



Developmental
SERVICES

QAMClear

Updated October 2023



IMPORTANT INFORMATION

QAMClear is a supplemental tool intended to guide MCCSS Program Advisors, MCCSS Program Supervisors and MCCSS-funded adult developmental services agencies in addressing specific issues or questions they may have relating to O. Reg. 299/10 Quality Assurance Measures (QAM), made under the *Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008* (SIPDDA), associated Policy Directives, or in the Developmental Services (“DS”) Compliance Inspection Indicator List. Information in QAMClear is not legal advice. Service agencies may wish to consult with their own legal counsel with respect to questions relating to legal interpretation or for specific legal advice.

QAMClear includes the following information:

- QAM or policy directive requirements;
- Intent of the requirement;
- Issue identified as a result of analysis and/or feedback from the sector; and
- Clarification - evidence to support compliance or examples of non-compliance.

QAMClear is accessible at www.qamtraining.net and is updated regularly.

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Regulation	Intent	Issue	Clarification
1. Following Policies & Procedures			
<p>Where a service agency is required to have policies and procedures in respect of its quality assurance measures, the agency shall follow the policies and procedures and shall ensure that its staff members, volunteers and members of its board of directors follow them, to the degree that is appropriate given the role of the staff member, volunteer and board member (O.Reg.299/10, 1(3)(a)).</p>	<p>Agency staff, volunteers and board members are aware of the agency policies, are informed of how these policies are to be applied in practice and must follow them.</p> <p>Easy access to the policies and procedures ensures staff/volunteers are able to refer to them as necessary.</p>	<p>Can an agency be cited for not following their policies and procedures that are not QAM related?</p>	<p>No, only policies and procedures that are directly referenced in QAM or by policy directive can be cited for non-compliance with QAM during an inspection.</p>

Regulation	Intent	Issue	Clarification
2. Writing, Date, Current Practice			
<p>Where a service agency is required to have policies and procedures in respect of its quality assurance measures, the agency shall ensure that the policies and procedures are in writing, are dated and reflect the service agency's most current practice (O.Reg.299/10, 1(3)(b)).</p>	<p>Written policies set out the framework within which the agency should operate.</p> <p>The written procedures should specify how the policies are to be applied in practice.</p> <p>To ensure the agency has written policies and procedures with regard to service and administration areas.</p> <p>The policies and procedures contribute to a consistent understanding of the agency's expectations about the services and supports.</p> <p>As a good practice, agencies should have policies related to their respective programs if the practices and/or applications are different across their various programs/supports offered.</p>	<p>Do the agency's policies and procedures need to be approved or signed off by the Agency?</p>	<p>No, QAM does not require that policies and procedures be signed off by the service agency.</p> <p>If the service agency's policies and procedures are dated, reflect the current practice, and are posted on the agency website and/or are otherwise readily accessible for all agency staff, board members and volunteers, then the agency is in compliance.</p>

Regulation	Intent	Issue	Clarification
6. Management of Finances			
<p>Each service agency shall have policies and procedures regarding assistance with the management of finances for a person with a developmental disability who receives services and supports from the agency, where the person requests assistance with the management of their day-to-day finances or the assistance is identified in the person’s individual support plan. (O.Reg.299/10, 6(1))</p>	<p>The intent is to ensure that where a person receiving supports and services requires assistance with management of personal finances, that systems are in place regarding the assistance provided, including building in safeguards to ensure accountability respecting finances, to avoid the misappropriation of their funds.</p> <p>There is no requirement that an agency provide assistance to an individual with their finances. The regulation sets out requirements for agencies in the event that they provide assistance to the individual with his/her finances.</p>	<p>Service agency staff assists an individual in our community participation program to withdraw money from their bank account and supports them to purchase what they require (e.g. groceries). The receipts are then turned in to the family member who administers the individual’s finances. What would the ministry expect to see by way of records from the agency?</p> <p>Is supporting people to independently manage their own finances considered "assistance with management of finances“, which may include activities such as reading bills, co-creating budgets, attending financial meetings, or providing referrals to Credit Counselling?</p>	<p>Service agency’s policies and procedures regarding assistance with the management of finances for a person with a developmental disability who receives services and supports from the agency should include how the funds provided to the Community Participation program by the family or person responsible for managing the individual’s day-to day finances will be managed and accounted for.</p> <p>Service agency’s policies and procedures should also define what “assistance with management of finances” means and/or the type of support that the agency may provide.</p> <p>In addition, the individual’s ISP should identify the level of support they require to manage their day-to-day spending money while participating in the program and how the support is to be provided for the purpose of safeguarding the person supported (e. g. banking, making purchases, access to wallet).</p>

Regulation	Intent	Issue	Clarification
8. Do Not Resuscitate (DNR) obligations			
<p>Each service agency shall have policies and procedures to monitor the health concerns of persons with developmental disabilities who are receiving services and supports from the agency, where the supports have been identified in their individual support plan (O.Reg.299/10, 7(1)(2)).</p>	<p>The agency must have policies and procedures describing how they monitor health concerns of persons with developmental disabilities receiving services and supports in cases where the supports have been identified in the individual support plans.</p> <p>Health concerns could include diabetes, high blood pressure, heart conditions, obesity, epilepsy, etc.</p>	<p>Do the quality assurance regulations, Reg. 299/10 (QAM) address the service agency’s responsibility when a “Do Not Resuscitate” (DNR) request by a substitute decision maker is on file?</p>	<p>No, O. Reg. 299/10 (QAM) does not set specific requirements related to “Do Not Resuscitate” (DNR) requests.</p> <p>Under the Quality Assurance Measures regulation, service agency is responsible for developing their own policies and procedures relating to medical services, and would be expected to do so in accordance with all applicable laws.</p> <p>Where there is a conflict between parties regarding health concerns of an individual receiving services and supports, the Ministry recommends that the service agency and any authorized concerned parties seek independent legal advice with respect to the specific issues.</p> <p>Parties should be mindful that other legislation relating to health care decisions and substitute decision-making, such as the Health Care Consent Act, 1996 and Substitute Decisions Act, 1992, may also be relevant to this situation.</p>

Regulation	Intent	Issue	Clarification
14. Medication, Access and Storage			
<p>Each service agency shall have policies and procedures regarding access to and the storage of prescribed and non-prescribed medication. O. Reg 299/10, 7(1)(4)</p>	<p>To ensure that the agency considers and articulates its approach to monitoring individuals' health addressing medical needs, and ensuring the safe and consistent administration and storage of medication.</p> <p>To ensure that only authorized persons can access medications; to emphasize the importance of keeping medications out of reach, where applicable to ensure safety of persons receiving support.</p>	<p>My service agency does not support individuals with the administration and storage of medication of any kind. Is it sufficient to note this in the policy?</p> <p>What is required to be in a service agency's medication policies and procedures with respect to medicinal cannabis?</p>	<p>If a service agency does not engage in the administration and storage of medication of any kind, then it is sufficient for the agency to indicate that in its policy. In the event that the service agency's practices change, it will be required to develop policies and procedures in order to be in compliance with QAM.</p> <p>QAM does not specifically address medicinal Cannabis or Cannabis of any kind, therefore, administration (including self-administration), access to and storage of this medication would need to be covered under an agency's policies and procedures.</p>

Regulation	Intent	Issue	Clarification
24. Personal Information, Consent			
<p>Each service agency shall have policies and procedures regarding consent to any collection, use or disclosure of personal information. (O.Reg.299/10, 10(1)(2))</p>	<p>To ensure persons receiving services understand their right to confidentiality and provide informed consent.</p>	<p>There are some instances where agencies obtain consent virtually. Does the ministry have any requirements related to the use of virtual or recorded consents?</p>	<p>Neither QAM nor the Policy Directives for Service Agencies contain requirements regarding specific methods for the collection, use or disclosure of personal information.</p> <p>Where a service agency may wish to obtain consent virtually, the agency should reflect such options in its policies and procedures regarding consent to the collection, storage, use or disclosure of personal information.</p>

Regulation	Intent	Issue	Clarification
26. Personal Safety and Security			
<p>Each service agency shall have policies and procedures regarding the personal safety and security of persons with developmental disabilities who receive services and supports from the service agency. (O.Reg.299/10, 12(1))</p>	<p>To ensure a service agency has policies and procedures relating to the safety and security of persons receiving services and supports from the service agency.</p>	<p>Are policies and procedures on video monitoring/ surveillance required where the use of audio/video monitoring/surveillance is identified as part of an approved intervention strategy in a BSP for safety and security issues.</p>	<p>QAM includes a general requirement for service agencies to have policies and procedures related to protecting the health and safety of individuals who receive support. This should include considerations for any use of monitoring/ surveillance when required as part of an individual's BSP.</p> <p>See also 23. Privacy and Confidentiality</p>

Regulation	Intent	Issue	Clarification
34. Secure Isolation, Confinement/Time Out, Interval Monitoring			
<p>A service agency shall ensure that its written policies and procedures on the use of a secure isolation or time-out room address the following:</p> <p>Stages of interval monitoring. (Policy Directives for Service Agencies: 2.0 Supporting People with Challenging Behaviour)</p>	<p>To ensure the agency has clear policies and procedures with respect to secure isolation and confinement/timeout (CTO), and that staff are fully informed and aware of expectations, and have the skills to react appropriately to keep everyone safe.</p> <p>To provide information and support to the person with developmental disabilities, so that they may live as safely and independently as possible.</p> <p>If an agency has a CTO room being used for activities/purposes other than secure isolation/CTO, it would not necessarily need policies and procedures for those other activities/purposes.</p> <p>Only when a room is being used for isolation/CTO purposes are policies required in keeping with the ministry's policy directive.</p> <p>It is the purpose and use of the room that determines whether policies and procedures need to be developed.</p>	<p>Is a service agency required to have policies and procedures on the use of a secure isolation/CTO room when the area designated for the use of secure isolation/CTO is used for other activities?</p>	<p>No, service agencies are not required to have policies and procedures in place when the area designated for the use of secure isolation/CTO is used for other activities.</p> <p>The requirements set out in the secure isolation/CTO section of the Policy Directive for Service Agencies (pages 17 to 18 of the directives) are for agencies that are supporting individuals who have a behaviour support plan that includes secure isolation/confinement time out</p>

Regulation	Intent	Issue	Clarification
34. Secure Isolation, Confinement/Time Out, Interval Monitoring (cont.)			
<p>A service agency shall ensure that its written policies and procedures on the use of a secure isolation or time-out room address the following:</p> <p>Stages of interval monitoring. (Policy Directives for Service Agencies: 2.0 Supporting People with Challenging Behaviour)</p>	<p>To ensure the agency has clear policies and procedures with respect to secure isolation and confinement/timeout (CTO), and that staff are fully informed and aware of expectations, and have the skills to react appropriately to keep everyone safe.</p> <p>To provide information and support to the person with developmental disabilities, so that they may live as safely and independently as possible.</p>	<p>When an agency confines or locks a person who is exhibiting challenging behaviour into any secure space, and support staff remove themselves from the space, is this considered secure isolation/CTO?</p>	<p>“Secure isolation or confinement time-out (CTO)”, is an example of intrusive behaviour intervention set out in Ontario Regulation 299/10 as 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.”</p> <p>Further clarification is provided in Directive #2 – Supporting people with challenging behaviour, in the Policy Directives for Service Agencies, which states that secure isolation or confinement time-out does not refer to:</p> <ul style="list-style-type: none"> • a space that a person may use to “cool down” when he/she feels anxious or angry, or • a space where the person may leave freely, or • a residence where a person may live on their own where locks may be engaged as a safety/security precaution. <p>(continued on next page)</p>

