Hospital Manual Policy & Procedure

Child Protection:

Hospital Alerts/Letters of Warning
Identification of Risk and Referral to CAS
Adoption
Apprehension
Toxicology Screening

PURPOSE

Mount Sinai Hospital is committed to the protection of children who are at risk of abuse and neglect. The purpose of this policy is to ensure that hospital staff provides proper care for patients in need of connection with child protection or private adoption agencies. In this document, the term ‘staff’ refers to staff of Mount Sinai Hospital.

GENERAL PRINCIPLES

1. The Child and Family Services Act outlines the professional, legal and ethical responsibility of all health care providers to protect children from harm and neglect. Health care providers are legally required to contact Children’s Aid Societies (CAS) in situations where children may be at risk.

2. Mount Sinai Hospital is committed to any action that will encourage a positive connection between CAS and families with children at risk.

3. During regular business hours, the Social Worker assumes the primary case management role when engaging with CAS. The Social Worker will formulate care plans with the interdisciplinary team, and liaise with CAS, hospital and families. However, during situations which occur after hours, nursing and/or medical staff will be required to communicate directly with CAS to decide upon an appropriate plan of care and notify all key members of the interdisciplinary team (i.e., Physician, Nursing Clinical Managers, Social Work, Security as needed).

4. Child protection work in Metropolitan Toronto is disseminated through four (4) child protection agencies. Referrals can be made to any of the following agencies, in keeping with the patient’s religion/culture. These agencies may be contacted twenty-four hours a day, seven days a week;

   1) Catholic Children’s Aid Society  (416) 395-1500
   2) Children’s Aid Society of Toronto (416) 924-4646
   3) Jewish Family and Child Service (416) 638-7800
   4) Native Family and Child service  (416) 969-8510

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5. Outside of Metropolitan Toronto, all child protection concerns are addressed by one (1) Children’s Aid Society organization divided into provincial counties.

POLICY

The following categories outline the general areas which require hospital staff to be in communication with CAS.

1) Hospital Alerts/Letters of Warning

2) Identification of Risk and Referral to CAS

3) Apprehension

4) Adoption

5) Toxicology Screening

In all instances, relevant team members must be advised of the CAS involvement. This includes (but is not limited to) the patient’s physician, patient’s primary care nurse, team leader and social worker. These individuals should be advised by the staff member who has identified the need for CAS involvement.

ALL COMMUNICATION WITH CAS AND DEVELOPMENT OF SUBSEQUENT CARE PLAN SHOULD BE DOCUMENTED IN THE PARENT(S) MEDICAL RECORD.

1) Hospital Alerts/Letters of Warning

Hospital alerts are letters of notification distributed by CAS indicating the name of individuals known to CAS, who may present at the hospital to obtain prenatal care or give birth.

1. Hospital alerts are sent to the CEO’s office requesting that staff notify CAS should these individuals seek care at the hospital.

2. The CEO’s office shall distribute the alerts to the Women’s and Infant’s Health Social Workers and all relevant services in the hospital.

3. Staff shall check the Hospital Alerts/Letters of Warning binder on the unit to see if a hospital alert has been issued for patients.
4. Staff must notify CAS when a patient identified in an alert/letter of warning is admitted to the hospital or comes to the hospital for an out-patient appointment. CAS must also be notified when the infant is delivered.

5. Staff shall ask the CAS representative if the parent(s) is to be informed of communication with CAS. In most instances, CAS will advise that parent(s) may be aware of communication with CAS. However, CAS may direct staff not to advise the parent(s), should there be security concerns or risk of flight. While there is no legal obligation to follow this direction, it is the practice of Mount Sinai Hospital to support the decision of the CAS.

6. Staff shall ask the CAS representative whether the parent(s) or family is at risk of being violent toward the infant or staff. The CAS representative should indicate if security needs to be present on the unit when the CAS representative arrives to speak with the parent(s).

