



# **Car 867**

## **Policy manual**



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## A.1: Overview

Unit: Car 867	Effective date: July 20, 2022
Branch: Mental Wellness and Substance Use Services	Last updated: February 26, 2024
Policy number: A.1	Review date: July 20, 2024

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### Purpose

This policy provides an overview of the foundational approach to the work of Car 867.

### Policy

1. The mission of Car 867 is to increase support to individuals experiencing mental health crises in coordination between the RCMP and the Department of Health and Social Services' Mental Wellness and Substance Use Services (MWSU).
2. Car 867 provides a joint, specialized response through outreach, referrals and other services to individuals experiencing mental health crises.
3. Car 867 takes an inclusive, integrated and collaborative approach to service provision.
4. Car 867 strives to provide trauma-informed and culturally safe care.
5. The RCMP and MWSU members of Car 867 recognize and respect each other's expertise and responsibilities in delivering care.

### Definitions

**Culturally safe care:** Care that hinges on professionals adopting a humble, inclusive and self-reflective practice that positions them as respectful and curious partners when providing care, rather than as a figure of higher knowledge and authority.

**Trauma-informed care:** Care that recognizes the connection between trauma and substance use, mental illness, stigma, barriers and other challenges to ensure people feel safe and are not re-traumatized in receiving care.

<b>APPROVED BY:</b>	Cameron Grandy	Director, Mental Wellness and Substance Use Services
<b>DATE:</b>	2022/07/20	

## A.2: Team member responsibilities

Unit: Car 867	Effective date: November 6, 2023
Branch: Mental Wellness and Substance Use Services	Last updated: February 26, 2024
Policy number: A.2	Review date: November 6, 2025

### Purpose

This policy describes clinicians' responsibilities, including information management, administrative, safety and operational responsibilities.

### Policy

1. Clinicians and RCMP members have distinct responsibilities within Car 867.
2. RCMP members act in accordance with RCMP legislation, policies and codes of conduct separate from that of Mental Wellness and Substance Use Services.
3. RCMP members are not subject to the responsibilities outlined in this policy.

### Clinician responsibilities

4. Clinicians have **information management** responsibilities, including but not limited to the following:
  - acquire and document client consent in accordance with the [Health Information Privacy and Management Act](#), as per [policy B.2](#);
  - adhere to privacy and confidentiality guidelines when accessing, using, disclosing and managing personal health information in accordance with [Health Information Privacy and Management Act](#), as per [policy B.3](#); and
  - protect personal health information and contain security breaches, as per [policy B.3](#).
5. Clinicians have **administrative** responsibilities, including but not limited to the following:
  - review and act in accordance with Car 867 policies and procedures;
  - meet and maintain all conditions of employment, as per [policy E.2](#);
  - participate in established shift exchange practices, as per [policy E.3](#);
  - report instances of suspected abuse, neglect, unprofessional conduct or incapacity, as per [policy E.5](#);
  - participate in informal and formal training opportunities, as per [policy E.1](#);
  - contribute to ongoing Car 867 performance measurement, as per [policy E.6](#); and
  - collect and manage client feedback, as per [policy E.7](#).

## A.2: Team member responsibilities

Unit: Car 867	Effective date: November 6, 2023
Branch: Mental Wellness and Substance Use Services	Last updated: February 26, 2024
Policy number: A.2	Review date: November 6, 2025

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6. Clinicians have **safety** responsibilities, including but not limited to the following:

- wear all personal protective equipment issued by the RCMP, as per [policy C.2](#);
- carry a key for the Car 867 vehicle while on duty, as per [policy D.5](#);
- follow all safety instructions from RCMP members, including if a 10-33 call for urgent RCMP business is received, as per [policy C.3](#); and
- uphold their right to refuse unsafe work and report all unsafe work conditions and work-related incidents and events in accordance with the [Workers' Safety and Compensation Act](#), as per [policy C.1](#) and [policy C.4](#).

7. Clinicians have **operational** responsibilities, including but not limited to the following:

- provide a trauma-informed, client-centered presence and therapeutic response in collaboration with RCMP members to improve client experiences and outcomes when RCMP members respond to mental health calls.
- complete mental health assessments with individuals experiencing mental health or psychosocial crisis, as per [policy D.2](#);
- provide consultation and clinical recommendations to RCMP members regarding safety planning and clinical considerations related to the [Yukon Mental Health Act](#), as per [policy D.4](#);
- collaborate with RCMP members to determine appropriate client disposition, as per [policy D.2](#), such as providing referrals to other community services or urgent disposition to Whitehorse General Hospital;
- liaise with other health care professionals, such as physicians and nurses at Whitehorse General Hospital;
- divert individuals in crisis from the hospital or justice system and connect them to community resources, when appropriate; and
- participate in proactive outreach activities to increase awareness of the program and build community relationships, as per [policy D.3](#).

### Definitions

**Trauma-informed care:** Care that recognizes the connection between trauma and substance use, mental illness, stigma, barriers and other challenges to ensure people feel safe and are not re-traumatized in receiving care.

## A.2: Team member responsibilities

Unit: Car 867	Effective date: November 6, 2023
Branch: Mental Wellness and Substance Use Services	Last updated: February 26, 2024
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### Authorities

- [Health Information Privacy and Management Act \(Yukon\). 2013](#)
- [Mental Health Act \(Yukon\). 2002](#)
- [Workers' Safety and Compensation Act \(Yukon\). 2021](#)

### Related policies and other documents

- [B.2: Consent, collection and documentation of personal health information](#)
- [B.3: Access, use, disclosure and security breaches of personal health information](#)
- [C.1: Right to refuse unsafe work](#)
- [C.2: Personal protective equipment](#)
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<b>APPROVED BY:</b>	Cameron Grandy	Director, Mental Wellness and Substance Use Services
<b>DATE:</b>	2023/11/06	

## B.1: Health information privacy and management

Unit: Car 867	Effective date: August 9, 2022
Branch: Mental Wellness and Substance Use Services	Last updated: February 28, 2024
Policy number: B.1	Review date: August 9, 2024

### Purpose

This policy describes how Car 867 operates within the context of the [Health Information Privacy and Management Act](#).

### Policy

1. The [Health Information Privacy and Management Act \(HIPMA\)](#) governs the collection, use, sharing and disclosure of personal health information (PHI) by clinicians.
2. Clinicians take the mandatory [HIPMA training](#) and are aware of their responsibilities under [HIPMA](#), the [General Administration Manual policy 2.27](#) and the Health and Social Services' corporate policies [IM-004](#), [IM-005](#), [IM-006](#), [IM-007](#) and [IM-008](#).
3. PHI is collected, used, shared and disclosed to the assigned Car 867 team member in the delivery of Car 867 services to the extent necessary to ensure the safety of Car 867, and to provide safe and effective care to an individual.
4. Clinicians collect the minimum amount of PHI necessary to achieve the purpose of the collection.
5. HIPMA documentation is available in Mental Wellness and Substance Use Services offices and the Car 867 vehicle.
6. As necessary in the delivery of Car 867 services, clinicians provide individuals with the [HIPMA handout document](#) outlining the procedures and treatment provided, and a verbal explanation of same.
7. Real or suspected privacy breaches are reported to the Health and Social Services privacy officer using the appropriate form in accordance with [IM-007](#).

### Definitions

**Personal health information:** Health information of an individual and, except as prescribed, prescribed registration information and prescribed provider registry information in respect of the individual.

### Authorities

- [General Administration Manual policy 2.27: Privacy management policy](#)
- [Health Information Privacy and Management Act \(Yukon\), 2013](#)

## B.1: Health information privacy and management

Unit: Car 867	Effective date: August 9, 2022
Branch: Mental Wellness and Substance Use Services	Last updated: February 28, 2024
Policy number: B.1	Review date: August 9, 2024

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### Related policies and other documents

- [Health and Social Services corporate policy IM-004: Access to personal information and personal health information](#)
- [Health and Social Services corporate policy IM-005: Collection of personal health information](#)
- [Health and Social Services corporate policy IM-006: Disclosure of personal health information](#)
- [Health and Social Services corporate policy IM-007: Security breach](#)
- [Health and Social Services corporate policy IM-008: Use of Personal Health Information](#)
- [Health and Social Sciences Health Information Privacy and Management Act frequently asked questions](#)
- [Privacy breach reporting form](#)

<b>APPROVED BY:</b>	Cameron Grandy	Director, Mental Wellness and Substance Use Services
<b>DATE:</b>	2022/08/09	



## B.2: Consent, collection and documentation of personal health information

Unit: Car 867	Effective date: April 14, 2023
Branch: Mental Wellness and Substance Use Services	Last updated: February 28, 2024
Policy number: B.2	Review date: April 14, 2025

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### Purpose

This policy outlines privacy and confidentiality guidelines, practices and legal requirements guiding clinicians when obtaining consent, assessing capacity to consent and during the collection and documentation of personal health information.

### Policy

1. Clinicians follow the [Health Information Privacy and Management Act \(HIPMA\)](#), which governs the collection, use and disclosure of personal health information (PHI), as per [policy B.1](#).

### Assessing capacity to consent

2. Clinicians are responsible for assessing individuals' capacity to consent to the collection, use or disclosure of PHI by ensuring that the individual is able:
  - to understand the information that is relevant to deciding to consent to the collection, use or disclosure of their PHI; and
  - to appreciate the foreseeable consequences of giving, refusing, withholding or withdrawing consent.
3. If the individual lacks the capacity to consent to the collection, use or disclosure of PHI, clinicians identify a substitute decision maker (SDM) to provide consent on behalf of the client in the order outlined in section 46 of [HIPMA](#):
  - the care recipient's guardian, if the guardian has authority to give the consent;
  - an individual (other than a minor) whom the individual has authorized in writing to give consent in the circumstances;
  - the individual's spouse;
  - a child (other than a minor) of the individual;
  - a parent of the individual;
  - a grandparent of the individual;
  - an individual (other than a minor) who is the individual's brother or sister, other relative, or close friend; or
  - two individuals who are custodians and health care providers.

## B.2: Consent, collection and documentation of personal health information

Unit: Car 867	Effective date: April 14, 2023
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### Obtaining consent

4. Clinicians ensure individuals understand their rights regarding the management of their PHI using available [HIPMA posters, pamphlets](#) or through verbal communication to the client.
5. Clinicians are required to ensure that individuals' consent for the collection, use and disclosure of PHI is:
  - knowledgeable;
  - related to PHI;
  - given voluntarily; and
  - not obtained through fraud and misrepresentation.
6. Clinicians must obtain express consent if the collection, use or disclosure of PHI is:
  - to refer a client to a Mental Wellness and Substance Use Services program (for instance, Withdrawal Management, Psychiatric Outreach Program or Rapid Access Counselling);
  - to refer a client to a program within Health and Social Services (for instance, Income Support Services);
  - to refer a client to a program outside of Health and Social Services (for instance, affordable housing programs through Yukon Housing Corporation).
  - to refer a client to other services; and
  - to contact a client's relative or other natural support.
7. In the following circumstances, clinicians do not rely upon client consent to collect, use or disclose PHI:
  - conducting a mental health assessment for safety reasons, as permitted by section 56 of [HIPMA](#);
  - delivering urgent healthcare services to a client who is looking to receive services but is unable to provide verbal or written consent, as per sections 53, 55 and 58 of [HIPMA](#); or
  - providing health care, including accessing electronic medical records to review client medical history, as permitted by section 56 of [HIPMA](#).

## B.2: Consent, collection and documentation of personal health information

Unit: Car 867	Effective date: April 14, 2023
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### Withdrawal of consent

8. In accordance with [HIPMA](#) section 42 and the [Health Information General Regulation](#) section 20, clients are permitted to cancel or withdraw their consent by submitting a written request.
9. If a client expresses their wish to withdraw consent, clinicians must inform the client of the foreseeable implications and any related consequences of withdrawing consent.
10. Clinicians can refuse to comply with a client's withdrawal of consent if the request is related to the provision of health care and clinicians have reason to believe that complying with the request would endanger the health and safety of the client or others.
11. If clinicians do not comply with a client's refusal or withdrawal of consent, clinicians must inform the client of their right to make a complaint to the Information and Privacy Commissioner regarding the decision.

### Collection and documentation of personal health information

12. Clinicians document information in the client's electronic medical record, including, but not limited to:
  - all consent interactions concerning PHI, including client requests to withdraw consent;
  - pertinent information regarding client assessment, planning, intervention implementation and evaluation of care provided; and
  - the appropriate consent obtained, including verbal and implied consent, for the collection, use and disclosure of PHI, as per section 35 of [HIPMA](#).
13. Clinicians are required to document the following when a client's PHI is disclosed without consent according to section 22 of [HIPMA](#):
  - the name of the person receiving the client's PHI;
  - the date;
  - the purpose of the disclosure; and
  - a brief description of the PHI in the client's medical record.
14. Paper documentation containing PHI is securely stored until clinicians document it in the client's electronic medical record.
15. When a paper record is transcribed, clinicians are responsible for securely destroying the original document.

