

Family Relief Worker Guidebook

The Information Guide for Family Relief Workers

Located at
Unit 1
30 Bennett Street
Carleton Place, Ontario
K7C 4J9
Phone: 257-7619 or 1-866-257-7618
Fax: 257-2209

Revised October 2006

THE LANARK COUNTY FAMILY RELIEF PROGRAM

Introduction to Family Relief Workers

The Family Relief Program has been in existence in Lanark County since 1981. We are a non-profit organization that manages funds and coordinates relief service for families caring for a child with a developmental disability or physical disability and to families caring for an adult with a developmental delay. The number of families we serve has been growing steadily over the years and our focus has also broadened. We coordinate in-home, out of home and community integrated relief, a variety of summer programs, as well as year-round recreational programs for all ages. We are pleased to welcome you to our growing team.

Yours truly,

Carol Anne McNeil,
Family Relief Manager,
Lanark County Family Relief Program

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Family Relief Program and Finance Staff

Family Relief Manager.....	Carol Anne McNeil, ext. 28
Finance Manager.....	Rebecca Bowie, ext. 27
Finance Assistant.....	Frank Lunn, ext. 30
Administration Assistant.....	Christine Murphy, ext. 22
Child/Youth Respite Coordinator.....	Shari Southin, ext. 33
Case Coordinator.....	Cynthia Ferreir, ext. 29
Case Coordinator.....	Jennifer Downey, ext. 24
Case Worker.....	Christine Crampton, ext. 26
Case Worker.....	Melanie Ferguson, ext. 23
Case Worker/Worker Recruitment & Matching.....	Jan Paul-Barr, ext. 34
Case Worker.....	Nicole Murray, ext. 36
Case Worker.....	Stephanie Randall, ext. 37
Adult Program Director.....	Terry Fox, ext. 45
Carleton Place Youth Program Leader.....	Melissa Mackay, ext. 46
Smiths Falls Youth Program Leader.....	Jayda Dalglish, ext. 47
Perth Youth Program Leader.....	Brooke Kehoe, ext. 49
Special Events Leader.....	Mary Beth Devine, ext. 50

Philosophy of the Family Relief Program

The following values must be shared when working in the capacity of Family Relief Worker:

- Services must be provided in a manner, which preserves the *dignity* of the individual.
- Services must be provided in a manner that displays a fundamental belief that *all persons are equal*.
- Services must be provided for individuals with disabilities so as to promote *empowerment* and personal *fulfillment*.
- All individuals with disabilities can *learn skills* which will improve their lives and relationships.
- All individuals with disabilities fully share the right to *integration, access and participation* within the community.
- Client families have the right to preserve their *privacy*.

LANARK COMMUNITY PROGRAMS
Unit 1, 30 Bennett Street, Carleton Place, Ontario K7C 4J9
257-7619 or 1-866-257-7618
Fax: 257-2209

FAMILY RELIEF PROGRAM JOB DESCRIPTION

POSITION: **Family Relief Worker**

REPORTS TO: Client Case Worker

QUALIFICATIONS:

- 16 years of age or older and access to transportation
- criminal record check updated within the last six months
- patience and understanding and/or experience with special needs individuals
- knowledge and/or experience in family relief work
- effective communication and interpersonal skills
- responsible, sensitive, warm, creative and non-judgmental individual
- flexible and willing to upgrade skills through service training
- committed to helping people

DUTIES INCLUDE:

Family Relief Worker Duties

- supply short term relief for parents/caregivers of individuals who are developmentally and/or physically handicapped
- keep accurate records for documentation
- keep case worker informed of any problems or concerns regarding a client
- other duties as may be assigned by parent/caregiver

Family Relief Worker Responsibilities

- ensure complete physical and mental well being of client
- have Family Relief Worker's Guidebook in your possession for reference and instruction for standard procedures and emergencies
- have client's health card numbers, emergency phone numbers (including parent/caregiver contact numbers)
- leave client's home in same condition it was found

Family Relief Worker Code of Conduct

The following guidelines are to be adhered to at all times. Failure to do so will result in reprimand, or in some cases dismissal.