Regulation	Intent	Issue	Clarification
<p>34. Secure Isolation, Confinement/Time Out, Interval Monitoring (cont.)</p>			
<p>A service agency shall ensure that its written policies and procedures on the use of a secure isolation or time-out room address the following:</p> <p>Stages of interval monitoring. (Policy Directives for Service Agencies: 2.0 Supporting People with Challenging Behaviour)</p>	<p>To ensure the agency has clear policies and procedures with respect to secure isolation and confinement/timeout (CTO), and that staff are fully informed and aware of expectations, and have the skills to react appropriately to keep everyone safe.</p> <p>To provide information and support to the person with developmental disabilities, so that they may live as safely and independently as possible.</p>		<p>If, in a particular scenario, a person is exhibiting challenging behaviour, and the actions being used by staff to address the behaviour fall within the meaning of ‘intrusive behaviour intervention’, as defined in Ontario Regulation 299/10 and, in particular, staff take steps that accord with “secure isolation or confinement time-out” then the agency should consider this scenario as an example of “secure isolation or confinement time-out” in accordance with the regulations and policy directive definitions. In these circumstances, the service agency must ensure that all requirements as set out in O. Reg. 299/10 and the policy directive “Supporting People with Challenging Behaviour”, including the requirement for a written policy and procedure, are met.</p> <p>(continued on next page)</p>

Regulation	Intent	Issue	Clarification
<p>34. Secure Isolation, Confinement/Time Out, Interval Monitoring (cont.)</p>			
<p>A service agency shall ensure that its written policies and procedures on the use of a secure isolation or time-out room address the following:</p> <p>Stages of interval monitoring. (Policy Directives for Service Agencies: 2.0 Supporting People with Challenging Behaviour)</p>	<p>To ensure the agency has clear policies and procedures with respect to secure isolation and confinement/timeout (CTO), and that staff are fully informed and aware of expectations, and have the skills to react appropriately to keep everyone safe.</p> <p>To provide information and support to the person with developmental disabilities, so that they may live as safely and independently as possible.</p>		<p>The ministry recognizes that restraint, secure isolation/confinement time-out, and prescribed medications are used in some situations with adults with a developmental disability who have challenging behaviour, as part of their behaviour support plan. “Challenging behavior” is defined in Ontario Regulation 299/10 as “behavior 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 and in the community or to learn new skills or that is any combination of them.”</p>

Regulation	Intent	Issue	Clarification
<p>35. Secure Isolation, Confinement/Time Out, Duration/Maximum Time</p>			
<p>A service agency shall ensure that its written policies and procedures on the use of a secure isolation or time-out room address the following: Duration of time that a person may spend in secure isolation/ confinement time-out, any extension periods, and the total/maximum amount of time that a person may spend in secure isolation/ confinement time-out.</p> <p>(Policy Directives for Service Agencies: 2.0 Supporting People with Challenging Behaviour)</p>	<p>To ensure the agency has clear policies and procedures with respect to the use of secure isolation and confinement/timeout (CTO), and that staff are fully informed and aware of these expectations, and have the skills to react appropriately to keep everyone safe.</p>	<p>Should the BSP specify the maximum amount of time a person can be in secure isolation/ confinement time-out?</p>	<p>Yes, the supported person’s behaviour support plan must include the total/maximum duration of time the person may spend in secure isolation/confinement time-out, including any extension periods.</p>

Regulation	Intent	Issue	Clarification
42. Third Party Review Committee, Membership and Roles			
<p>A service agency shall have policies and procedures regarding the review committee, its membership, and its roles and responsibilities (Policy Directives for Service Agencies: 2.0 Supporting People with Challenging Behaviour).</p>	<p>The purpose of having policies and procedures is to have an agency explain how the Review Committee shall work, including with respect to its membership and its roles and responsibilities.</p> <p>“Clinician” could include a psychologist, a psychological associate, a physician, a psychiatrist or behaviour analyst certified by the Behaviour Analyst Certification Board.</p> <p>It is recognized that “expertise” may come from different sources, including educational background, training (example: course work, apprenticeships/internships/practicums), research (example: academic research), work and/or lived experience, or a combination of these.</p>	<p>Can the “approver” of the Behaviour Support Plan which includes intrusive measures be the same as the “clinician” for the third-party review committee?</p> <p>Can the third-party review committee be comprised of a clinician and another member only?</p>	<p>Yes, the third-party review committee could allow for an “approver” to be the same person as the “clinician” as long as the third-party review committee does not consist of just the “clinician” for its membership (i.e., cannot have a one-person committee).</p> <p>The purpose of a third-party review is to try to create an objective process for review.</p> <p>Yes, the committee must be comprised of two or more people.</p> <p>The policies and procedures of the service agency determines the composition of the committee.</p>

Regulation	Intent	Issue	Clarification
47. Supervision, Bathing and Showering			
<p>Each service agency shall have policies and procedures on supervision during bathing and showering to ensure the safety of the person, as appropriate to the needs of the person with a developmental disability. (Regulation 299/10, 25(5))</p>	<p>The intent is to safeguard the health and safety of persons receiving supports and services.</p> <p>This requirement is intended to address, within policies and procedures, both active support (e.g., assisting with bathing/showering process) and any other supervisory functions, as appropriate to the needs and safety of the person.</p> <p>Policies and procedures must include the level of supervision.</p> <p>Level of supervision may be identified in:</p> <ul style="list-style-type: none"> • Bathing protocol • The Individual Support Plan • Personal Profile • Individual Caution List 	<p>Will the agency be cited non-compliant if their policies on the level of supervision includes instances where the agency will “check-in on the person based on their needs” (i.e., such as may be left alone during bathing as long as staff are checking in every 10 minutes)?</p>	<p>No, service agency should not be cited as non-compliant if their policies include/reference information relating to level of supervision, although recommendation to provide further detail/clarity may be made.</p> <p>However, the agency should consider obtaining independent legal advice to determine whether their policies and procedures provide staff with clear and appropriate information and instruction regarding supervision to help ensure a person’s health and safety needs are met during bathing and showering.</p>

Regulation	Intent	Issue	Clarification
7. References			
<p>A service agency shall arrange for a personal reference check and require a police records check for volunteers and board members, if they will have direct contact with the persons with developmental disabilities who receive services and supports from the service agency.</p> <p>(O.Reg.299/10, 13(3))</p>	<p>Checking references is a precautionary measure designed to ascertain whether employees/volunteers providing direct service to vulnerable adults have a criminal history or character which could potentially make them unsuitable for certain positions of trust. Such checks can assist agencies in attempting to ensure the safety and well-being of people who receive services from them.</p>	<p>Does the ministry require all board members to have police record checks and personal reference checks?</p> <p>Would an agency be considered non-compliant if they did not include the definition of ‘direct contact’.</p>	<p>Board members are not required to have personal reference checks and a police record check if the board members do not have direct, unsupervised contact with people receiving supports and services from the agency.</p> <p>No. This is not a requirement in the regulation. “Direct contact” is not defined in QAM but should be understood in the ordinary sense.</p> <p>Consider that if a board member’s focus is on (for example) governance only and the board member is not involved in any direct contact with any persons with a developmental disability, then a personal reference check and police records check would not be required. Policies and procedures should specify where board members do and do not have direct contact with the persons with developmental disabilities.</p>

Regulation	Intent	Issue	Clarification
1. Mission Statement, Service Principles, Statement of Rights			
<p>Each service agency shall conduct a mandatory orientation to its mission statement, service principles and statement of rights with its new staff members and new volunteers. (O.Reg.299/10,4(2)(b))</p>	<p>To promote awareness of the agency and how it supports adults with a developmental disability.</p>	<p>Is a family member who accompanies a group of residents and staff on an outing considered a volunteer?</p>	<p>Not necessarily. Consider that a “volunteer” means a person who is part of the organized volunteer program of the service agency, who volunteers their time with people and/or the organization for a specific event (e.g., a fundraiser) and/or on a regular basis, and who does not receive a wage or salary for the services or work provided for that program.</p>

Regulation	Intent	Issue	Clarification
2. Mission Statement, Service Principles, Statement of Rights, Annual refresher			
<p>Each service agency shall conduct an annual refresher for its staff and volunteers of the mission statement, service principles and statement of rights thereafter. (O.Reg.299/10, 4(2)(b))</p>	<p>To ensure mission statement, service principles and statement of rights are reviewed annually to remind and reinforce the content for staff and volunteers.</p>	<p>Are staff files required to include hard copy signed forms to confirm completion of a requirement (i.e., Orientation forms, affirmations, etc.)?</p> <p>Would the Ministry cite non-compliance if confirmation of training was completed though electronic signatures?</p> <p>Would the Ministry cite non-compliance when reviewing the staffing record of a staff who just returned from an extended leave of absence (i.e., maternity leave, sick leave, leave of absence)?</p>	<p>Staff files do not necessarily require hard copy signed training registration forms to be included as evidence of compliance. The Ministry will accept other reasonable evidence e.g., an electronic signature or computer generated list of participants via E-Learning as evidence of compliance.</p> <p>Evidence of completion for specific training such as First Aid will require documented evidence, electronic or otherwise, such as a certificate of completion or a signed notation by agency management or supervisor in the staff person's file.</p> <p>For the purpose of inspection, the Ministry will review staffing files of staff who have been working actively during the past twelve uninterrupted months. This would include staff returning from maternity leave, extended leave of absence, secondments, etc.</p>

Regulation	Intent	Issue	Clarification
5. Training, Specific Needs			
<p>Each service agency shall provide training to its staff members on meeting the specific needs for the health and well-being of persons with developmental disabilities who are receiving services and supports from the agency, including any controlled acts as required.</p> <p>(O.Reg.299/10, 7(4)(a))</p>	<p>To ensure that the service agency provides training to staff members about how to meet the specific needs for the health and well-being of those persons with developmental disabilities who are receiving services and supports from the agency, including training regarding controlled acts, as required.</p> <p>The Ministry has not identified or approved a particular training program regarding health and well-being for use respecting adult developmental services. The requirements in section 7 of O.Reg.299/10 are general in nature, so that agencies have flexibility in arranging appropriate training that would provide staff with the skills to effectively address the health needs of the people supported.</p>	<p>Can an agency record a training session given by a qualified professional to use for future training of new staff?</p> <p>For example, an agency would like to video tape training conducted by a medical professional (Registered Nurse) and use it for training new staff.</p> <p>What is the definition of a Controlled Act and where can I get a list of specific controlled acts?</p>	<p>It is not the role of the Ministry to approve training, but to verify that a training is in place and reflected in the agency's policies and procedures and that training is documented.</p> <p>A videotaped training session may be acceptable for meeting a training requirement under O. Reg. 299/10.</p> <p>Regulations under the <u>Regulated Health Professions Act, 1991</u> set out controlled acts.</p>