## B.2: Consent, collection and documentation of personal health information

Unit: Car 867	Effective date: April 14, 2023
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### Definitions

**Advance directive:** A document under the Care Consent Act that names or appoints a person to give or refuse consent to care for the maker.

**Clinician:** A Mental Wellness and Substance Use Services social worker, nurse or counsellor working in Car 867.

**Consent:** Includes the power to give, refuse and withdraw consent where the context permits.

**Custodian:** Individuals or organizations named in *Health Information Privacy and Management Act* and its regulations who provide or support health care. Custodians have legal responsibilities and obligations under the Act when they collect, use or disclose personal health information.

**Express consent:** Consent that is explicit, direct and given verbally or in writing to a custodian to collect, use or disclose personal health information.

**Guardian:** A person who has the right to give or refuse consent to care under the *Adult Protection and Decision-Making Act* or the *Children's Law Act*.

**Implied consent:** Consent that is not directly stated verbally or in writing but rather is assumed based on an individual's actions in a specific context. For example, a client who enters the emergency room for treatment is giving their implied consent for the emergency room doctor to access their medical records for the purpose of providing treatment.

**Minor:** An individual younger than 19 years of age.

**Proxy:** A person appointed in a directive to give or refuse care for the maker. As outlined in the Care Consent Act, a proxy is a type of substitute decision maker who is chosen ahead of time by an individual to make health care decisions on their behalf in the event that the individual loses decisional capacity.

**Substitute decision maker:** An individual authorized to consent to the collection, use, disclosure of personal health information on behalf of another.

### Authorities

- [\*Adult Protection and Decision Making Act \(Yukon\), 2003\*](#)
- [\*Care Consent Act \(Yukon\), 2003\*](#)
- [\*Children's Law Act, \(Yukon\), 2002\*](#)

## B.2: Consent, collection and documentation of personal health information

Unit: Car 867	Effective date: April 14, 2023
Branch: Mental Wellness and Substance Use Services	Last updated: February 28, 2024
Policy number: B.2	Review date: April 14, 2025

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- [Health Information Privacy and Management Act \(Yukon\), 2013](#)
    - [Health Information General Regulation, 2016](#)
  - [Mental Health Act \(Yukon\), 2002](#)

### Related policies and other documents

- [B.1 Health information privacy and management](#)
- [Health and Social Services corporate policy IM-004: Access to personal information and personal health information](#)
- [Health and Social Services corporate policy IM-005: Collection of personal health information](#)
- [Health and Social Services Health Information and Privacy Act frequently asked questions](#)
- [Request for access to personal information and personal health information records form](#)

<b>APPROVED BY:</b>	Cameron Grandy	Director, Mental Wellness and Substance Use Services
<b>DATE:</b>	2023/04/14	

## Appendix A: Car 867 Data tracking form

Unit: Car 867	Effective date: April 14, 2023
Branch: Mental Wellness and Substance Use Services	Last updated: November 28, 2023
Procedure number: B.2	Review date: April 14, 2025

### Appendix A

#### Car 867 data tracking form

	Data category	Selection option
A.	RCMP file	
B.	Date and time	
C.	Client name	
D.	Date of birth	
E.	Source of call	<ul style="list-style-type: none"> <li>• Dispatch</li> <li>• RCMP referral</li> <li>• HSS referral</li> <li>• Self-generated</li> <li>• Other</li> </ul>
F.	In-person or phone consult	<ul style="list-style-type: none"> <li>• In-person</li> <li>• Phone</li> <li>• Both</li> </ul>
G.	Apprehension	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
H.	Details of apprehension (Yes)	<ul style="list-style-type: none"> <li>• Police apprehension</li> <li>• Mental Health Act Form</li> <li>• Other</li> </ul>
I.	Details of apprehension (No)	<ul style="list-style-type: none"> <li>• Managed on site</li> <li>• Managed on site, consent to referral</li> <li>• Managed on site, no consent to referral</li> <li>• Voluntary</li> <li>• Government organization act</li> <li>• Not able to apprehend</li> </ul>
J.	Substance use or suspected substance use	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Suspected</li> </ul>
K.	Time spent at Whitehorse General Hospital	
L.	Total hours on call	
M.	Time spent on program education	
N.	Time spent on training	
O.	Additional notes	

## Appendix B: Script for contacting substitute decision maker

Unit: Car 867	Effective date: April 14, 2023
Branch: Mental Wellness and Substance Use Services	Last updated: December 1, 2023
Related policy/procedure number: B.2	Review date: April 14, 2025

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### Appendix B

#### Script for contacting substitute decision maker

Hi, my name is (employee name) and I am calling from Mental Wellness and Substance Use Services. I am with (client name) and they have identified you as their (relationship). (Client name) is currently assessed as not able to make their own health care decisions. In the Yukon, when a person is not currently able to make a health care decision for themselves a substitute decision maker is employed. There is an order in which we reach out to Substitute Decision Makers (SDMs) and since you are their (relationship), I am contacting you.

Another possibility if the client is not able to articulate a person is perhaps a third-party, from Health Information Privacy and Management Act section 42, who is present and is able to identify themselves or someone else who can be contacted: "Are you willing to act as a temporary decision maker for (client name) until a time (client name) is deemed to be able to make decision for themselves again?"

"Care providers will make reasonable attempts to contact people on the list given the urgency of the matter. In an emergency, if the health care provider cannot get consent or substitute consent, they can treat without consent". <https://yukon.ca/sites/yukon.ca/files/hss-making-health-care-decision-loved-one.pdf>

#### Script for verbal consent to collect personal health information

I work with Mental Wellness and Substance Use Services, also known as MWSU. MWSU includes other programs, including the Referred Care Clinic, Withdrawal Management Services, the Intensive Treatment Program and Counselling Services.

I am collecting your information, so there is a record of the work I do with you today. I will collect the least amount of information in order to do what is necessary to fulfill the requirements of my position.

I will use the information we collect to ensure that I am responding appropriately to you and your needs.

MWSU respects your right to have your information stay confidential with us. This means that no information from your file will be shared with anyone outside of MWSU or your health care

## Appendix B: Script for contacting substitute decision maker

Unit: Car 867	Effective date: April 14, 2023
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team with the following exceptions to confidentiality, which means that there are some situations where the law requires me to share your information. These include:

- \* If the notes on your file are subpoenaed by a court of law, I have to share the notes with the court.
- \* If you are at risk of imminent harm yourself or someone else, I have to inform the RCMP to make sure that everyone is safe.
- \* If a child is at risk of harm, I have to tell Family and Children's Services to make sure that the child is safe.
- \* If you are being apprehended under the *Mental Health Act*.



## B.3: Access, use, disclosure and security breaches of personal health information

Unit: Car 867	Effective date: May 8, 2023
Branch: Mental Wellness and Substance Use Services	Last updated: February 26, 2024
Policy number: B.3	Review date: May 8, 2025

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### Purpose

This policy outlines privacy and confidentiality guidelines, practices and legal requirements guiding clinicians with accessing, using, disclosing and managing personal health information, as well as handling security breaches.

### Policy

1. Clinicians follow the [Health Information Privacy and Management Act](#) (HIPMA) with reference to the collection, use, disclosure and access to personal health information (PHI), which protects PHI confidentiality, privacy, integrity and security.

#### Access to personal health information

2. Clinicians respect clients' rights to access records containing their PHI within Mental Wellness and Substance Use Service's (MWSU) custody.
3. Clinicians ensure clients' requests for their PHI are in writing and contain sufficient detail to enable MWSU to identify the requested PHI.
4. Clinicians discuss with their manager, and the Health and Social Services (HSS) Access to Information Office, as required, all third-party requests for PHI of children or adults who are not capable of providing consent.
5. Clinicians understand that individuals who lack capacity to consent are often unable to access their own records independently.
6. Clinicians understand that persons who have legal authority to act on an individual's behalf (such as a parent, legal guardian or substitute decision maker (SDM)) may access records for that individual.
7. Clinicians are permitted to process routine requests for PHI, as outlined in [procedure A](#) and in the [Health and Social Services corporate policy IM-004](#).
8. Clinicians process routine requests for PHI if the following conditions are met:
  - the records can be located;
  - a low number of records are requested (for instance, 10 records or fewer);
  - clinicians can provide information within 30-days from date of request;

## B.3: Access, use, disclosure and security breaches of personal health information

Unit: Car 867	Effective date: May 8, 2023
Branch: Mental Wellness and Substance Use Services	Last updated: February 26, 2024
Policy number: B.3	Review date: May 8, 2025

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- clinicians can easily determine the requestor's identity, capability to consent and authority to access PHI;
  - providing the information will not impact the operations of the program area;
  - the record does not contain information that could cause serious harm to the health or safety of any individual; and
  - the record does not contain information about another individual.
9. A request for PHI is deemed non-routine if it does not meet the conditions listed in policy statement 8.
10. Clinicians provide HSS [request for access to personal information or PHI records forms](#) to individuals with non-routine requests.
11. Clinicians do not process non-routine requests for PHI. Clinicians must forward all non-routine requests to the HSS Access to Information Office for processing as described in [procedure B](#).

### Disclosures of personal health information

12. Clinicians limit the disclosure of PHI to the minimum amount reasonably necessary to achieve the purpose of the disclosure, as per [HIPMA](#) section 16.
13. Clinicians do not disclose PHI if other information will serve the purpose of disclosure, as per [HIPMA](#) section 15.
14. Clinicians must receive a [consent for release of information form](#) signed by the client before clinicians can disclose the client's PHI to individuals not involved in the clients' care.
15. Clinicians must obtain express consent if the disclosure of PHI is to refer a client to:
- a MWSU program (for instance, Withdrawal Management, Psychiatric Outreach Program or Rapid Access Counselling);
  - a program within HSS (for instance, Income Support Services);
  - a program outside of HSS (for instance, affordable housing programs through Yukon Housing Corporation); or
  - any other services.
16. Clinicians are permitted to disclose PHI without an individual's consent only in specific situations, as per [HIPMA](#) section 58. This includes, but is not limited to, the following disclosures:

## B.3: Access, use, disclosure and security breaches of personal health information

Unit: Car 867	Effective date: May 8, 2023
Branch: Mental Wellness and Substance Use Services	Last updated: February 26, 2024
Policy number: B.3	Review date: May 8, 2025

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- to a healthcare service provider involved in the individual's care, unless the individual has expressly refused or withdrawn consent;
  - when the information may reasonably be required to prevent, reduce or assess the risk of serious harm to the health and safety of any individual; or
  - for the purpose of contacting a SDM or potential SDM, if the individual is unable to consent and the disclosure is limited to contact information.
17. If clinicians disclose PHI without client consent, in accordance with section 58 of [HIPMA](#), they must record the disclosure as laid out in section 22 of [HIPMA](#).

### External inquiry for personal health information

18. Clinicians adhere to [HIPMA](#) section 58 when responding to requests from sources external to HSS.
19. Clinicians do not share client PHI when they receive an external inquiry.
20. Clinicians must inform their manager if they receive an external inquiry.
21. Clinicians do not speak with the media without direction from either the Director of MWSU or the HSS Director of Communications.

### Law enforcement requests disclosure of personal health information

22. Clinicians and managers must consult with the HSS Access to Information Office prior to disclosing PHI to law enforcement.
23. Law enforcement must send all requests for disclosure of PHI through the HSS Access to Information Office using a [law enforcement requests for personal information from HSS form](#).
24. Law enforcement is responsible for securing documented client consent for disclosure of the client's PHI using a law enforcement request for personal information from HSS form.
25. Disclosures at the request of law enforcement are permitted to occur without the individual's consent in the following situations, as per [HIPMA](#) section 58:
- to comply with a federal or territorial warrant or subpoena;
  - if the PHI relates to a possible offence under Yukon or Canadian law;
  - to prevent or reduce the risk of serious harm to the health and safety of any other individual or will enable the assessment of whether such risk exists; or

## B.3: Access, use, disclosure and security breaches of personal health information

Unit: Car 867	Effective date: May 8, 2023
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- to assist in locating a person reasonably believed to be missing.

### Security breaches of personal health information

26. Clinicians have a legal responsibility to protect all PHI they collect or to which they have access.

27. Clinicians must contain security breaches by taking action to reduce the impacts of the security breach or by stopping the suspected breach from occurring.

28. Clinicians are responsible for notifying their manager and the Department Privacy Officer of real or suspected security breaches, including, but not limited to:

- misdirected faxes, emails or mail;
- looking up information of neighbours, friends, family, staff and other individuals without a job related purpose;
- theft, loss or disappearance of electronic or paper based records;
- being overheard discussing client PHI in a public setting with someone who does not need to know; or
- sharing a story with identifying client information on social media without consent.