Respect

Family Relief Workers must treat clients with the dignity and respect they deserve. A Family Relief Worker is a facilitator and supporter. If a Family Relief Worker sees a need to comment or react to a client's language or behaviour they *must* do so in a manner which is as positive as the circumstances allow.

Confidentiality

Family Relief Workers have signed an Oath of Confidentiality. This means that they shall not discuss any information obtained through Lanark Community Programs, or while working in the capacity of Family Relief Worker, related to any client or client families, other than for professional reasons with a Family Relief staff member. **(Please be advised, however, that you are legally obliged to report any suspicions you might have relating to child neglect or child abuse and that this *does not* constitute a breach of your Oath of Confidentiality.)** For more information on this topic refer to Appendix A.

Appropriate Language

Family Relief Workers must use appropriate language at all times. Obscenities, swear words, lewd, suggestive or prejudiced comments or inappropriate humour are never to be used in the presence of clients, client families, or at any time while acting in the capacity of Family Relief Worker.

Abuse

Family Relief Workers shall not use physical force or the *threat* of physical force at any time when acting in the capacity of Family Relief Worker. If behaviours are a concern, please contact the Family Relief Office. Workers shall act in a manner which is in accordance with the philosophy of the Family Relief Program.

Punctuality

Family Relief Workers are expected to be punctual. If at any time you are unable to meet your obligation, ample notice must be given to the client's family. Always call and confirm.

No Smoking Policy

Family Relief Workers must respect our "**No Smoking Policy**". While acting in the capacity of Family Relief Worker, individuals shall not smoke. For more information refer to Appendix B.

No Alcohol Policy

Family Relief Workers shall not consume or purchase any alcoholic beverages prior to or during work hours. In addition, workers shall not expose clients to any situations where alcohol is being purchased or consumed.

Liability

Non-contract workers (Family Relief Workers who work on a regular basis with a family throughout the year) are hired on a purchase of service basis and are ***not covered by any liability insurance***. It is therefore crucial that you not take on any activities that you feel may be injurious to the well being of yourself or your clients (ie. Heavy lifting).

The Family Relief Program ***does not provide insurance for our clients*** so again for both of your protection and for the well being of our clients it is important to ***avoid any situation or activity that may put you or the client at risk***.

Contract workers (usually used for staff hired in the summer who work full-time for 8-10 weeks and sign a contract) are covered by the Workman's Compensation Board and by Lanark Community Program's liability insurance.

Procedure in Case of Injury on the Job

1. Notify a Family Relief caseworker or finance staff member (Rebecca Bowie or Frank Lunn) and fill out the appropriate forms as soon as possible. These steps must be taken ***within 24 hours of the injury*** in order to process your claim.
2. See a doctor immediately. Inform the physician that the injury was work related.

Payment Information
Purchase of Service Workers (Non-Contract Workers)

Purchase of Service Workers are paid once a month. Before the accounting department can issue a payment, a completed Proof of Delivery form must be submitted. P.O.D.'s and Travel Expense Claim Forms (when approved by the caseworker) are due at the end of the month. They must be received by the Family Relief office no later than the 3rd of the following month in order to have a payment direct deposited by the 10th or the business day before if the 10th falls on a weekend or holiday. (If you do not have direct deposit, please note that all cheques will be mailed out on the issue dates specified on the cheque schedule at 3:30 p.m.) If these conditions are not met, then the accounting department will hold payments until the 10th of the following month.

Note: Family Relief Workers are hired on a purchase of service basis. They are hired by families and are not covered under our liability, therefore, **no EI, CPP or WCB premiums will be deducted from payments. In addition, our workers are responsible for reporting and paying any tax on this income. Although, T4A's will be issued to those who have accumulated enough hours. Therefore, S.I.N. numbers must be submitted.**

Please remember:

- Each Proof of Delivery form must have the **worker and client's full name printed clearly at the top.**
- All dates, and hours worked must be **signed by the worker and parent at the time of service (not at the end of the month).**
- P.O.D.'s must be received by the 3rd of the following month or no payment will be issued for that pay period. There will be no exceptions. Please fax (257-2209), hand deliver, or mail to The Family Relief Program Attn: Christine Murphy, P.O. Box 5, R.R.#1, 7270 County Rd. 29, Suite 203, Carleton Place, ON K7C 3P1.
- Each client family has a collection of P.O.D.'s; however Family Relief Workers hired in the summer are to get their time sheets from the Recreation Supervisor. All payments will be direct deposited. (If you do not have direct deposit, please note that all cheques will be mailed out on the issue dates specified on the cheque schedule at 3:30 p.m.).