Regulation	Intent	Issue	Clarification
14. References, Staff			
<p>A service agency shall arrange for a personal reference check and require a police records check for all new staff members. (O.Reg.299/10, 13(2))</p>	<p>Checking references is a precautionary measure designed to ascertain whether employees/volunteers providing direct service to vulnerable adults have a criminal history or character which could potentially make them unsuitable for certain positions of trust. Such checks can assist agencies in attempting to ensure the safety and well-being of people who receive services from them.</p>	<p>Some service agencies have “assistants” or new staff that they hire from abroad, but they only have criminal reference checks from the country of origin. The agency does not initiate a police check in Canada. Would the Ministry cite non-compliance if there is not a Canadian criminal reference check with vulnerable screening on file?</p> <p>Do criminal reference checks need to be updated? If yes, how often does a service agency need to review a police check?</p>	<p>The onus is on the service agency to demonstrate that it has attained a background check on employees from foreign jurisdictions, e.g., Interpol, RCMP. It can be assumed that the employees were required to obtain some form of security clearance before coming into Canada, so there should be some evidence that the employer or agency can produce. <u>These situations will be considered on a case by case basis.</u></p> <p>O. Reg. 299/10 does not prescribe the renewal of police records checks. Program advisors would refer to service agency’s policy concerning police records checks to determine if there was a requirement for police checks to be updated.</p> <p>(continued on next page)</p>

Regulation	Intent	Issue	Clarification
14. References, Staff (cont.)			
<p>A service agency shall arrange for a personal reference check and require a police records check for all new staff members. (O.Reg.299/10, 13(2))</p>	<p>Checking references is a precautionary measure designed to ascertain whether employees/volunteers providing direct service to vulnerable adults have a criminal history or character which could potentially make them unsuitable for certain positions of trust. Such checks can assist agencies in attempting to ensure the safety and well-being of people who receive services from them.</p>	<p>If a local police department denies the request to have a vulnerable sector screen for a staff, volunteer or board member, what is an agency to do?</p>	<p>If your local police department indicates that a vulnerable sector screen may not be completed under certain circumstances (e.g. for individuals under the age of 18), it is recommended that you include a reference to this in your written protocol. Also, in lieu of a VSC, your service agency could develop a policy to address the circumstances where a vulnerable sector screen cannot be completed. The policy may include: a) A risk assessment/process to identify how to keep the individuals safe. b) What the duties and responsibilities are - how much contact and what level of supervision the individual(s) requires to perform their duties. c) Continuing to require CPIC and if/when the individual would like to continue working after the circumstances change (e.g. they turn 18 years old) – they must have a vulnerable sector screen ASAP.</p> <p>(continued on next page)</p>

Regulation	Intent	Issue	Clarification
14. References, Staff (cont.)			
<p>A service agency shall arrange for a personal reference check and require a police records check for all new staff members. (O.Reg.299/10, 13(2))</p>	<p>Checking references is a precautionary measure designed to ascertain whether employees/volunteers providing direct service to vulnerable adults have a criminal history or character which could potentially make them unsuitable for certain positions of trust. Such checks can assist agencies in attempting to ensure the safety and well-being of people who receive services from them.</p>	<p>If a local police department denies the request to have a vulnerable sector screen for a staff, volunteer or board member, what is an agency to do? (continued)</p>	<p>(Continued from previous page)...</p> <p>Personal reference checks for all staff/volunteers would still be required.</p> <p>It is also important to note that in accordance with O. Reg. 299/10 13 (6), until the completion of a police records check (as well as a personal reference check, orientation and initial training), a staff member or volunteer shall have direct contact with persons with developmental disabilities <u>only when supervised.</u></p>

Regulation	Intent	Issue	Clarification
19. Training, Physical Restraints			
<p>Each service agency shall train all staff members who work directly with persons with developmental disabilities on the use of physical restraint. (O. Reg. 299/10, 17(2))</p>	<p>Seeks to ensure the safety of all persons with developmental disabilities who receive services and supports, as well as the safety of staff members who work directly with persons with developmental disabilities, regardless of whether or not those persons receiving services and supports have and display challenging behaviour (either currently or in the past), Appropriate training and use of physical restraints is important to the security that any person would want to feel in their home, recreational space, or workspace.</p>	<p>Can the ministry cite an agency for non-compliance if the agency modified the physical restraint package and excluded the practical hands-on physical restraint training as part of the training curriculum and provided certificates without completing all the elements in the training package?</p> <p>Our agency does not support any individuals with existing behaviour challenges. Do our direct care staff still need to be trained on all components of the curriculum?</p> <p>Can an agency select which staff and which components it would like to provide refresher training on?</p>	<p>Yes, the service agency would be cited for non-compliance. A service agency will be deemed non-compliant with the requirement if the agency is not able to provide evidence that all direct care staff have successfully completed <u>all</u> components of the curriculum (both theory <u>and</u> practice of all physical restraint holds), as required in the Policy Directives for Service Agencies.</p> <p>Yes. All direct care staff must be trained on <u>all</u> components of the curriculum (both theory <u>and</u> practice of all physical restraint holds).</p> <p>Service agency must follow the recertification schedule developed by their selected training provider or the schedule that is identified as a best practice by the training provider and complete <u>all</u> components of the prescribed refresher training for all direct staff. (continued on next page)</p>

Regulation	Intent	Issue	Clarification
19. Training, Physical Restraints (cont.)			
<p>Each service agency shall train all staff members who work directly with persons with developmental disabilities on the use of physical restraint. (O. Reg. 299/10, 17(2))</p>	<p>Seeks to ensure the safety of all persons with developmental disabilities who receive services and supports, as well as the safety of staff members who work directly with persons with developmental disabilities, regardless of whether or not those persons receiving services and supports have and display challenging behaviour (either currently or in the past), Appropriate training and use of physical restraints is important to the security that any person would want to feel in their home, recreational space, or workspace.</p>	<p>Would a service agency be cited for non-compliance if they complete some but not all components within a selected training package?</p> <p>If a service agency does not complete certain components within a selected training package because they do not believe it applies to the clients they serve, would they be cited for non-compliance?</p> <p>Can service agency works with training providers to customize the selected curriculum?</p>	<p>Yes, the service agency would be cited for non-compliance. Service agency is required to complete <u>all</u> components of the curriculum within a selected training package (that is, both theory <u>and</u> practice of all physical restraint holds outlined in the curriculum). This means that agency cannot select which modules to be trained and which modules to omit.</p> <p>Yes, the service agency would be cited for non-compliance. While service agency may feel that certain components within a given training package may not apply to the clients they serve, they are required to complete the entirety of the selected training program to ensure that their direct care staff are ready and capable of responding to emergency situations at all times.</p> <p>Yes, service agency may work with training providers to customize the curriculum. However, service agency must complete all modules of the customized package (both theory <u>and</u> practice of all physical restraint holds) in order to achieve compliance. (continued on next page)</p>

Regulation	Intent	Issue	Clarification
19. Training, Physical Restraints (cont.)			
<p>Each service agency shall train all staff members who work directly with persons with developmental disabilities on the use of physical restraint.</p> <p>(O. Reg. 299/10, 17(2))</p>	<p>Seeks to ensure the safety of all persons with developmental disabilities who receive services and supports, as well as the safety of staff members who work directly with persons with developmental disabilities, regardless of whether or not those persons receiving services and supports have and display challenging behaviour (either currently or in the past), Appropriate training and use of physical restraints is important to the security that any person would want to feel in their home, recreational space, or workspace.</p>	<p>Would the service agency be cited as non-compliant if the staff member has a workplace accommodation and was unable to complete the hands on physical restraint training?</p>	<p>No, the service agency will not be cited for non-compliance. Service agency must ensure the staff be present for the training for their own awareness of the techniques, and participate as they are able. In the event they have a workplace accommodation preventing them from becoming physically involved in a restraint, the Program Advisor would look to policies and/or agency documentation regarding the details of the accommodation.</p> <p>It is also recommended that the service agency's practice be documented in the agency's policies and procedures for staff members and volunteers that address regular ongoing training for staff members and volunteers regarding support for persons with developmental disabilities and service agency policies and procedures as may be appropriate or required. O. Reg. 299/10, 13(1)(2)</p>

Regulation	Intent	Issue	Clarification
21. Physical Restraint, Training Package/Emergency Situation			
<p>Further to the requirements to train direct care staff on the use of physical restraint, as listed in section 17(2), “General behaviour intervention strategies, training”, of Ontario Regulation 299/10, it is important to note that the service agency shall ensure that it selects a training package from the list of training packages and providers, which was reviewed and identified for use by the Community Networks of Specialized Care - Ontario.</p> <p><i>Policy Directives for Service Agencies: 2.0 Supporting People with Challenging Behaviour</i></p>	<p>The Policy Directive regarding Supporting People with Challenging Behaviour enables agencies to assess their staff training needs and to select a training curriculum from a list of training providers that addresses those training needs, so that staff, at all times, are able to respond to emergency situations that may arise during the provision of service. Agencies that support individuals who have challenging behaviour require more intensive training to address emergency situations in a safe and appropriate manner.</p> <p>The ministry agrees with the philosophy that physical restraints should be used solely as a last resort in crisis situations. Notwithstanding this, the ministry also seeks to ensure that agency staff are equipped with both the requisite knowledge and practical skills to react quickly and effectively in the event of a crisis situation, in order to keep everyone safe and reduce the possibility of injury.</p>	<p>What if the service agency’s policies and procedures prohibit the use of physical restraints and that police should be contacted in the event of a crisis situation?</p>	<p>The ministry would expect that a service agency’s policies, procedures and practices concerning how to respond to people with a developmental disability who may have, and may display, challenging behaviour in a crisis situation would not rely exclusively on involving the police.</p> <p>Service agency may wish to contact their local police department to discuss how the agency and the police can best respond to situations involving law enforcement in a safe and effective manner (e.g., during a crisis where the safety of agency staff and/or others in the vicinity is at immediate risk and attempts at de-escalation and other means to address the person with challenging behaviour and/or the situation have been ineffective).</p> <p>However, the service agency will be cited for non-compliance if the agency is not able to provide evidence confirming the successful completion of all components of the training provider’s curriculum (both theory and practice of all physical restraint holds).</p>

Regulation	Intent	Issue	Clarification
26. Training & Refresher, Behaviour Interventions			
<p>A service agency shall ensure that staff who work directly with persons with developmental disabilities receive and successfully complete all components of the refresher training, including theory and practice of all physical restraint holds, according to a retraining or recertification schedule developed by the training provider or as recommended by the training provider (e.g., a schedule identified as a best practice).</p> <p>Policy Directives for Service Agencies: 2.0 Supporting People with Challenging Behaviour</p>	<p>Seeks to ensure the ongoing safety of all persons with developmental disabilities who receive services and supports, as well as the ongoing safety of staff members who work directly with persons with developmental disabilities, regardless of whether or not those persons receiving services and supports have and display challenging behaviour (either currently or in the past), Appropriate training and use of physical restraints is important to the security that any person would want to feel in their home, recreational space, or workspace.</p>	<p>Would the agency be cited as non-compliant for not providing annual refreshers?</p>	<p>Not necessarily as it would depend on the retraining or recertification schedule developed by, or as recommended by, the training provider. If, for example, the training provider recommends annual refreshers, then the ministry would expect to see documentation on file that agency staff have completed refresher training in accordance with the recommended refresher schedule.</p> <p>As a best practice, service agency may want to provide more frequent refreshers on the practice of all physical restraints than recommended by the training provider, based on the needs of the particular individuals being supported.</p>