29. Clinicians are responsible for completing the privacy breach reporting form for HSS employees and submitting it to their manager and the Department's privacy officer.

### Definitions

**Access:** Providing a copy of information relating to an individual to that individual or a person acting on their behalf, or, at the direction or with the consent of the individual, transferring their personal health information to another custodian or to a person in another jurisdiction who performs substantially similar functions to a health care provider.

**Consent:** Where the context permits, includes the power to give, refuse and withdraw consent.

**Custodian:** Individuals or organizations named in the [Health Information Privacy and Management Act](#) and its regulations who provide or support health care. Custodians, including Mental Wellness and Substance Use Services, have legal responsibilities and obligations under the Act when they collect, use or disclose personal health information.

## B.3: Access, use, disclosure and security breaches of personal health information

Unit: Car 867	Effective date: May 8, 2023
Branch: Mental Wellness and Substance Use Services	Last updated: February 26, 2024
Policy number: B.3	Review date: May 8, 2025

**Disclosure:** In relation to information in the custody or control of a person, means making the information available or releasing it to another person, but includes neither using the information nor its transmission between a custodian and an agent of that custodian.

**Express consent:** Consent that is explicit, direct and given verbally or in writing to a custodian to collect, use or disclose personal health information.

**Implied consent:** Consent that is not directly stated verbally or in writing but rather is assumed based on an individual's actions in a specific context. For example, a client who enters the emergency room for treatment is giving their implied consent for the emergency room doctor to access their medical records for the purpose of providing treatment.

**Non-routine request:** A request by an individual or someone acting on their behalf for disclosure of the individual's information to a third party when capacity to consent is questioned, identity and authority are unclear, the requested documents are large in size, or providing the information will impact program operations.

**Personal health information:** Health information of an individual and, except as prescribed, prescribed registration information and prescribed provider registry information in respect of the individual.

**Security breach:** Means, with respect to personal health information, theft or loss, or disposition, use, disclosure, or access by a person, contrary to the [Health Information Privacy and Management Act](#) or a regulation.

**Substitute Decision Maker:** An individual authorized to consent to the collection, use, disclosure of personal health information on behalf of another.

### Authorities

- [Health Information Privacy and Management Act \(Yukon\), 2013](#)
  - [Health Information General Regulation, 2016](#)

### Related policies and other documents

- [Health and Social Services corporate policy IM-004: Access to personal information and personal health information](#)
- [Health and Social Services corporate policy IM-006: Disclosure of personal health information](#)
- [Health and Social Services corporate policy IM-007: Security breach](#)

## B.3: Access, use, disclosure and security breaches of personal health information

Unit: Car 867	Effective date: May 8, 2023
Branch: Mental Wellness and Substance Use Services	Last updated: February 26, 2024
Policy number: B.3	Review date: May 8, 2025

- 
- [Health and Social Services Health Information Privacy and Management Act \(HIPMA\) resources](#)

<b>APPROVED BY:</b>	Cameron Grandy	Director, Mental Wellness and Substance Use Services
<b>DATE:</b>	2023/05/08	

## B.4: Standard abbreviations

Unit: Car 867	Effective date: May 8, 2023
Branch: Mental Wellness and Substance Use Services	Last updated: November 28, 2023
Procedure number: B.3	Review date: May 8, 2025

### Purpose

This policy outlines the standard abbreviations that clinicians **do** and **do not** use in Car 867 records. Consistent abbreviation use ensures patient safety and consistent communication between providers.

### Policy

1. Clinicians are familiar with the abbreviations listed in [Appendix A](#) and use them when documenting in any Car 867 record.
2. Clinicians can use acronyms not listed in [Appendix A](#) only if the word is spelled out in its entirety the first time the word is used in the document and is followed by the acronym in parenthesis. The acronym can then be used in that document for the remainder.
3. Clinicians **do not** use the abbreviations identified in [Appendix B](#).

<b>APPROVED BY:</b>	Cameron Grandy	Director, Mental Wellness and Substance Use Services
<b>DATE:</b>	2023/03/28	

## Appendix A: Standard abbreviations

Unit: Car 867	Effective date: March 28, 2023
Branch: Mental Wellness and Substance Use Services	Last updated: November 28, 2023
Procedure number: B.4	Review date: March 28, 2025

### Appendix A

#### Car 867 Standard abbreviations

Ω	diagnosis or change
↓	decrease
↑	increase
⊖	nothing or negative
-	negative
♀	female
♂	male
#	fracture or number
/c	with
/s	without
+	positive
+	mild
++	moderate
+++	severe
++++	extreme
1/12	one month
1/52	one week
1/7	one day
A&D	admitting and discharge
a.c.	before meals ( <i>ante cibum</i> )



## Appendix A: Standard abbreviations

Unit: Car 867	Effective date: March 28, 2023
Branch: Mental Wellness and Substance Use Services	Last updated: December 1, 2023
Related policy/procedure number: B.4	Review date March 28, 2025

A.I.D.S.	acquired immune deficiency syndrome
a.m.	morning ( <i>ante midi</i> )
A/E	air entry
AA	Alcoholics Anonymous
AAA	abdominal aortic aneurysm
AAT or A.A.T.	activity as tolerated
Abd	abdomen or abdominal
ACTH	adrenocorticotrophic hormone
ad lib.	as desired ( <i>ad libitum</i> )
ADL	activities of daily living
AFB	acid fast bacilli
alk. phos.	alkaline phosphatase
ant.	anterior
AP	anterior-posterior
AROM	artificial rupture of membranes
ASA	acetylsalicylic acid
ASHD	arteriosclerotic heart disease
ASOT	anti-streptolysin titre
b.i.d.	twice daily ( <i>bis in die</i> )
B.S.E.	breast self-examination
Ba	barium
Ba enema	barium enema

## Appendix A: Standard abbreviations

Unit: Car 867	Effective date: March 28, 2023
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Related policy/procedure number: B.4	Review date March 28, 2025

BCG	Bacillus Calmette-Guérin (vaccine)
BCP	birth control pills
BHCG	beta human chorionic gonadotropin (pregnancy test)
bilat.	bilateral
Bili	bilirubin
BM	bowel movement
BP	blood pressure
BS	blood sugar
BUN	blood urea nitrogen
Bx	biopsy
C&S	culture and sensitivity
Ca	cancer or carcinoma
CAD	coronary artery disease
caps	capsules
CBC	complete blood count
CC	chief complaint
CDC	Child Development Centre
CHF	congestive heart failure
CHN	community health nurse
CHR	community health representative
Cl	chloride
comp.	compound (compositus)

## Appendix A: Standard abbreviations

Unit: Car 867	Effective date: March 28, 2023
Branch: Mental Wellness and Substance Use Services	Last updated: December 1, 2023
Related policy/procedure number: B.4	Review date March 28, 2025

COPD	chronic obstructive pulmonary disease
CPR	cardiopulmonary resuscitation
creps	crepitations
CSF	cerebrospinal fluid
CVA	cerebral vascular accident
CVP	central venous pressure
CVS	cardiovascular system
CWSM	colour, warmth, sensation, movement
Cx	cervix, cervical
CXR	chest X-ray
CYFTT	Child Youth and Family Treatment Team
DHC	Dawson Health Centre
DMC	Dawson Medical Clinic
D&C	Dilate and curettage
D/S or D/NS	dextrose and saline
DDST	Denver Developmental Screening Test
Diff	differential
DNR	do not resuscitate
DOA	dead on arrival
DPT	diphtheria, whole cell pertussis, tetanus vaccine
DPTP	diphtheria, whole cell pertussis, tetanus, inactivated polio vaccine
DPTP-Hib	diphtheria, whole cell pertussis, tetanus, inactivated polio, haemophilus influenza type B vaccine

## Appendix A: Standard abbreviations

Unit: Car 867	Effective date: March 28, 2023
Branch: Mental Wellness and Substance Use Services	Last updated: December 1, 2023
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DTaP-IPV	diphtheria, tetanus, acellular pertussis, inactivated polio
DTaP-IPV-Hib	diphtheria, tetanus, acellular pertussis, inactivated polio, haemophilus influenza type B vaccine
DTaP-IPV-Hib-HB	diphtheria, tetanus, acellular pertussis, inactivated polio, haemophilus influenza type B, hepatitis B vaccine
dr.	dram
Dr.	doctor
DT	diphtheria (25 Lf) and tetanus (5 Lf) vaccine
DTs	<i>delirium tremens</i>
DVT	deep vein thrombosis
Dx	diagnosis
ECG or EKG	electrocardiogram
ECP	emergency contraceptive pill
EDC	expected date of confinement
EDD	expected due date
EEG	electroencephalogram
EENT	eyes, ears, nose, throat
e.g.	for example ( <i>exempli gratia</i> )
EHO	environmental health officer
elix.	elixir
EMO	Emergency Measures Organization
EMS	Emergency Medical Services
ER	emergency room

## Appendix A: Standard abbreviations

Unit: Car 867	Effective date: March 28, 2023
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Related policy/procedure number: B.4	Review date March 28, 2025

ESR	eosinophil sedimentation rate
ETOH	alcohol
FASD	fetal alcohol spectrum disorder
FB	foreign body
FBS	fasting blood sugar
FF	fundus firm
FHR	fetal heart rate
FNIHB	First Nations and Inuit Health Branch
fld.	fluid
G P A	gravida (# of pregnancies) / para ( # live births) / abortions
GCS	Glasgow coma scale
gm.	gram (gramme)
gr.	grain (granum)
gtt.	a drop (gutta)
GU	genitourinary
GYN	gynecology
H.I.	head injury
h.s.	hour of sleep/bedtime ( <i>hora somni</i> )
H.V.	home visit
H <sub>2</sub> O	water
HA	hepatitis A vaccine
HAHB	hepatitis A & B vaccine

## Appendix A: Standard abbreviations

Unit: Car 867	Effective date: March 28, 2023
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Related policy/procedure number: B.4	Review date March 28, 2025

HB	hepatitis B vaccine
HBIG	hepatitis B immune globulin
HCT	hydrochlorothiazide
hct	hematocrit
hep (A, B, etc.)	Hepatitis (A, B, etc.)
hgb	Hemoglobin
Hib	haemophilus influenza type B vaccine
HIV	human immunodeficiency virus
HNV	has not voided
HOB	head of bed
HR	heart rate
hr.	hour
ht.	height
HTN	hypertension
HPV-2	Human papillomavirus vaccine (bivalent) vaccine
HPV-4	Human papillomavirus vaccine (tetravalent) vaccine
HPV-9	Human papillomavirus vaccine (9-valent) vaccine
Hx	history of
I & D	incision and drainage
I & O	intake and output
I.D.D.M.	insulin dependent diabetes mellitus
i.e.	that is (id est)

## Appendix A: Standard abbreviations

Unit: Car 867	Effective date: March 28, 2023
Branch: Mental Wellness and Substance Use Services	Last updated: December 1, 2023
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I.I.D.	intermittent infusion device
I.N.R.	international normalized ratio
ICU	intensive care unit
ID or I/D	intra dermal
Ig	Immune globulin
IM or I/M	intramuscular
imm.	immunization
Inf	Influenza vaccine
in.	inch
INH	Isoniazid
inj.	injection
IPPA	inspection, percussion, palpation, auscultation
IPPB	intermittent positive pressure breathing
IPV	inactivated polio vaccine (Salk)
ISG	immune serum globulin
isol.	isolation
IUD	intrauterine device
IUGR	intrauterine growth restriction
IV	intravenous
IVC	intravenous cholangiogram
IVP	intravenous pyelogram
JE	Japanese encephalitis vaccine

## Appendix A: Standard abbreviations

Unit: Car 867	Effective date: March 28, 2023
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JVP	jugular venous pressure
K <sup>+</sup>	potassium
kcal.	kilocalorie
KCL	potassium chloride
kg.	kilogram
KUB	kidney, ureter, bladder
L or l	litre
L1, L2, L3, etc.	lumbar spine
lab	laboratory
lac'n	laceration
LAIV-T	live attenuated influenza – tetravalent vaccine
lap.	laparotomy
lat.	lateral
lb.	pound
LDH	lactate dehydrogenase
LFT	liver function test
lge.	large
liq.	liquid
LLL	left lower lobe
LLQ	left lower quadrant
LMP	last menstrual period
LNMP	last normal menstrual period



