA). This SO Reporting requirement does not include mechanical restraint use that is authorized by a plan of treatment or plan for the use of a PASD (s. 21 of Ontario Regulation 155/18 under the CYFSA).

⁵⁰ In accordance with Section 160 of the CYFSA and Sections 74 to 83 of Ontario Regulation 155/18. This SO Reporting requirement does not include mechanical restraint use that is authorized by a plan of treatment or plan for the use of a PASD (s. 21 of Ontario Regulation 155/18 under the CYFSA).

⁵¹ In Section 21 of Ontario Regulation 155/18 under the CYFSA, “**plan of treatment**” has the same meaning as in the *Health Care Consent Act, 1996*, which is a plan that: a) is developed by one or more health practitioners, b) deals with one or more of the health problems that a person has and may, in addition, deals with one or more of the health problems that the person is likely to have in the future given the person's current health condition, and c) provides for the administration to the person of various treatments or courses of treatment and may, in addition, provide for the withholding or withdrawal of treatment in light of the person's current health condition.

⁵² In Section 21 of Ontario Regulation 155/18 under the CYFSA, “**plan for the use of a PASD**” means a plan that is developed by one or more health practitioners and provides for how a PASD that is a

child or young person, and the mechanical restraint is used contrary to or outside of the purpose of such plan.

- **Adults with developmental disabilities**

- A mechanical restraint⁵³ 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)^{54, 55}

- 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.

2. Determine the restrictive intervention SO reporting timeline:

Level 1 - Immediately notify MCCSS and submit a SOR within 1 hour of becoming aware of the SO or deeming the incident to be a SO:

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.

Level 2 - Submit a SOR as soon as possible but no later than 24 hours of becoming aware of the SO or deeming the incident to be a SO:

mechanical restraint will assist a child or young person with hygiene, washing, dressing, grooming, eating, drinking, elimination, ambulation or positioning or any other routine activity of living.

⁵³ In Ontario Regulation 299/10 under the SIPDDA, a “**mechanical restraint**” is an intrusive behaviour intervention which is a means of controlling behaviour that involves the use of devices and equipment to restrict movement, but does not include any restraint or device, i. that is worn most of the time to prevent personal injury, such as a helmet to prevent head injury resulting from seizures or a device to safely transport a person in a motor vehicle, ii. that helps to position balance, such as straps to hold a person upright in a wheelchair, or iii. that is prescribed by a physician to aid in medical treatment, such as straps used to prevent a person from removing an intravenous tube.

⁵⁴ Under the CYFSA, a “**secure de-escalation room**” means a locked room approved under subsection 173 (1) for use for the de-escalation of situations and behaviour involving children or young persons.

In Ontario Regulation 299/10 under the SIPDDA, “**secure isolation or confinement time out**” is an intrusive behaviour intervention in a designated, secure space that is used to separate or isolate the person from others and which the person is not voluntarily able to leave.

⁵⁵ Under the CYFSA, no service provider or foster parent shall detain a child or young person or permit a child or young person to be detained in locked premises in the course of the provision of a service to the child or young person, except as Part VI (Youth Justice) and Part VII (Extraordinary Measures) authorize.

All other restrictive intervention SOs.

3. Include in the restrictive intervention SO description (in addition to [general SO description requirements](#)):

- Reason for the use of a restraint or placement in a secure de-escalation room;
- Approvals received for use of restraint or placement in a secure de-escalation room (where applicable);
- Where applicable, the imminent threat that led to the use of a restraint or secure de-escalation room (e.g. risk of self-harm, risk of harming another individual, risk of harming staff, risk of harming a community member, risk of significant damage to property, etc.);
- Any injuries to individuals involved (including staff, volunteers, etc.);
- If treatment was provided by a regulated health professional, and whether any follow-up treatments are required or expected;
- Less intrusive measures used before the restraint or placement in a secure de-escalation room, including attempts to de-escalate the situation or prevent the use of restraint or placement in a secure de-escalation room;
 - If no less intrusive measures or de-escalation method was used, explain why not.
- The initials of all staff involved;
- Description of staff monitoring that occurred while the individual was in a restraint or secure de-escalation room;
- Any pertinent information on the individual's actions while in a restraint or secure de-escalation room;
- A description of individual and staff de-briefing, including date and time that debriefings occurred;
 - If no de-brief was conducted, explanation why not.
- Witness accounts (where applicable);
- Where applicable, explanation of verbal or written debriefing for other individuals who witnessed the use of a restraint or secure de-escalation room; and
- Where applicable, information on whether there was a plan of care/plan of treatment/plan for the use of a PASD / behaviour support plan in place prior to the use of the restraint or secure de-escalation room, and what the next steps are (e.g. review of the plan, etc.)