**REGULAR FAMILY RELIEF
MONTHLY PROOF OF DELIVERY FORM
FOR SPECIAL SERVICES AT HOME AND ACSD**

WORKER: _____ **MONTH:** _____

CLIENT NAME:

AUTH. #:

Date of Relief	Time Worked	Total Hours Worked	Worker Signature	Parent/Guardian Signature
<i>March 5/98</i>	<i>9:30 am to 6:00 pm</i>	<i>10 hrs</i>	<i>Joe Worker</i>	<i>Mary Parent</i>
TOTAL HOURS =				

Please send completed proof of delivery form to:

The Family Relief Program
ATTENTION: Christine Murphy
Box 5, RR#1, 7270 County Rd. 29, Suite 203
Carleton Place, ON K7C 3P1
FAX: 1-613-257-2209

As the Worker, I am aware that I am considered to be self-employed and I am responsible for keeping a record of earnings and to declare these earnings to Revenue Canada for income tax purposes. I understand that I am **not** an employee of Lanark County Family Relief Program. **The Parent and Worker,** understand that Family Relief accepts no responsibility for supervision of the Worker or for the quality of the service provided or any liability pursuant to any matter between the Parent and the Worker.

THE OFFICE MUST RECEIVE MONTHLY PROOF OF DELIVERIES BY THE 3RD OF EVERY MONTH. DIRECT DEPOSITS ARE ISSUED ON THE 10TH OF THE MONTH. IF THE 10TH FALLS ON A WEEKEND OR HOLIDAY, DIRECT DEPOSITS WILL BE ISSUED ON THE PRECEDING BUSINESS DAY. IF YOU DO NOT HAVE DIRECT DEPOSIT, YOUR CHEQUE PAYMENT WILL FOLLOW OUR REGULAR CHEQUE SCHEDULE.

This area for office use only:

Resources

As a relief worker you will be expected to supply a variety of activities for your clients. To assist you in developing your ideas and activities remember that there are many resource individuals available to you.

The primary resources are the **parents/guardians**. They are the ones who will decide which activities are acceptable and which are not. They also know the client better than anyone else. The parents/guardians can inform you as to which activities have worked well in the past, and their child's interests. This will be an excellent starting point.

The following list includes many of the resources available:

- **Other Family Relief Workers.** We would like to encourage relief workers to establish a 'buddy system' whereby workers can set up a mutual support network to share ideas and experiences.
- **Family Relief Case Workers.**
- Contact **town or township office** regarding recreation organizations or activities.
- **Carleton Place Swimming Pool, Perth and District Indoor Pool:** Contact re: schedule and pool related activities.
- **Local Chamber of Commerce** re: available activities, ask about museums, tours, etc. and schedules.
- **Public Library** re: schedule and special upcoming events.
- **Schools and Daycares** re: activities and events.
- **Churches** re: activities and upcoming events.

Appropriate Activities

What makes an activity appropriate, or inappropriate for your client? An activity is *appropriate* if it meets the following criteria:

- It is **safe**.
- It will provide a **positive learning experience** for the client.
- It will be **interesting** for the client.
- It will help **build self-esteem**.
- The client's parent's will have **no objections** to the activity.

An activity is *inappropriate* if **any** of the following apply:

- It puts the safety of your client or yourself at **risk**.
- It promotes **negative behaviours**.
- The activity was **chosen without considering your client's needs**.
- Your **client is unable to participate** in the activity for any reason.
- The client's **parents will not approve** of the activity for any reason.

In choosing a selection of activities it is important to know your client. This would include having an understanding of his/her interests, special abilities, limitations, and even any fears or reservations which they might have. This information is very important in order to *set the individual up for success*.

Given these guidelines please do not hesitate to include new activities, which in your opinion will provide an opportunity for your client to broaden their skills or interests.

Please refer to the page entitled "Relief Worker Resources" when deciding upon your weekly schedule. Remember to establish a balance of routine with variety always keeping your client's needs in mind.