## Appendix A: Standard abbreviations

Unit: Car 867	Effective date: March 28, 2023
Branch: Mental Wellness and Substance Use Services	Last updated: December 1, 2023
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LOA	left occipital anterior
LOC	loss of consciousness or level of consciousness
LOP	left occipital posterior
LOT	left occipital transverse
LP	lumbar puncture
LRTI	lower respiratory tract infection
lt.	left
LUL	left upper lobe
LUQ	left upper quadrant
LV	left ventricle
lymphs	lymphocytes
lytes	electrolytes
m.	metre
mat.	maternity
mcg.	microgram
MCL	mid-clavicular line
MDMRS	multi-departmental mobile radio system
meds.	medications
Men-B	Meningococcal B vaccine
Men-C-C	Meningococcal C conjugate vaccine
Men-C-ACYW	Meningococcal ACYW135 conjugate vaccine
mEq.	Milli-equivalent

## Appendix A: Standard abbreviations

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mg %	milligrams percent
mg.	milligram
MI	myocardial infarction
mitte	give
ml.	millilitre
mm.	millimetre
mmol	millimole
MMR	measles, mumps, rubella vaccine
MMRV	measles, mumps, rubella, varicella vaccine
mod.	moderate
MRSA	methicillin-resistant staphylococcus aureus
MS	multiple sclerosis
MSK	musculoskeletal
MSU	mid-stream urine
mtg.	meeting
MVA	motor vehicle accident
MWSUS	Mental Wellness and Substance Use Services
N	normal
N & V	nausea and vomiting
N.B.	note well ( <i>nota bene</i> )
N.I.H.B.	Non-Insured Health Benefits
N.P.H.	neutral protamine zinc insulin – Hagedorn's laboratory

## Appendix A: Standard abbreviations

Unit: Car 867	Effective date: March 28, 2023
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N/B	newborn
N/G	naso-gastric
N/S	normal saline
N <sub>2</sub> O	nitrous oxide
Na	sodium
Na Cl	sodium chloride
Na HCO <sub>3</sub>	sodium bicarbonate
NAD	no abnormality detected or no apparent distress/disorder/difficulty
neb.	nebule or nebulizer
neg. or 0	negative
neuro	neurological
NGU	non-gonococcal urethritis
NIDDM	non-insulin dependent diabetes mellitus
nil	nothing
nitro or NTG	nitroglycerin
NKA	no known allergies
NNADAP	National Native Alcohol and Drug Awareness Program
no. or #	number
nocte	night
NPO	nothing by mouth ( <i>null per os</i> )
nsg.	nursing
NSR	normal sinus rhythm

## Appendix A: Standard abbreviations

Unit: Car 867	Effective date: March 28, 2023
Branch: Mental Wellness and Substance Use Services	Last updated: December 1, 2023
Related policy/procedure number: B.4	Review date March 28, 2025

NSVD	normal spontaneous vertex (vaginal) delivery
NVS	neuro vital signs
NWB	non-weight-bearing
NYD	not yet diagnosed
O & P	ova and parasites
O.R.	operating room
O.T.	occupational therapy
O/D	overdose
O/E	on examination
O <sub>2</sub>	oxygen
OA	osteoarthritis
OB	occult blood
OBS	obstetrics
OJ	orange juice
OM	otitis media
OPD	outpatient department
OPTH.	ophthalmology
OPV	oral polio vaccine (Sabin)
Os	mouth or opening
OTS	Opioid Treatment Services
oz.	ounce
P	pulse

## Appendix A: Standard abbreviations

Unit: Car 867	Effective date: March 28, 2023
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P.A.R.	post-anesthetic recovery
P.A.T.	paroxysmal atrial tachycardia
p.c.	after meals ( <i>post cebum</i> )
p.m.	afternoon ( <i>post midi</i> )
p.o. or per os	by mouth ( <i>per os</i> )
p.r. or PR	<i>per rectum</i>
p.r.n.	as necessary ( <i>pro re nata</i> )
P.T.	prothrombin time
P.T.T.	partial thromboplastin time
P/E	physical exam or pelvic exam
P/H	personal history
PA	posterior-anterior
PAC	premature atrial contraction
Pap.	Papanicolaou test (Pap smear)
PAS	para aminosalicylic acid
path.	pathology
Pb	lead ( <i>plumbus</i> )
PCB	polychlorinated biphenyl
peds.	pediatrics
per	through or by
PERLA	pupils equal and reactive to light and accommodation
pH	acid/base level (hydrogen-ion concentration)

## Appendix A: Standard abbreviations

Unit: Car 867	Effective date: March 28, 2023
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phys.	physical
physio	physiotherapy
PID	pelvic inflammatory disease
PIH	pregnancy induced hypertension
PKI	pre-kindergarten interview
PKU	phenylketonuria
PMH	past medical history
Pneumo-C-10	Pneumococcal conjugate vaccine (10-valent)
Pneumo-C-13	Pneumococcal conjugate vaccine (13-valent)
Pneumo-P-23	Pneumococcal polysaccharide vaccine (23-valent)
POP	plaster of Paris (cast)
POP EPI	Psychiatric Outreach Program and Early Psychosis Intervention
pos. or +	positive
post.	posterior
post-op	post-operative
PP	post-partum
PPD-5TU	purified protein derivative - 5 Tuberculin units (Mantoux)
PPH	post-partum hemorrhage
pre-op	pre-operative
prep.	preparation
primip.	Primipara
PROM	premature rupture of membranes

## Appendix A: Standard abbreviations

Unit: Car 867	Effective date: March 28, 2023
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PRU	Paramedic Response Unit
pt.	patient
PUO	pyrexia of unknown origin
PV	per vagina
PVC	premature ventricular contraction
PZI	protamine zinc insulin
Q	every (quaque)
q 1 h, q 2 h, etc.	every one hour, every two hours, etc. (q.h. = quaque hora)
Q.A.	quality assurance
q.i.d.	four times per day (quattro in die)
QIIV	Quadrivalent inactivated influenza vaccine
qhs	every night at bedtime (quaque hora sonni)
qs	quantity sufficient (quantum sufficit)
R	respiration
R.I.C.E.	rest, ice, compression, elevation
R.N.	registered nurse
RR	respiratory rate
R.V.	right ventricle
R/L	Ringer's lactate
R/O	rule out
r/t	related to
Rablg	Rabies immune globulin

## Appendix A: Standard abbreviations

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RAC	Rapid Access Counselling
RCC	Referred Care Clinic
RCMP	Royal Canadian Mounted Police
RBC	red blood cell
RBS	random blood sugar
RDS	respiratory distress syndrome
re	regarding, in respect of
req.	requisition
resp.	respiratory
Rh	rhesus factor
RhIG	Rhesus factor immune globulin
RHD	rheumatic heart disease
RIG	rabies immune globulin
RLL	right lower lobe
RLQ	right lower quadrant
RML	right middle lobe
ROA	right occipital anterior
ROM	range of motion or right otitis media
ROP	right occipital posterior
ROT	right occipital transverse
RR	respiratory rate
RSV	respiratory syncytial virus



## Appendix A: Standard abbreviations

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rt.	right
RTC	return to clinic
r-tPA	recombinant tissue plasminogen activator
RUL	right upper quadrant
Rx	take (recipe), prescription
S.I. Joint	sacro-iliac joint
S.I.U.	standard international units
S.O.A.P.	subjective, objective, assessment, plan
S.T.I.	sexually transmitted infection
s/b	seen by
s/c or s.c.	subcutaneous
S/H or S/Hx	social history
s/l or s.l.	<i>sub-lingual</i> (under the tongue)
sed. rate	sedimentation rate
sero-sang.	serosanguinous
SGOT	serum glutamic oxaloacetic transaminase
SIDS	sudden infant death syndrome
SMA-12	automated blood chemistry screen of 12 pre-selected values
SOB	short of breath
SOBOE	short of breath on exertion
sol'n	solution
sp.gr.	specific gravity

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staph	staphylococcus
STAT	immediately
STD	sexually transmitted disease
strep	streptococcal
supp.	suppository
surg.	surgical
susp.	suspension
SVD	spontaneous vertex delivery
SVT	supraventricular tachycardia
SW	social worker
syr.	syrup
T	temperature
T&A	tonsillectomy and adenoidectomy
t.i.d.	three times daily ( <i>ter in die</i> )
T.A.	therapeutic abortion
tab.	tablet
TB	tuberculosis
TBA	to be absorbed
tbsp.	tablespoon
Td	Tetanus, diphtheria, vaccine
Tdap	Tetanus, diphtheria, acellular pertussis vaccine
Tdap-IPV	Tetanus, diphtheria, acellular pertussis, inactivated polio vaccine

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TdP	Tetanus, diphtheria, inactivated polio vaccine
TIA	transient ischemic attack
tib/fib	tibia/fibula
Tlg	Tetanus immune globulin
TIIV	Trivalent inactivated influenza vaccine
tinct.	tincture
TKVO	to keep vein open
TLC	tender loving care
TM	tympanic membrane
tol.	tolerate
TOPV	trivalent oral polio vaccine (Sabin)
TPN	total parenteral nutrition
TPR	temperature pulse respiration
tsp.	teaspoon
TURP	transurethral resection of prostate
Tx	treatment
u/a	urinalysis
U/S	ultrasound
UGI	upper gastrointestinal
ung.	ointment (unguentum)
URTI	upper respiratory tract infection
UTI	urinary tract infection

## Appendix A: Standard abbreviations

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v. fib.	ventricular fibrillation
v.o.	verbal order
V.tach.	ventricular tachycardia
V/A	visual acuity
vacc.	vaccine
vag.	vaginal
Varlg	Varicella immune globulin
VDRL	venereal disease research lab (test for syphilis)
VMA	vanillylmandelic acid
vol.%	volume percent
VRE	vancomycin resistant enterococci
VS or V/S	vital signs
vs.	versus
VSD	ventricular septal defect
Vx	vertex
w/c	wheelchair
WBC	white blood count
WGH	Whitehorse General Hospital
WHC	Whitehorse Health Centre
WLHC	Watson Lake Health Centre
WMS	Withdrawal Management Services
wt.	weight

## Appendix A: Standard abbreviations

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YCDC	Yukon Communicable Disease Control
Y.E.M.S.	Yukon Emergency Medical Services
YF	Yellow fever vaccine
YG	Government of Yukon or Yukon government

## Appendix B: Abbreviations not to use

Unit: Car 867	Effective date: March 28, 2023
Branch: Mental Wellness and Substance Use Services	Last updated: November 28, 2023
Related policy/procedure number: B.4	Review date March 28, 2025

### Appendix B

#### Abbreviations not to use

## Do Not Use

### Dangerous Abbreviations, Symbols and Dose Designations

The abbreviations, symbols, and dose designations found in this table have been reported as being frequently misinterpreted and involved in harmful medication errors. They should NEVER be used when communicating medication information.

Abbreviation	Intended Meaning	Problem	Correction
<b>U</b>	unit	Mistaken for "0" (zero), "4" (four), or cc.	Use "unit".
<b>IU</b>	international unit	Mistaken for "IV" (intravenous) or "10" (ten).	Use "unit".
<b>Abbreviations for drug names</b>		Misinterpreted because of similar abbreviations for multiple drugs; e.g., MS, MSO <sub>4</sub> (morphine sulphate), MgSO <sub>4</sub> (magnesium sulphate) may be confused for one another.	Do not abbreviate drug names.
<b>QD</b> <b>QOD</b>	Every day Every other day	QD and QOD have been mistaken for each other, or as 'qid'. The Q has also been misinterpreted as "2" (two).	Use "daily" and "every other day".
<b>OD</b>	Every day	Mistaken for "right eye" (OD = oculus dexter).	Use "daily".
<b>OS, OD, OU</b>	Left eye, right eye, both eyes	May be confused with one another.	Use "left eye", "right eye" or "both eyes".
<b>D/C</b>	Discharge	Interpreted as "discontinue whatever medications follow" (typically discharge medications).	Use "discharge".
<b>cc</b>	cubic centimetre	Mistaken for "u" (units).	Use "mL" or "millilitre".
<b>µg</b>	microgram	Mistaken for "mg" (milligram) resulting in one thousand-fold overdose.	Use "mcg".
Symbol	Intended Meaning	Potential Problem	Correction
<b>@</b>	at	Mistaken for "2" (two) or "5" (five).	Use "at".
<b>&gt;</b> <b>&lt;</b>	Greater than Less than	Mistaken for "7" (seven) or the letter "L". Confused with each other.	Use "greater than"/"more than" or "less than"/"lower than".
Dose Designation	Intended Meaning	Potential Problem	Correction
<b>Trailing zero</b>	1.0 mg	Decimal point is overlooked resulting in 10-fold dose error.	Never use a zero by itself after a decimal point. Use "1 mg".
<b>Lack of leading zero</b>	. 1 mg	Decimal point is overlooked resulting in 10-fold dose error.	Always use a zero before a decimal point. Use "0.1 mg".

