Crosstown Clinic: Responding to Behavioural Health Concerns

Site Applicability

Providence Crosstown Clinic

Practice Level

Profession	Basic Skill	Response Level
RN/RPN/LPN	Respectful communication Evaluate client behaviours De-escalation strategies Fill out client safety plan	Boundary Discussion Boundary Discussion with written plan Supported Access plan Time-limited service limitation (1 session)
Charge Nurse	Respectful communication Evaluate client behaviours De-escalation strategies Fill out client safety plan	Boundary Discussion Boundary Discussion with written plan Supported Access plan Time-limited service limitation (1 session) Time-limited service limitation (2 or more sessions) - upon discussion with clinic coordinator and prescriber
Clinic Coordinator	Respectful communication Evaluate client behaviours De-escalation strategies Fill out client safety plan	Boundary Discussion Boundary Discussion with written plan Supported Access plan Time-limited service limitation (1 session) Time-limited service limitation (2 or more sessions) - upon discussion with prescriber Temporary exclusion and referral to an alternate clinic– upon discussion with prescriber and leadership
Prescriber	Respectful communication Evaluate client behaviours De-escalation strategies Fill out client safety plan	Boundary Discussion Boundary Discussion with written plan Supported Access Plan Time-limited service limitation (1 session) Time-limited service limitation (2 or more sessions) - upon discussion with clinic coordinator Temporary exclusion and referral to an alternate clinic– upon discussion with clinic coordinator and higher leadership
Clinic Outreach Worker	Respectful communication Evaluate client behaviours De-escalation strategies Fill out client safety plan	Boundary Discussion with nurse

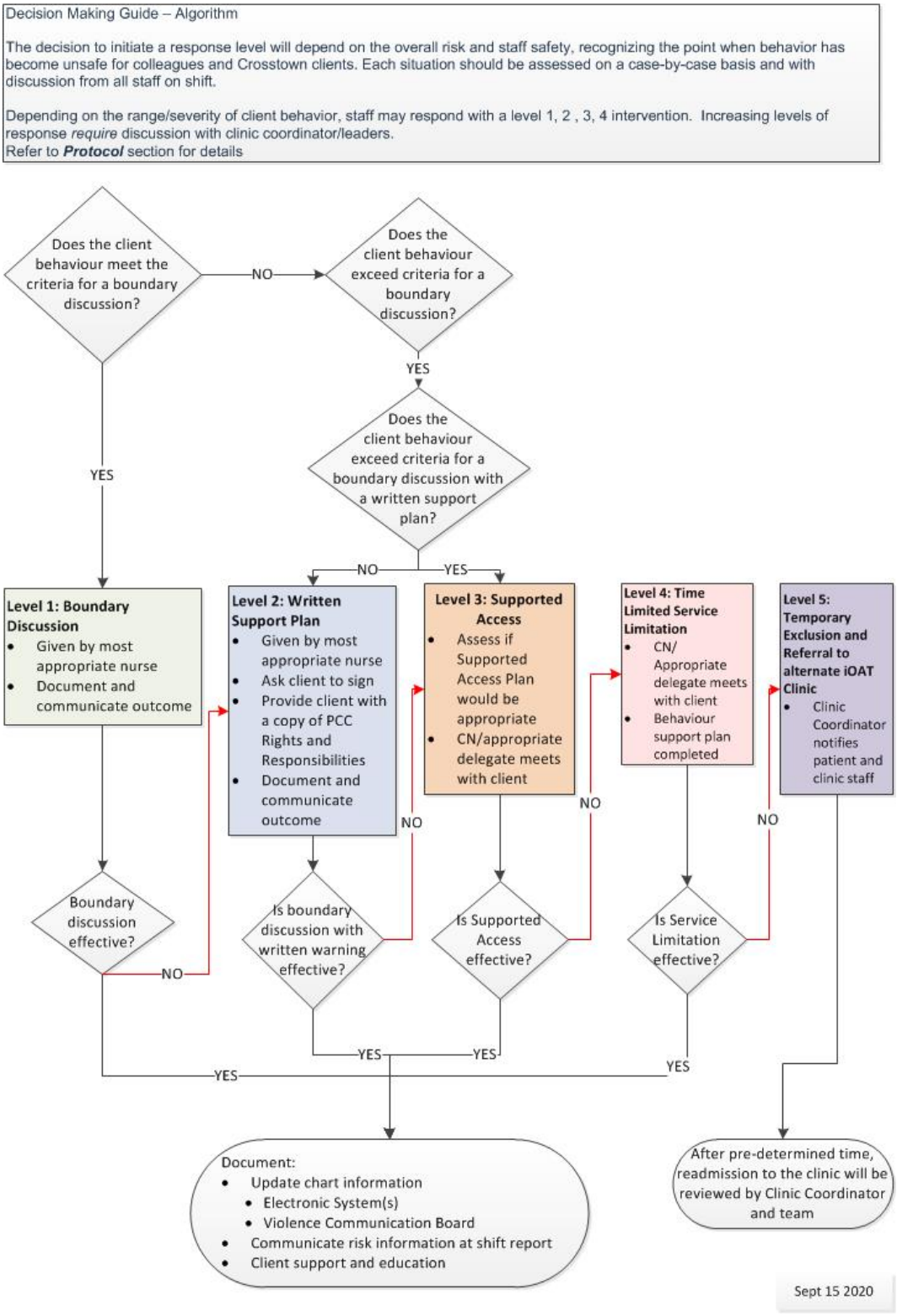
Profession	Basic Skill	Response Level
Clinic Assistant/MOA	Respectful communication Evaluate client behaviours De-escalation strategies Fill out client safety plan	Boundary Discussion
Social Worker	Respectful communication Evaluate client behaviours De-escalation strategies Fill out client safety plan	Boundary Discussion