Regulation	Intent	Issue	Clarification
9. Individual Support Plan			
<p>Each service agency shall develop an individual support plan for each person with a developmental disability who receives services and supports from the agency that addresses the person’s goals, preferences and needs. (O.Reg.299/10, 5(1)(1))</p>	<p>To promote individualized approaches to services and supports.</p> <p>Persons will receive available services to meet their individual goals, preferences and needs.</p>	<p>Is an Individual Support Plan required if a person with a developmental disability is only in a 4 hour respite program?</p> <p>Would the agency be cited as non-compliant if there was not an Individual Support Plan in place because the individual supported refused to participate in its development?</p>	<p>Yes. An Individual Support Plan (ISP) is required for each person with a developmental disability receiving services and supports from a service agency where the service is funded under SIPDDA .</p> <p>Yes. If an individual declines to participate a plan still needs to be developed. The ISP is an accountability tool for both the individual and the service agency.</p> <p>For the individual, the ISP is an opportunity to express their own views about important decisions concerning them and gives them the opportunity to participate in decisions that affect their life. If the person chooses to not participate, it should be noted in the plan.</p> <p>For the service agency, the ISP is a tool that defines the relationship between the agency and the individual supported. It is used to document <i>what</i> agency resources (MCSS funding or MCSS-funded service hours) will be allocated to support the individual to achieve the defined goals, <i>how</i> the individual will be supported to achieve the defined goals, and <i>who</i> will be responsible for seeking to ensure outcomes are achieved. Ultimately, it demonstrates the agency’s accountability to the person receiving the services.</p>

Regulation	Intent	Issue	Clarification
9. Individual Support Plan (cont.)			
<p>Each service agency shall develop an individual support plan for each person with a developmental disability who receives services and supports from the agency that addresses the person’s goals, preferences and needs. (O.Reg.299/10, 5(1)(1))</p>	<p>To promote individualized approaches to services and supports.</p> <p>Persons will receive available services to meet their individual goals, preferences and needs.</p>	<p>How soon must an Individual Support Plan (ISP) be developed and implemented after a person begins receiving services from the service agency?</p>	<p>QAM does not specify a timeline for new ISP development.</p> <p>The ISP is a critical tool that links an individual's goals, preferences, and needs with the resources that will be used to support them, the manner in which services will be provided, and the intended outcomes.</p> <p>It is important to establish an ISP for an individual as early as possible after admission that reflects how the services and supports to be received from the service agency are tied to the person’s goals, preferences and needs.</p> <p>At a minimum, service agency is required to provide sufficient evidence/documentation to confirm that the ISP is under development for the new admission.</p>

Regulation	Intent	Issue	Clarification
10. Individual Support Plan, Annual Review			
<p>Each service agency shall review the individual support plan annually with the person with a developmental disability and any persons acting on their behalf and update the plan as necessary. (O.Reg.299/10, 5(1)(2))</p>	<p>The requirement for an individual support plan that is reviewed and updated annually, provides individuals with an opportunity to identify goals and personal outcomes for the coming year, related to the support that the person receives from the agency.</p> <p>It also acts as a means of accountability as the agency commits to support the individual to achieve his/her goals (or steps toward goals) and personal outcomes.</p> <p>The intent of the review is that they are conducted annually.</p>	<p>Would the service agency be cited as non-compliant if the individual is in the hospital or incarcerated at the time of their annual ISP review?</p>	<p>No, the service agency would not be cited as non-compliant however, the ministry suggests documenting that there is a delay due to the situational circumstance, outside the control of the agency.</p>

Regulation	Intent	Issue	Clarification
25. Individual Support Plan, Finances			
<p>The individual support plan shall identify the level of support the person has requested or requires to manage their day-to-day finances. (O.Reg.299/10, 5(4)(k))</p>	<p>An individual may request support with their finances, or persons acting on the individual's behalf may request support from the agency for the individual, to help with his/her finances.</p> <p>The need for support with finances may also be identified in an assessment of the person, such as the Supports Intensity Scale, the Application for Developmental Services and Supports, or other documents.</p> <p>The ISP must reflect the level of support requested or required.</p>	<p>Our staff assists an individual in our community participation program to withdraw money from their bank account and supports them to purchase what they require (e.g. groceries). The receipts are then turned in to the family member who administers the individual's finances. What would the ministry expect to see by way of records from our agency?</p>	<p>The individual's ISP should identify the level of support the individual has requested or requires to manage their day-to-day spending money while participating in the program and how the support is to be provided for the purpose of safeguarding the person supported (e.g. banking, making purchases, access to wallet).</p>

Regulation	Intent	Issue	Clarification
26. Adequate Staff Support			
<p>A service agency shall maintain adequate support staff, at a level identified in the person’s individual support plan to address the safety, security and well-being of persons with developmental disabilities who receive services and supports from the service agency. (O. Reg. 299/10, 12(2))</p>	<p>To ensure the provision of adequate support for the personal safety of persons receiving services at all times.</p> <p>The service agency is required to provide the level of support as outlined in the individual support plan.</p>	<p>What does the ministry consider as ‘adequate support staff’?</p>	<p>The regulation does not define “adequate support staff.”</p> <p>The level of support that a person needs, including the level of staffing support to be provided, will be identified through the individual support planning process and will be agreed to by all people / service agencies / professionals who were involved in the development of the individual support plan.</p> <p>Information that may be contained in Individual Support Plans regarding required levels of staff support may include:</p> <ul style="list-style-type: none"> • Staffing ratios • Level of staff support required for community outings, medical appointments, etc. • participation in work or volunteer activities

Regulation	Intent	Issue	Clarification
28. Financial Records, Annual Review			
<p>The service agency shall prepare and maintain separate books of accounts and financial records for each person with a developmental disability who receives assistance from the service agency with the management of their day-to-day finances for each fiscal year</p> <p>The service agency shall ensure books of accounts and financial records prepared and maintained in accordance with [the] subsection [above] are independently reviewed by a third party annually; the independent review shall include a report to the board of directors. (O.Reg.299/10, 6(3))</p>	<p>An “independent review” of accounts and financial records may be provided by persons who are not affiliated with those who provided the individual with assistance with their finances. For example: a family member review committee struck by the agency, or an independent accountant; agency managers reviewing homes supervised by another manager; agency finance clerk.</p> <p>To ensure that the service agency keeps separate books relating to accounts and financial records for each person with a developmental disability respecting the management of their daily finances for each fiscal year.</p>	<p>Can the Ministry cite an agency for non-compliance if the third-party reviewer prepares a report that is based on only a sampling of files?</p>	<p>The third party may conduct an annual review as they deem appropriate, as long as it is reasonable.</p>

Regulation	Intent	Issue	Clarification
33. Medication Administration, Self			
<p>Each service agency shall have policies and procedures including documentation regarding administration of medication, including self-administration by the person with a developmental disability. (O.Reg.299/10, 7(1)(3)(ii))</p>	<p>The intent is for services agencies to have policies and procedures, including documentation, regarding administration of medication, including self-administration by the person with a developmental disability. (This would include the use and documentation of a PRN medication.)</p>	<p>For individuals who do not receive 24 hour-care (i.e., live in Supported Independent Living, etc.), is the service agency responsible for monitoring the self-administration of medication?</p>	<p>The service agency's policies and procedures regarding medication administration should articulate the systematic approach to ensuring the safe and consistent administration of medications that reduces the opportunity for error. Service agencies must have policies and procedures for all persons for whom they provide services and supports, including with respect to documentation expectations for persons receiving service under Supported Independent Living.</p> <p>The policies and procedures and documentation serves as written evidence of expectations relating to the administration of the medication and provides a tool to identify and correct any concerns in the administration of medications.</p>

Regulation	Intent	Issue	Clarification
46. Service Record, Individual			
<p>In addressing quality assurance measures respecting service records, each service agency shall keep a record for each person receiving services and supports from the service agency. (Regulation 299/10, 14(1)(a))</p>		<p>Does an agency have to keep hard copy files for individuals served?</p>	<p>QAM does not require that a service record for an individual be retained in any particular format.</p> <p>QAM does require a service agency to have policies and procedures on service record retention and secure storage.</p> <p>How an agency chooses to file, store and retain (e.g. paper copies or electronically) should be articulated in the agency's policies and procedures. Both methods are acceptable, with an emphasis on retention and security being reliable.</p> <p>The ministry encourages all agencies to consult with their legal and information technology representatives to develop record retention protocols that meet QAM requirements.</p>

Regulation	Intent	Issue	Clarification
47. Service Record, Application for Developmental Services and Supports			
<p>At a minimum, the service record shall include a copy of the person’s Application for Developmental Services and Supports. (O.Reg.299/10, 14(2)(a))</p>	<p>To ensure that the agency has documentation from the DSO to inform the agency’s ability to support the person and assist in developing the individual support plan.</p> <p>The agency is responsible for obtaining this record from the DSO if it is not provided upon service initiation.</p>	<p>Would the Ministry cite an agency in non-compliance if the service record produced by the agency only contained a copy of the Assessor Summary Report (ASR) rather than the Application for Developmental Services and Supports?</p>	<p>Yes, having the ASR (Assessor Summary Report) as a stand-alone document does not meet regulatory requirement.</p>

Regulation	Intent	Issue	Clarification
47. Service Record, Application for Developmental Services and Supports (cont.)			
<p>At a minimum, the service record shall include a copy of the person’s Application for Developmental Services and Supports. (O.Reg.299/10, 14(2)(a))</p>	<p>To ensure that the agency has documentation from the DSO to inform the agency’s ability to support the person and assist in developing the individual support plan.</p>	<p>Would a service agency be in non-compliance if the person supported is receiving Urgent Response services however they have not yet received confirmation of eligibility for ministry-funded adult developmental services from the Applicant Entity (DSO)?</p>	<p>The service agency should request the Application Package for all eligible persons from the DSO as soon as possible and no later than twelve (12) months after the date of the initial request for urgent support.</p> <p>(per Service Directive for Application Entities; and Urgent Response Guidelines)</p>

Regulation	Intent	Issue	Clarification
51. Behaviour Support Plan, Individual			
<p>Each service agency shall develop an individual behaviour support plan for each person with a developmental disability who has challenging behaviour. (O.Reg.299/10, 18(1))</p>	<p>To support a person in addressing their behaviour and to promote a common understanding among staff and individuals receiving support as to how the person is to be supported.</p>	<p>If an individual has a PRN that is not used for challenging behavior (e.g. person has PRN to manage mild anxiety, prior to procedures) do they need to have a PRN protocol and a Behaviour Support Plan in place?</p>	<p>No, an individual only requires an approved BSP if the PRN is to be administered as a behavioural intervention for managing challenging behaviour.</p>

Regulation	Intent	Issue	Clarification
52. BSP, Involvement			
<p>In addition to the requirements for a behaviour support plan and approval of a behaviour support plan containing intrusive behaviour interventions strategies, as listed in section 18, “Behaviour support plan”, of Ontario Regulation 299/10, a service agency shall ensure the following: The behaviour support plan is developed with the involvement of the person with a developmental disability who has challenging behaviour and/or, where applicable, persons acting on behalf of the person with a developmental disability, and the plan documents their involvement.</p> <p><i>Policy Directives for Service Providers: 2.0 Supporting People with Challenging Behaviour</i></p>	<p>To ensure persons receiving behavioral support and persons acting on their behalf are included in the development of the plan where intrusive interventions are used; to promote a shared responsibility to promote the success of the support strategy implementation.</p>	<p>If signed consent is provided on the Behavior Support Plan and/or other agency consent form, is this sufficient evidence to indicate the plan documents the person and/or persons’ acting on their behalf’s involvement in the development of the plan?</p> <p>If an outside agency writes the BSP, are they responsible for indicating how they involved the person during development of the BSP or, is it the service agency accountable for ensuring the individual or the person acting on their behalf is involved in the development of the behaviour support plan.</p>	<p>No, a signature alone, consenting to the use of intrusive measures would not necessarily mean that the person or those acting on their behalf were involved in the development of the plan.</p> <p>It is the responsibility of the service agency to ensure and to indicate how the person was involved with the development of the BSP containing intrusive behaviour interventions, and that the plan documents their involvement .</p> <p>Indicators may include:</p> <ul style="list-style-type: none"> • Person’s or others acting on their behalf’s signature on the plan; • Meeting minutes; • Attendance and involvement at clinician appointments • Notation in the file <ul style="list-style-type: none"> • e.g. comments and/or input of individual