Restraint-specific:

- Type of restraint used and technique (where applicable).

Secure de-escalation specific:

- Whether a search was completed; and
- Whether photographs were taken.

2.3.6 Abuse or mistreatment

1. Report abuse or mistreatment as a SO when:

- There are allegations of abuse⁵⁶ 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 abuse⁵⁷ or neglect of a child or young person receiving a service.

2. Determine the abuse or mistreatment SO reporting timeline:

Level 1 - Immediately notify MCCSS and submit a SOR within 1 hour of becoming aware of the SO or deeming the incident to be a SO:

Any allegations of, witnessed or suspected abuse or mistreatment where:

- There is an immediate threat to the health, safety or well-being of the individual or others;
- A current service provider staff, volunteer, etc. is implicated in the alleged, witnessed or suspected abuse or mistreatment of an individual; or
- The individual is receiving threats or harassment from a human trafficker.

Level 2 - Submit a SOR as soon as possible but no later than 24 hours of becoming aware of the SO or deeming the incident to be a SO:

All other alleged, witnessed or suspected abuse or mistreatment SOs.

3. Determine the abuse or mistreatment SO subcategory:

a. Physical abuse

- Alleged, witnessed or suspected

b. Emotional harm

⁵⁶ Under the Guidelines, “**abuse**” means an action or behaviour that causes or is likely to cause physical injury or psychological harm or both to an individual, or results or is likely to result in significant loss or destruction of their property and includes neglect.

⁵⁷ Under the Guidelines, “**allegations of historical abuse**” means that the allegation involving a child or young person receiving a service is said to have occurred previous to the child or young person receiving a service. For example, a young person who has been admitted to a secure custody facility divulges to a staff upon intake that a family friend abused them and there is no record in the young person’s file about this allegation.

<ul style="list-style-type: none"> • Alleged, witnessed or suspected
c. Neglect <ul style="list-style-type: none"> • Alleged, witnessed or suspected
d. Exploitation (e.g. human trafficking; financial abuse) <ul style="list-style-type: none"> • Alleged, witnessed or suspected
e. Sexual abuse <ul style="list-style-type: none"> • Alleged, witnessed or suspected

4. Include in the abuse or mistreatment SO description (in addition to general SO description requirements):
<ul style="list-style-type: none"> • Who the allegations are being made against (the service provider, another individual, other person working with the individual, family member, etc.); • Who the allegation was disclosed to (staff, volunteer, etc.); • When the alleged incident occurred (i.e. while receiving a service or historically); • What steps are being taken to ensure the safety and/or support of the individuals involved e.g., alternative staffing, counselling, medical attention, etc.; • Whether the individual requires medical attention/any injuries sustained; • Whether the alleged abuse or mistreatment requires investigation, is under investigation, has been investigated and verified, or has been investigated but not verified; and • The outcome/results of any investigation (where applicable). Please do not include any information that could impact an ongoing investigation.

4. Notify the following individuals/entities about the abuse or mistreatment SO (in addition to general SO notification requirements):
<ul style="list-style-type: none"> • A society⁵⁸, when there are reasonable grounds to suspect that a child is in need of protection (see Section 125, “Duty to report child in need of protection”, of the CYFSA for full requirement).

⁵⁸ The Ontario Association of Children’s Aid Societies (OACAS) maintains a contact list of children’s aid societies which can be found on OACAS’s website at: <http://www.oacas.org/childrens-aid-child-protection/locate-a-childrens-aid-society/>

- **The police**, when there are allegations of abuse or mistreatment of an adult with a developmental disability that may constitute a criminal offence⁵⁹, or there are allegations of abuse or mistreatment of a young person⁶⁰.
- **The Office of the Independent Police Review Director (OIPRD)**⁶¹, when the allegations are made against a police officer.

⁵⁹ In accordance with s.8(4) of Ontario Regulation 299 under the SIPDDA.

⁶⁰ In accordance with MCCSS youth justice policies and procedures.