   Should the presence of Security be required, staff shall notify Security about the case and the time the CAS representative is expected to arrive. Staff shall request that a security guard be on the unit at the designated time.

7. CAS may request that staff inform the parent(s) of contact with CAS and provide the parent(s) with the name of the CAS representative.

8. Staff shall check with CAS if the parent(s) and family may have access to the infant. CAS relies on their ongoing assessment and access to information regarding the family to make this decision.

   Should access be denied, the health care team determines the point of separation of the infant from the Mother. Individual assignments for care of the infant and care of the Mother will be provided. The nurse caring for the mother will have no role in the care of the infant or role in the CAS proceedings. The staff nurse providing infant care will remove the infant from the Mother for medical care. The infant’s nurse will not re-enter the Mother’s room after the removal of the infant for care. Security may be present in the room with the CAS representative, infant’s nurse and Mother if concerns exist. It is expected that CAS will be present at the time of separation of infant from Mother.

   The decision regarding apprehension is made by CAS based upon information that is not accessible to the health care team. As a member of the health care team, our immediate intervention is to create an environment of safety. It is not to enact an apprehension. It is not always clear whether or not a child will be apprehended and at what point this apprehension might take place. Nursing Team Leaders and Nursing Clinical Managers will receive additional training with respect to Child Welfare matters in order to provide support and guidance to staff after regular business hours.
9. As decisions regarding access to the infant are made by CAS, the CAS representative shall inform the parent(s) and family should access to the infant be denied. **Hospital staff must not convey this information even if requested to do so by the CAS representative.**

10. Staff shall care for the infant in a separate room if access to the parent(s) is denied.

11. The CAS representative shall facilitate any supervised access between the parent(s)/family and the infant.

### 2) Identification of Risk and Referral to CAS

Risk is considered to be present when a child is exposed to situations of potential harm or neglect.

1. CAS must be consulted when staff becomes aware of any situation between a parent(s), the family or the child that they feel may place the child at risk of harm or neglect, particularly upon discharge from hospital. A consult involves calling CAS to share your concerns.

   Staff do not need to provide identifying information unless the CAS representative feels that the concerns require an investigation. If this is the case, the staff person is then legally obligated to identify the patient. Investigation includes meeting with the family to assess the risks and the need for ongoing support.

   Indicators that might warrant a CAS consult, independent of an existing CAS alert may include (but are not limited to):
   - Impairment and current or recent history of drug/alcohol abuse
   - Significant mental health concerns
   - Current or recent history of physical abuse/domestic violence
   - Lack of appropriate care plans for current children in the care of the parent/caregiver
   - Lack of ability to bond with infant
   - Lack of ability to care for the infant or child (feeding/daily care issues/lack of finances/stable housing)

2. Prior to calling CAS, where appropriate (i.e. when there is no risk of flight, harm to others, etc.) staff shall explain to the parent(s) what risk factors have been observed that suggest that this family could best be served by CAS.

3. Staff shall explain to the parent(s) that CAS is an organization that provides support to families and ensures that infants, children and parents are safe.
4. Staff shall inform the parent(s) that CAS must be contacted. It is ideal to make the call to CAS with the parent(s) and have the parent(s) speak directly with the CAS worker on the telephone to make arrangements for a meeting time.

5. Referral to a child welfare agency should be in keeping with the patient’s religion/culture. These agencies may be contacted twenty-four hours a day, seven days a week.

6. Staff shall also speak directly to the CAS representative to be clear about the care plan for the parent(s) and infant while in hospital and upon discharge.

3) Apprehension

Apprehension occurs when a child welfare agency assumes legal custody of the child through a court order. The term apprehension refers to the period of time (up to five days) in which the Children’s Aid Society assumes physical care and custody of the infant prior to the court proceedings. The Children’s Aid Society has the authority to determine caregiver access and/or prevent the infant’s removal from the hospital by the caregivers.