Regulation	Intent	Issue	Clarification
53. BSP Consent			
<p>In addition to the requirements for a behaviour support plan and approval of a behaviour support plan containing intrusive behaviour interventions strategies, as listed in section 18, “Behaviour support plan”, of Ontario Regulation 299/10, a service agency shall ensure the following: The person with a developmental disability who has challenging behaviour and/or, where applicable, persons acting on behalf of the person with a developmental disability, provides consent to the behaviour support plan and the strategies that it outlines.</p> <p><i>Policy Directives for Service Providers: 2.0 Supporting People with Challenging Behaviour</i></p>	<p>To promote a shared awareness, understanding, and receive consent from the adult with a developmental disability who has and displays challenging behavior, and/or persons acting on their behalf, as applicable, about the behavior intervention techniques/strategies that will be used by the service agency with the individual, how they will be used, and under what circumstances, in accordance with the behavior support plan.</p>	<p>If the list of participants is provided on the Behavior Support Plan, is this sufficient evidence to indicate the person and/or persons’ acting on their behalf consent to the use of intrusive measures for managing challenging behaviour?</p> <p>Would the agency be cited as non-compliant if the individual does not provide consent on the use of the intrusive measures in the behaviour support plan?</p>	<p>No, listing a person as one of the participants involved in the development of the BSP would not necessarily mean that the person consents to the use of intrusive measures. Consider that a person could participate in the development of the plan but he/she may not agree with what the doctor/behaviour therapist/other developer might recommend.</p> <p>The ministry recommends that the service agency seek legal advice regarding the use of a BSP where an individual does not provide consent. This documentation should be available during the review.</p>

Regulation	Intent	Issue	Clarification
54. BSP, Fading and Elimination			
<p>The clinician(s) who approved the plan includes provision for the eventual fading or elimination of intrusive behaviour intervention strategies. which may be outlined in the behaviour support plan (BSP)</p> <p><i>Policy Directives for Service Agencies: 2.0 Supporting People with Challenging Behaviour</i></p>	<p>To provide information from the approving clinician relating to the fading or elimination of intrusive behaviour intervention strategies contained in a person’s behaviour support plan. The ministry’s role is not to make any decisions about the details of the fading or elimination, or the appropriateness of the fading or elimination.</p>	<p>Does the approved BSP need to include provisions for eventual fading or elimination of intrusive behaviour intervention strategies?</p>	<p>All intrusive behaviour interventions require a plan for the eventual fading or elimination of intrusive behaviour intervention strategies. It is not required to be noted in the BSP.</p> <p>Documentation for this Indicator may be found, for example:</p> <ul style="list-style-type: none"> • In the BSP • In the ISP • In a comment in the plan that the goal is to decrease challenging behaviour • Data analysis reports • Clinician appointment records • Assessments • Ongoing plan reviews

Regulation	Intent	Issue	Clarification
59. BSP, Monitored			
<p>The service agency shall ensure that the behaviour support plan is monitored for its effectiveness. (O.Reg.299/10, 18(3)(d))</p>	<p>The intent is to ensure that an agency oversees the implementation of a person's behaviour support plan and makes sure that the behaviour intervention strategies that are outlined in the plan are having their intended effect to reduce challenging behaviour.</p>	<p>Does the ministry require the tracking of positive behaviour interventions, as it does with intrusive behaviour interventions?</p>	<p>While QAM does require that a BSP is monitored for its effectiveness, the regulation does not require recording all incidents of positive behaviour interventions, as it does with intrusive behaviour interventions. The service agency may want to consider the benefits of tracking replacement behaviours/positive interventions and update their policies and procedures accordingly.</p>

Regulation	Intent	Issue	Clarification
60. BSP, Approved			
<p>The service agency shall ensure that the behaviour support plan, is approved by a psychologist, a psychological associate, a physician, a psychiatrist or behaviour analyst certified by the Behaviour Analyst Certification Board, where the behaviour support plan includes intrusive behaviour intervention strategies. (Regulation 299/10, 18(3)(e))</p>	<p>The BSP only needs to be approved where the plan includes intrusive behaviour intervention strategies.</p>	<p>Can a Nurse Practitioner be an approver of a BSP that includes intrusive behaviour intervention strategies?</p>	<p>No, a nurse practitioner is not listed in QAM as one of the clinicians that can approve a BSP with intrusive behaviour intervention strategies. The plan must be approved by a psychologist, a psychological associate, a physician, a psychiatrist or behaviour analyst certified by the Behaviour Analyst Certification Board.</p>

Regulation	Intent	Issue	Clarification
61. BSP, Review			
<p>The service agency shall ensure that the behaviour support plan is reviewed at least twice in each 12-month period. (O.Reg.299/10, 18(3)(f))</p>	<p>The Behaviour Support Plan is reviewed by the service agency (and by others as the service agency considers appropriate) at least two times a year to assess its effectiveness and note any updates that may be needed or relevant.</p>	<p>How far back does the Ministry look at records to verify compliance (i.e., 1 year, 2 years, 3 years or more)?</p>	<p>Given the inspection schedule involves each agency every year, the Ministry will generally review the record for the past 12 months.</p>

Regulation	Intent	Issue	Clarification
74. Intrusive Behaviour Intervention, Monitored			
<p>A service agency shall ensure that when intrusive behaviour intervention is used, the person with a developmental disability is monitored on a regular basis. (O.Reg.299/10, 20(3))</p>	<p>To mitigate the potential risk of injury and ensure the safety of the person during the use of an intrusive behaviour intervention.</p> <p>Intrusive measures are to be monitored including physical, mechanical, secure isolation/confinement time out and PRNs in specific timed intervals.</p>	<p>Would an agency be cited as non-compliant if there was no documentation describing how the person was monitored on a regular basis when an intrusive behaviour intervention was used?</p>	<p>Yes, the service agency needs to provide evidence as to how the person was monitored on a regular basis when intrusive behaviour intervention was used.</p> <p>Indicators may include, but are not limited to:</p> <ul style="list-style-type: none"> •Incident reports •Daily log/support journal •Data collection forms •MARS forms / prn tracking sheets

Regulation	Intent	Issue	Clarification
81. Intrusive Behaviour Intervention, Safeguards			
<p>A service agency or the clinician who oversees the behaviour support plan must ensure that there are safeguards to prevent misuse of intrusive behaviour intervention. (Policy Directives for Service Agencies: 2.0 Supporting People with Challenging Behaviour)</p>	<p>To ensure that an agency has safeguards in place to ensure intrusive behaviour interventions are not misused.</p>	<p>When an agency confines or locks a person who is exhibiting challenging behaviour into a secure space, where the person is not voluntarily able to leave, is it necessary to describe the use of these intrusive behaviour interventions in the BSP?</p>	<p>See QAM Clear Records and Documents: 34. Secure isolation, Confinement/Time out, Internal Monitoring for the definition of “secure isolation or confinement time-out” and “challenging behaviour” as defined in Ontario Regulation 299/10 and further discussed in the policy directive “Supporting People with Challenging Behaviour.</p> <p>In this scenario, “secure isolation or confinement time-out” is an intrusive behaviour intervention strategy used to de-escalate challenging behaviour and therefore must be recorded in the individual’s BSP, as described in O. Reg. 299/10 and the policy directive.</p>

Regulation	Intent	Issue	Clarification
84. Use of Intrusive Behaviour Intervention, Consent and Notification/ Crisis Situation			
<p>A service agency shall have policies and procedures regarding the notification of persons acting on behalf of the individual with a developmental disability who has challenging behaviour (a contact person). The policies and procedures shall have consideration for an individual's ability to provide consent regarding notification, and shall address: Notifying the contact person of the use of a physical restraint with the individual, in a crisis situation.</p> <p>(Policy Directives for Service Agencies: 2.0 Supporting People with Challenging Behaviour)</p>	<p>To ensure that there are notification policies and procedures relating to contact persons, including under what circumstances they will be contacted.</p>	<p>Is an agency required to arrange the notification options with the person acting on behalf of the individual in advance of a crisis situation?</p>	<p>The policy directive provides that the service agency's policies and procedures must address whether and under what circumstances to notify the contact person acting on behalf of a person with a developmental disability who has challenging behaviour, including in relation to the use of a physical restraint in a crisis situation.</p> <p>The policies and procedures must also have consideration for the individual's ability to provide consent regarding notification.</p> <p>(i.e. the service agency needs to consult with the individual and receive consent prior to notifying the contact person. If the person, does not provide consent, then the contact person will not be notified. If the person with developmental disability does not have the capacity to provide consent, then the contact person is notified).</p>

Regulation	Intent	Issue	Clarification
97. Inventory, Personal Property			
<p>Every service agency to which this Part applies shall have policies and procedures on the inventory, care and maintenance of the personal property owned by the persons with developmental disabilities who receive services and supports from the service agency. (O.Reg.299/10, 25(2))</p>	<p>To ensure that persons with developmental disabilities' personal possessions and property are respected and support is provided for the care and maintenance of their personal property.</p>	<p>Can the Ministry cite non-compliance for programs such as Supported Independent Living (SIL) and Host Family for the Inventory requirement?</p> <p>What information needs to be included in an inventory of personal property?</p>	<p>No, this requirement applies to service agencies that own or operate any of the following types of residential services and supports: Supported Group Living Residences (SGLR) and Intensive Support Residences (ISR).</p> <p>NOTE- But, consider as a best practice that an agency may wish to have these types of policies and procedures relating to programs for which it has oversight responsibilities.</p> <p>The service agency must be able to provide evidence demonstrating adherence to their policies and procedures regarding the itemization, care and maintenance of personal property. This may include:</p> <ul style="list-style-type: none"> • Annual inventory which may include the purchase date and condition of the item • Photo inventory • Maintenance checklists for wheel chairs, CPAP machines, eyeglasses, hearing aids, walkers etc. • List of discarded items