An example of a weekly schedule:

Time	Monday	Tuesday	Wednesday	Thursday	Friday
09:00-10:30	Walk to library	Go to beach	Group sports	Go fishing	Go to museum
10:30-10:45	SNACK				
10:45-12:00	Library to park	Beach/swimming	Group sports	Fishing	Museum
12:00-01:00	SNACK				
01:00-02:30	Horseback riding	Indoor Crafts	Park/walk home	Play ball in park	Walk home
02:30-02:45	SNACK				
02:45-04:30	Quiet game/activity	Crafts	Watch movie	Quiet game/activity	Craft/game

Note that each day included both physical activities and quiet activities, and that the client would be exposed to a variety of social situations during their week.

Procedures for Family Relief Workers

Medical Emergency or Serious Illness

(Includes serious cuts, head injury, broken bones, suspected poisoning, flu with high temperature and any indications of serious illness, etc.)

Action:

Call 911. Call parent/guardian right away. Call client's caseworker as soon as possible. Accompany client to hospital. Do not leave client until a legal guardian or a Family Relief caseworker relieves you. Bring everyone with you in your care at that time.

Follow up:

When situation has stabilized, fill out an Incident Report detailing exactly what happened, when it happened, who was involved (include doctor/nurse names), and what you did (include phone numbers). See Incident Report form.

Minor Accident or Injury

(Includes minor cut, scratch, bruise, etc.)

Action:

Follow normal first aid procedure. For cuts and abrasions clean and apply anti-septic and cover with bandage or band-aid.

Follow up:

Inform parent/guardian about what happened, and what you did. Fill out an Incident Report outlining date, time, nature of occurrence, and what you did if the parent/guardian feels this is required. See Incident Report form.

Suspected Abuse

(At any setting in which your client or any other client is or has been present.)

Action:

Report to CAS or APS with accurate information. Report to the client's caseworker the dates, times, and nature of occurrence. See Emergency Phone List.

Follow up:

Fill out an Incident Report. Be specific and accurate with dates, times and nature of occurrence. See Incident Report form.

Separated from Client

Action:

Search the area thoroughly. Call parent/guardian. If client is not found and contacts cannot be reached, call the police and inform the client's caseworker.

Follow up:

When the situation has stabilized, fill out an Incident Report. Be sure to include dates, times, names, phone numbers and what you did. See Incident Report form.

Client Becomes Unmanageable

Action:

Ensure that the client is safe. Call parent/guardian. Call client's caseworker.

Follow up:

When the situation has stabilized, fill out an Incident Report. Be sure to include dates, times, names, nature of behaviour, phone numbers, and what you did.

Unable to Keep to Your Schedule

(Includes not being able to arrive on time or at all or to return a client on time.)

Action:

Contact parent/guardian as soon as possible and explain your situation.

Follow up:

Apologize for any inconvenience. If possible, offer the parent alternatives.

Admission Fees

(Includes deciding to take the client to an activity that requires a fee.)

Action:

Inform parent/guardian as soon as possible, ask permission, and clarify who will pay for the client. The Relief Worker is responsible for his/her own admission. You may need to discuss funding approval with the client's caseworker.

Follow up:

After the event, let the parent/guardian know how it went, and how it was beneficial for the client.

Cancelling Due to Illness, etc.

Action:

Inform parent/guardian as soon as possible, so alternative arrangements can be made if necessary.

Follow up:

Inform parent as soon as you know, when you will be able to resume duties.

Serious Questions Re: Client

(Including conduct, appropriate language, behaviour, and what procedures to follow.)

Action:

Call parent/guardian. Call client's caseworker. Contact involved agencies with permission from the Family Relief Manager.

Follow up:

Follow all suggestions offered. Document procedures used, successful/unsuccessful results. Inform the caseworker and parent/guardian of any changes.

Appendix A: Child Abuse and Your Legal Obligations

Ontario's *Child and Family Services Act* (CFSA) provides for a broad range of services for families and children, including children who are or may be victims of child abuse or neglect.

The paramount purpose of the Act is to promote the best interests, protection and well being of children.

The Act recognizes that each of us has a responsibility for the welfare of children. It states clearly that members of the public, including professionals who work with children, have an obligation to report promptly to a children's aid society if they suspect that a child is or may be in need of protection.