Requirements

Providence Health Care (PHC) is committed to the prevention of workplace violence and will take all reasonable steps to ensure persons are safe from acts of workplace violence while at PHC sites or during work-related activities.

All persons associated with PHC are expected to conduct themselves in a civil, respectful, cooperative and non-discriminatory manner. Any threat or act of violence against persons on PHC property or against staff in the course of their duties is unacceptable and measures will be taken to hold people accountable for these actions.

Algorithm



Need to Know

1. **Goal:**

To provide clear and consistent process to evaluate and respond to client behavioural health concerns that may pose a risk to the safe delivery of Crosstown OAT program for staff and clients

Decision Considerations:

The decision to initiate a response level will depend on the overall risk, may depend on staff *perception* of risk (everyone has different risk tolerance) and personal safety while recognizing the point when behaviour has become emergent and unsafe for the person, other clients, and staff.

Depending on the range/severity of client behaviour, staff may respond directly with a Level 4 service limitation, instead of providing a verbal warning. Increasing levels of response will require discussion with clinic coordinator/leaders.

Behaviour demonstrating emotional crisis (*no one is getting physically hurt*) and behavioural emergency (*imminent risk of harm to persons*) exists on a continuum. This is not an exhaustive list of behaviours, but gives an idea of the range. Increased frequency and severity are indication of movement toward behavioural emergency.

← →		
Emotional Crisis – no one is getting physically hurt	**Continuum - potential for escalation or de-escalation**	**Behavioural Emergency – imminent risk of harm to person(s)**
o yelling o glaring o perseverating o crying o pacing o exaggerated movements o withdrawing o mumbling/ o talking to self o auditory hallucinations o slamming items down	o directed swearing o directed racial slurs o spitting o threats of self-harm o self-harm (can be a coping mechanism) o responding to command hallucinations o throwing objects generally o intimidating staff or clients	o Expressing suicidal ideation with a plan o potentially fatal self-harm o threat of physical harm o visible weapon (anything that can inflect harm) o kick, punch, grab at staff or clients o attempted strangulation o throwing objects at staff or clients o spitting on or at staff or client o fights/arguments with co-clients o posturing, physical intimidation o uttering threats to act or harm staff or clients o damaging property

All clients having a behavioural emergency require a support plan. If there are threats or physical violence, the client will require a higher level of intervention, such as a service limitation. While this has an impact on the client, it serves to support Crosstown Clinic's program requirements around behaviour expectations.

Examples:

- Client A threatens to wait for a member of staff after their shift.

  This requires service limitation and a support plan in place before they return to the clinic.

- Client B is swearing and shouting during a confrontation about accessing the clinic.

  This requires a boundary setting discussion with clear outlining of consequences if the behaviour happens again.

- Client C throws an item at a staff member.

  A behavioural support plan and a time-limited service limitation is put into place. If the client repeats the behaviour or displays additional concerning behaviours such as uttering threats, multiple day service limitation will be put in place. If the client repeats the behaviour again, they will be temporarily excluded.