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Adapted from ISMP's List of Error-Prone Abbreviations, Symbols, and Dose Designations 2006

Report actual and potential medication errors to ISMP Canada at [https://www.ismp-canada.org/err\\_report.htm](https://www.ismp-canada.org/err_report.htm) or by calling 1-866-54-ISMP.



Institute for Safe Medication Practices Canada  
Institut pour la sécurité des médicaments aux patients du Canada

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## C.1: Right to refuse unsafe work

Unit: Car 867	Effective date: March 31, 2023
Branch: Mental Wellness and Substance Use Services	Last updated: February 28, 2024
Policy number: C.1	Review date: March 31, 2025

### Purpose

This policy outlines clinicians' right to refuse unsafe work and provides guidance on reporting and responding to clinicians' refusals to perform unsafe work.

### Policy

1. Mental Wellness and Substance Use (MWSU) Services acts in accordance with the [Worker's Safety and Compensation Act](#) (the Act) to provide a safe and healthy workplace for clinicians.
2. Clinicians are responsible for understanding their right to refuse unsafe work, and the limitations of this right, as outlined in [the Act](#).
3. Clinicians have the right to refuse work if they believe on reasonable grounds that the work activities or conditions endanger the health and safety of clinicians or another person.
4. Unsafe work may include, but is not limited to, the following:
  - new or anticipated hazards;
  - situations where appropriate control measures are not in place; or
  - situations where training has not prepared clinicians for the hazards.
5. Clinicians are **not** entitled to refuse to perform work when appropriate control measures are not in place, yet:
  - doing so would directly endanger the health and safety of another person; or
  - the conditions under which the work is to be performed are ordinary conditions.
6. Clinicians are **not** subject to discipline or threat of discipline for acting in accordance with their right to refuse unsafe work.
7. Clinicians who refuse unsafe work are entitled to the same wages and benefits that they would have received had they continued to work.
8. The supervisor is permitted to reassign clinicians temporarily to alternate work while the safety matter is investigated.
9. If a clinician refuses unsafe work, the supervisor is not permitted to assign another clinician to the work that the first clinician refused, unless the supervisor advises the new clinician, in writing, of the following:
  - the first clinician's refusal to perform the work and reasons for the refusal;

## C.1: Right to refuse unsafe work

Unit: Car 867	Effective date: March 31, 2023
Branch: Mental Wellness and Substance Use Services	Last updated: February 28, 2024
Policy number: C.1	Review date: March 31, 2025

- the first clinician's right to refuse unsafe work;
- the reason why, in the supervisor's opinion, that the work is safe or if the clinician is not entitled to refuse to perform work; and
- if the work was deemed unsafe, the required actions the supervisor has taken to remedy the unsafe work activity or condition.

### Reporting refusal to work

10. Clinicians must report the safety issue and their refusal to work to their supervisor. If their supervisor is unavailable, clinicians inform their manager. If the manager is unreachable, clinicians must inform their Director.
11. Clinicians and the supervisor are required to complete a refusal of unsafe work form for all circumstances where clinicians refuse work that they believe is unsafe.
12. The supervisor who receives clinicians' refusal to work, must investigate the matter and either:
  - take action to remove or control the hazard as appropriate, or ensure that such action is taken, without delay; or
  - inform clinicians if, in the supervisor's opinion, the work is safe or if clinicians are not entitled to refuse to perform work.

### Continuing refusal to work

13. If clinicians continue to refuse to perform work after the initial report, the supervisor must:
  - investigate the situation again in the presence of the clinician who filed the report and with either:
    - a trained worker representative committee member (for instance, a Joint Occupational Health and Safety Committee member);
    - a worker health and safety representative; or
    - if such representatives are unavailable, another worker selected by the clinician; and
  - resolve the unsafe work activity or condition or ensure such action is taken, without delay.
14. The supervisor and clinicians must document the situation and investigation using [a refusal of unsafe work](#) form and give the completed form to the clinicians' health and safety representative.



## C.1: Right to refuse unsafe work

Unit: Car 867	Effective date: March 31, 2023
Branch: Mental Wellness and Substance Use Services	Last updated: February 28, 2024
Policy number: C.1	Review date: March 31, 2025

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### Safety officer investigation of work refusal

15. If the clinician continues to refuse to perform work after the investigation, the supervisor must report the clinician's work refusal and the reasons for it to the Workers' Safety and Compensation Board.
16. The safety officer who receives the report is responsible for investigating the claim and providing a written report to the supervisor, clinicians and their health and safety representative outlining the officer's reasons for deciding whether the:
- identified work is unsafe; or
  - clinician is not entitled to refuse work.
17. If the safety officer determines that the work is unsafe, the supervisor is responsible for following any applicable orders to remedy the safety issue.

### Authorities

- [Collective Agreement between Government of Yukon and the Public Service Alliance of Canada](#)
- [General Administration Manual policy 3.48: Corporate health and safety](#)
- [Worker's Safety and Compensation Act \(Yukon\), 2021](#)

### Related policies and other documents

- [Workers' Safety and Compensation Board Yukon: Right to refuse unsafe work](#)

<b>APPROVED BY:</b>	Cameron Grandy	Director, Mental Wellness and Substance Use Services
<b>DATE:</b>	2023/03/31	

## C.2: Personal protective equipment

Unit: Car 867	Effective date: March 17, 2023
Branch: Mental Wellness and Substance Use Services	Last updated: February 28, 2024
Procedure number: C.1	Review date: March 17, 2025

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### Purpose

This policy describes the appropriate attire and use of personal protective equipment for clinicians. The purpose of this policy is to set a dress code standard that promotes a safe, healthy and professional work environment.

### Policy

1. Mental Wellness and Substance Use Services (MWSU) is committed to fostering a work environment that is inclusive and respectful of diversity, while maintaining a healthy, safe and professional environment.
2. Clinicians are required to familiarize themselves with the [General Administration Manual policy 3.21](#) with respect to clothing and staff uniforms.
3. Clinicians assess the workplace for hazards and use appropriate equipment as required for the situation.
4. Clinicians must wear equipment issued by the RCMP, including a soft vest and radio, when attending a service call.
5. Clothing must not restrict or limit the ability of clinicians to perform their job duties safely, effectively and efficiently.
6. Clinicians must:
  - dress appropriately for the working conditions, including climate;
  - not wear clothing containing pictures or words that depict racism, sexism, negative stereotypes, discrimination, violence, hate or illegal activities or substances;
  - avoid wearing loose, dangling jewelry or accessories;
  - maintain good personal hygiene;
  - wear closed toe footwear with non-slip, puncture resistant soles; and
  - style hair to limit the risk of being pulled or grabbed by clients while attending a service call.
7. Clinicians attend training assigned by the supervisor for the use of personal protective equipment and other equipment issued to ensure proper use.

## C.2: Personal protective equipment

Unit: Car 867	Effective date: October 31, 2022
Branch: Mental Wellness and Substance Use Services	Last updated: February 28, 2024
Policy number: C.2	Review date: October 31, 2024

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### Definitions

**Equipment:** Anything that is used in the performance of work, including, without limitation, any article, device, apparatus, appliance, implement, machine or tool.

**Hazard:** A situation, thing or condition that may expose a person to a risk of injury or death.

**Workplace:** A building, site, project site, workshop, structure, vehicle or mobile equipment, or any other location where one or more workers perform or have performed work as defined in the Workers' Safety and Compensation Act.

### Authorities

- [General Administration Manual policy 3.21: Clothing and staff uniforms](#)
- [Worker's Safety and Compensation Act \(Yukon\), 2021](#)

<b>APPROVED BY:</b>	Cameron Grandy	Director, Mental Wellness and Substance Use Services
<b>DATE:</b>	October 28, 2022	

## C.3: Urgent RCMP business

Unit: Car 867	Effective date: October 31, 2022
Branch: Mental Wellness and Substance Use Services	Last updated: February 28, 2024
Procedure number: C.2	Review date: October 31, 2024

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### Purpose

This policy describes the process that ensures the safety of clinicians when the RCMP officer is required to attend a 10-33 call for urgent RCMP business.

### Policy

1. The RCMP officer is required to respond to 10-33 calls.
2. Clinicians are not permitted to attend 10-33 calls.
3. The safety of clinicians is a priority when the RCMP officer responds to 10-33 calls.
4. In the event of a 10-33 call, clinicians are dropped off at a location that is deemed safe by the RCMP officer and clinicians.
5. Safe locations include, but are not limited to:
  - the RCMP detachment;
  - Whitehorse General Hospital; and
  - a Health and Social Services building (for example, the Referred Care Clinic or the Psychiatric Outreach Program and Early Psychosis Intervention office).
6. For clinicians' safety, clinicians are required to check in only if they are dropped off at a location other than the RCMP detachment, Whitehorse General Hospital or a Health and Social Services building.
  - If the drop off is during regular business hours, clinicians contact their supervisor.
  - If the drop off occurs outside of regular business hours, clinicians contact their manager to inform them of their location. If the manager is unreachable, the clinician contacts their Director.
7. Clinicians are required to return to the RCMP detachment after getting dropped off.

### Definitions

**10-33 call:** An urgent request received by an RCMP officer needing assistance from available RCMP units.

### Authorities

- [General Administration Manual policy 3.48: Workplace Health and Safety](#)

### C.3: Urgent RCMP business

Unit: Car 867	Effective date: November 25, 2022
Branch: Mental Wellness and Substance Use Services	Last updated: February 28, 2024
Policy number: C.3	Review date: November 25, 2024

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- [Canadian Centre for Occupational Health and Safety](#)

<b>APPROVED BY:</b>	Cameron Grandy	Director, Mental Wellness and Substance Use Services
<b>DATE:</b>	2022/11/25	

## C.4: Incident reporting

Unit: Car 867	Effective date: November 25, 2022
Branch: Mental Wellness and Substance Use Services	Last updated: February 28, 2024
Procedure number: C.3	Review date: November 25, 2024

### Purpose

This policy describes guidelines for reporting and investigating work-related incidents and events.

### Policy

1. The supervisor and clinicians act in accordance with the [Workers' Safety and Compensation Act](#) and [regulations](#).
2. An **incident** is a work-related occurrence, condition or situation that has caused or has the potential to cause injuries, illnesses, damage to health or fatalities.
3. An injury (either physical or psychological) or fatality is considered work-related if the following conditions are met:
  - there is a causal connection, either directly or incidentally related, between the conditions of the work required to be performed and the resulting injury or death; and
  - the injury or death happened at the time, place and during an activity consistent with, and reasonably incidental to, the obligations and expectations of the employment.
4. A psychological injury requires a diagnosis from a psychologist or psychiatrist after exposure to a traumatic event or events at work.
5. Work-related injuries do **not** include the following:
  - mental stress caused by an employer's management decisions or actions (such as termination, transfer, changes in working hours or in productivity expectations) or caused by normal workplace interpersonal conflict;
  - injury caused by any decision by the employer relating to the clinicians' employment (including a change in the work to be performed or working conditions or promotion, transfer, demotion, lay-off, suspension or termination); or
  - injury caused by a hazard to which the clinician would have been equally exposed to apart from the employment.
6. A **no loss/minor loss incident event** occurs when:
  - the clinician does not seek medical attention beyond first aid; or

## C.4: Incident reporting

Unit: Car 867	Effective date: June 29, 2023
Branch: Mental Health and Substance Use Services	Last updated: February 28, 2024
Policy number: C.4	Review date: June 29, 2025

- property, environment, vehicle or equipment is not damaged.

7. A **non-serious loss event** occurs when:

- the clinician requires medical attention or has lost time; or
- property, environment, vehicle or equipment is damaged.

8. A **serious loss event** is defined as:

- an incident that results in serious injury to or the death of a clinician or other person;
- an incident or injury that results in a clinician's admission to a hospital as an inpatient;
- a major structural failure or collapse of a bridge, building, crane, excavation, hoist, mine, mining development, temporary construction support system, tower or any other like structure;
- a major release of a hazardous substance;
- an explosion or fire that has the potential to cause serious injury to or the death of a clinician or other person; or
- an incident, injury or death that is required to be reported by the regulation or by order of the board.

### Reporting

9. Clinicians must report all work-related incidents and events, including no loss/minor loss incident events, to their supervisor.

10. Clinicians do not face reprisal or disciplinary action for reporting incidents or events, unless clinicians show willful misconduct, negligence or criminal intent.

11. For all non-serious loss events, the supervisor must complete the following reporting requirements, as outlined in [procedure B](#):

- Within **three-days** of becoming aware of the incident, submit an employer's report of injury or illness to the Yukon Workers' Safety and Compensation Board, regardless of whether there is lost time.

