

Child and Infant Children's Aid Society Intervention Policy and Procedure			
 Halton Healthcare	Program/Dept:	Maternal Child Program	
	Developed by:	Halton Region Child Protection Supervisor Halton Regional Police Professional Practice Clinician, Maternal Child Program	Original Approval Date: May 2014
	Approved by:	Department of Pediatrics-Oakville Department of Obstetrics Milton Family Practice Steering Committee Georgetown Family Practice Steering Committee	Reviewed Date: Feb 2018
	Review Frequency:	3 years	Effective Date: March 2018

Purpose:

This policy provides guidelines for the development of coordinated plans of apprehension of children or infants from in-hospital Birthing or Maternal Child Units. It endorses the principle that each situation is unique and recognizes that the removal of children from the care and custody of their parents is difficult for all persons involved, especially the parents. Safety for the infant, family, care providers, the public and CAS staff will be paramount throughout this process. Effective communication between the professionals involved is a critical factor in this policy.

This protocol sanctions the paramount purpose of the Child and Family Services Act (1990), and the soon to be proclaimed Child Youth Family Services Act (Expected June 2018), that is to promote the best interests, protection and well being of children. It also respects other purposes of the Act such as recognizing that parents may need help in caring for their children, and taking the least disruptive course of action available and appropriate to help children.

The Intervention Plan included in the appendix can be used anytime the Halton CAS is involved with Halton Healthcare, either in planning or during an apprehension/intervention.

Document applies to: All staff caring for children or infants who may require apprehension/Intervention.

Policy:

Although this protocol is focused on the process of apprehending infants from hospital, the following best practice principles should be followed when a child of any age is in hospital and needs immediate protection and/or Intervention. These principles are:

- The Child and Family Services Act authorize the CAS to apprehend an infant from hospital.
- Each apprehension/Intervention requires a coordinated collaborative approach to ensure the most positive outcome for the infant and family and other patients/patrons on the unit.
- Each apprehension/Intervention plan respects the roles and responsibilities of all professionals involved.
- All professionals involved share all information pertinent to the apprehension/Intervention and safety planning for those involved, according to current privacy legislation.

- As each family presents its own unique circumstances, it is recognized that each particular situation will have its own issues that require problem solving among the professionals.
- Parents have the right to open and honest communication about the plan of apprehension/Intervention. The exception is when the safety of the infant, family and the care provider will be jeopardized, including risk of flight of the parent

Procedure:

Guidelines for Alert from the Halton CAS to notify the Society of an impending delivery/delivery by a known mother:

1. The Halton CAS will send an Alert Notification (See Appendix B) to all of the hospitals and midwives associated with Halton Healthcare.
2. Upon receipt of the Alert, Halton Healthcare staff will ensure that all necessary staff are aware of the mother on the Alert, and whom to contact when and if the mother arrives at the hospital.
3. The Halton Healthcare staff will immediately notify the Society when the mother makes contact with the staff.

Guidelines for Emergency Apprehensions/Interventions Where *No Pre-Birth Plan is Possible*:

- 1) Hospitals will contact the Children's Aid Society when a patient presents to the hospital and is the subject of an alert, and there has not been a plan formulated. The society will attend at the hospital to formulate an emergency plan.
- 2) If the birth is imminent and there is no time for a planning conference, the CAS worker and hospital social worker or if not available, manager/designate, will review the details of the situation and together decide on an immediate plan over the phone. Each professional is then responsible for communicating the plan to relevant professionals, including documenting the plan on the mother's chart. For hospital staff this would include administration, physician and/or midwife and security personnel.
- 3) Once the infant is born, it is the responsibility of the CAS worker to apprehend the baby. The worker will then place a letter from the agency on the hospital chart, confirming that the infant is apprehended. At the time of apprehension/Intervention the CAS worker must show their photo ID to the hospital staff and the hospital staff must document confirmation of this identification on the mother's chart.
- 4) Should a decision be made to transfer the child from the hospital of birth to another facility due to safety concerns, it is imperative that it be done in consultation with the infant's physician and hospital staff. The hospital will make arrangements for the safe transfer of the infant and inform the CAS.
- 5) Even when a baby is apprehended at birth, it is imperative that the baby receive hospital identification bands as per hospital protocol. These bands must remain on the baby until time of discharge or by the receiving hospital.

- 6) It is the responsibility of the CAS worker to advise the parent of the apprehension/ Intervention. The CAS worker will inform hospital employees of the access arrangements between family and child. The CAS worker will provide the family with a contact name and number.
- 7) Any concerns and/or consents related to the medical care and treatment of infants who have been apprehended should be directed to the CAS.
- 8) The discharge of the infant to the CAS worker can only occur with the confirmation of an ID note in mother's chart by nursing staff.
- 9) The CAS worker will liaise with the hospital social worker following the apprehension/ Intervention to discuss the apprehension/ Intervention and resolve any outstanding issues, which may include the need for a debriefing session.