Boundary discussions and service limitations are to be clearly explained so the client understands behavioural expectations, the situation which occurred, Crosstown process and the intervention required. At intake, clients will be made aware of clinic expectations and these can be refreshed at regular intervals.

Temporary exclusion and referral to an alternate clinic is the final option; we would prefer not to have to resort to this at Crosstown. In all cases, leadership will evaluate service limitation, program delivery and Crosstown Clinic's obligation to provide a safe work environment in accordance with the *Workers' Compensation Act* and Occupational Health and Safety Regulation balanced with the risks of limiting service to clients in the context of a dual Public Health Emergency.

Protocol

Staff must have a discussion as a group and assess the situation on a case-by-case basis, when making a decision about initiating a response level.

Level 1 – Boundary Discussion

1. Boundary discussion - lead by most appropriate staff member to ensure that the client understands what is happening, the clinic and program rules, client behaviour expectations and potential interventions.

   For example, "It isn't safe for everyone at the clinic when you [describe unsafe behaviour]. I need you to stop [describe unsafe behaviour] to keep this a safe space."

   If the client's behaviour continues, the most appropriate staff will follow through with a boundary discussion supplemented with a written support plan (see Level 2), outlining that future reoccurrences may result in further intervention.

2. Clinical Coordinator to review/discuss rights and responsibilities and support plan with the client within 24 hours or next business day.
    a. During weekends, the charge nurse (CN) or delegate (SW or Prescriber) will conduct the review with the client.
3. Update risk information/communication – may include one or more of the following:
    a. Update the Violence Communication Board as per Crosstown Clinic: Communicating Violence Risk
    b. Update electronic alerts/information in EMR/PARIS in ITCB
    c. Clinic staff to initiate/update VRSIP by alerting violence prevention team at St. Paul's Hospital
    d. Communicate client interaction and outcome at shift report

Level 2 – Boundary Discussion with Written Support Plan

1. Written support plan – most appropriate nurse to fill out behaviour support plan with client. Prescriber to co-sign behaviour support plan after it has been filled out.
2. Most appropriate nurse to provide client with a copy of the behaviour support plan as well as a copy of the clinic's rules and responsibilities.
3. If the client's behaviour continues, proceed to Level 3 (Time-limited service limitation).
4. Update risk information/communication – may include one or more of the following:
    a. Update the Violence Communication Board as per Crosstown Clinic: Communicating Violence Risk
    b. Update electronic alerts/information in EMR/PARIS in ITC: Behaviour (ITCB)
    c. Clinic staff to initiate/update Behavioural Care Plan by alerting violence prevention team at St. Paul's Hospital
    d. Communicate client interaction and outcome at shift report

Level 3 – Supported Access

1) If the behaviour warrants more than a written support plan, supported access should be provided, where the client may only enter the clinic at the end of designated group times, where no other clients are present and client is supported by a minimum of 2 staff members.

Level 4 – Time-Limited Service Limitation

1) One (1) session of service limitation
    a. If the behaviour warrants more than a written support plan and a supported access plan is not effective, a single session limitation can be initiated. The limitation must take place in the upcoming session.
    b. CN or most appropriate nurse meets with client to inform them of the limitation.
    c. Replacement OAT for the missed session to be prescribed and dispensed before the client leaves the clinic
    d. Document the missed session and notify/task clinic coordinator/prescriber in EMR for follow-up with the client.

e. CN or most appropriate nurse to complete Behaviour Support Plan: Expectations for return to Clinic and provide a copy to patient.
f. Input pop-up in OAT database, alerting staff of the service limitation.

2) Two (2) or more sessions of service limitation
   a. If a limitation of multiple sessions is warranted, the client will be required to meet with the clinic coordinator, CN, and/or team member(s) prior to returning to the clinic.
      The meeting may occur the next day if the client has left the clinic or it is unsafe at the time of the incident to notify them about their service limitation.
   b. Clinic coordinator, prescriber/prescriber on-call, SW and team members need to determine when and how to meet with the client safely and treatment options during the limitation including:
      i. Oral treatment support for two or more sessions; consider weekend/holiday process. The conversion to oral medication must be documented in EMR.
         - Staff will meet with the client in person to give them the script for the conversion to oral medication ***if it is safe to do so***
         - If it unsafe to meet with the client, staff will arrange for the script to be picked up at the client's residence or a pharmacy that the client currently accesses or is close to the client's residence. Staff need to call the residence/pharmacy to send the script and notify them about the timeframe for the oral medication prescription and the client's time away from Crosstown.
      ii. Injectable treatment support at another clinic.
   c. Clinic coordinator to complete Behaviour Support Plan: Expectations for return to Clinic and provide a copy to patient.
3) Multi-day limitation:
   a. Reviewed by team and clinical leaders
   b. Could be longer depending on assessment of incident/circumstances
4) Limitation over weekend or holiday period:
   a. Limitation can be put in place until the next operational weekday when the clinic has full staff
   b. Leadership and appropriate staff members to address and support staff in the short-term (immediate safety need).
5) Update risk information/communication – may include one or more of the following:
   a. Update the Violence Communication Board as per Crosstown Clinic: Communicating Violence Risk
   b. Update electronic alerts/information in EMR/PARIS in ITCB
   c. Clinic staff to initiate/update Violence Risk Alert by alerting violence prevention team (violenceprevention@providencehealth.bc.ca) at St. Paul's Hospital
   d. Communicate client interaction and outcome at shift report
   e. Notify other community services