12. For serious loss events, the supervisor must complete the following reporting requirements, as outlined in [procedure C](#):

- **Immediately** report the event to the Yukon Workers' Safety and Compensation Board; and

## C.4: Incident reporting

Unit: Car 867	Effective date: June 29, 2023
Branch: Mental Health and Substance Use Services	Last updated: February 28, 2024
Policy number: C.4	Review date: June 29, 2025

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- Within **three-days** of becoming aware of the incident, submit an employer's report of injury or illness to the Yukon Workers' Safety and Compensation Board, regardless of whether there is lost time.
13. The clinician must submit an [application for compensation benefits form](#) to the Yukon Workers' Safety and Compensation Board within one-year of date of injury event if there is lost time.
14. All loss and potential loss events that involve non-Yukon government persons, vehicles, equipment or property must be reported to the risk office using the [damage and loss report form for non-vehicle incidents](#) or [vehicle collision report form](#). If a vehicle collision occurs and results in injury or damage over \$1,000, the driver must also contact the RCMP.

### Investigating

15. The supervisor is responsible for leading the internal investigation for all incidents and events.
16. Investigation must include:
- the safety practitioner or safety professional;
  - the clinician, if they are physically and mentally able to participate; and
  - a Joint Occupational Health and Safety Committee (JOHSC) member trained to participate in the investigation, if investigating a serious loss event. In a non-serious loss event, the inclusion of a trained JOHSC member is optional.
17. The supervisor is responsible for completing an incident investigation report which details any corrective actions that are implemented and monitors these actions for effectiveness.
18. The supervisor must submit a copy of the incident investigation report to the JOHSC and the safety practitioner or safety professional.
19. The supervisor must provide the Yukon Workers' Safety and Compensation Board with any further information that the board requests within a reasonable time.

### Definitions

**Lost time:** When a worker suffers a work-related injury or illness which causes a worker to have time away from work beyond the day of injury; a loss of wages or earnings; or a permanent disability or impairment.



## C.4: Incident reporting

Unit: Car 867	Effective date: June 29, 2023
Branch: Mental Health and Substance Use Services	Last updated: February 28, 2024
Policy number: C.4	Review date: June 29, 2025

**Traumatic event:** An incident or series of incidents that a worker directly experiences or witnesses in which there is a threat of serious injury or death to oneself or others, and causes feelings of intense fear, helplessness or horror.

### Authorities

- [General Administration Manual policy 3.48: Workplace health and safety](#)
- [Health and Social Services incident reporting policy](#)
- [Safety training and loss prevention directive M.B.D. #22/86](#)
- [Worker's Safety and Compensation Act \(Yukon\), 2021](#)

### Related policies and other documents

- [Yukon Workers' Safety and Compensation Board: Arising out of and in the course of employment](#)
- [Yukon Workers' Safety and Compensation Board: Psychological injuries](#)

<b>APPROVED BY:</b>	Andrea Abrahamson	A/Director, Mental Wellness and Substance Use Services
<b>DATE:</b>	2023/06/29	

## D.1: Dispatching team

Unit: Car 867	Effective date: June 29, 2023
Branch: Mental Wellness and Substance Use Services	Last updated: February 28, 2024 2023
Procedure number: C.4	Review date: June 29, 2025

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### Purpose

This policy describes how Car 867 is dispatched to calls for service to ensure a standardized approach that falls within the scope of the program.

### Policy

1. Car 867 is a mobile crisis response team that travels to where individuals are located to provide them with immediate mental health support within the service area.
2. Car 867 is only for calls for service related to mental health and suicide concerns.
3. Car 867 is only dispatched when a call for service is deemed safe by the RCMP risk assessment.
4. Car 867 provides consultations to RCMP units through radio, dispatch or cell phone, as required.
5. RCMP units attending a call for service who identify a mental health need can request Car 867.
6. Car 867 does not respond to requests for referrals from community partners.

<b>APPROVED BY:</b>	Cameron Grandy	Director, Mental Wellness and Substance Use Services
<b>DATE:</b>	2022/12/08	

## D.2: Assessment and response

Unit: Car 867	Effective date: December 8, 2022
Branch: Mental Wellness and Substance Use Services	Last updated: February 28, 2024
Procedure number: D.1	Review date: December 8, 2024

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### Purpose

This policy describes how clinicians assess and respond to individuals' presenting concerns during calls for service, including identifying and proceeding with appropriate disposition.

### Policy

1. Clinicians are responsible for conducting preliminary assessments during calls for service for the purposes of:
  - preventing and reducing risk of harm to self and others;
  - determining if health care is required (either urgently or otherwise); and
  - assessing capacity to consent.
2. Clinicians are permitted to collect personal health information (PHI) during assessments, as per [policies B.1](#) and [B.2](#).
3. In addition to preliminary assessments, clinicians are permitted to conduct in-depth mental assessments to gather further information from the individual. Clinicians may proceed with in-depth mental assessments if:
  - further assessment will help determine appropriate disposition; or
  - clinicians require a more detailed assessment to communicate with other health care providers.
4. Clinicians use assessment results and their clinical judgement, in collaboration with the RCMP officer, to determine appropriate client disposition, which may include:
  - urgent disposition to:
    - Whitehorse General Hospital;
    - RCMP Adult Processing Unit;
    - the care of a relative, natural support or substitute decision maker (SDM);
  - referral to another service or program;
  - Car 867 follow-up, as per procedure; or
  - no further action required.
5. Clinicians must obtain appropriate client consent prior to proceeding with disposition, as outlined in [policy B.2](#).

## D.2: Assessment and response

Unit: Car 867	Effective date: April 14, 2023
Branch: Mental Wellness and Substance Use Services	Last updated: February 28, 2024
Policy number: D.2	Review date: April 14, 2025

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6. Clinicians are required to document the interaction in the client's electronic medical record, including a justification for their decision, the individual's symptoms, history and assessment summary.

### Definitions

**Consent:** Includes the power to give, refuse and withdraw consent where the context permits.

**Disposition:** An individual's next venue of care, such as a hospital or referred service, following Car 867 assessment.

**Express consent:** Consent that is explicit, direct and given verbally or in writing to a custodian to collect, use or disclose personal health information.

**Personal health information:** The health information of an individual, prescribed registration information and prescribed provider registry information in respect of the individual (HIPMA, s. 2(1)).

**Substitute decision maker:** An individual authorized to consent to the collection, use and disclosure of personal health information on behalf of another.

**Urgent disposition planning:** A decision that is taken on-site right after the assessment has been done. If the clinician identifies that immediate action needs to be taken (for example, the individual is having a psychotic episode or an overdose), the urgent disposition planning is taken during the crisis, and may happen without the individual's consent.

### Authorities

- [Adult Protection and Decision Making Act \(Yukon\), 2003](#)
- [Care Consent Act \(Yukon\), 2003](#)
- [Health Information Privacy and Management Act \(Yukon\), 2013](#)
  - [Health Information General Regulation, 2016](#)
- [Mental Health Act \(Yukon\), 2002](#)

### Related policies and other documents

- [B.1: Health information privacy and management](#)
- [B.2: Consent, collection and documentation of personal health information](#)
- [B.3: Access, use, disclosure and security breaches of personal health information](#)

## D.2: Assessment and response

Unit: Car 867	Effective date: April 14, 2023
Branch: Mental Wellness and Substance Use Services	Last updated: February 28, 2024
Policy number: D.2	Review date: April 14, 2025

<b>APPROVED BY:</b>	Cameron Grandy	Director, Mental Wellness and Substance Use Services
<b>DATE:</b>	2023/04/14	

## Appendix A: Personal health information collected

Unit: Car 867	Effective date: April 14, 2023
Branch: Mental Wellness and Substance Use Services	Last updated: February 28, 2024
Procedure number: D.2	Review date: April 14, 2025

### Appendix A

#### Personal health information collected

The following chart includes personal health information that may be collected during Car 867 preliminary and in-depth assessments.

Demographic Information	Assessment Information
<ul style="list-style-type: none"><li>○ First name; middle name, last name, preferred name</li><li>○ Marital Status; Maiden Name</li><li>○ DOB; Age</li><li>○ Gender at Birth; Self-Identified Gender; Preferred Pronoun</li><li>○ Indigenous Origin; First Nation; Other First Nation</li><li>○ TREAT ID; Synapse ID; Paper File #</li><li>○ Health Care Number; Issuing Province; Expiry Date</li><li>○ Current Housing Status</li><li>○ Current Street Address; PO Box</li><li>○ Community/City; Province/Territory; Postal Code</li><li>○ Mailing Address</li><li>○ Primary Phone #; Type of Phone #; Permission to Contact Client; Alternate Phone number</li><li>○ Email; Permission to Contact Client</li><li>○ Preferred Language; Secondary Language</li><li>○ Emergency Contacts</li><li>○ Health Service Providers</li></ul>	<ul style="list-style-type: none"><li>○ Presenting Concern</li><li>○ Relationship Status</li><li>○ Adverse Childhood Experiences</li><li>○ Family Medical &amp; Mental Health History</li><li>○ Mental Health Info &amp; History</li><li>○ Medical Health Info &amp; History</li><li>○ Educational History</li><li>○ Medications &amp; History</li><li>○ Employment/Income Information</li><li>○ Substance Use Current/History</li><li>○ History of violence/aggression</li><li>○ Suicide risk assessment &amp; history of suicidality</li><li>○ Homicidal risk assessment/Thoughts of harm to others</li><li>○ Cultural/Religion</li></ul>

## D:3: Outreach

Unit: Car 867	Effective date: October 5, 2023
Branch: Mental Wellness and Substance Use Services	Last updated: February 28, 2024
Policy number: D.3	Review date: October 5, 2025

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### Purpose

This policy outlines the commitment of the Car 867 program to provide outreach services and describes how outreach services are provided and prioritized.

### Policy

1. Outreach is central to the operation of Car 867, in terms of program priorities and services.
2. Clinicians participate in outreach activities to:
  - provide on-site mental health services and supports;
  - promote client awareness and education about Mental Wellness and Substance Use Services or other available supports;
  - help build and maintain positive relationships with community partners and the public; and
  - develop community awareness of Car 867.
3. Clinicians engage in a variety of outreach activities, including but not limited to the following:
  - providing immediate intervention and de-escalation;
  - linking clients to appropriate community resources, including providing formal referrals;
  - providing informational presentations to community groups and organizations;
  - consulting with service providers, virtually and in-person; and
  - sharing information with the public about Car 867.
4. Outreach activities are identified and prioritized according to their potential to:
  - proactively address the needs of those who do not or will not utilize traditional mental health services, especially populations at risk;
  - help build and maintain relationships with community partners and the public;
  - maximize the number of people Car 867 serves; and
  - provide services where other resources do not exist.

## D:3: Outreach

Unit: Car 867	Effective date: October 5, 2023
Branch: Mental Wellness and Substance Use Services	Last updated: February 28, 2024
Policy number: D.3	Review date: October 5, 2025

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5. Clinicians conduct community outreach activities as operationally possible.
  6. The supervisor reviews all requests for Car 867 presentations to community groups and organizations.

### Definitions

**Outreach:** Any type of health service that mobilizes health workers to provide services to the population or to other health workers, away from the location where they usually work and live.

<b>APPROVED BY:</b>	Cameron Grandy	Director, Mental Wellness and Substance Use Services
<b>DATE:</b>	2023/10/05	



## D.4: Implementing the *Mental Health Act*

Unit: Car 867	Effective date: November 6, 2023
Branch: Mental Wellness and Substance Use Services	Last updated: February 28, 2024
Policy number: D.4	Review date: November 6, 2025

### Purpose

This policy describes how clinicians operate within the context of the [Mental Health Act](#).

### Policy

1. Clinicians act in accordance with the [Mental Health Act](#) and its [regulations](#).
2. Clinicians strive to provide care and treatment in the least restrictive and least intrusive manner.
3. Clinicians protect the civil and human rights of people with mental disorders while balancing them against the need for care and treatment.
4. Clinicians ensure that Yukon's cultural, ethnic and religious diversity is taken into account when assessing and treating persons for mental disorders.
5. Clinicians are permitted to contribute information from their client assessments to support the completion of forms required for involuntary assessment when the:
  - RCMP officer fills out a [Form 3](#) during an urgent disposition to Whitehorse General Hospital, as outlined in policy D.2; and
  - Whitehorse General Hospital physician fills out a [Form 4](#), which provides authority for the hospital to detain the client against their will and to provide treatment as necessary for up to 24 hours.
6. Clinicians are highly unlikely to meet the requirements where completion of a [Form 5](#) would be satisfied. Clinicians are required to review the situation with their supervisor prior to completing a [Form 5](#).

### Definitions

**[Form 3](#):** A form completed by a peace officer who apprehends an individual under section 6(1) or 8(2) of the *Mental Health Act*. It is also known as a statement of peace officer on apprehension form.

**[Form 4](#):** A form completed by a physician following examination of the patient to assess his/her mental condition under sections 5 and 10 of the *Mental Health Act*. It is also known as a recommendation for involuntary psychiatric assessment (physician) form.