The Act defines the term "child in need of protection" and sets out what must be reported to a children's aid society. This definition (CFSA s.72(1)) is set out in detail on the following pages. It includes physical, sexual and emotional abuse, neglect and risk of harm.

This brochure summarizes reporting responsibilities under Ontario's *Child and Family Services Act*. It is not meant to give specific legal advice. If you have any questions about a given situation, you should consult a lawyer or the children's aid society.

Responsibility to report a child in need of protection CFSA s.72(1)

If a person has reasonable grounds to suspect that a child is or may be in need of protection, the person must promptly report the suspicion and the information upon which it is based to a children's aid society.

The situations that must be reported are listed in detail below.

Child and Family Services Act CFSA s.72 (1)

Despite the provisions of any other Act, if a person, including a person who performs professional or official duties with respect to children, has reasonable grounds to suspect one of the following, the person shall forthwith report the suspicion and the information on which it is based to a society:

1. The child has suffered physical harm, inflicted by the person having charge of the child or caused by or resulting from that person's,
 - i. failure to adequately care for, provide for, supervise or protect the child, or
 - ii. pattern of neglect in caring for, providing for, supervising or protecting the child.
2. There is a risk that the child is likely to suffer physical harm inflicted by the person having charge of the child or caused by or resulting from that person's,
 - i. failure to adequately care for, provide for, supervise or protect the child, or
 - ii. pattern of neglect in caring for, providing for, supervising or protecting the child.
3. The child has been sexually molested or sexually exploited, by the person having charge of the child or by another person where the person having charge of the child knows or should know of the possibility of sexual molestation or sexual exploitation and fails to protect the child.
4. There is a risk that the child is likely to be sexually molested or sexually exploited as described in paragraph 3.
5. The child requires medical treatment to cure, prevent or alleviate physical harm or suffering and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, the treatment.

6. The child has suffered emotional harm, demonstrated by serious,

- i. anxiety,
- ii. depression,
- iii. withdrawal,
- iv. self-destructive or aggressive behaviour, or
- v. delayed development,

and there are reasonable grounds to believe that the emotional harm suffered by the child results from the actions, failure to act or pattern of neglect on the part of the child's parent or the person having charge of the child.

7. The child has suffered emotional harm of the kind described in subparagraph i, ii, iii, iv or v of paragraph 6 and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, services or treatment to remedy or alleviate the harm.
8. There is a risk that the child is likely to suffer emotional harm of the kind described in subparagraph i, ii, iii, iv or v of paragraph 6 resulting from the actions, failure to act or pattern of neglect on the part of the child's parent or the person having charge of the child.
9. There is a risk that the child is likely to suffer emotional harm of the kind described in subparagraph i, ii, iii, iv or v of paragraph 6 and that the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, services or treatment to prevent the harm.
10. The child suffers from a mental, emotional or developmental condition that, if not remedied, could seriously impair the child's development and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, treatment to remedy or alleviate the condition.
11. The child has been abandoned, the child's parent has died or is unavailable to exercise his or her custodial rights over the child and has not made adequate provision for the child's care and custody, or the child is in a residential placement and the parent refuses or is unable or unwilling to resume the child's care and custody.
12. The child is less than 12 years old and has killed or seriously injured another person or caused serious damage to another person's property, services or treatment are necessary to prevent a recurrence and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, those services or treatment.
13. The child is less than 12 years old and has on more than one occasion injured another person or caused loss or damage to another person's property, with the encouragement of the person having charge of the child or because of that person's failure or inability to supervise the child adequately.

Ongoing duty to report CFSA s.72(2)

The duty to report is an ongoing obligation. If a person has made a previous report about a child, and has additional reasonable grounds to suspect that a child is or may be in need of protection, that person must make a further report to a children's aid society.

Persons must report directly CFSA s.72(3)

The person who has the reasonable grounds to suspect that a child is or may be in need of protection must make the report directly to a children's aid society. The person must not rely on anyone else to report on his or her behalf.

What are "reasonable grounds to suspect?"

You do not need to be sure that a child is or may be in need of protection to make a report to a children's aid society. "Reasonable grounds" are what an average person, given his or her training, background and experience, exercising normal and honest judgment, would suspect.