Level 5 –Temporary Exclusion and Referral to Alternate iOAT Clinic

Temporarily excluding a client is the last option and not one we want to use at Crosstown, unless the safety of staff is compromised.

1) Notification Process
   a. Clinic coordinator/leadership to provide written letter to client outlining:
      i. The restriction(s),
      ii. The reason(s) for the restriction
      iii. Where client can access alternate treatment
      iv. Contact information for the Patient Care Quality Office
   b. Clinic coordinator will notify the client verbally in person or over the phone if safe to do so.
   c. Clinical staff to determine where discussion will occur, ensuring staff safety & supports are in place (standby/team support as needed)
   d. Clinic coordinator will notify Crosstown team when/where meeting will occur and standby support expected.
   e. For clients who have been dismissed, notify pharmacy group so that they are aware and can alert their staff members.
   f. Clinic coordinator will send an email about the client's temporary exclusion to all clinic staff members on a "need to know" basis– e.g. client has been provided a list of alternative treatment access and client behaviour concerns.
   g. Clinic coordinator will provide applicable information about the client's behavior to the clinic that they are being referred to.
2) Appeal process for client - if client disagrees with temporary exclusion from Crosstown Clinic after meeting with clinical staff, refer the client to Janet Silver:

   Patient Care Quality Office (PCQO)
   Providence Health Care
   1081 Burrard Street
   Vancouver BC V6Z 1Y6
   Telephone: 604-806-8284
   Email: jsilver@providencehealth.bc.ca

   Providence Health Care patient relations staff will follow internal investigation process.

   Dismissal from Crosstown is not permanent – there is a potential for clients to return depending on the appeal/review process.

Responding to Clients who Display Threatening or Violent Behaviour Towards Staff or Other Clients

- Incidents of violent behaviour are behavioural emergencies. Please refer to examples on page 4 and 5 above.
- If a threat is targeted towards a staff member, it is considered violent behaviour.

1.) For threatening behaviour:
   a. Most appropriate staff member to initiate a response level corresponding to the overall risk to staff or other clients.
   b. If the behaviour is repeated, most appropriate staff member to escalate the response level, and so forth.

2) For violent behaviour:
   a. Prioritize getting client out of the clinic with a team-based approach.
   b. Disengage the mag-locks for easy exit.
   c. If needed, press the emergency security buttons located beneath the desks, to alert VPD for assistance.
   d. Most appropriate staff member to initiate Level 4 of Protocol.
   e. After the above steps have been completed and the client returns to the clinic, most appropriate nurse to complete Behaviour Support Plan: Expectations for return to Clinic and provide a copy to patient.
   f. If behaviour continues, most appropriate staff member to initiate Level 5 of Protocol.

Responding to Client Diversion of Injectable OAT or Syringe Label

- Refer to Crosstown Clinic: Medication Diversion (Client) for protocol on how to approach clients suspected of diverting.
- All confirmed incidents of diversion of injectable medication or syringe label must be relayed to leadership immediately.
- If the diversion is confirmed and there is no indication that client did not comprehend their own actions, client will require a boundary discussion and time-limited service limitation.

1) All methods of contacting client must be exhausted. If needed, utilize assistance from Social Work if they are on shift, to reach client. If diversion is confirmed:
   a. Perform point of care assessment and if safe to do so, approach client to have a boundary discussion, discretely discuss what was diverted, and to have it returned to staff if client has not exited the clinic.
   b. Most appropriate nurse to have discussion with client regarding the reasons for diversion (e.g.: threats from others, not having enough medication to prevent withdrawal symptoms outside of clinic, etc.)
   c. Follow up with appropriate discipline regarding the concern. For instance, if a client is voicing that they do not have adequate coverage outside of clinic hours, alert prescriber to have discussion with client about dose titration.
   d. Contact leadership and prescriber to make them aware
   e. Document on EMR, shift report, and diversion watch list.