## D.4: Implementing the *Mental Health Act*

Unit: Car 867	Effective date: November 6, 2023
Branch: Mental Wellness and Substance Use Services	Last updated: February 28, 2024
Policy number: D.4	Review date: November 6, 2025

**Form 5:** A form completed by a nurse following examination of the patient to assess his/her mental condition under section 10 of the *Mental Health Act*. It is also known as a recommendation for involuntary psychiatric assessment (nurse) form.

**Involuntary patient:** An individual admitted to hospital for treatment or assessment after meeting the criteria for admission under the *Mental Health Act*.

**Voluntary patient:** Both the physician and the patient agree that an admission for observation and treatment is needed.

### Authorities

- [Mental Health Act \(Yukon\). 2002](#)
  - [Mental Health Regulation. 2005](#)

### Related policies and other documents

- [D.2: Assessment and response](#)
- [Form 3 - statement of peace officer on apprehension](#)
- [Form 4 - recommendation for involuntary psychiatric assessment \(physician\)](#)
- [Form 5 - recommendation for involuntary psychiatric assessment \(nurse\)](#)

<b>APPROVED BY:</b>	Cameron Grandy	Director, Mental Wellness and Substance Use Services
<b>DATE:</b>	2023/11/06	

## D.5: Use of vehicle

Unit : Car 867	Effective date: June 27, 2023
Branch: Mental Wellness and Substance Use Services	Last updated: February 28, 2024
Policy number: D.5	Review date: June 27, 2025

### Purpose

This policy describes guidelines for use of the Car 867 vehicle.

### Policy

1. Car 867 operates out of an unmarked police vehicle.
2. The RCMP maintains ownership of the vehicle and is responsible for vehicle maintenance and repairs.
3. The RCMP officer is responsible for the safety of the clinician at all times when in the police vehicle.
4. The vehicle is used for the following purposes:
  - to transport the clinician and RCMP officer together during calls for service;
  - to transport clients during disposition, if the RCMP officer determines it is safe and appropriate; and
  - to serve as a mobile workspace for the clinician and RCMP officer.
5. The RCMP officer drives the vehicle during calls for service.
6. Clinicians are not permitted to drive the vehicle, unless:
  - directed by the RCMP officer; or
  - there is a situation that poses an imminent threat to the clinician and there is a need to leave the area for safety.
7. The vehicle is considered the muster point while on a call for service. If there is a situation while on a call for service that presents a safety risk, the clinician must return to the vehicle.
8. Clinicians must carry a key to the vehicle while on duty.

<b>APPROVED BY:</b>	Cameron Grady	Director, Mental Wellness and Substance Use Services
<b>DATE:</b>	2023/06/27	

## E.1: Training

Unit: Car 867	Effective date: January 30, 2023
Branch: Mental Wellness and Substance Use Services	Last updated: March 4, 2024
Policy number: E.1	Review date: January 30, 2025

### Purpose

This policy provides direction for clinicians seeking professional and educational training opportunities and includes guidance on training identification, training request review and training approval processes.

### Policy

1. Mental Wellness and Substance Use Services (MWSU) recognizes the value of employee training and development. MWSU supports clinicians' professional and core competency development.
2. MWSU encourages clinicians to participate in training opportunities that focus on:
  - career planning and professional development;
  - education and information sharing;
  - acquiring knowledge and skills for a specific occupational group;
  - maintaining technical skills, knowledge and abilities; and
  - expanding scope of practice skills, as required.
3. Clinicians participate in a variety of formal and informal trainings offered by internal and external providers.
4. Clinicians are required to fill out the applicable training request form for the type of training requested, as follows:
  - clinicians complete the [Learning and Development Fund application for short learning events form](#) for training involving an individual course, workshop or conference; and
  - clinicians complete the [Learning and Development Fund application for study programs form](#) for training involving a program of study that will result in a certificate, diploma or degree.
5. Clinicians must submit completed and signed training request forms to their supervisor to ensure adequate time for processing and forwarding for final approval, as follows:
  - two weeks prior to the training start date for trainings offered within the Yukon; or
  - one month, at minimum, prior to the training start date for trainings offered outside the Yukon.

## E.1: Training

Unit: Car 867	Effective date: January 30, 2023
Branch: Mental Wellness and Substance Use Services	Last updated: March 4, 2024
Policy number: E.1	Review date: January 30, 2025

6. Supervisors assess clinicians training requests on several factors, including, but not limited to:
  - the benefit to the clinician and the organization;
  - the purpose and relevance of the training;
  - training frequency;
  - training cost and financial resources available;
  - the amount of training the clinician has received historically; and
  - operational needs and implications for the clinician's absence (for example, impacts on service delivery or scheduling backfill and overtime).
7. Clinicians are required to receive approval from their supervisor prior to registering for and attending training.
8. Circumstances of the training determine if either the department or the clinician cover the initial payment for training.
9. The Learning and Development Fund allocates training reimbursement amounts in accordance with designated funding streams.
10. Clinicians keep training records, certificates and documentation and forward them to their supervisor and the Organizational Development Branch, as required.
11. If clinicians do not attend previously approved trainings, they are required to contact their supervisor to address the reason for their absence and any potential implications.
12. If clinicians do not provide a suitable rationale for missing a previously approved training, clinicians may be required to pay any associated training fees, at the supervisor's discretion.

### Related policies and other documents

- [Application for short learning events form](#)
- [Application for study programs form](#)
- [Details of program streams for short learning events and study programs](#)

<b>APPROVED BY:</b>	Cameron Grandy	Director, Mental Wellness and Substance Use Services
<b>DATE:</b>	2023/01/30	

## E.2: Conditions of employment

Unit: Car 867	Effective date: January 30, 2023
Branch: Mental Wellness and Substance Use Services	Last updated: March 4, 2024
Procedure number: E.1	Review date: January 30, 2025

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### Purpose

This policy describes clinicians' responsibilities to meet and maintain the conditions of employment.

### Policy

1. Clinicians are responsible for meeting the conditions of employment related to their position as outlined in their offer letter.
2. Clinicians are responsible for:
  - o knowing which conditions of employment to maintain;
  - o retaining copies of applicable documentation and being able to produce the documents when requested;
  - o ensuring all conditions of employment are valid and current; and
  - o re-certifying prior to a certification expiring.
3. Employees who have not renewed a registration, license or certification, which is a condition of employment:
  - o are no longer qualified to perform their job duties and are required to request appropriate leave until recertification;
  - o are required to make their own arrangements in enrolling in the appropriate certification or course; and,
  - o Mental Wellness and Substance Use Services covers the cost of recertification; however, employees who take the full course must pay the difference. If extenuating circumstances are present, employees may be reimbursed for the full cost of certification at the supervisor's discretion.
4. Costs for professional registrations are processed as outlined in section 50.01(3) and section 50.01(4) of the [Collective Agreement](#) between Government of Yukon and the Public Service Alliance of Canada/Yukon Employees' Union.
5. In the event that clinicians face criminal charges, they are required to report the charges to their supervisor.
  - o The supervisor is required to contact Human Resources for further direction immediately after receiving notification that a clinician is facing criminal charges.

## E.2: Conditions of employment

Unit: Car 867	Effective date: December 13, 2022
Branch: Mental Wellness and Substance Use Services	Last updated: March 4, 2024
Policy number: E.2	Review date: December 13, 2024

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### Definitions

**Conditions of employment:** All valid and current licenses, certifications, registrations and/or insurance that are required for Car 867 employment.

### Authorities

- [Public Service Act \(Yukon\). 2002](#)
- [Collective Agreement between Government of Yukon and the Public Service Alliance of Canada s. 50.01\(3\), 50.01\(4\)](#)

### Related policies and other documents

- [Mental Wellness and Substance Use Services 21 Conditions of employment policy](#)

<b>APPROVED BY:</b>	Cameron Grandy	Director, Mental Wellness and Substance Use Services
<b>DATE:</b>	2022/12/13	

## E.3: Shift exchange

Unit: Car 867	Effective date: December 13, 2022
Branch: Mental Wellness and Substance Use Services	Last updated: March 4, 2024
Procedure number: E.2	Review date: December 13, 2024

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### Purpose

This policy provides information on clinicians' shift exchange, including shift schedules, shift exchange practices and communication.

### Policy

#### Shifts

1. Car 867 operates seven days per week.
2. Two clinicians work rotational shiftwork to provide coverage each day of the week.
3. Clinicians work four days in a row followed by four days off.
  - This includes two days of day-time shifts followed by two days of evening shifts, as outlined in [Appendix A](#).
4. Day-time shifts are from 8 am to 4 pm and evening shifts are from 12 pm to 10 pm.
5. One clinician is paired with one RCMP officer each shift.
6. Clinicians' shift schedules are different from RCMP officers' shift schedules.
7. Whitehorse RCMP is responsible for scheduling RCMP officers for Car 867 and for organizing RCMP officers' shift backfill and coverage.
8. If clinicians are unable to attend scheduled shifts, clinicians are not expected to backfill for one another.
  - Car 867 continues to operate during the designated shift with only the RCMP officer present, unless an on-call clinician, who is specifically trained to provide backfill for Car 867, is also available to attend the designated shift.

#### Shift exchange

9. The goal of shift exchange is for clinicians to have a clear understanding of their responsibilities for client care.
10. As clinicians' shifts do not overlap, shift exchange is based on internal communication to relay information from the outgoing clinician to the incoming clinician.
11. On the first shift in their rotation, clinicians review all information provided by the outgoing clinician. This occurs in an environment where there are minimal distractions and interruptions, if possible.



## E.3: Shift exchange

Unit: Car 867	Effective date: October 11, 2023
Branch: Mental Wellness and Substance Use Services	Last updated: March 4, 2024
Policy number: E.3	Review date: October 11, 2025

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### Shift exchange communication

12. Clinicians communicate clients' personal health information in accordance with the [Health Information Privacy and Management Act](#), as outlined in [policy B.2](#).
13. Clinicians take all precautions necessary to protect client confidentiality and privacy when communicating client information. This includes ensuring that only individuals permitted to hear or view client personal health information are present during transmission of client information.
14. Clinicians communicate up-to-date client-specific information, including client conditions and circumstances, to one another through internal communication to ensure client safety and continuity of care.
15. Clinicians ensure the accurate transfer of information by using standardized medical terminology, as outlined in policy B.4, and avoid the use of uncommon abbreviations.

### Definitions

**Internal communication:** Secure methods of transmitting information between clinicians, such as accessing information in client files, secure electronic mail, and staff meetings.

**Rotational shiftwork:** Shifts that rotate or change according to a set schedule in which clinicians take turns working all shifts that are part of a particular scheduling system.

**Shift exchange:** The transfer of responsibility and accountability from the outgoing clinician to the incoming clinician. This includes the transfer of rights, duties and obligations.

### Authorities

- [Health Information Privacy and Management Act \(Yukon\), 2013](#)

### Related policies and other documents

- [B.2: Consent collection and documentation of personal health information](#)
- [B.4: Standard abbreviations](#)

<b>APPROVED BY:</b>	Cameron Grandy	Director, Mental Wellness and Substance Use Services
<b>DATE:</b>	2023/10/11	

## Appendix A: Clinician's rotational shiftwork schedule

Unit: Car 867	Effective date: October 11, 2023
Branch: Mental Wellness and Substance Use Services	Last updated: March 4, 2024
Related policy/procedure number: E.3	Review date: October 11, 2025

### Appendix A

#### Clinicians' rotational shiftwork schedule

Day	1	2	3		4	5	6	7	8
<b>Clinician 1</b>	Day Shift  08:00h-16:00h	Day Shift 08:00h-16:00h	Evening shift  12:00h-22:00h		Evening shift  12:00h-22:00h	Off	Off	Off	Off
<b>Clinician 2</b>	Off	Off	Off		Off	Day Shift  08:00h-16:00h	Day Shift 08:00h-16:00h	Evening shift 12:00h-22:00h	Evening shift 12:00h-22:00h

## E.4: Conflict management

Unit: Car 867	Effective date: August 2, 2023
Branch: Mental Wellness and Substance Use Services	Last updated: March 4, 2024
Policy number: E.4	Review date: August 2, 2025

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### Purpose

This policy describes how clinicians manage interpersonal conflict in the workplace.