It is the role of the CAS representative to enact the apprehension of the infant. Only current child protection workers are able to apprehend infants/children. The CAS representative provides a letter and/or warrant to the hospital which indicates that the Society has apprehended the infant. The role of the CAS representative is to inform the parents of the decision and reasons for apprehension. The parents are also informed that their presence will be required in Family Court in five (5) days after the apprehension.

In some situations where there is a history of parental violence or flight risk, CAS may request that the infant is separated from the mother prior to her receiving notification of the decision to apprehend. In order to create an environment of safety for the infant, patients and staff, the baby is to be placed by nursing staff in an observation area prior to this discussion taking place. It is then the role of the CAS representative to conduct an assessment and inform the parents of the Society’s decision to apprehend.

1. Upon arrival to Mount Sinai Hospital, the CAS representative must produce photo identification. The parent(s) of an infant to be apprehended must be informed by a CAS representative of the planned apprehension. This must be conveyed to the parent(s) in a personal interview. Hospital staff members are not permitted to inform the parent(s) of a planned apprehension.

2. Staff shall inquire from CAS if the parent(s) or extended family has a history of violence.
• The CAS representative shall indicate if security needs to be present on
the unit when the CAS representative informs the family of the
apprehension.

• Should security be required, hospital staff shall notify security about the
case and the time the CAS representative is expected to arrive. Staff shall
request that a security guard be on the unit at the designated time.

3. A copy of the letter of apprehension and/or warrant is to be placed in the
child’s/infant’s and patient’s/mother’s medical records.

4. Staff shall check with CAS if the parent(s) and family may have access to the
infant. If access (rooming in) is directed, proceed with routine care.

5. If the parent(s)/family may have supervised access to the infant, the CAS
representative shall facilitate any supervised access between the parent(s)/family
and the infant.

   Should access to the infant be denied by CAS, the health care team determines the
point of removal of the infant from the Mother. Individual assignments for care
of the infant and care of the Mother will be provided. The nurse caring for the
mother will have no role in the care of the infant or role in the CAS proceedings.
The staff nurse providing infant care will remove the infant from the Mother for
medical care. The infant’s nurse will not re-enter the Mother’s room after the
removal of the infant for care. Security may be present in the room with the CAS
representative, infant’s nurse and Mother if concerns exist. It is expected that
CAS will be present at the time of separation of infant from Mother.

   The decision regarding apprehension is made by CAS based upon information
that is not accessible to the health care team. As a member of the health care
team, our immediate intervention is to create an environment of safety. It is not to
enact an apprehension. It is not always clear whether or not a child will be
apprehended and at what point this apprehension might take place. The CAS
representative shall inform the parent(s) and family. Hospital staff must not
convey this information even if requested to do so by the CAS representative.
Nursing Team Leaders and Nursing Clinical Managers will receive additional
training with respect to Child Welfare matters in order to provide support and
guidance to staff after regular business hours.

6. Staff shall care for the infant in a separate room if access to the parent(s)/family is
denied.

7. CAS shall arrange for care of the infant in the community as soon as possible after
the infant is medically ready for discharge. The CAS representative is responsible
for bringing transportation devices (i.e. car seat).
8. Upon discharge:

- The Infant Release form shall be signed by the CAS representative assuming care of the child. Representatives must provide photo identification.
- The infant’s health care information discharge forms and OHIP form shall be given to the CAS representative.
- The parent(s) shall be given the infant’s birth registration forms and OHIP forms at the discretion of CAS.

9. If a parent(s) attempts to leave the hospital with the infant and is unwilling to stay, staff shall initiate the following:

- Notify the appropriate CAS immediately day or night.
- Do not attempt to physically stop the parent(s) from leaving the hospital.
- Contact Toronto Police Services
- Contact Mount Sinai Security

11. When an infant is separated from the parent at the time of birth due to medical issues (i.e. needing NICU/level 2 care) and the infant is not ready for discharge, staff shall initiate the following:

- Ask CAS to inform the parent(s) of the apprehension.
- Ask about parental/family access to the infant.
- Determine the long-term care plan for the infant and family in conjunction with CAS and the relevant staff team members.