2) If client has left the clinic and diversion is confirmed:
   a. Contact client via phone to have a boundary discussion, discretely discuss situation and have medication returned to staff if possible
   b. Most appropriate nurse to have discussion with client regarding the reasons for diversion (e.g.: threats from others, not having enough medication to prevent withdrawal symptoms outside of clinic, etc.)
   c. Follow up with appropriate discipline regarding the concern. For instance, if a client is voicing that they do not have adequate coverage outside of clinic hours, alert prescriber to have discussion with client about dose titration.
   d. Contact leadership and prescriber to make them aware and enact level 4 intervention for client.

e. Document on EMR, shift report, and diversion watch list.

3) If client cannot be reached and diversion is confirmed:
   a. The next time the client comes into the clinic, perform point of care assessment and if safe to do so, most appropriate nurse to approach client to have a boundary discussion, discretely discuss what was diverted, and to have it returned to staff if client has not exited the clinic.
   b. Have discussion with client regarding the reasons for diversion (e.g.: threats from others, not having enough medication to prevent withdrawal symptoms outside of clinic, etc.)
   c. Follow up with appropriate discipline regarding the concern. For instance, if a client is voicing that they do not have adequate coverage outside of clinic hours, alert prescriber to have discussion with client about dose titration.
   d. Contact leadership and prescriber to make them aware and enact level 4 intervention for client.
   e. Document on EMR, shift report, and diversion watch list.

Responding to Client Diversion of Slow Release Oral Morphine (SROM)

- All clients with confirmed diversion of SROM are to have their SROM's sprinkled, to be re-assessed after one (1) month.
- Update shift report to include the client under diversion list.
- If diversion cannot be confirmed, document on EMR and continue to add client to the diversion list.

1.) If diversion is confirmed:
   a. Perform point of care assessment and if safe to do so, approach client to have a boundary discussion, discretely discuss what was diverted, and to have it returned to staff if client has not exited the clinic.
   b. Most appropriate nurse to have discussion with client regarding the reasons for diversion (e.g.: threats from others, not having enough medication to prevent withdrawal symptoms outside of clinic, etc.)
   c. Follow up with appropriate discipline regarding the concern. For instance, if a client is voicing that they do not have adequate coverage outside of clinic hours, alert prescriber to have discussion with client about dose titration.
   d. Most appropriate staff member to provide level 2 intervention

2.) If client has left the clinic and diversion is confirmed:
   a. Contact client via phone to have a boundary discussion, discretely discuss situation and have medication returned to staff if possible
   b. Most appropriate nurse to have discussion with client regarding the reasons for diversion (e.g.: threats from others, not having enough medication to prevent withdrawal symptoms outside of clinic, etc.)
   c. Follow up with appropriate discipline regarding the concern. For instance, if a client is voicing that they do not have adequate coverage outside of clinic hours, alert prescriber to have discussion with client about dose titration.

d. Most appropriate staff member to provide level 2 intervention when client returns to clinic next

3.) If client cannot be reached and diversion is confirmed:
   a. The next time the client comes into the clinic, perform point of care assessment and if safe to do so, most appropriate nurse to approach client to have a boundary discussion, discretely discuss what was diverted, and to have it returned to staff if client has not exited the clinic.
   b. Have discussion with client regarding the reasons for diversion (eg: threats from others, not having enough medication to prevent withdrawal symptoms outside of clinic, etc.)
   c. Follow up with appropriate discipline regarding the concern. For instance, if a client is voicing that they do not have adequate coverage outside of clinic hours, alert prescriber to have discussion with client about dose titration.
   d. Most appropriate staff member to provide level 2 intervention when client returns to clinic next