Regulation	Intent	Issue	Clarification
98. Supervision, Bathing and Showering			
<p>Each service agency shall have policies and procedures on supervision during bathing and showering to ensure the safety of the person, as appropriate to the needs of the person with a developmental disability. (O.Reg.299/10, 25(5))</p>	<p>Bathing protocols/Notation in Personal Profile Sheet/Bathing Routines includes a reference to type and/or level of supervision during bathing and showering to ensure the safety of the person as appropriate to their needs.</p> <p>Levels of supervision should be specifically defined for each person and documented in the ISP and/or bathing protocols</p> <p>Protocols need to CLEARLY identify the level of support and/or supervision based on individual need, to ensure staff are aware of and understand their responsibilities.</p> <p>Type and level of supervision must be identified in protocols for individuals, including where it is determined that no supervision is necessary, based on the needs of the individual.</p>	<p>Would a service agency be cited for non-compliance if their bathing protocol breaks down the support required (i.e., needs assistance with hair washing, water temperature, etc.) but does not indicate level of supervision?</p> <p>Does documentation on bathing and showering have to use the word 'supervision'?</p> <p>Does the individual or person acting on their behalf have to sign off on a bathing protocol?</p>	<p>Yes, a service agency's bathing protocols need to CLEARLY identify any active support needs as well as the level of supervision required for each individual to assist staff providing services to the individual.</p> <p>If the individual is completely independent in all aspects of bathing or showering, this must be documented.</p> <p>While not required, it is suggested that, for clarity purposes, the word 'supervision' is used, even if the level of supervision is 'none'.</p> <p>No, the Ministry does not require the service agency to obtain a signature from the individual or the person acting on their behalf regarding a bathing protocol.</p>

Regulation	Intent	Issue	Clarification
98. Supervision, Bathing and Showering (cont.)			
<p>Each service agency shall have policies and procedures on supervision during bathing and showering to ensure the safety of the person, as appropriate to the needs of the person with a developmental disability. (O.Reg.299/10, 25(5))</p>	<p>Bathing protocols/Notation in Personal Profile Sheet/Bathing Routines includes a reference to type and/or level of supervision during bathing and showering to ensure the safety of the person as appropriate to their needs.</p> <p>Levels of supervision should be specifically defined for each person and documented in the ISP and/or bathing protocols</p> <p>Protocols need to CLEARLY identify the level of support and/or supervision based on individual need, to ensure staff are aware of and understand their responsibilities.</p> <p>Type and level of supervision must be identified in protocols for individuals, including where it is determined that no supervision is necessary, based on the needs of the individual.</p>		<p>to help ensure a person’s health and safety needs are met during bathing and showering.</p> <p>Service agency should consider providing ongoing staff training regarding policies and procedures, including detail about the level of supervision to help ensure a person’s health a safety needs are met during bathing and showering.</p>

Regulation	Intent	Issue	Clarification
2. Third Party, Monitoring			
<p>Where a service agency contracts with a third party to provide services and supports to persons with developmental disabilities, the service agency shall monitor the performance of the contract to ensure that the third party complies with the quality assurance measures. (O.Reg299/10, 3(2)(b))</p>	<p>To meet the regulatory requirement, service agency contracts with third parties must include the requirements of O.Reg.299/10.</p> <p>A third party is a service provider that is contracted by a service agency to provide services and supports to a person with a developmental disability. Examples include private operators that provide residential or respite care on behalf of a ministry-funded service agency. This requirement does not apply to contracts with third parties providing professional or specialized services on a one-time or time-limited basis.</p> <p>The regulation applies to service agencies that contract with third parties, not families. If a family receives direct funding to purchase services and supports, such as a support worker, the support worker would not be considered a third party.</p>	<p>What documentation does an agency have to show a program advisor to demonstrate that an Outside Paid Resource (OPR) they have a third-party agreement with, complies with the applicable quality assurance measures?</p>	<p>During a compliance inspection of the service agency, a ministry program advisor will assess whether there exists: 1) any contract(s) between the agency and a third party requiring the third party to comply with all quality assurance measures that would apply to the agency if it were providing the services and supports, and 2) an agency process in place for monitoring the performance of the contract to ensure that the third party complies with the applicable quality assurance measures.</p> <p>QAM does not prescribe the means by which a service agency must monitor performance of their contract with a third party to ensure a third party complies with the quality assurance measures that would apply to the agency if it were providing the (continued on next page)</p>

Regulation	Intent	Issue	Clarification
2. Third Party, Monitoring (cont.)			
<p>Where a service agency contracts with a third party to provide services and supports to persons with developmental disabilities, the service agency shall monitor the performance of the contract to ensure that the third party complies with the quality assurance measures. (O.Reg299/10, 3(2)(b))</p>	<p>To meet the regulatory requirement, service agency contracts with third parties must include the requirements of O.Reg.299/10.</p> <p>A third party is a service provider that is contracted by a service agency to provide services and supports to a person with a developmental disability. Examples include private operators that provide residential or respite care on behalf of a ministry-funded service agency. This requirement does not apply to contracts with third parties providing professional or specialized services on a one-time or time-limited basis.</p> <p>The regulation applies to service agencies that contract with third parties, not families. If a family receives direct funding to purchase services and supports, such as a support worker, the support worker would not be considered a third party.</p>	<p>What documentation does an agency have to show a program advisor to demonstrate that an Outside Paid Resource (OPR) they have a third-party agreement with, complies with the applicable quality assurance measures? (continued)</p>	<p>(continued from pervious page) services and supports directly. There are several resources available at www.qamtraining.net to support agencies in monitoring the performance of third parties/OPRs.</p> <p>If service agency is unclear about their responsibility to monitor performance of a third party for compliance with QAM and the policy directives, the application of QAM to the third party and the parameters of its third-party agreement(s), the service agency is encouraged to obtain independent legal advice.</p> <p>In addition to receiving independent legal advice, a service agency may also wish to consult local community tables or umbrella organizations such as OASIS, CLO and/or DS Provincial Network to canvas any best practices, operation templates and resources.</p> <p>(continued on next page)</p>

Regulation	Intent	Issue	Clarification
2. Third Party, Monitoring (cont.)			
<p>Where a service agency contracts with a third party to provide services and supports to persons with developmental disabilities, the service agency shall monitor the performance of the contract to ensure that the third party complies with the quality assurance measures. (O.Reg299/10, 3(2)(b))</p>	<p>To meet the regulatory requirement, service agency contracts with third parties must include the requirements of O.Reg.299/10.</p> <p>A third party is a service provider that is contracted by a service agency to provide services and supports to a person with a developmental disability. Examples include private operators that provide residential or respite care on behalf of a ministry-funded service agency. This requirement does not apply to contracts with third parties providing professional or specialized services on a one-time or time-limited basis.</p> <p>The regulation applies to service agencies that contract with third parties, not families. If a family receives direct funding to purchase services and supports, such as a support worker, the support worker would not be considered a third party.</p>	<p>Would a service agency be cited in non-compliance if the service agency contracted out the responsibility of monitoring the performance of the third party contract to another agency?</p>	<p>The intent of this requirement is to have the service agency that entered into the contract with the third party also monitor the performance of the contract to ensure the third party complies with the quality assurance measures that would apply to the service agency, if it were providing the services and supports.</p> <p><i>Where necessary, the ministry recommends service agencies obtain independent legal advice to ensure they are meeting all ministry requirements.</i></p>

Regulation	Intent	Issue	Clarification
5. Internal Investigations			
<p>Where a service agency suspects any alleged, suspected or witnessed incidents of abuse of a person with a developmental disability may constitute a criminal offence, the service agency shall immediately report to the police the alleged, suspected or witnessed incident of abuse. (Regulation 299/10, 8(4)(a))</p> <p>The service agency shall not initiate an internal investigation before the police have completed their investigation. (Regulation 299/10, 8(4)(b))</p>	<p>Service agencies must report to police incidents where abuse has been witnessed, suspected or alleged that may constitute a criminal offence before starting to conduct an internal investigation. This will help to prevent any possible interference with evidence and the matter.</p>	<p>After contacting the police to report alleged, suspected, or witnessed abuse that may constitute a criminal offence, the police advised the agency to conduct an investigation.</p> <p>Can the ministry cite non-compliance if an agency conducted an internal investigation as a result of the direction the agency received from their local police department?</p> <p>Example: suspected financial abuse</p>	<p>No, the ministry would not cite for non-compliance if the service agency is able to provide evidence confirming the agency reported the incident immediately to the police and conducted their own internal investigation after the police indicated that they could do so. In general, once the police have conducted their investigation (or have indicated that no further investigation will be conducted), the service agency may undertake its own internal investigation.</p> <p>This does not prevent the service agency from taking appropriate steps in the interim to support the alleged victim (e.g., making sure the person is safe, has medical attention, etc.) and any other affected person(s).</p>

Regulation	Intent	Issue	Clarification
11. Emergency Preparedness Plan, Inside			
<p>In addressing quality assurance measures respecting safety around the agency owned or agency operated premises, each service agency shall have the following:</p> <p>An approved fire safety plan, where required under Ontario Regulation 213/07 (Fire Code) made under the Fire Protection and Prevention Act, 1997</p> <p>An emergency preparedness plan to address emergencies that may occur inside premises owned or operated by the service agency where persons with developmental disabilities are receiving services and supports from the agency, examples of which include power outages, fire, flood, storm damage, pandemic and medical emergency.</p> <p>(O.Reg.299/10, 11(1)(2)(i))</p>	<p>Evidence of an emergency preparedness plan that addresses the following emergency situations: emergencies that may occur inside premises owned or operated by the service agency where persons with developmental disabilities are receiving services and supports from the agency, examples of which include power outages, fire, flood, storm damage, pandemic and medical emergency.</p>	<p>Can the Ministry cite an agency for non-compliance if they do not conduct monthly fire drills, <u>if monthly fire drills are part of the agency's emergency preparedness plan?</u></p>	<p>Yes, if the emergency preparedness plan, approved fire safety plan or the service agency's policies and procedures indicate a requirement for the completion of monthly fire drills, then the service agency would be non-compliant if the monthly fire drills are not completed (<u>i.e., the service agency must comply with their own emergency preparedness plan</u>).</p>

Regulation	Intent	Issue	Clarification
14. Approved Fire Safety Plan			
<p>Upon the request of a Director, a service agency shall produce to the Director its approved fire safety plan where required under Ontario Regulation 213/07 (Fire Code) made under the Fire Protection and Prevention Act, 1997. (O. Reg. 299/10, 11(2))</p>	<p>To ensure that the service agency has and can produce to the Director an approved fire safety plan, where required under the Fire Code.</p>	<p>Can the ministry cite an agency for non-compliance for not producing a copy of the approved fire safety plan when the residence is in an apartment building not owned by the agency?</p>	<p>The <u>service agency</u> must have an approved fire safety plan, where required under the Fire Code, for each of the premises the service agency owns or operates. Subsection (2) provides that upon the request of a Director, a service agency shall produce <u>ITS</u> approved fire safety plan where required under the Fire Code.</p> <p>If a service agency doesn't have an approved fire safety plan, the Ministry recommends the service agency obtain confirmation from the Office of the Fire Marshal that one is not required under the Fire Code. If confirmation is received indicating that a fire safety plan is not required under the Fire Code, this would be sufficient evidence to demonstrate compliance with the requirement.</p>

Regulation	Intent	Issue	Clarification
15. Equipment Maintenance			
<p>A service agency shall have policies and procedures regarding the maintenance of equipment on premises owned or operated by the agency and shall maintain the equipment as recommended by the manufacturer. (O.Reg.299/10, 11(3))</p>	<p>To ensure that service agencies take all reasonable care to promote and maintain a safe environment.</p> <p>To ensure agencies have and are following their policies and procedures, as well as recommendations of the manufacturer, related to equipment maintenance.</p> <p>To ensure that equipment is functioning efficiently and is safely maintained in keeping with the manufacturer's recommendations.</p>	<p>Can the Ministry cite the agency for non-compliance if the agency has not inspected the equipment owned or operated by the agency as per their policies and procedures on equipment maintenance: Examples:</p> <ul style="list-style-type: none"> • Wheelchairs • Ceiling tracks • Jacuzzi tubs • Fire extinguishers • Emergency lighting • Smoke detectors • CO2 detectors • Fire suppressions systems • HVAC • Fire alarm systems <p>Is the maintenance of vehicles assessed during the compliance inspection?</p>	<p>If there is evidence to support that the service agency is not following their policies and procedures (which should also accord with recommendations of the manufacturer regarding maintenance of equipment), the service agency will be cited for non-compliance.</p> <p>No. QAM does not include requirements related to vehicle maintenance, however, the inspector may recommend vehicle maintenance based on their observations during the inspection.</p>