Special responsibilities of professionals and officials, and penalty for failure to report CFSA s.72(4), (6.2)

Professional persons and officials have the same duty as any member of the public to report a suspicion that a child is in need of protection. The Act recognizes, however, that persons working closely with children have a special awareness of the signs of child abuse and neglect, and a particular responsibility to report their suspicions, and so makes it an offence to fail to report.

Any professional or official who fails to report a suspicion that a child is or may be in need of protection, where the information on which that suspicion is based was obtained in the course of his or her professional or official duties, is liable on conviction to a fine of up to \$1,000.

Professionals affected CFSA s.72(5)

Persons who perform professional or official duties with respect to children include the following:

- Health care professionals, including physicians, nurses, dentists, pharmacists and psychologists;
- Teachers, and school principals;
- Social workers and family counselors;
- Priests, rabbis and other members of the clergy;
- Operators or employees of day nurseries;
- Youth and recreation workers (not volunteers);
- Peace officers and coroners;
- Solicitors;
- Service providers and employees of service providers; and
- Any other person who performs professional or official duties with respect to a child.

The list sets out examples only. If your work involves children but is not listed above, you may still be considered to be a professional for purposes of the duty to report. If you are not sure whether you may be considered to be a professional for purposes of the duty to report, you should contact your local children's aid society, professional association or regulatory body.

Professional confidentiality CFSA s.72(7), (8)

The professional's duty to report overrides the provisions of any other provincial statute, specifically, those provisions that would otherwise prohibit disclosure by the professional or official.

That is, the professional must report that a child is or may be in need of protection even when the information is supposed to be confidential or privileged. (The only exception for "privileged" information is in the relationship between a solicitor and a client.)

Protection from liability CFSA s.72(7)

If a civil action is brought against a person who made a report, that person will be protected unless he or she acted maliciously or without reasonable grounds for his or her suspicion.

What will the children's aid society do?

Children's aid society workers have the responsibility and the authority to investigate allegations and to provide services to protect children.

A children's aid society worker may, as part of the investigation and plan to protect the child, involve the police and other community agencies.

How to contact a children's aid society

Check the telephone directory for the office closest to you. In some communities, the children's aid society is known as "family and children's services." The emergency pages in most Ontario telephone directories have the number to call to report to a children's aid society.

All the children's aid societies/family and children's services have emergency 24 hours a day, so that you can call anytime.

For more information

Contact your local children's aid society or family and children's services. If you suspect that a child is or may be in need of protection, contact a children's aid society immediately. Your cooperation is vital to making Ontario's child protection system work.

Appendix B: The Family Relief Program's No Smoking Policy

The Family Relief Program has a strict no smoking policy. We have based our decision on the following factors:

- As a Family Relief worker you will be an influential role model for our clients. It is therefore important that you present a healthy lifestyle.
- Many of our clients have medical considerations, and might be at risk if exposed to cigarette smoke.
- Many of our clients are children and have the right to a smoke-free environment.
- Many parents have expressed concern about their children being exposed to a health risk over which they have no control.

Appendix C: What to do in Case of Seizures

First Aid for Seizures

In all types of seizures, the goal is to protect the person from harm until full awareness returns. If you are living with or caring for someone with a seizure disorder who has other medical problems, check with the doctor about how to respond when a seizure happens. Find out whether the doctor wants to be notified every time or just in certain circumstances. Ask whether or when you should call an ambulance and if there are any special warning signals that you should be looking for. Also note the general rule:

The less done to a person during a relatively brief seizure, the better.

1. **Keep Calm.**

Seizures may appear frightening to the onlooker. They usually last only a few minutes and generally do not require medical attention. Remember that the person having a seizure may be unaware of their actions and may or may not hear you.

2. **Protect from further injury.**

If necessary, ease the person to the floor. Move any hard, sharp or hot objects well away. Protect the person's head and body from injury. Loosen any tight neckwear.

3. **Do not restrain the person.**

If danger threatens, gently guide the person away. Agitation during a seizure episode is common. Trying to restrain or grabbing hold of someone having a seizure is likely to make the agitation worse and may trigger an instinctive aggressive response.