Responding to Theft of Clinic, Staff or Client Property

1) Confirmed theft of clinic or staff property
   a. All confirmed incidents of clinic or staff property theft must be relayed to leadership immediately. If there is no indication that client did not comprehend their own actions, client will require a boundary discussion and a level 4 intervention.
   b. All methods of contacting client must be exhausted. If needed, utilize assistance from Social Work if they are on shift, to reach client.
   c. After performing point of care assessment, most appropriate staff member to discretely have boundary discussion with client and ask client to return the item to clinic, immediately, if possible.
   d. If client returns item to clinic, most appropriate nurse to provide client with a level 4 intervention.
   e. After the above steps have been completed and the client returns to the clinic, most appropriate nurse to complete Behaviour Support Plan: Expectations for return to Clinic and provide a copy to patient.
   f. If client is unable to return the item to clinic, tell client that the police will be notified for follow up.
   g. Contact VPD non-emergency line at 604-717-3321 to file a police report.
   h. When client returns to the clinic, most appropriate nurse to provide client with a level 4 intervention.
   i. After the above steps have been completed and the client returns to the clinic, most appropriate nurse to complete Behaviour Support Plan: Expectations for return to Clinic and provide a copy to patient.
   j. Make leadership and prescriber aware, and document on EMR as well as shift report.

2) Confirmed theft of client property

a. Charge nurse to assess the situation, if there is no indication that client did not comprehend their own actions, client will require a boundary discussion and a level 4 intervention.
b. All methods of contacting client who took the item must be exhausted. If needed, utilize assistance from Social Work if they are on shift, to reach client.
c. Charge nurse to follow up with client whose item was taken to provide an update and to inform them of their right to contact VPD Non-Emergency Line (604-717-3321) to file a report. The person who took the item can NOT be identified in any way to the client. If client requires assistance to file police report, please involve Social Worker for assistance.
d. After performing point of care assessment, most appropriate staff member to discretely have boundary discussion with client who took them item and ask client to return the item to clinic, immediately, if possible.
e. If client returns item to clinic, most appropriate nurse to provide client with a level 4 intervention. Item to be returned back to client who it was taken from, discretely without client identifiers provided to them. If unable to return item to clinic, provide update to the client who it was taken from.
f. After the above steps have been completed and the client returns to the clinic, most appropriate nurse to complete Behaviour Support Plan: Expectations for return to Clinic and provide a copy to patient.
g. Make leadership and prescriber aware, and document on EMR as well as shift report.

Responding to Drug Dealing in or Around the Clinic

1. Drug dealing in the clinic
    a. Perform point of care assessment and if safe to do so, approach clients discretely to separate them and stop transaction.
    b. Have a boundary discussion with both parties and provide clients with a level 4 intervention.
    c. Make leadership and prescriber aware.
    d. After the above steps have been completed and the client returns to the clinic, most appropriate nurse to complete Behaviour Support Plan: Expectations for return to Clinic and provide a copy to patient.

2) Drug dealing in front of the clinic
    a. Make leadership aware.
    b. Clinic coordinator to approach client when the next time they come into the clinic and have a boundary discussion.
    c. If client continues to deal drugs around the premises, clinic coordinator will have boundary discussion with written support plan.
    d. Plan for supported access may be initiated if client continues to deal drugs around the premises.

Documentation for all violent incidents and clinic rule violations

Update risk information/communication – may include one or more of the following:

- Update the behaviour binder and Violence Communication Board as per Crosstown Clinic: Communicating Violence Risk
- Update electronic alerts/information in EMR/PARIS and/or Cerner
- Clinic staff to initiate/update Violence Risk Alert in Cerner by notifying violenceprevention@providencehealth.bc.ca if client is physically violent, threatens physical violence or has history of physical violence from a credible source.
- Document referral to PCQO in the client's chart/binder/electronic record.
- Communicate client interaction and outcome at shift report
- Notify other community services
- Report to leadership and the Workplace Health Call Centre at 1-866-922-9464

Patient and Family Education

- Clients are informed of the above processes at client intake
- Clients rights and responsibilities are posted on posters at Crosstown Clinic
- Clients will have regular refreshers on clinic rules

Related Documents

1. B-00-07-10081 – Crosstown Clinic: Communicating Violence Risk
2. B-00-13-10219 - Crosstown Clinic: Code White Response
3. B-00-16-10032 – Crosstown Clinic: General Safety Practices
4. B-00-13-10217 – Crosstown Clinic: Medication Diversion (Client)

Crosstown Clinic documents

- Providence Crosstown Clinic. (2019). *Providence Crosstown Clinic. Clinic Rules*.
- Providence Crosstown Clinic. (2019). *Providence Crosstown Clinic. Clinic Guidelines for Interventions.*
- Providence Crosstown Clinic. (2019). *Rights and Responsibilities of Clients of Providence Crosstown Clinic.*