Situations where pre-birth planning is possible:

- 1) When the CAS becomes aware of a situation in which the apprehension/Intervention of an infant from hospital is probable, the CAS worker will contact the social worker or if not available, the L&D charge nurse/delegate, to advise of an impending apprehension, and to begin the joint planning process. The charge nurse/delegate will contact the manager/delegate to apprise them of the situation. The Society must have signed consents from the parents in order to share confidential information regarding the unborn infant.
- 2) During initial contact the CAS worker, hospital social worker and/or charge nurse/delegate will discuss the time frame with respect to an apprehension/Intervention and liaise with all involved professionals. The CAS worker and hospital staff will review the Intervention plan to ensure clarity amongst all involved professionals. If further clarification is required a joint meeting may be requested.
- 3) The following information will be included on the Intervention plan:
 - The names of the family including aliases and names of partners.
 - The concerns leading to a decision to apprehend/Intervene, including relevant history.
 - The time frame for which the birth and apprehension/Intervention are expected.
 - Any staff safety concerns likely to arise due to the apprehension/Intervention.
 - Who will attend at the time of the birth/apprehension/Intervention; how they can be contacted and by whom
 - The time frame for attendance of CAS at the hospital
 - When and how CAS will advise the parents of the apprehension/Intervention
 - When the child will be removed from hospital (immediately after birth, when ready for discharge)
 - The need for the infant's transfer to another hospital and how that will occur

- A safety plan where safety issues have been identified
 - The role of hospital security in the apprehension/Intervention process.
 - The role of the After Hours Emergency Service worker
 - Guidelines for contact between child and family, which might include the participation of the family at birth and in the postpartum period. (Contact with the child, contact with extended family members, breast feeding issues, etc.)
 - Information related to the safety of those PHNs who visit in the home for postpartum teaching, and/or a direction to consult with the CAS related to safety concerns. Any safety concerns will be shared with professionals involved.
 - Any unresolved issues, and the plan for resolution
- 4) The Intervention plan will be forwarded to the delivering hospital upon completion (see Appendix A for example of Intervention plan).
 - 5) The hospital social worker will circulate the plan to all relevant professionals in the hospital and a copy of this plan will be attached to the antenatal (prenatal) chart.
 - 6) The CAS worker will ensure that a copy of the plan with a letter from the agency is placed on the family's CAS file and in a CAS after Hours Emergency Services alert.
 - 7) The attending physician/midwife will be notified of the Intervention plan by the hospital social worker to ensure the attending physician/midwife has an opportunity to review the apprehension/Intervention plan.
 - 8) When the mother presents at hospital for delivery the hospital will contact the CAS. The decision regarding the timing for attendance of the CAS and police at the hospital is done in consultation with the hospital social worker or in absentia with the L&D/Birthing Unit charge nurse.
 - 9) The police is only required if the situation escalates. If this occurs a call to the Halton Regional Police Services should be made by hospital security.
 - 10) When the child is born, it is the responsibility of the CAS worker to apprehend the baby. Should a decision be made to transfer the child from the hospital of birth to another facility due to safety concerns it will be done in consultation with the infant's physician and hospital staff. The hospital will make arrangements for the safe transfer of the infant and inform the CAS.
 - 11) The worker will place a letter from the agency on the hospital chart, confirming that the child is apprehended. At the time of apprehension/Intervention the CAS worker must show their photo ID. Confirmation of this identification on the chart is required.
 - 12) Even when a baby is apprehended at birth, it is imperative the baby receive hospital identification bands as per hospital protocol. These bands must remain on the baby until time of discharge or by the receiving hospital.

- 13) It is the responsibility of the CAS worker to advise the parent of the apprehension/Intervention. The CAS worker will inform hospital employees of the access arrangements between family and child. The CAS worker will provide the family with a contact name and number.
- 14) The discharge of the infant to the CAS worker can only occur with confirmation of ID note in mother's chart by nursing staff.
- 15) The CAS worker will liaise with the hospital social worker following the apprehension to discuss the apprehension and resolve any outstanding issues, which may include the need for a debriefing session.

Related Documents:

Child Abuse and Neglect Policy

References:

Government of Ontario. (1990). Child and Family Services Act. R.S.O. 1990 Chapter C 11. Retrieved from http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90c11_e.htm

Key Words: apprehension, CAS, child, infant, social worker

Reviewed by/Consultation with:

Halton Children's Aid Society
Halton Regional Police
HHS Department of Social Work

Signed by: _____ (Archived Copy Only)

Title: Maternal Child Program Director

Signed by: _____ (Archived Copy Only)

Title: Chief Nursing Officer and Professional Practice Leader

Appendix A

THE CHILDREN'S AID SOCIETY OF HALTON

INTERVENTION PLAN

Apprehension Kinship Adoption

(This information is confidential and for use by Health Care Team and Police only)