### Policy

1. In accordance with [the General Administration Manual's Respectful Workplace policy 3.47](#), clinicians are responsible for:
  - conducting themselves in a respectful manner at work;
  - attempting to resolve differences in a respectful way;
  - approaching their supervisor, manager, human resources staff or the Respectful Workplace Office for assistance, as required; and
  - participating fully in interventions to resolve conflict and disrespectful behaviour.
2. Clinicians are encouraged to address conflict directly with the individuals involved in a professional manner.
3. Clinicians have the right to address conflict without fear of repercussions.
4. Clinicians approach workplace conflict in a safe environment and allow all parties to collaboratively discuss what is important to them, their needs, expectations and priorities.
5. Clinicians follow the principles of appropriate dispute resolution, according to the Respectful Workplace Office. These principles are as follows:
  - confidentiality and respect of privacy of all individuals involved;
  - participation whereby all people involved take responsibility to find mutually acceptable resolutions;
  - timeliness of conflict resolution; and
  - constructiveness whereby conflict resolution builds relationships and establishes trust.
6. If clinicians are unable to resolve conflict directly with those involved, clinicians escalate the issue to their supervisor.
7. Supervisors are responsible for intervening and for providing guidance and assistance to clinicians who are dealing with workplace conflict, as necessary.
8. If the issue cannot be resolved between clinicians and the supervisor, the manager intervenes and provides guidance and assistance.

## E.4: Conflict management

Unit: Car 867	Effective date: August 2, 2023
Branch: Mental Wellness and Substance Use Services	Last updated: March 4, 2024
Policy number: E.4	Review date: August 2, 2025

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9. The supervisor and manager contact human resources if they feel the need to consult due to the significance or complexity of the issue.
10. Employees have the option to contact the Respectful Workplace Office at any time to receive confidential advice and assistance with navigating workplace conflict.

### Definitions

**Disrespectful behaviour:** Any workplace behaviour that is unprofessional, inappropriate, rude, unpleasant, disturbing or offensive. This includes, but is not limited to, gossiping, ridicule, swearing, derogatory comments or gestures, abuse of authority, shunning, bullying, discriminatory conduct contrary to the *Yukon Human Rights Act* (including sexual harassment) and physical assault.

### Authorities

- [General Administration Manual Policy 3.47: Respectful Workplace](#)
- [Workers' Safety and Compensation Act \(Yukon\), 2008](#)
- [Yukon Human Rights Act \(Yukon\), 2002](#)

### Related policies and other documents

- [Government of Yukon conflict management services](#)
- [Respectful Office Workplace SharePoint page](#)

APPROVED BY:	Mike Healey	A/Director, Mental Wellness and Substance Use Services
DATE:	2023/08/02	

## E.5: Duty to report

Unit: Car 867	Effective date: August 2, 2023
Branch: Mental Wellness and Substance Use Services	Last updated: March 4, 2024
Procedure number: E.4	Review date: August 2, 2025

### Purpose

This policy provides guidelines for clinicians concerning their duty to report instances of suspected abuse, unprofessional conduct or incapacity.

### Policy

#### Reporting clinicians

1. Clinicians who believe, on reasonable grounds, that the actions of another clinician demonstrate unprofessional conduct or incapacity must bring it to the attention of their supervisor.
2. Clinicians work with the supervisor to determine next steps, which can include reporting the matter to the clinician's registrar in writing.
3. Clinicians and the supervisor use the unusual occurrence report to record the actions of the clinician and any conversations had with the individual or supervisor throughout the process.
4. The supervisor reports any suspensions and terminations of staff to the clinician's registrar in writing.

#### Reporting abuse

5. Clinicians consult with their supervisor or manager prior to reporting suspected abuse.
6. Clinicians immediately file an unusual occurrence report upon suspecting abuse of a child or an adult.
7. Clinicians only report the concerns of suspected abuse before consulting with a supervisor, if they believe the child or adult is in imminent risk of harm.
  - Staff report suspected child abuse to Family and Children's Services at 867-667-3002 or to the Royal Canadian Mounted Police (RCMP) local detachment at 867-667-5551.
  - Staff report any suspected cases of abuse of adults to the Adult Protection Unit at 867-456-3946 or to the RCMP local detachment at 867-667-5551.
8. Staff note that their duty to report concerns outlined in the [Child and Family Services Act](#) supersedes the [Health Information Privacy and Management Act](#), as well as their obligation to confidentiality.

## E.5: Duty to report

Unit: Car 867	Effective date: December 18, 2023
Branch: Mental Wellness and Substance Use Services	Last updated: March 4, 2024
Policy number: E.5	Review date: December 18, 2025

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### Receiving reports of abuse or neglect from a third party

9. Clinicians may receive information concerning suspected abuse from a third party, including but not limited to:
- receiving a call from a concerned person (for example, a client's friend, neighbour or relative).
  - being told by a client;
  - receiving a report from another health care provider; or
  - receiving a report from the RCMP.
10. If a clinician receives information of suspected abuse from a third party, they file an unusual occurrence report and inform their supervisor.
11. Clinicians and their supervisor work together to determine next steps.

### Authorities

- [Adult Protection and Decision Making Act \(Yukon\). 2003](#)
- [Child and Family Service Act \(Yukon\). 2008](#)
- [Health Professions Act \(Yukon\). 2003](#)
  - [Registered Psychiatric Nurses Regulation. 2009](#)
- [Registered Nurses Profession Act \(Yukon\). 2002](#)

### Related forms and other documents

- [Unusual occurrence report](#)

<b>APPROVED BY:</b>	Andrea Abrahamson	A/Director, Mental Wellness and Substance Use Services
<b>DATE:</b>	2023/12/18	

## E.6: Performance measurement

Unit: Car 867	Effective date: November 15, 2023
Branch: Mental Wellness and Substance Use Services	Last updated: March 11, 2024
Policy number: E.6	Review date: November 15, 2025

### Purpose

This policy provides guidelines for Car 867 performance measurement and program evaluation.

### Policy

1. Car 867 performance measurement objectives are as follows:
  - to provide ongoing indication of Car 867 performance; and
  - to provide continuous performance data for future evaluations of program functioning.
2. Car 867 program performance measurement is conducted in accordance with the approved performance measurement framework and the [Health Information Privacy and Management Act](#).
3. Car 867 evaluation activities are systematic and use appropriate methods in line with evaluation standards and principles.
4. Car 867 performance measurement indicators are organized within the following categories, as listed in [Appendix A](#):
  - improve health outcomes;
  - improve client experiences;
  - provide better experiences for care providers; and
  - better manage costs and system effectiveness.
5. Car 867 performance measurement indicators are based upon standard use of the following terms:
  - **call**: a request for service received either directly through 911 dispatch, from an internal RCMP referral or from an approved referral source.
  - **follow-up**: care that is provided either in person or via phone, as necessary, and is based on initial client assessment and Car 867 discretion.
  - **referral**: when clinicians refer the individual they have been call to, or their natural supports, to appropriate services.
6. Data is collected at regular intervals through a variety of methods and sources, including administrative data, interviews, surveys and self-reports.

## E.6: Performance measurement

Unit: Car 867	Effective date: November 15, 2023
Branch: Mental Wellness and Substance Use Services	Last updated: March 11, 2024
Policy number: E.6	Review date: November 15, 2025

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### Roles and responsibilities

7. Car 867 performance measurement is a collaborative process based on involvement from the following:
  - Mental Wellness and Substance Use Services (MWSU);
  - the RCMP;
  - clinicians;
  - clients; and
  - community organizations, non-governmental organizations and programs (such as Whitehorse General Hospital, Whitehorse Emergency Shelter, and other Health and Social Services' and community programs).
8. The manager, in collaboration with the program and project analyst, develops and oversees the performance measurement plan.
9. The Director of MWSU and RCMP approve the performance measurement plan.
10. The program and project analyst leads the implementation of the performance measurement plan, performs data analysis and creates reports to share results for decision makers and relevant parties.
11. The RCMP and clinicians assist with data collection and information gathering.
12. Clients and community partners provide data and information used in evaluation and performance monitoring.

### Reporting and application of findings

13. The program and project analyst completes an annual Car 867 performance measurement report that is provided to the Director of MWSU and the RCMP.
14. Car 867 promotes and facilitates the use of performance measurement findings to inform decisions related to program policies and practices.

### Definitions

**Indicators:** Specific, observable and measurable information used to determine if a program is implementing their program as expected and achieving their outcomes.

**Performance measurement:** A systematic method for collecting, analyzing and using data to examine the effectiveness and efficiency of programs and to contribute to continuous program improvement.



## E.6: Performance measurement

Unit: Car 867	Effective date: November 15, 2023
Branch: Mental Wellness and Substance Use Services	Last updated: March 11, 2024
Policy number: E.6	Review date: November 15, 2025

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**Performance monitoring:** The tracking of implementation progress through periodic data collection with the goal of providing early indications of progress.

### Authorities

- [\*Health Information Privacy and Management Act \(Yukon\), 2013\*](#)

### Related policies and other documents

- [B.1: Health information privacy and management](#)
- [B.2: Consent, collection and implementation of HIPMA](#)
- [B.3: Access, use, disclosure and security breaches of personal health information](#)

<b>APPROVED BY:</b>	Cameron Grandy	Director, Mental Wellness and Substance Use Services
<b>DATE:</b>	2023/11/15	

## Appendix A: Performance measurement indicators

Unit: Car 867	Effective date: November 15, 2023
Branch: Mental Wellness and Substance Use Services	Last updated: November 30, 2023
Related policy/procedure number: E.6	Review date: November 15, 2025

### Appendix A

#### Car 867 performance measurement indicators

Indicator
<b>I. Improve health outcomes/</b>
# and type of calls received by Car 867, during and outside of Car 867 hours
# and type of calls responded to by Car 867
#, type, and outcome of calls (apprehension or no apprehension)
# and outcome of on-site assessments conducted
# or % of clients consenting to referrals, by type
<b>II. Improve client experience</b>
# and outcome of mental health calls
Client <sup>i</sup> experience with Car 867 response to mental health-related call
Client support system (i.e., family, friends, community) experience with Car 867 response
Client self-reporting confidence in receiving appropriate care
# of redirections from ED or criminal justice system
<b>III. Provide better experiences for care providers</b>
Staff satisfaction and feedback re. Car 867 functioning
Community partner feedback re. Car 867 functioning and referral process
Hospital ED staff perspectives re. Car 867 functioning and impact
<b>IV. Better manage costs and system effectiveness</b>
# and type of referrals made to appropriate services and programs
# of successful apprehensions and appropriate outcomes

## E.7: Client feedback

Unit: Car 867	Effective date: September 19, 2023
Branch: Mental Wellness and Substance Use Services	Last updated: March 11, 2024
Policy number: E.7	Review date: September 19, 2025

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### Purpose

This policy describes how clinicians collect and manage client feedback.

### Policy

1. Client feedback is an essential part of Car 867's quality assessment and improvement processes.
2. Clinicians ensure that clients understand that they can provide feedback at any time and in the format of their choosing.
3. Clinicians strive to make clients feel comfortable providing feedback.
4. Clinicians receive client feedback in a professional manner and ensure that feedback does not interfere with the quality of care.
5. Clinicians use their discretion to determine whether feedback is considered informal or if it is serious enough to be documented and deemed formal feedback.
6. If clinicians receive informal feedback, clinicians document the feedback as part of the clinical encounter in the client's electronic medical record, at the clinicians' discretion.
7. If a client requests a formal pathway to lodge a complaint, clinicians provide the client with a client feedback form.
8. Clients, family members, legal advocates and people informally supporting a client can complete the client feedback form.
9. Clients submit completed feedback forms according to the directions on the client feedback form.
10. The Mental Wellness and Substance Use Services (MWSU) administrator forwards feedback forms linked to Car 867 to the Car 867 supervisor and manager.
11. Clinicians inform clients that their feedback is confidential, if the client desires, unless the feedback indicates an instance of abuse or if withholding the feedback endangers the client or other individuals.
12. Clinicians have a duty to report any feedback that indicates instances of abuse or if withholding client feedback endangers clients or other individuals.

## E.7: Client feedback

Unit: Car 867	Effective date: September 19, 2023
Branch: Mental Wellness and Substance Use Services	Last updated: March 11, 2024
Policy number: E.7	Review date: September 19, 2025

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### Definitions

**Formal feedback:** Feedback that is provided in writing and brought to the attention of the supervisor.

**Informal feedback:** Feedback that is provided via verbal discussion or other means as chosen by the client and does not need to be brought to the attention of the supervisor.

### Authorities

- [Adult Protection and Decision Making Act \(Yukon\), 2003](#)
- [Child and Family Service Act \(Yukon\), 2008](#)
- [Health Information Privacy and Management Act \(Yukon\), 2013](#)
- [Health Professions Act \(Yukon\), 2003](#)
  - [Registered Psychiatric Nurses Regulation, 2009](#)
- [Registered Nurses Profession Act \(Yukon\), 2002](#)

### Related policies and other documents

- [B.2: Consent, collection and documentation of personal health information](#)
- [B.3: Access, use, disclosure and security breaches of personal health information](#)
- [E.5: Duty to report](#)
- [Client feedback form](#)

APPROVED BY:	Cameron Grandy	Director, Mental Wellness and Substance Use Services
DATE:	2023/09/19	