Regulation	Intent	Issue	Clarification
19. Water, 49 degrees Celsius			
<p>Each service agency shall have policies and procedures on scalding prevention, which shall ensure that the service agency has a method of temperature control, monitoring and documentation to ensure that in each residence water from a faucet is not hotter than 49 degrees Celsius. (O.Reg.299/10, 25(4))</p>	<p>To ensure the service agency has policies and procedures in place for the safety and comfort of persons receiving residential services. To prevent scalding injuries.</p>	<p>If an agency is inconsistent in recording water temperature would they be cited for non-compliance?</p> <p>Would an agency be cited for non-compliance if they were missing a week of monitoring but are otherwise testing and recording the water temperature on a regular basis?</p>	<p>Yes, the service agency would be cited for non-compliance if the water temperature is recorded inconsistently. The service agency must have and follow a method of temperature control, monitoring and documentation to ensure that in each residence water from a faucet is not hotter than 49 degrees Celsius.</p> <p>The Ministry would consider the facts of the given circumstances. For example, If the ministry is satisfied that the service agency noted the error and took steps to ensure that a similar error would not occur again (e.g., by updating and tightening policies, practices and procedures, and/or implementing quality checks on water temperature records, etc.) the service agency might not be considered non-compliant.</p> <p>(continued on next page)</p>

Regulation	Intent	Issue	Clarification
19. Water, 49 Degrees Celsius (cont.)			
<p>Each service agency shall have policies and procedures on scalding prevention, which shall ensure that the service agency has a method of temperature control, monitoring and documentation to ensure that in each residence water from a faucet is not hotter than 49 degrees Celsius. (O.Reg.299/10, 25(4))</p>	<p>To ensure the service agency has policies and procedures in place for the health and safety of persons receiving residential services. To prevent scalding injuries.</p>	<p>Would an agency be cited for non-compliance for monitoring and documenting the hot water temperature weekly?</p>	<p>Not necessarily, as long as appropriate safeguards are in place to ensure the safety of residents at all times.</p> <p>The regulation provides that each service agency have policies and procedures on scalding prevention which shall ensure that the service agency has a method of temperature control, monitoring and documentation so that water from a faucet in each residence is not hotter than 49 degrees Celsius.</p> <p>As a best practice, the ministry strongly recommends <u>daily</u> monitoring to ensure that the water from a faucet is not hotter than 49 degrees Celsius.</p> <p>(continued on next page)</p>

Regulation	Intent	Issue	Clarification
19. Water, 49 Degrees Celsius (cont.)			
<p>Each service agency shall have policies and procedures on scalding prevention, which shall ensure that the service agency has a method of temperature control, monitoring and documentation to ensure that in each residence water from a faucet is not hotter than 49 degrees Celsius. (O.Reg.299/10, 25(4))</p>	<p>To ensure the service agency has policies and procedures in place for the health and safety of persons receiving residential services. To prevent scalding injuries.</p>	<p>Is it necessary to perform a water temperature test from all faucets in a residence?</p>	<p>QAM requires that each service agency have policies and procedures on scalding prevention, which ensure that the agency has a method of temperature control, monitoring and documentation to ensure that in each residence water from a faucet is not hotter than 49 degrees Celsius. Each service agency must follow their own policies and procedures on scalding prevention. As a result, if a service agency's policies and procedures specify how many and which faucets should be used for testing, the service agency must follow their policies and procedures.</p> <p>While it is not a required in QAM, the ministry recommends that all ministry-funded DS agencies providing residential supports use the hot water testing method used by the ministry program advisors during a compliance inspection, which can be found on www.qamtraining.net.</p>

Regulation	Intent	Issue	Clarification
51. Screening Criteria, Family Member			
<p>Host Families cannot be a family member, as defined in the definition section of the policy directive, of the individual with a developmental disability. (Policy Directives for Service Agencies regarding the Host Family Program 1.0)</p>	<p>To match an individual with a Host Family (comprised of non-family member(s)).</p>	<p>Can a person who has legal custody become a Host Family provider for the individual they have legal custody of?</p>	<p>Yes, the person who has legal custody of the individual with developmental disabilities is eligible to apply to become a host family provider as long as they are not a family member, as defined in the Policy Directive as follows:</p> <ul style="list-style-type: none"> • parent • child • sibling • spouse • common-law partner • adoptive parent • adopted child • stepparent • Stepchild

Regulation	Intent	Issue	Clarification
60. Host Family, Re-Assessment/New Adult			
<p>Service agencies are required to re-assess a host family's suitability in the following circumstances: when a new person is living in the home on a full-time or part time basis.</p> <p>Policy Directives for Service Agencies regarding the Host Family Program 1.0</p>	<p>The ministry recognizes that changes happen throughout people's lives, and certain kinds of changes can significantly impact a person, their family, and/or their living situation</p> <p>It is important to re-assesses the host family's suitability to continue to act as a host family provider, as well as the safety within the home, when a new adult is living in the home on a full- time or part-time basis (including a copy of the police records check and vulnerable sector check, and personal references for the new adult).</p> <p>The service agency should consider including this requirement in their written policies and procedures that outline the Host Family screening process.</p>	<p>Would college boarders be counted towards the cap of two individuals in a host family home?</p> <p>Will the ministry cite an agency for non-compliance if the host family provider is boarding college students?</p>	<p>No. The policy directive requires that there can be no more than two "placements" in a host family's home. Only adults who are placed in a host family provider's home through an agency funded by MCSS and/or children placed in the home, where the home is also a foster home under a foster care licence issued by a Director of MCYS, are counted towards the cap of two individuals.</p> <p>Not necessarily. However, the presence of a boarder would be a consideration during the initial home study of a potential host family provider and would trigger a re-assessment of an existing host family provider if the boarder becomes a new addition to the home.</p> <p>(continued on next page)</p>

Regulation	Intent	Issue	Clarification
60. Host Family, Re-Assessment/New Adult (cont.)			
<p>Service agencies are required to re-assess a host family's suitability in the following circumstances; when a new person is living in the home on a full-time or part time basis.</p> <p>Policy Directives for Service Agencies regarding the Host Family Program 1.0</p>	<p>The ministry recognizes that changes happen throughout people's lives, and certain kinds of changes can significantly impact a person, their family, and/or their living situation</p> <p>It is important to re-assesses the host family's suitability to continue to act as a host family provider, as well as safety within the home, when a new adult is living in the home on a full- time or part-time basis (including a copy of the police records check and vulnerable sector check, and personal references of the new adult).</p> <p>The service agency should consider including this requirements in their written policies and procedures that outline the Host Family screening process.</p>	<p>Do all adults residing in a host family home, specifically existing host family residents and/or individuals in a new host family respite arrangement, need to have a vulnerable sector check (VSC)?</p>	<p>The Policy Directive for Service Agencies Regarding the Host Family Program states that a VSC is needed as part of a home study or reassessment of the host family, including people living in the home.</p> <p>The policy directives and operational guidelines both make reference to agencies needing to make a risk-based assessment of the impact a house guest will have on the individual already living in the home.</p> <p>As a best practice, the service agency may wish to, as appropriate, request police records check and VSC for the person coming into the host family home as a respite placement for the safety of an adult with a developmental disability who was already living with the family in a host family arrangement. Just as it would be to support the safety of the adult with a developmental disability who already lives with the host family, as well as the new placement, to conduct a VSS for anyone else who may be coming to stay with the host family.</p> <p>(continued on next page)</p>

Regulation	Intent	Issue	Clarification
60. Host Family, Re-Assessment/New Adult (cont.)			
<p>Service agencies are required to re-assess a host family's suitability in the following circumstances; when a new person is living in the home on a full-time or part time basis.</p> <p>Policy Directives for Service Agencies regarding the Host Family Program 1.0</p>	<p>The ministry recognizes that changes happen throughout people's lives, and certain kinds of changes can significantly impact a person, their family, and/or their living situation</p> <p>It is important to re-assesses the host family's suitability to continue to act as a host family provider, as well as safety within the home, when a new adult is living in the home on a full- time or part-time basis (including a copy of the police records check and vulnerable sector check, and personal references of the new adult).</p> <p>The service agency should consider including this requirements in their written policies and procedures that outline the Host Family screening process.</p>	<p>Does a re-assessment need to be done when a child transitions from children's funding into adult funding, but is still residing in the same family share residence?</p> <p>Also, does a re-assessment need to be completed when a new adult moves into a host family, where an adult person is already supported, and the family share provider had been approved two years ago with a full assessment?</p>	<p>Yes, according to the Policy Directive for Service Agencies regarding the Host Family Program it is important to re-assess the host family suitability to continue to act as a host family provider, and safety within the home, when a new adult is living in the home on a full time or part time basis.</p> <p>The following must be completed prior to signing a written agreement with the family share provider:</p> <ul style="list-style-type: none"> • a home study • interviews • references (including a copy of the police records check and vulnerable sector check; and personal references) • physical requirements • and a written report documenting the above

Regulation	Intent	Issue	Clarification
62. Re-assess, Relevant Concerns			
<p>Service agencies are required to re-assess a host family's suitability in the following circumstances: where the service agency, individual or natural family has any significant concerns about the placement (Policy Directives for Service Agencies regarding the Host Family Program 1.0)</p>	<p>To reassess the host family's suitability to continue to be a host family provider when there are significant concerns about the placement .</p>	<p>Does the ministry require annual re-assessments of the host family's suitability?</p>	<p>No. The ministry requires that service agency re-assess a host family's suitability in any of the following circumstances:</p> <ul style="list-style-type: none"> • any significant changes involving the Host Family, the individual, and/or their living situation –(e.g. physical/mental illness, death of a family member, accident); • when a new person is living in the home on a full-time or part-time basis; • when the primary caregiver in the host family is unable to continue providing care to the individual; • where the service agency, individual or natural family has any significant concerns about the placement.