References

BC Provincial Mental Health and Substance Use Planning Council. (2013). *BC Trauma-informed practice guide*. http://bccewh.bc.ca/wp-content/uploads/2012/05/2013_TIP-Guide.pdf

Developed by:

Crosstown Clinic Staff

Crosstown Clinic Patient Care Manager

Crosstown Clinic Supervisor

Crosstown Clinic Social Worker

Violence Prevention Coordinator PHC

Persons/Groups Consulted:

Program Director

Clinic Physician

Joint Occupational Health and Safety Committee

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Last Reviewed:	
Approved By:	PHC
	Professional Practice Standards Committee
Owners:	Urban Health

Appendix A: Information for Staff - From Trauma-Informed Practice Guideline 2013:

It is very common for people accessing Mental Health and Substance Use services to report prior or current experiences of trauma and violence in their life. This can impact every aspect of an individual's life and may present in different ways

Physical	Emotional or Cognitive	Spiritual	Interpersonal	Behavioural
Unexplained chronic pain or numbness Stress-related conditions (e.g., chronic fatigue) Headaches Sleep problems Breathing problems Digestive problems	Depression Anxiety Anger management Compulsive and obsessive behaviours Dissociation Being overwhelmed with memories of the trauma Difficulty concentrating, distracted Fearfulness Emotionally numb/flat Loss of time and memory problems Suicidal thoughts	Loss of meaning, or faith Loss of connection to: self, family, culture, community, nature, a higher power Feelings of shame, guilt Self-blame Self-hate Feel completely different from others No sense of connection Feeling like a 'bad' person	Frequent conflict in relationships Lack of trust Difficulty establishing and maintaining close relationships Experiences of re-victimization Difficulty setting boundaries	Substance use Difficulty enjoying time with family/ friends Avoiding specific places, people, situations (e.g., driving, public places) Shoplifting Disordered eating Self-harm High-risk sexual behaviours Suicidal impulses Gambling Isolation Justice system involvement

Appendix B: Rights and Responsibilities of Clients of Providence Crosstown Clinic

CROSSTOWN CLINIC
CLIENT RIGHTS AND RESPONSIBILITIES

WELCOME TO CROSSTOWN CLINIC

Our Vision

We rise to the challenge of the epidemic of addiction by creating opportunities for care, advocacy, and learning.

Our Mission

- *We create opportunities for engagement, care, advocacy, and learning while recognizing the barriers that exist.*
- *We provide respectful, non-judgemental, diversified care.*
- *We work to promote health of body, mind, and spirit in our clients, ourselves, and in our community.*
- *We advocate for a continuing stable treatment program.*

Clinic Services

- Providence Crosstown Clinic is open 7 days a week from 7:30 am - 10:30 pm, including statutory holidays.
- We close daily between 11:35 am - 12:35 pm, 2:40 - 3:25 pm, and 7:00 - 8:00 pm for meal breaks and shift change.
- While receiving care at Providence Crosstown Clinic, we recommend that you use the pharmacy within the clinic.
- The pharmacy is open 7 days a week from 8:30 am - 4:00 pm, including statutory holidays.
- There are Physicians and a Nurse Practitioner on staff Monday to Friday 7:30 am - 2:30 pm.
- There are Social Workers available daily, a Dietitian and a Spiritual Health Worker here once a week.
- Your cooperation and participation is requested when a staff member asks that you complete a breathalyzer test or provide a urine sample.
- Discussions regarding dose changes or carries must be addressed with your assigned physician.
- We will refer you to other health professionals and specialists if needed.
- We will offer you reminders about appointments and assistance with transportation if needed.

Clinic Rules

- Everyone should be treated with dignity and respect.
- Situations that may result in a behavioural contract, a call to the police, or dismissal from receiving services at Providence Crosstown Clinic include:
  - Threatening or violent behaviour towards staff or other clients
  - Diversion or theft of any medications
  - Theft of clinic, staff, or client property
  - Drug dealing on or around the premises
- Inappropriate behaviour will be dealt with in five steps; a boundary discussion, a boundary discussion with a written support plan, a supported access plan, a time-limited service limitation, and temporary exclusion and referral to an alternate iOAT clinic. If it continues then we may not be able to continue to provide care for you.
- You may store a small amount of your belongings (such as a backpack or jacket) at the clinic, at your own risk for a short time while you use the injection room, or when providing a urine sample.
- Staff are not responsible for your belongings, monetary funds, or mail.