⁶¹ Information on how to make a complaint to the OIPRD can be found on the OIPRD's website at:
<https://www.oiprd.on.ca/complaints/>

2.3.7 Error or omission

1. Report an error or omission as a SO when:

Medication errors: There is a medication error involving the prescribing, transcribing, dispensing, administration and/or distribution of medication(s) to an individual receiving a service.

Improper detention, commitment or release:

- 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 to or released from a secure treatment program.

Privacy breach (real or potential): 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 (in accordance with applicable legislation or MCCSS/service provider policy) that results in serious harm or risk of serious harm to the individual and/or others, or is in contravention of the YCJA.

2. Determine the error or omission SO reporting timeline:

Level 1 - Immediately notify MCCSS and submit a SOR within 1 hour of becoming aware of the SO or deeming the incident to be a SO:

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.

Improper detainment/commitment/release: All instances.

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.

Level 2 - Submit a SOR as soon as possible but no later than 24 hours of becoming aware of the SO or deeming the incident to be a SO:

All other error and omission SOs.

3. Include in the error and omission SO description (in addition to [general SO description requirements](#)):

Medication error:

- Type of medication error;
- General description of the medication (e.g. pain medication, antidepressant, etc.);
- How staff became aware of the error;
- Any injuries, side effects or potential side effects;
- Indicate whether the individual requires medical attention/treatment from a regulated health professional, and confirm the individual's medical needs have been/are being addressed;
- Indicate whether a health professional has been contacted for guidance in responding to/monitoring the individual's condition and medical needs (i.e. pharmacist, telehealth, doctor, etc.); and
- Confirm medication administration policies and procedures have been reviewed with staff (where applicable).

Improper detainment/commitment/release:

- Reason for improper detainment/commitment/release (e.g. court, administrative or police error, etc.);
- Individual's location (if known);
- Date and time of improper detainment/commitment/release, and total length of time individual was improperly detained/committed/released;
- Legal detainment/commitment/release date; and
- For improper release, information on when individual has returned or is apprehended.

Breach or potential breach of privacy/confidentiality:

- Nature of the breach;
- Description of what information was disclosed through the breach;
- Steps taken by service provider to address breach and prevent re-occurrence (e.g. retrieve the breached information, conduct an internal investigation, institute a change in procedures, etc.);
- Where applicable, confirmation that the affected individual was notified of their rights to make a complaint to the Information and Privacy Commissioner (IPC), and indicate whether the IPC was contacted; and
- Whether the affected individual was notified of the breach/potential breach, and if not, why not.

Tips for the error or omission category:

Medication error

- Examples of medication errors include missed dose, wrong dose, wrong medication, wrong time (more than 1 hour before or after prescribed time), dose taken by wrong person/given to wrong person, dose preparation error, or loss of or missing medication.
- Report medication refusals under Category 2: Serious Injury, Self-Harm subcategory when there is a significant health or safety risk associated with an individual refusing to take their medication.

Breach / potential breach of privacy or confidentiality

- Examples of a breach or potential breach include but are not limited to: a) a staff's laptop is stolen with an individual's files on it, b) a service provider's computer system has been hacked and personal information has been stolen, c) an individual's personal information is posted on social media, d) hard copy materials that contain an individual's personal information are left in a public place.

2.3.8 Serious complaint

1. Report a serious complaint as a SO when:

- 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 rights⁶² (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.

2. Determine the serious complaint SO reporting timeline:

Level 1 - Immediately notify MCCSS and submit a SOR within 1 hour of becoming aware of the SO or deeming the incident to be a SO:

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 a service.

Level 2 - Submit a SOR as soon as possible but no later than 24 hours of becoming aware of the SO or deeming the incident to be a SO:

All other serious complaint SOs.

3. Determine the serious complaint SO subcategory:

a. Rights-based complaint:

- Privacy-related (e.g. an individual receiving a service makes a complaint about a potential or confirmed breach of privacy or confidentiality)
- Human rights-related (e.g. an individual receiving a service makes a complaint about alleged discrimination from the service provider and/or staff of the service provider)

b. Service-related complaint:

⁶² FIPPA, PHIPA, or Part X of the CYFSA (scheduled to come into force in January 2020).