4. **Do not insert anything in the mouth.**

The person is not going to swallow the tongue. Attempting to force open the mouth may break the teeth or cause other oral injuries.

5. **Roll the person on their side after the seizure subsides.**

This enables saliva to flow from the mouth, helping to ensure an open air passage. If there is vomit, keep the person on their side and clear out their mouth with your finger.

6. If a seizure lasts longer than 5 minutes, or repeats without full recovery ~ SEEK MEDICAL ASSISTANCE IMMEDIATELY.

Although this rarely occurs, status epilepticus is life threatening. It is a serious medical emergency.

7. Talk gently to the person.

After any type of seizure, comfort and reassure the people to assist them in reorienting themselves. The person may need to rest or sleep. If the person wanders, stay with them and talk gently to them.

Note: Check for a MedicAlert or other Medical ID Bracelet

The bracelet or necklet may indicate the seizure type and any medication the person is taking. If you call the MedicAlert hotline, an operator can direct you in your first aid procedures and may direct you to call any emergency contacts and physicians listed in that member's file.

First Aid for Seizures

Tonic Clonic Seizures

- If necessary, ease the person to the floor.
- Loosen any tight neck wear.
- Protect the person's head and body from injury.
- Do not restrain the person.
- Do not insert anything between the teeth.
- If the person starts to bleed from the mouth, do not panic. He/she has probably bitten the tongue.
- Once relaxed, turn the person onto the side to ensure an open air passage and decrease risk of aspiration.
- After the seizure, let the person sleep if needed. Suggest that he/she see a physician.
- If the person has a second seizure within a few minutes, call a doctor or ambulance.

Absence Seizures and Simple Partial Seizures

- No first aid is required. Reassure the person.

Complex Partial Seizures

- Do not restrain the person.
- Protect the person from injury by moving sharp or hot objects away.
- If wandering occurs, stay with the person and talk quietly.

Things to Remember

When you see someone having a seizure, do not be frightened. Remain calm and remember:

- If a person starts to bleed from the mouth, he/she has probably bitten the tongue and is most likely not bleeding for any other reason. This can be taken care of after the seizure ends.
- During a seizure, a person often stops breathing for only a few seconds.
- Most seizures last only 1-2 minutes, although the person may be confused for some time afterward.
- The brain almost always stops the seizures safely and naturally.
- Once a seizure has started, you cannot stop it – just let it run its course.
- Only in emergencies, doctors use drugs to bring a non-stop seizure to an end.
- People don't feel pain during a seizure, although muscles might be sore afterward.
- Seizures are usually not life threatening, but the risk is increased in seniors by extra strain on the heart, the possibility of injury, or reduced intake of oxygen.
- Seizures are not dangerous to others.

EMERGENCY PHONE LIST

EMERGENCY	911
CHILDREN’S HOSPITAL OF EASTERN ONTARIO.....	737-7600
POISON CONTROL CENTRE.....	521-4040
ONTARIO PROVINCIAL POLICE.....	1-800-267-8919
CHILDREN’S AID SOCIETY.....	264-9991 OR 1-866-664-9991

FAMILY RELIEF CASE WORKERS:

Family Relief Office	257-7619 or 1-866-257-7618
Carol Anne McNeil.....	ext. 28
Shari Southin.....	ext. 33
Cynthia Ferrier.....	ext. 29
Jennifer Downey.....	ext. 24
Christine Crampton.....	ext. 26
Melanie Ferguson.....	ext. 23
Jan Paul-Barr.....	ext. 35

INCIDENT REPORT FORM

DATE OF OCCURRENCE: _____

DOCUMENTERS'S NAME: _____

NAME(S) OF INJURED: _____

OTHERS INVOLVED: _____

Location of Occurrence: _____

Time of Occurrence: _____

Description of Incident, Accident, or Serious Occurrence:

Description of Treatment/First Aid:

Witness Report:

Was the Injured taken to the hospital/ Doctor?

- If YES to where? _____
 NO

By Whom?

Hospital/ Doctor Recommendations:

Is Follow- up Required?

- I. YES
- II. NO

Who Was Notified:

Name	Date Notified

Comments of those notified:

Documenters's Signature: _____

Supervisor's Signature: _____

Manager's Follow-up: _____