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CROSSTOWN CLINIC
CLIENT RIGHTS AND RESPONSIBILITIES

RIGHTS AND RESPONSIBILITIES OF CLIENTS OF PROVIDENCE CROSSTOWN CLINIC

AS A CLIENT OF CROSSTOWN CLINIC, YOU HAVE A RIGHT TO:

- Feel safe and respected
- Be unharmed physically, emotionally, and psychologically
- Be in a clean and supportive environment
- Receive appropriate support, attention, and treatment
- Have a voice

THE RESPONSIBILITIES OF CLIENTS OF CROSSTOWN CLINIC:

- Respect the hours of the clinic and come during posted clinic times
- Arrive and leave the clinic in an orderly fashion and do not loiter
- Help create and maintain a safe, clean place
- Conduct yourself in a reasonable manner
- Do not harm others
- Do not use alcohol on-site
- Do not smoke on-site
- Do not deal, exchange, share, or pass anything while in the clinic
- Do not use or display weapons on-site
- Care for your own belongings and not leave them at the clinic
- Do not display money
- Follow the direction of clinic staff
- Do not walk around with an uncapped syringe
- Do not bring pets of any kind into the clinic
- Do not solicit sex on-site
- Respect the property and privacy of others in the clinic

I acknowledge that I understand the Rights and Responsibilities of Clients of the Crosstown Clinic as they have been explained to me. I have had an opportunity to ask questions about the Crosstown Clinic and my questions have been answered.

Client signature: _____ Date: _____

Client printed name: _____

Witness signature: _____ Date: _____

Witness printed name: _____

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Appendix C: Clinic Expectations:

1. Everyone is treated with dignity and respect

2. Situations that may result in a behavioural support plan, a call to the police, or dismissal from receiving services at Providence Crosstown Clinic include:
    a. Threatening or violent behaviour towards staff or other clients
    b. Diversion or theft of any medications
    c. Theft of clinic, staff or client property
    d. Drug dealing on or around the premises

3. Inappropriate behaviour will be dealt with in three steps; a boundaries discussion, a letter of expectation, and a behaviour contract. If it continues then we may not be able to continue to provide care for you.

4. You may store your belongings at your own risk at the clinic for a short time while you use the injection room, or when providing a urine sample.

5. Staff are not responsible for your belongings, monetary funds, or mail.

Appendix D: Clinic Guideline for Interventions

Clinic Guideline for Interventions

Situation	Intervention	Level of Intervention
No verbal threats against staff	Can range from boundary discussions to temporary exclusion of services with a referral to alternate iOAT clinic	1-5
It is forbidden to use violence against staff	Can range from boundary discussions to temporary exclusion of services with a referral to alternate iOAT clinic	1-5
No violence between patients	Can range from a supported access plan to temporary exclusion of services with a referral to alternate iOAT clinic	1-5
It is forbidden to remove drugs from clinic	Can range from service limitation to temporary exclusion of services with a referral to alternate iOAT clinic	4-5
Illicit drug use or alcohol use is prohibited on the premises of Crosstown Clinic	Can range from boundary discussions to service limitation	1-4
Follow staff direction to maintain respectful communication at the clinic and smooth clinic flow	Can range from boundary discussions to temporary exclusion of services with a referral to alternate iOAT clinic	1-4
No passing items while in the clinic	Can range from boundary discussions to service limitation	1-4
No excessive noise in and around the building	Can range from boundary discussions to service limitation	1-4
No vandalizing	Can range from a supported access plan to temporary exclusion of services with a referral to alternate iOAT clinic	3-5
No exchange of drugs in the clinic	Can range from a supported access plan to temporary exclusion of services with a referral to alternate iOAT clinic	3-5
Exchanging drugs and alcohol near the clinic are prohibited.	Can range from boundary discussions to temporary exclusion of services with a referral to alternate iOAT clinic	1-5

No weapons displayed in the clinic	Can range from boundary discussions to temporary exclusion of services with a referral to alternate iOAT clinic	1-5
No personal items (including bicycles) are permitted in to be left in the vestibule of Crosstown Clinic	Participant must remove personal items prior to receiving care in clinic	
No animals in the clinic	Clients are not allowed to enter or receive care in the clinic with an animal	
No sitting or loitering near the clinic	Staff to have boundary discussions with clients	1
Theft with or without forced entry into the premises of Crosstown Clinic lead to exclusion.	Burglary: exclusion Theft: Can range from service limitation to temporary exclusion of services with a referral to alternate iOAT clinic	4-5