- Operational (e.g. a complaint about staff competence, disciplinary techniques used, a previous incident that happened at the service provider's site, etc.)
- Physical environment (e.g. a complaint about noise levels where municipal authorities are involved, loitering, upkeep of a service provider's site, etc.)
- Safety standards (e.g. improper storage of hazardous/dangerous substances, such as toxic cleaners or lamp oil)

c. Complaint about an individual receiving a service (e.g. a complaint about physical contact between individuals)

d. Other (specify)

4. Include in the serious complaint SO description (in addition to [general SO description requirements](#)):

- What the complaint is;
- Who is making the complaint;
- Who the complaint is against;
- Who the complaint affects and how it affects them;
- What is being done to address the complaint;
- Information about the complaint being reported through other complaints processes, where applicable (e.g. the Information and Privacy Commissioner for privacy-related complaints);
- Information on the service provider review of the complaint and its resolution; and
- Any impact on the service provider and/or individuals receiving a service.

Tips for the serious complaint category:

Service-related complaints

- If the complaint is about the service provider specifically, report it under Operational in the "service-related complaint" subcategory.
- If the complaint is about a police officer, consider having the individual submit a complaint form to the Office of the Independent Police Review Director⁶³.
- Service-related complaints and complaints about an individual or individuals receiving a service can be from an individual(s) receiving a service, parents, neighbours, community members, volunteers, etc.

⁶³ The complaint form can be found on the Office of the Independent Police Review Director's website at: <https://www.oiprd.on.ca/complaints/complaint-forms/>

2.3.9 Disturbance, service disruption, emergency situation or disaster

1. Report a disturbance, service disruption, emergency situation or disaster as a SO when:

- 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.

2. Determine the disturbance, service disruption, emergency situation or disaster SO reporting timeline:

Level 1 - Immediately notify MCCSS and submit a SOR within 1 hour of becoming aware of the SO or deeming the incident to be a SO:

- The Continuity of Operations Plan (COOP) or business continuity plan was activated in response to an incident that threatened the health or safety of individuals or others;
- The incident is or was perceived to be a significant danger to or concern of the community;
- There was/is a site evacuation because of this incident;
- There was/is a site lockdown because of this incident; or
- Police intervention or assistance was/is required.

Level 2 - Submit a SOR as soon as possible but no later than 24 hours of becoming aware of the SO or deeming the incident to be a SO:

All other disturbance, service disruption, emergency situation or disaster SOs.

3. Determine the disturbance, service disruption, emergency situation or disaster SO subcategory:

a. Adverse water quality

b. Fire

c. Flood

d. Natural disaster

e. Power outage (e.g. an outage that causes a significant disruption to services, an outage of an essential IT system, etc.)

f. Gas leak
g. Carbon monoxide
f. Abduction
g. Infectious outbreak (where public health officials are involved, e.g. an outbreak of bed bugs, influenza, etc.)
h. Riot
i. Stand-off
j. Hostage taking
k. External threat (e.g. bomb threat, a service provider's computer system has been hacked, etc.)
l. Other (specify)

4. Include in the disturbance, service disruption, emergency situation or disaster SO description (in addition to [general SO description requirements](#)):

- Who was involved in the incident;
- Whether there were any injuries to individuals, staff or others present;
- Whether a crisis resolution team and/or other crisis intervention processes were activated/deployed;
- Indicate if COOP or other emergency plan has been activated, including transition to alternative supports;
- Include details about individual(s) safety, number of individuals affected, as well as details about staff safety and number of staff affected;
- For infectious outbreak, confirmation of preventative measures taken by the service provider to stop the spread of the outbreak (such as site shut downs, etc.), and any follow-ups conducted with public health officials (where applicable);
- Indicate whether there is any property damage or repairs needed to the service provider's site, and current condition of the site (where applicable); and
- Evacuation details (where applicable).

5. Notify the following individuals/entities about the disturbance, service disruption, emergency situation or disaster SO (in addition to [general SO notification requirements](#)):

- **The service provider's local public health unit⁶⁴:**
 - When a children's residence, a supported group living residence, intensive support residence, or place of custody/detention suspects that an individual lodged in the residence or facility has or may have a disease of public health significance or is or may be infected with an agent of a communicable disease.

Tips for the disturbance, service disruption, emergency situation or disaster SO category:

- When multiple individuals partake in a hunger strike, report under the Stand-Off subcategory.