Regulation	Intent	Issue	Clarification
63. Signed Written Agreement			
<p>The service agency must have a signed written agreement in place with the host family for a new placement and existing placements that includes certain minimum requirements regarding the provision of services to the individual with a developmental disability. (Policy Directives for Service Agencies regarding the Host Family Program 2.0)</p>	<p>To set out minimum requirements that a service agency must include in its service agreement with a Host Family.</p>	<p>Does the ministry require the signed service agreement the service agency has in place with the home provider to be updated annually?</p>	<p>The policy directive does not specify how often a service agreement has to be reviewed and signed.</p> <p>MCSS recommends that the service agency seek independent legal advice when developing a service agreement template and develop a schedule for reviewing the agreements with host families to ensure agreements are up to date and meet all of the ministry requirements.</p>

Regulation	Intent	Issue	Clarification
80. Service Agreement, Screened Respite Providers			
<p>Service agencies shall have a signed service agreement for each placement with the host family that addresses accessibility of agency staff to the individual, host family, and the individual's family as appropriate. (Policy Directives for Service Agencies regarding the Host Family Program 2.0)</p>	<p>To promote a shared understanding of the host family placement, agencies are required to have a signed, written agreement in place between the agency and the host family that outlines the agency's expectations of the host family and the support and oversight the agency will provide. The signed service agreement with the host family must address the use of agency-screened respite providers.</p>	<p>Can a sibling become an agency-screened respite provider for an individual?</p> <p>Does a visit report for each visit have to be provided to the host family provider?</p>	<p>The Policy Directives for Services Agencies regarding the Host Family Program do not preclude siblings from being screened respite providers. In a service agency's signed written agreement with the host family, they may wish to distinguish between facilitating contact between the individual and their family and the use of the sibling as an agency-screened respite provider.</p> <p>The policy directive requires that copies of visit reports are provided to the host family provider. The ministry recommends the service agency's policies and procedures identify the timeframe in which a visit report is to be shared with the host family provider and the individual (and/or individual's family/legal guardian).</p>

Records and Documentation

Regulation	Intent	Issue	Clarification
82. Service Agreement, Insurance			
<p>Service agencies shall have a signed service agreement with the host family for each placement that addresses confirmation of insurance coverage carried by the host family, as may be applicable and appropriate e.g., home insurance, liability insurance, vehicle insurance.</p> <p>(Policy Directives for Service Agencies regarding the Host Family Program 2.0)</p>	<p>To ensure a shared understanding of the requirements regarding the host family placement, agencies are required to have a signed, written agreement in place between the agency and the host family that outlines the agency’s expectations of the host family and the support and oversight the agency will provide.</p> <p>The signed service agreement with the host family must confirm the insurance coverage, as may be applicable and appropriate, carried by the host family.</p>	<p>What does the ministry review to confirm that this requirement is met?</p> <p>How is “applicable and appropriate” determined?</p>	<p>The inspector would review the service agreement between the service agency and the Host Family provider to confirm whether it addresses the requirement for insurance coverage to be carried by the host family.</p> <p>The policy directive does not indicate what insurance coverage for the host family is applicable and appropriate. The service agency is required to make this determination, based on the specific situation.</p> <p>The ministry recommends service agencies seek independent legal and other professional (e.g. an insurer’s) advice with respect to what type of insurance coverage is required to be carried by the host family in the circumstances.</p>

Regulation	Intent	Issue	Clarification
86. Support and Oversight/Training and Orientation Sessions			
<p>At a minimum, service agencies must provide training and orientation sessions to the host family including, but not limited to: initial certification of CPR, first aid, confidentiality, abuse prevention and reporting,(as may be applicable in the agency’s policies and procedures) complaints, rights, care and any other topic the agency considers relevant. (Policy Directives for Service Agencies regarding the Host Family Program 3.1)</p>	<p>The ongoing support and oversight of a host family placement must promote safety of the individual and the host family. It is required that the service agency provides training and orientation sessions to the host family.</p>	<p>Will the ministry cite a service agency in non-compliance if the First Aid training was not completed before the individual moves in?</p>	<p>Not necessarily. Although the directive requires that a least one of the primary caregivers is required to have certified CPR and First Aid for all new placements, the directive do not require that the training be fully completed before the individual moves in.</p> <p>However, and in keeping with best practices, the Operational Guidelines for the Host Family Program state that at least one of the primary caregivers receive training to be certified in CPR and first aid at the beginning of the placement.</p>

Regulation	Intent	Issue	Clarification
94. Monitoring/Unannounced Meeting			
<p>At a minimum, service agencies must oversee and monitor the host family’s compliance with their service agreement; meet with the host family and the individual in person at least once every 60 days (or more often as needed, at the agency’s discretion), including at least once unannounced annual visit, with the purpose of ensuring that minimum performance standards continue to be met. (Policy Directives for Service Agencies regarding the Host Family Program 3.2)</p>	<p>To ensure the service agency is:</p> <ul style="list-style-type: none"> • Overseeing and monitoring the host family’s compliance with the service agreement; • Meeting with the host family and the individual in person at least once every 60 days; • Conducting at least one unannounced annual visit to ensure minimum performance standards are being met. 	<p>Is the annual unannounced visit according to the fiscal or calendar year?</p>	<p>The Policy Directive for Service Agencies Regarding the Host Family Program does not specify whether “annual” relates to the fiscal or calendar year.</p> <p>For compliance purposes, the service agency would be assessed against its operational practice.</p> <p>To achieve compliance , the service agency would need to provide documentation indicating no more than 12 months have elapsed between unannounced visits.</p>

Regulation	Intent	Issue	Clarification
101. Monitoring/Inspection Results			
<p>At a minimum, service agencies must provide copies of visit reports to the host family provider and the individual and/or the individual's family/legal guardian. (Policy Directives for Service Agencies regarding the Host Family Program 3.2)</p>	<p>To promote transparency and create a record of events, the service agencies must provide copies of visit reports to:</p> <ul style="list-style-type: none"> • the host family provider • the individual; • and/or the individual's family/legal guardian 	<p>What records are a service agency expected to share with a host family provider and the individual and/or their family/legal guardian after a visit or inspection?</p>	<p>The ministry recommends the service agency's policies and procedures identify what may be contained in a visit report, and indicate that it will be shared with the host family provider and the individual (and/or the individual's family/legal guardian). The service agency should ensure the individual and the provider understand the purpose of a visit report and what it will include.</p> <p>In listing who should receive copies of visit reports, the directive uses "and/or" because it is not always appropriate to share information, depending on the individual's preferences, their relationship with natural family, and the individual's capacity. The sharing of information is supposed to be an additional mechanism in promoting transparency and for monitoring and oversight.</p> <p>(continued on next page)</p>

Regulation	Intent	Issue	Clarification
101. Monitoring/Inspection Results (cont.)			
<p>At a minimum, service agencies must provide copies of visit reports to the host family provider and the individual and/or the individual's family/legal guardian. (Policy Directives for Service Agencies regarding the Host Family Program 3.2)</p>	<p>To promote transparency and create a record of events, the service agencies must provide copies of visit reports to:</p> <ul style="list-style-type: none"> • the host family provider • the individual; • and/or the individual's family/legal guardian 	<p>Does a visit report for each visit have to be provided to the host family provider?</p>	<p>The policy directive requires that copies of visit reports are provided to the host family provider. The ministry recommends the service agency's policies and procedures identify the timeframe in which a visit report is to be shared with the host family provider and the individual (and/or individual's family/legal guardian).</p>

Regulation	Intent	Issue	Clarification
3. Adequate Staff Support			
<p>A service agency shall maintain adequate support staff, at a level identified in the person’s individual support plan to address the safety, security and well-being of persons with developmental disabilities who receive services and supports from the service agency. (O. Reg. 299/10, 12(2))</p>	<p>Intent is to ensure the provision of adequate support for the personal safety of persons receiving services at all times. The level of support that a person needs, including the level of staffing support to be provided, will be identified through the individual support planning process and will be agreed to by all people / service agencies / professionals who are party to the support plan. Once the individual support plan is approved, the service agency is required to provide the level of support as outlined in the individual support plan.</p>	<p>Can an agency be cited for non-compliance if the agency is not maintaining the adequate support staff, identified in the person’s ISP?</p> <p>What would an inspector do if he/she believed there was not adequate staff support at the time of inspection?</p>	<p>Yes, the service agency is required to provide the level of support as outlined in the individual support plans.</p> <p>If the service agency cannot provide the appropriate level of staff support, then alternative services and supports must be arranged to meet the requirement.</p> <p>If the service agency was not maintaining adequate support staff at a level identified in the individual support plans, the service agency may be cited for non-compliance</p> <p>If the Ministry assesses that the staffing resources available at the time of the site inspection are not consistent with the staffing support identified in the individuals’ ISP and there is an imminent health and safety risk to the individuals, the risk rating for this requirement can be escalated to <i>*immediate*</i>. As a result, corrective action must be immediately taken by the service agency. The program advisor may remain on-site until the service agency arranges for adequate staff support.</p> <p>Note: an <i>*immediate*</i> risk rated non-compliance is where the ministry deems there is an immediate risk to the health and safety of an individual or individuals with developmental disabilities.</p>

Regulation	Intent	Issue	Clarification
7. Water, 49 degrees Celsius			
<p>Each service agency shall have policies and procedures on scalding prevention, which shall ensure that the service agency has a method of temperature control, monitoring and documentation to ensure that in each residence water from a faucet is not hotter than 49 degrees Celsius. (O.Reg.299/10, 25(4))</p>	<p>To ensure the service agency has and follows policies and procedures for the safety and comfort of persons receiving residential services. To prevent scalding injuries.</p>	<p>Can the Ministry cite non-compliance if the agency does not have control of the hot water temperature and the water temperature exceeds 49 degrees Celsius (i.e., in an apartment building)?</p> <p>What is required to meet compliance where the agency does not have control of the water temperature?</p>	<p>No, the service agency will not necessarily be cited for non-compliance if the water temperature exceeds 49 degrees Celsius in a non-agency owned or operated building.</p> <p>It would depend on whether the service agency has and follows policies and procedures to prevent scalding where it cannot automatically control the maximum hot water temperature in a residence.</p> <p>For example, specific individual bathing, hygiene protocols outlining safeguards and how persons receiving service are supported to prevent scalding (e.g., steps outlined to keep persons safe) may be used to demonstrate compliance with this requirement (for example, having staff check the water temperature before a bath).</p>

Regulation	Intent	Issue	Clarification
11. Exits, Clear			
<p>Each service agency shall ensure that all exits in the residence are kept clear at all times. (O. Reg. 299/10, 26(1)(d))</p>	<p>To promote safety and facilitate easy departure from the residence, in the event of a fire or other emergency.</p>	<p>Can the Ministry cite non-compliance if our wheelchairs are stored in front of an exit not designated as an egress on the approved fire safety plan or do all the exits in the residence need to be kept clear?</p>	<p>Yes, the service agency could be in non-compliant with the QAM. All exits in the residence must be kept clear at all times.</p>

Regulation	Intent	Issue	Clarification
27. Secure Isolation, Confinement Time-Out, Emergency Escape			
<p>A service agency shall ensure that its fire escape plan includes provisions for escape from the secure isolation/confinement time-out room, in the event of an emergency. (Policy Directives for Service Agencies: 2.0 Supporting People with Challenging Behaviour)</p>	<p>To ensure that the fire escape plan specifically references the secure isolation/confinement time-out room.</p>	<p>Does a self-contained apartment with engaged mag-locks require an additional emergency exit if secure isolation/confinement time-out is recommended in a BSP?</p>	<p>The Policy Directive for Service Agencies: 2.0 Supporting People with Challenging Behaviour requires the following:</p> <ul style="list-style-type: none"> • A service agency shall ensure that its fire escape plan includes provisions for escape from the secure isolation/confinement time-out room, in the event of an emergency. • If the secure isolation/confinement time-out room has a lock on the door to prevent the person from leaving the room, the service agency will ensure that the lock can be easily released from the outside in an emergency. <p>NOTE: The local fire department may request an additional emergency exit where required under Ontario Regulation 213/07 (Fire Code) made under the Fire Protection and Prevention Act, 1997.</p> <p>Service agencies should consult with their own legal counsel and other professionals about issues relating to safety and security of persons receiving services and supports.</p>