4) Adoption

A birth parent(s) has the right to relinquish their legal and parental responsibilities for the care of their infant to a child protection agency or a licensed adoption agency.

1. When a parent(s) indicates their wish to relinquish their child for adoption, staff shall initiate the following:

- Clarify if the parent(s) has contacted a public or private agency regarding their decision.
- The appropriate agency representative shall be contacted by staff/parent(s) if the parent(s) has an agency connection.
- The parent(s) who wishes to contact the agency representative directly should do so within 24 hours after giving birth if medically well enough to do so.
- Staff shall contact the agency directly if the parent(s) has not done so within 24 hours after birth of the infant.

2. If the parent(s) has not made any prior arrangements with either a public or private agency for the child’s adoption, staff shall contact the appropriate CAS...
agency based on the parents(s) religious/cultural background. The agency representative shall speak with the parents(s) in person.

3. Staff shall ask the parents(s) if they wish to care for their infant while in hospital. Staff shall care for infants whose parents(s) do not wish to provide care.

4. For private adoptions, a copy of the license or a letter from the adoption agency shall be placed in the infant’s medical record. CAS shall provide the appropriate documentation (i.e. Temporary Care Agreement (TCA) or letter of apprehension) which is also placed in the infant’s medical record.

5. Adoptive parent(s) may have access to the infant at the birth parent(s) discretion while the birth mother is still in hospital. On the initial visit, the adoptive parents(s) must be accompanied by the CAS representative/ licensee.

6. To facilitate the release of the infant from the hospital, the following is required:
   - The CAS or private adoption agency/licensee must produce identification when picking up infants.
   - The name and proof of identification of the agency representative must be recorded in the infants’ medical record.
   - Prior to discharge, the mother must sign the MSH’s Infant Release Form which is placed in the infant’s medical record.
   - A medical history of mother and infant shall be completed by the pediatrician or nurse for both CAS and private adoption agencies/licensees (a medical history form will be provided by the appropriate agency for completion).
   - The infant’s temporary health card and the birth registration form are provided to the CAS or private adoption representative.

7. The infant is identified by the representative receiving the baby:
   - Compare the infant’s identaband with mother’s medical record.
   - Compare the infant’s medical record with mother’s identaband.

8. Document on infant’s medical record that identification has occurred. It is not necessary for the mother to view the baby for identification purposes.

5) Infant Toxicology Screens

1. If CAS requests infant toxicology screening, they must provide a written request which is placed in the mother’s medical record. Staff shall ensure that this request is received prior to screening. CAS must provide the physician with sufficient information to substantiate that the order is clinically indicated. Paediatrics will provide a written or verbal order for toxicology screening. If CAS is unable to provide such information, the screen cannot be completed without the parent(s) consent.
2. Test results shall be communicated to the CAS representative by the infant’s physician.

3. Should CAS request screening results post discharge, the CAS representative shall be directed to contact Health Records.

Appendix

Forms of Apprehension

1. **Apprehension with a Warrant**—The Society deems a child to be in need of protection and obtains a Warrant of Apprehension from a local Justice of the Peace. Thus, legally sanctioning the removal of the child from the care of his/her caregivers.

2. **Apprehension without a Warrant**—The Society deems a child to be at immediate risk of harm and is unable to obtain a warrant due to the urgency of the situation. The Society has up to five days after the apprehension to appear before the Court to have an Order for Wardship granted.

3. **Temporary Care Agreement**—The caregiver(s) voluntarily agree to place the child in the care of the Society under a written contract for a specified period of time. Such instances would occur where the caregiver acknowledges that they are unable to care for the child at present.