

## Guideline 29: Collaboration with First Responders

If your agency is supporting a person who is at risk of police or emergency interventions, you should approach your local police and first responders and develop individualized intervention protocols and offer support to educate their staff.

The Community Networks of Specialized Cares have developed general guides for emergency protocols involving police and ambulance/emergency departments. These protocols should be individualized. Cross-sector training initiatives can complement the protocols. Here some suggestions:

- Invite representatives from the local police, ambulance/emergency departments to a session to learn about developmental disabilities and dual diagnosis.
- Help caregivers understand emergency procedures and protocols.
- If you are concerned about a specific client, invite local police officers to the residence. Introduce them to the individual and explain the person's needs. Work together to develop specific protocols. The officers will be able to respond more effectively should they be called to the home.

As mentioned in Guideline 10, Seeking cross-sector partnerships, Autism Speaks has excellent tips and resources for first responders. Go to [www.autismspeaks.org](http://www.autismspeaks.org) for more information.

A good practice is to educate first care responders about individual care plans before an emergency happens. You can do this by contacting the liaison officer at your local police department.



André had been arrested many times and was incarcerated for violent crimes before he came to live at his new home. His new home is managed by a community based developmental services agency with experience in supporting individuals with complex needs such as his.

The local OPP detachment was approached and a protocol was developed in collaboration with André, his parents and his caregivers. The first few interventions went well and the officers were able to calm André and reason with him. They also brought him along for a ride with flashing lights and sirens so that they could get to know each other and perhaps avoid problems. The agency had to convince police to avoid these "joy rides" as André was quick to understand he could get one if he showed aggressive behaviour.

When you call a first responder, explain that the individual has a developmental disability. Tell them how to interact with the person.

Follow-up with the first responders after the incident to make sure they have the appropriate information in their system. If another situation occurs, the first responder may be able to bring additional help, such as mental health workers.

A two-day training program for emergency responders was subsequently developed by the Community Network for Specialized Care. The training program was specifically held for those who deal with individuals with a dual diagnosis that demonstrate dangerous behaviour. They based their training on a program that was developed for emergency responders in mental-health related situations.

When it was offered, they anticipated that fifteen responders would show up. Forty did. The OPP, two local municipal forces and ambulance workers were present (their superior officers, in full uniforms, were present for a press conference before the event). The training was very helpful and appreciated by emergency responders.

As for André, his aggressive behaviours eventually lessened but he still liked to boast that he was "picked up" by police.

## Guideline 30: Collaboration with Hospitals

Agencies should develop protocols with the emergency departments of their local/regional hospitals. Protocols can be developed with other hospital departments if required.

Protocols can cover a number of issues such as:

- the support your agency can offer to hospital staff when a person is hospitalized
- joint discharge procedures
- special hospital admission processes
- agreements with hospitals when patients, who have been hospitalized for long periods, are discharged
- emergency room protocols
- access to hospitals and health services in general.

### Access to Health Services

Each Community Network of Specialized Care in Ontario has a HealthCare Facilitator. This person helps agencies improve access to primary care and develop collaborations/protocols with hospitals.

Regions throughout Ontario have developed and/or use a variety of tools to help people work with the health system. The Eastern Region has developed the Health Information Profile. It is designed to wrap around a person's health card so that both can documents can be presented when the person is seeking medical care.



"Dag is a 50 year-old man with a mild developmental disability and severe physical impairments. He had been hospitalized for three years due to a lack of adapted services and supports in the community. He was increasingly showing challenging behaviours, which included aggression and self-injury. We had a home that was dedicated to one of our service users in a rural area. It was developed to help care for a younger man named Sam who exhibited severe aggressive behaviours, but had stabilized following his move to the house.

The Health Information Profile was modified for use in Ottawa. Another version is being used in Thunder Bay. Ottawa is also using the About Me Tool. The North Region uses the Health Passport that was developed in the United States. Many tools have been developed and are being used around the province.

For more information, contact your Community Networks of Specialized Care Health Care Facilitator. Visit their website at [www.community-networks.ca](http://www.community-networks.ca).

The house is big enough for three autonomous apartments. We were asked to consider admitting Dag to this home. We negotiated an agreement with the hospital, through our Local Health Integration Network, for transitional funding upon his discharge and developed protocols for readmission if and when Dag would need hospital care in the future. He has now lived in our house for two years and has not been re-admitted to the hospital. Dag has his own apartment and enjoys it. We haven't had a single incident. Both men prefer to live on their own, and they are able to have their own routines and lives".



For more information on access to health services, visit the Health Care Access Research and Developmental Disabilities website at: [www.porticonetwork.ca](http://www.porticonetwork.ca).

You will find references to articles and links to videos, such as the one referred to on the previous page in Guideline 29 on the use of emergency rooms by clients with developmental disabilities.