Mother's Name:	Mother is aware of plan: Yes <input type="checkbox"/> No <input type="checkbox"/>
	Partner is aware of plan: Yes <input type="checkbox"/> No <input type="checkbox"/>
Mother's Date of Birth:	Estimate Date of Delivery
Most responsible physician:	Mother intends to deliver at:
	Credit Valley <input type="checkbox"/> Milton <input type="checkbox"/> OTMH <input type="checkbox"/>
	Georgetown <input type="checkbox"/> Joseph Brant <input type="checkbox"/>
Responsible Agency and Worker:	Halton Children's Aid
CAS 905-333-4441 Ext:	Child Protection Worker:
After Hours Emergency Service (905) 333-4441	

Mother's Information

Reason for Apprehension/Kinship/Adoption: (Please give a brief description of the current and historical child protection concerns regarding both parents, including pre-natal care, other children and where they are now.)

Drug/Alcohol Use: (results of any recent tests)

Staff Safety Issues and Management Plan: (current & specific risk factors)

Support Strategies:

Has birth plan and apprehension been discussed with parents? YES NO

Outcome:

Partner's Information:

Name:

Date of birth: (dd/mm/yy)

Drug/Alcohol Use: (results of any recent tests)

Staff Safety Issues: (current & specific risk factors)

Family Members: (Who may be present and any issues that may arise?)

ACTION TO BE TAKEN

1. Hospital social worker or charge nurse to call Society upon mother's admission to Labour and Delivery.

2. Society worker to stay in contact with the charge nurse with respect to mother's progress.

3. Time frame for attendance of the Society worker at the hospital.

4. Charge nurse to contact security. Yes No If yes, please explain:

5. Police presence required?	<input type="checkbox"/> Yes (If yes, should explain in Management Plan)
	<input type="checkbox"/> No
	<input type="checkbox"/> To be determined at the time of delivery (please explain)
6. Charge nurse to advise Society Worker who, if anyone, is present with mother in Labour and Delivery.	
7. Mother permitted to hold infant prior to apprehension/kinship/adoption. Yes <input type="checkbox"/> No. <input type="checkbox"/>	
8. Skin to skin contact between infant and mother upon delivery is standard practice. Are there any safety concerns that would prevent this? Yes <input type="checkbox"/> No <input type="checkbox"/>	
9. Infant to remain in the room during Society Worker meeting with mother and supports?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
Explanation:	

ACCESS:

10. Is mother allowed to breastfeed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, please explain:	
11. Can infant room in with mother?	Yes <input type="checkbox"/> No <input type="checkbox"/>
12. Does infant require a confidential admission?	Yes <input type="checkbox"/> No <input type="checkbox"/>
13. Does Infant require transfer to another hospital?	Yes <input type="checkbox"/> No <input type="checkbox"/>
14. Is access allowed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
15. Who is allowed access?	
16. Where is access to occur?	
17. When is access to occur?	
18. Is infant going to Special Care Nursery or Intensive Care Nursery?	Yes <input type="checkbox"/> No <input type="checkbox"/>

SCREENING TESTS:

20. Infant Drug Screen required:	Yes <input type="checkbox"/> No <input type="checkbox"/>
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21. Consent to be given by mother? If no, then who?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
22. Society Worker to discuss with mother?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
23. Urine test?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
24. Meconium test?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
25. Hair Test?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

DOCUMENTS REQUIRED:

<p>Payment for drug screen signed</p> <p>Apprehension/Kinship/ Adoption letter on file</p> <p>Copy of Society Worker's identification</p>
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Signature: _____

(Society Worker)

Signature: _____

(Society Supervisor)

Appendix B

Halton Children's Aid Society

Head Office
1445 Norjohn Court
Units 1 & 2
Burlington, Ontario
L7L 0E6

Charitable Registration No. 132003559 RR 0001

Burlington: (905) 333-4441
Long Distance: 1-866-607-KIDS(5437)
Fax: (905) 333-1844
Legal Fax: (905) 333-2860
TTY: (905) 333-9761

DATE:

**TO: JOSEPH BRANT MEMORIAL HOSPITAL
GEORGETOWN & DISTRICT MEMORIAL HOSPITAL
MILTON DISTRICT HOSPITAL
OAKVILLE TRAFALGAR MEMORIAL HOSPITAL
BURLINGTON AND AREA MIDWIVES
COMMUNITY MIDWIVES OF HALTON
MIDWIVES OF PEEL AND HALTON HILLS**

A L E R T

EXPECTANT MOTHER:

D.O.B.:

FATHER:

D.O. B:

ADDRESS:

Expected Date of Delivery:

Halton CAS received information

Please notify Halton Children's Aid Society should you have contact with the above-mentioned parents.

Please contact the Intake Department or the afterhours service at 333-4441.

Thank you
Vicki O'Sullivan
Child Protection Worker
Intake Services

Milton Office 325 Main St. E, Milton ON L9T 1P5 Phone:905-876-1682 Fax:905-876-3364