⁶⁴ Required as per Section 27(2) of the *Health Protection and Promotion Act, 1990*. A list of public health units can be found on the Ontario MCCSS of Health and Long-Term Care's website at: <http://www.health.gov.on.ca/en/common/system/services/phu/locations.aspx>

2.4 Inclusion of an individual's view/perspective

When a SO involves an individual, service providers should include the individual's view/perspective of the SO in the SOR. To the extent possible, the individual's view/perspective should be in the individual's own words.

Service providers must ensure that the individual has provided their informed consent to having their view/perspective included in a SOR.

Please note: Service providers are required to report SOs to MCCSS within the [time frames outlined in the Guidelines](#). An individual's view/perspective does not need to be submitted immediately but every effort to include this information should be made.

Also include in this section who completed the debriefing with the individual to obtain the information on the individual's view/perspective.

If the service provider is unable to include the individual's view/perspective on the SOR, an explanation should be given as to why.

Appendix A: Summary of Serious Occurrence 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:

- A young person who has escaped lawful custody
- A young person who is unlawfully at large (UAL)
- 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:
 - 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.
 - 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:
 - A mechanical restraint is used on a young person detained in a youth justice secure custody/detention facility.
 - A mechanical restraint is used on a child in a secure treatment program.
 - 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.
 - 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):
 - 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. 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.

Appendix B: Privacy and confidentiality legislation

1. The *Youth Criminal Justice Act* (YCJA):

Service providers are required to comply with the provisions of the YCJA regarding a young person's information and records. Please refer to the *Youth Justice Services Manual* for further information regarding confidentiality.

The YCJA applies to young persons who come in contact with Canada's youth justice system. It applies to youth who were at least 12 but under 18 years old at the time they were alleged to have committed criminal offences.

The confidentiality provisions of this legislative framework provide strict limitations on:

- publication of information about young persons and information about witnesses or victims of youth crime who are under age 18
- access to, and disclosure of, information and records about young persons.

2. The *Freedom of Information and Protection of Privacy Act* (FIPPA):

FIPPA applies to Ontario's provincial ministries and most provincial agencies, boards, and commissions, as well as community colleges, universities, *Local Health Integration Networks* (LHINs) and hospitals (as of January 1, 2012).

The Act requires that the government protect the privacy of an individual's personal information existing in government records. It also gives individuals the right to request access to government-held information, including general records and records containing their own personal information.

The confidentiality provisions of the YCJA take precedence over FIPPA when the information or records relate to a young person. If the YCJA permits a young person's information or records to be disclosed, then any third-party information in the file will be subject to the access and disclosure provisions of FIPPA.

3. The *Personal Health Information Protection Act, 2004* (PHIPA):

PHIPA governs the manner in which personal health information may be collected, used and disclosed by health information custodians. It also regulates individuals and organizations that receive personal health information from a health information custodian.

Wherever possible, SORs should not contain detailed medical information including diagnosis, medication names and dosages, and/or names of physicians, etc.

The confidentiality provisions of the YCJA take precedence over PHIPA when the information or records relate to a young person. If the YCJA permits a young person's

information or records to be disclosed, then any third-party information in the file will be subject to the access and disclosure provisions of PHIPA.

4. Part X of the *Child, Youth and Family Services Act, 2017 (CYFSA)*, scheduled to come into force in January 2020:

Part X (Personal Information) establishes a new personal information privacy framework for the child and youth services sector. The framework generally:

- Establishes new privacy rights for children, youth, parents and families (e.g. rights to access and correct personal information records)
- Establishes how child and youth service providers can collect, use and share individual' personal information (e.g. requirements for service providers to obtain individuals' consent and to protect the privacy of individuals' personal information). Some child and youth service providers, such as child protection agencies, are currently not covered by existing privacy legislation.
- Clarifies authorities for MCCSS to collect, use and share individuals' personal information to improve service system planning and better understand client and service outcomes.
- Establishes an oversight role for the Information and Privacy Commissioner over children and youth service providers (e.g. responding to individuals' privacy complaints and conducting reviews of service provider information practices). Oversight by the Information and Privacy Commissioner over MCCSS as well as MCCSS's privacy protection requirements continue to be governed under FIPPA.

The confidentiality provisions of the YCJA take precedence over Part X of the CYFSA when the information or records relate to a young person. If the YCJA permits a young person's information or records to be disclosed, then any third-party information in the file will be subject to the access and disclosure provisions of Part X of the CYFSA.